

Information Notice
START EXPAT
Assistance and Civil Liability cover
Policy no. FRBOPA70811

CHUBB®

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Chubb European Group SE, a company governed by the French Insurance Code, with share capital of €896,176,662, situated at La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France, registered in the Nanterre Trade and Companies Register (RCS) under number 450 327 374. Chubb European Group SE is subject to the supervision of the Autorité de Contrôle Prudentiel et de Résolution (ACPR) located at 4 Place de Budapest, CS 92459,75436 Paris CEDEX 09, France.

General Terms and Conditions

This Policy is an optional-membership group non-life insurance policy taken out by the Association of Services For Expatriates (ASFE) with Chubb European Group SE for the benefit of its enrolling members. It is governed both by the French Insurance Code and by this Information Notice and the Membership Certificate that it contains.

Section I – General Provisions

A. Definitions

Accident

Any unintentional bodily harm suffered by an Insured Party stemming from the sudden, unexpected action of an external cause. In particular, the following are considered Accidents:

- Infections caused directly by a covered Accident,
- Poisoning and bodily harm caused by the unintentional ingestion of toxic or corrosive substances,
- Asphyxia due to the unforeseen action of gas or vapours or to drowning,
- Frostbite, heat stroke, sun stroke, starvation and exhaustion as a result of shipwreck, forced landing, collapse, avalanche and flood,
- Bodily injuries resulting from an act of terrorism or sabotage, attack or assault suffered by the Insured Party.

Work Accident

In accordance with Article L.411-1 of the French Social Security Code, a Work Accident shall include, regardless of the cause, any accident occurring because of or in connection with work to any employed person or working, in any capacity or in any location whatsoever, for one or more employers or business leaders.

Act of Terrorism or Sabotage, Attack

Any illegal action with ideological and/or political motivation, implemented individually or collectively, directed against persons or public or private entities in order to:

- Commit criminal action intended to harm the life of others,
- Instill fear into the population and establish an atmosphere of general insecurity,
- Disrupt the operation of public transport or the operation of companies or institutions producing or processing goods or providing services.

Member

The natural or legal person who takes out the Policy, signs it and undertakes to pay the Premiums. **If the Member is a legal entity, it must be resident for tax purposes in a member state of the European Union.**

In order for the Insurer to pay any compensation, the Member must have a bank account at a banking institution in a member state of the European Union.

Policy Year

The period between the Policy's Effective Date or renewal date and its expiry date or the date of Cessation of Cover.

Insurer

Chubb European Group SE, a company governed by French Insurance Code, with share capital of €896,176,662, domiciled at La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, entered in the Nanterre Trade & Companies Register with the number 450 327 374.

Insured Party

The person(s) insured under this policy and named in the Membership Certificate residing as Posted or Expatriate Employees in a country other than his or her Country of Origin or Country of Nationality.

Beneficiary

The Beneficiary is the person who receives payment, from the Insurer, of the compensation set out in the Policy as the result of any insured Event.

In case of Accidental Death of the Insured Party, the Beneficiary is:

- His or her surviving Spouse or Partner neither divorced nor legally separated by a final judgement or whose civil solidarity pact is in force on the date of the Accidental Death.
- Failing whom, his or her existing or future children, living or represented, in equal shares.
- Failing whom, his or her heirs in equal shares.

The Insured Party shall have the right to name a Beneficiary or replace one Beneficiary with another. This appointment must be made by sending a Beneficiary Designation to the Insurer by registered letter with an acknowledgement of receipt.

Serious Medical Condition

A condition that, in Europ Assistance's opinion, constitutes a serious medical emergency requiring immediate surgery or hospital curative treatment in order to avoid the death or a serious deterioration in the immediate or long-term health prospects of the Insured Party.

The seriousness of the Medical Condition will be determined on the basis of the geographical location of the Insured Party, the nature of the medical emergency, and the local availability of appropriate medical facilities or care.

Stabilisation

This is the time when the Insured Party's state of health stabilises and becomes permanent in nature and incapable of significant change under the effect of any kind of treatment.

The compensation shall be assessed as at the Consolidation Date.

Membership Certificate

The document supplementing these General Terms and Conditions to adapt the Expatriates Policy to the particular case of the Member. In particular, they specify the scope of the cover, the Effective Date and the Premium associated with it.

Spouse

Spouse refers to:

- The person linked to the Member by marriage and not legally separated.
- Common-law Spouse: the person who lives with the Member as if they are married, sharing the same common interests as a married couple and able to produce a cohabitation or coexistence certificate.
- The co-signatory of a Civil Partnership with the Member.

Policy

The General Terms and Conditions constituting an information notice and the Membership Certificate under which the Insurer undertakes to pay a benefit to the Insured Party in the event of the occurrence of a covered Claim, in return for the payment of the Premium.

Effective Date

The date from which the Policy's cover takes effect.

Accidental Death

Death of an Insured Party following an Accident covered by the Policy.

Forfeiture

Loss of entitlement to the sums or services provided in the Policy through the failure of the Insured Party or the Policyholder to fulfil certain obligations imposed on them.

Bodily Injury

Any physical attack suffered by an Insured Party who is the victim of an Accident, an Assault, an Act of Terrorism or Sabotage.

Consequential Financial Losses

Any pecuniary loss resulting from the deprivation of enjoyment of a right, the interruption of a service rendered by a person or by movable or immovable property or lost profits, directly resulting from a covered Bodily Injury or Property Damage.

Property Damage

Any alteration, deterioration, loss and destruction of a thing or substance, including any physical harm to animals.

Dependent Children

Children, including recognised or adopted children, shall be considered as being dependents only in the cases listed below:

- up to seventeen (17) years of age.
- If they are over the age of seventeen (17) and under the age of twenty-six (26) and are continuing their studies (certificate of attendance required). Any annual income or remuneration they may receive must be less than the minimum taxable amount for Personal Income Tax (IRPP).
- If they have a disability (unable to meet their personal needs without assistance, regardless of their age).
- If they are born viable within three hundred (300) days of the date of the Accident resulting in the death of the Insured Party.

Personal Transport Vehicle

Any motorised Personal Transport Vehicle or any non-motorised Personal Transport Vehicle.

Motorised Personal Transport Vehicle

Any vehicle without seating, designed and built to transport a single person and lacking any facility for transporting goods, equipped with a non-combustion engine or non-combustion assistance and designed to travel at a maximum speed greater than 6km/h and not exceeding 25km/h. Within the meaning of this Policy, Motorised Personal Transport Vehicle also includes all gyropods, electric scooters, electric unicycle, hoverboards and any other individual electric motorised vehicle.

Non-Motorised Personal Transport Vehicle

Any small vehicle without an engine.

Hospital

Any public or private Hospital meeting the legal requirements of the country in which it is located and which:

- Receives and treats injured or ill persons who stay there,
- Admits injured or ill persons to stay only under the supervision of the physician(s) attached to it and who must be on call,
- Maintains adequate medical equipment in operational condition to diagnose and treat such injured or ill persons and, if necessary, is able to perform surgery within its premises or in an institution under its control,
- Provides care by or under the control of nursing staff.

Europ Assistance

Refers to the entity in charge of providing the assistance services.

Generating Event/Harmful Event

Any circumstance likely to cause or having caused a Claim. A set of Harmful Events with the same cause and the same origin is deemed a single Event.

Exclusion

Anything not covered by the Policy.

Expatriate/Posted Employees

Any person who works abroad on behalf of a company from his or her Country of Origin or Country of Nationality or on his or her own behalf, and whose Country of Posting or Expatriation is a country other than his or her Country of Origin or Country of Nationality.

Metropolitan France

This refers to all European parts of the French Republic including its continental territory and nearby islands in the Atlantic Ocean, English Channel and Mediterranean sea, including Corsica.

Excess

This can be:

- A flat-rate sum fixed by the Insurer and borne by the Member or the Insured Party in the event of a benefit being paid,
- A percentage beyond which benefits are paid,
- A number of days or months upon expiry of which benefits are paid.

Civil War

Civil War is a situation of armed conflict, within a State, between the State's armed forces and identifiable armed groups or between armed groups, the scale and extent of which exceeds a mere revolt or insurrection.

Foreign War

A Foreign War is a state of armed conflict between two or more states, with or without a declaration of war.

Total or Partial Permanent Disability

The definitive, total or partial reduction of certain physical, intellectual and/or psychosensorial functions of an Insured Party resulting from an Accident covered by the Policy.

Illness

Any sudden and unforeseeable deterioration in health, certified by a qualified medical authority, and that has not required continuous hospitalisation, hospital day admission or outpatient hospitalisation within the six months prior to any request, whether due to the manifestation or worsening of such condition.

Family Member

- Spouse.
- Dependent children.

Close Relative

A Close Relative of the Insured Party refers to the Spouse, a first-degree ascendant or descendant, a sister, a brother, a mother-in-law, a father-in-law, a daughter-in-law, a son-in-law, a sister-in-law or a brother-in-law.

Country of nationality

Country of nationality means any country of which the Insured Party holds a valid passport and of which he/she is a citizen, national or subject.

Country of Origin

Country of origin means the country in which the Insured Party had his or her main residence before his or her expatriation and/or to which he/she would like, where applicable, to be repatriated.

Country of residence / Country of Posting or Expatriation

The home country of the Insured Party, other than his or her Country of Nationality or Country of Origin, during his or her period of expatriation.

Foreign Countries

Any country, territory or possession outside metropolitan France. By convention, France's overseas departments and regions [DOM-ROM], overseas countries and territories [PTOM] and overseas communities [COM] are considered to be Foreign with regard to cover for Medical Costs.

Pollution

- The emission, dispersion, ejection or deposit of any solid, liquid or gaseous substance into the atmosphere, soil, subsoil or water,
- The production of odours, noise, vibrations, temperature variations, waves, radiation or rays that exceed obligations relating to usual neighbourhood levels.

Premium

Sum paid by the Member in return for the cover granted by the Insurer.

Third-Party Claim

A Third-Party Claim is any request for compensation, either in or out of court, made by a third party or its successors and sent to the Insured Party or their Insurer.

Claim

Event whose occurrence meets the conditions required under the Policy and likely to result in the application of one of the subscribed types of cover.

- **For the "private life" Civil Liability cover outside the Home Country:**

The manifestation of Damage for the injured Third Party where this Damage is likely to result in the application of cover under the Policy.

A Claim is also any Damage or range of Damage caused to Third Parties at the fault of the Insured Party, resulting from a Harmful Event and giving rise to one or more complaints.

- **For other heads of cover**

This is an Event whose occurrence meets the conditions required under the Policy and likely to result in the application of one of the types of cover taken out.

The range of Damage stemming from the same generating cause constitutes one and the same Claim.

Policyholder of the group policy

The Association of Service For Expatriates (ASFE), an association governed by the law of 1 July 1901, established on 30 April 1992 for an unlimited term

Third Party

Any individual or legal entity other than:

- The Insured Party, his or her Close Relatives, as well as the people who accompany him or her.
- Workers, whether employees of the Policyholder or not, in the performance of their duties.

USA / Canada

The United States of America and Canada, including their territories or possessions.

Remote Areas

Areas outside civilisation, isolated and where rapid search, rescue and recovery are not possible.
The following applies:

- Civilisation is a constantly inhabited place where it is possible to feed oneself, to spend the night in a permanently inhabited structure, to use telecommunications and benefit from medical care.
- Isolation means a distance of at least one full day's walk between the area and the nearest inhabited place.

- Rapid search, rescue and recovery must be launched by external persons within 12 hours of the alert.

B. Scope and effective date of cover

The cover under this Policy shall apply Worldwide, strictly and exclusively throughout the Insured Party's period of expatriation or posting.

The cover shall take effect at the time when the Insured Party leaves his or her home located in his or her Country of Origin to travel to the Country of Posting or Expatriation and shall cease upon the definitive return to his or her Country of Origin or Country of Nationality.

Such cover shall apply **Twenty-Four (24) hours a day**, in both Private Life and Professional Life, throughout this entire period.

C. Exclusions applicable to all heads of cover

The Insurer shall not provide any cover or services and shall not make any payment that does not comply with the obligations described in the section entitled "Compliance with economic and trade sanctions" of this Information Notice.

All the heads of cover or services described in this Information Notice do not apply to the following countries and territories: Cuba, Iran, Syria, North Korea, North Sudan, Venezuela, Crimea, the Donbas Region including Luhansk and Donetsk.

We cannot intervene when your requests for cover or benefits follow a Claim:

- Caused or provoked intentionally by the Insured Party;
- Due to the driving of any type of vehicle in a state of intoxication when the blood alcohol level is equal to or greater than the legally allowable limit in the country where the Accident takes place;
- Due to the Insured Party's use of drugs, narcotics or tranquillisers that are not medically prescribed or due to the driving of any type of vehicle, when the Insured Party is under the influence of these drugs, narcotics or tranquillisers prescribed medically, even though the medical notice prohibits the driving of any type of vehicle;
- Caused by the suicide or attempted suicide of the Insured Party;
- Resulting from any neuropsychiatric, psychological or psychosomatic disorders, any outward sign justifying neuropsychiatric treatment or, in particular, nervous breakdown or anxiety;
- Resulting from pregnancy and childbirth except in the event of an unforeseeable complication that could endanger the life of the mother and/or the unborn child, or from infertility treatment, as well as termination of pregnancy;
- Resulting from the Insured Party's participation in bets of any kind (except sporting competitions), fights (except in case of legitimate defence) or offences and crimes within the meaning of the applicable criminal law.
- Resulting from engaging in a sport as a professional or participating, even as an amateur, in motor vehicle races or sports deemed dangerous such as ski jumping, bungee jumping, scuba diving, extreme sports and record attempts;
- Resulting from the use, as a pilot, of any device permitting movement through the air or resulting from engaging, as a pilot or passenger, in any air sports and particularly hang-gliding, parachuting, paragliding, or microlighting;
- Resulting from air travel for the purpose of taking part in a construction activity, photography, aerial advertising, flights relating to the filming or production of television or cinema programmes, flights to offshore platforms and flights with flying clubs.
- Experienced by the Insured Party as a passenger of an Air Transport Company whose pilot does not hold the necessary certificates, licences or permits.

- **Due to thermal, mechanical, radioactive and other effects, stemming from any change in the atomic structure of the material or the artificial acceleration of atomic particles or due to radiation from radioisotopes;**
- **Resulting from an Assault, an Act of Terrorism, Sabotage or an Attack of which the Insured Party is a victim, if it is proved that the Insured Party took an active part as perpetrator or instigator of these events;**
- **Caused by Foreign War or Civil War. Insured Persons caught off guard by the occurrence of such events, in the Country of Posting or Expatriation, shall be required to leave the location of the hostilities as soon as possible. The cover shall remain available to them until they return to their Country of Origin or Nationality and for a maximum of fourteen (14) days from the date on which the hostilities occur. An Insured Party who goes to a Country of Posting or Expatriation where tensions are already observed shall not benefit from this exemption.**

D. Cessation of Cover

In all cases, cover shall cease for each Insured Party:

- On the termination date of the group insurance policy taken out by ASFE with Chubb European Group SE,
- On the date on which the Insured Party ceases to be part of the insured group,
- Upon the expiry of the Policy Year during which the Insured Party reaches sixty-five (65) years of age.
- On the date on which the Insured Party no longer has the status of Posted or Expatriate employee. The cover shall cease thirty (30) days after the Insured Party's definitive return to his or her Country of Origin or Nationality.

Section II – Cover

1. Personal Assistance

The provision of the assistance services is entrusted to Europ Assistance.

Europ Assistance's teams, available twenty-four hours a day (24/7), must be contacted before any assistance is organised.

In all cases, Europ Assistance must be notified of: the last name and first name of the Insured Party, the nature of the illness or accident, the telephone number on which the Insured Party can be reached, the exact address in the country of expatriation and the number of the Chubb Policy.

1.1. Emergency medical transport

Europ Assistance shall reserve the absolute right to decide whether the Medical Conditions of the Insured Party are serious enough to justify emergency medical transport.

On the advice of its medical authorities, Europ Assistance shall organise, implement and handle the Insured Party's transport to the nearest medical centre or Hospital where the appropriate medical care is accessible.

Europ Assistance shall further reserve the right to decide where the Insured Party will be transported and the means or methods to do so, taking account of all the existing facts and circumstances, known to Europ Assistance at the time of the Event.

Such emergency medical transport shall be done either by special air ambulance, scheduled flight, train, boat or by ambulance.

Europ Assistance shall reserve the right to use the transport tickets initially provided for the return of the Insured Party.

Only Europ Assistance's medical authorities shall be authorised to decide on the repatriation, the choice of means of transport, and the place of hospitalisation. Reservations shall be made by Europ Assistance.

1.2. Repatriation to the Insured Party's Country of Residence/Country of Posting or Expatriation

When the Insured Party is in a condition enabling him or her to leave Hospital, Europ Assistance shall organise and take responsibility for the repatriation of the Insured Party to his or her home in his or her Country of Residence/Country of Posting or Expatriation.

The repatriation, as well as the best-suited means, shall be decided and chosen by Europ Assistance.

1.3. Repatriation to the Insured Party's country of origin or nationality

When the Insured Party is in a condition enabling him or her to leave Hospital, Europ Assistance shall organise and take responsibility for the repatriation of the Insured Party either to his or her Country of Origin or to his or her Country of Nationality.

The repatriation, as well as the best-suited means, shall be decided and chosen by Europ Assistance.

1.4. Return of an accompanying beneficiary in the event that the Insured Party is repatriated

Europ Assistance shall organise and cover the cost of the return of an accompanying beneficiary in the event that the Insured Party is repatriated to his or her Country of Origin or Nationality if the means originally planned for their return can no longer be used as a result of such repatriation.

The repatriation, as well as the best-suited means, shall be decided and chosen by Europ Assistance.

1.5. Accompanying support for children

When the Insured Party is ill or injured and is unable to care for his or her insured children under the age of 18 who live with him or her, Europ Assistance shall organise and pay for a return trip by train (first class) or by air (economy class) from the Country of Residence/Country of Posting or Expatriation or from the Insured Party's Country of Origin, of a person chosen by the Insured Party or a guardian who will bring the Insured Party's children back to his or her place of residence in the Country of Posting or Expatriation or to the home of a person designated by the Insured Party in the Insured Party's country of origin by train (first class) or air (economy class).

The cost of children's tickets shall be borne by the Insured Party.

Europ Assistance also covers the person's hotel costs (room and breakfast), up to 150 euros per night and for a maximum of 2 nights.

1.6. Extension of the Insured Party or an accompanying insured party's trip

If the Insured Party is hospitalised outside his or her Country of Origin and Europ Assistance considers, based on the information provided by local doctors, that such Hospitalisation needs to continue after the initial date scheduled for the Insured Party's return to his or her Country of Origin, Europ Assistance shall cover the accommodation costs of an accompanying insured party, **up to €150 per night and capped at €1,500**, so that he or she can stay with the Insured Party until the Insured Party is able to return to his or her Country of Origin.

If the Insured Party is housebound outside his or her Country of Origin and is obliged to extend his or her stay on site beyond the initial date scheduled for his or her return to his or her Country of Origin and if Europ Assistance judges, based on the information provided by local doctors, that the Insured Party's state of health does not require him or her to be Hospitalised, Europ Assistance shall cover the costs of extending the Insured Party's stay **up to €150 per night and capped at €1,500**.

The cover shall cease on the day on which Europ Assistance considers, based on the information provided by local doctors, that the Insured Party is able to return to his or her Country of Origin.

1.7. Presence of a relative with the hospitalised Insured Party for more than 5 days

If the Insured Party is hospitalised for more than five days and if his or her condition prevents him or her returning to his or her Country of Origin, Europ Assistance shall make available to one (1) member of his or her Family, a round-trip ticket for air travel (economy class) or train travel so that they can go to his or her bedside, only departing from the Insured Party's Country of Origin.

Europ Assistance shall organise the hotel stay for this person and cover the cost of the accommodation expenses actually incurred, on presentation of the original supporting evidence, of up to One Hundred and Fifty euros (€150) per day and capped at an overall total of One Thousand Five Hundred euros (€1,500).

It is specified that the coverage of costs shall pertain strictly and only to the cost of renting the hotel room, to the exclusion of any other costs.

1.8. Return of the Insured Party to his or her Country of Posting or Expatriation

If, after the repatriation of an Insured Party to his or her Country of Origin following a covered Illness or Accident, and if his or her state of health improves, Europ Assistance shall make available to him or her, within two months of his or her repatriation, an air ticket (economy class) or train ticket to enable him or her to return to his or her Country of Posting or Expatriation.

1.9. Assistance with returning home after repatriation (France only)

• **Childcare**

In the event that an Insured Party is housebound for more than 8 days and/or Hospitalised for more than 8 days, Europ Assistance shall organise and pay for one of the following services:

- Either the care of a sick child under 18 years of age at home for up to 20 hours by a competent person found by Europ Assistance. The person sent to the beneficiary child's home will start and finish their duties in the presence of a parent. The service is accessible between 8 a.m. and 7 p.m., Monday to Friday, excluding public holidays, with a minimum of 4 hours per day and a maximum of 10 hours;
- Or the cost of a return trip for the Insured Party's children to travel to a relative designated by the Insured Party who lives in Metropolitan France. They will be accompanied by a guardian appointed by Europ Assistance.

• **Home help**

Europ Assistance shall organise the engagement of a home help to carry out housework at the Insured Party's home, either upon his or her return from hospital, the date of his or her Hospitalisation, or during the period in which he or she is housebound.

Europ Assistance shall cover the cost of the home help for up to 10 hours, to be spread, at the convenience of the Insured Party, over the month following the date of his or her Hospitalisation or return home or during the period in which he or she is housebound (minimum of 2 hours at a time).

If supporting documents are not provided (hospitalisation certificate or medical certificate), Europ Assistance reserves the right to recharge the full cost of the service to the Insured Party.

• **Animal Care**

Europ Assistance shall organise the transport of the Insured Party's pets (dog or cat) to an appropriate care facility close to his or her home or to a destination of his or her choice in France and less than 50 km from his or her place of Hospitalisation.

Europ Assistance shall cover the cost of transporting the Insured Party's animals as well as their accommodation costs at the care establishment, **capped at €155**, for the duration of his or her stay in hospital or while he or she is housebound.

This benefit is paid subject to compliance with the transport, reception and accommodation conditions defined by the service providers and care facilities (up-to-date vaccinations, possible deposit, etc.).

This service may only be provided if the Insured Party, or a person authorised by him or her, can meet the chosen service provider to entrust the animals to him or her.

- **Comfort while in Hospital**

If the Insured Party is hospitalised under the conditions referred to above, Europ Assistance shall pay the costs of renting a television, **capped at €80**, for the duration of his or her stay in the hospital.

1.10. **Repatriation of the body in case of death**

In the event of the death of an Insured Party, Europ Assistance shall bear the cost of and organise the transport of the Insured Party's body to his or her Country of Origin or Nationality. Cover for the price of the casket shall be limited to **Two Thousand euros (€2,000)**. This service shall also apply to the transport of the body having been temporarily buried in accordance with local practices and requirements in order to be buried again or cremated in the Country of Origin or Nationality.

Burial, embalming, and ceremonial costs, unless they are made mandatory by local laws, shall not be covered by Europ Assistance.

1.11. **Accompaniment of the deceased**

Europ Assistance shall organise and, where applicable, pay for the return of an accompanying insured party to the place of the funeral by train (first class) or air (economy class).

1.12. **Identification of the body and death formalities**

If, following the death of an unaccompanied Insured Party, the presence of a member of his or her family proves to be necessary to recognise the body and/or participate in the formalities of repatriation or cremation, Europ Assistance shall make available to Two (2) members of the Family a ticket for air travel (economy class) or train travel, round trip, for each of them to allow them to go to the site where the deceased is located.

Europ Assistance shall pay for the accommodation expenses, capped at One Hundred and Fifty Euros (€150) per person and per day over a maximum period of Two (2) Days.

1.13. **Emergency return of the Insured Party following the death or serious illness of a Close Relative**

If the Insured Party has to leave his or her Country of Posting or Expatriation:

- Due to the death of a Close Relative, Europ Assistance shall cover the cost of a round-trip ticket for train travel (1st class) or air travel (tourist class) from the Country of Posting or Expatriation to the place of burial anywhere in the World.
If the Insured Party's Spouse and Child(ren) are designated in the Membership Certificate of the policy, the same service shall be available to them.
- In case of illness affecting his or her spouse or common-law spouse or first-degree ascendants or descendants, and on this double condition:
 - It is an unforeseeable event, the seriousness of which is confirmed by the Europ Assistance physician after contacting the physician treating the patient,
 - This event demands the presence of the Insured Party urgently and imperatively.

Europ Assistance shall provide and cover the cost of a round-trip ticket for train travel (1st class) or air travel (tourist class) from the Country of Posting or Expatriation to the patient's bedside anywhere in the World.

If the Insured Party's Spouse and Child(ren) are designated in the Membership Certificate of the policy, the same service shall be available to them.

This benefit may only be provided once a year for the same event.

1.14. **Advancing bail payments and advancing and paying legal fees (outside France only)**

If the Insured Party is abroad and if he or she is incarcerated or threatened with incarceration, Europ Assistance will advance bail costs of up to €15,000. The Insured Party undertakes to reimburse Europ Assistance for this advance within 30 days of receipt of the invoice or as soon as the bail costs have been returned to the Insured Party by the authorities, if they are returned before the expiry of this period.

In the event that an Insured Party fails to appear before the court, the advanced bail costs that the Insured Party is unable to recover due to his or her failure to appear shall become immediately payable. The provision of the advance costs is subject to the submission of a form acknowledging the amounts owed.

In addition, where legal proceedings are brought against the Insured Party, Europ Assistance shall advance and pay, on presentation of supporting documents, the legal costs that the Insured Party incurs on site of up to €3,000, provided that the alleged acts are not, under the country's laws, subject to criminal sanctions. The request for payment must be accompanied by an enforceable court decision.

This benefit does not cover legal proceedings brought in the Insured Party's Country of Origin or Country of Nationality as a result of a road accident occurring abroad.

1.15. Search and rescue costs

Europ Assistance shall cover the search and rescue costs incurred to locate the Insured Party following an event occurring outside his or her Country of Origin, capped at €15,000 per person or per event. Only fees charged by a company that is duly authorised to carry out these activities may be reimbursed.

Under no circumstances shall Europ Assistance be required to organise the emergency services.

The Insured Party (or his or her successors) must send us:

- the detailed claim declaration,
- the paid invoice issued by the organisation that carried out the intervention, stating the date, nature and reasons for the intervention,
- the medical certificate, the report from the police authorities, or the death certificate, as the case may be.

1.16. Early return in the event of a claim relating to the Insured Party's home

The Insured Party learns of the occurrence of a Claim at his or her home in his or her Country of Residence or in his or her Country of Origin and he or she needs to travel there to carry out administrative procedures. Europ Assistance shall organise and cover the cost of the Insured Party's return trip to his or her home, by train (first class) or air (economy class), and where necessary from his or her Country of Posting or Expatriation to his or her home in the Insured Party's Country of Origin.

If no supporting documents are provided (declaration of claim to the insurer, expert report, complaint report, etc.) within 30 days of the claim, Europ Assistance reserves the right to recharge the entire cost of the service to the Insured Party.

This service is extended to Business Premises if the Insured Party is a company director.

1.17. Early return or transport to a secure area in the event of an Attack or Natural Disaster

An Attack or Natural Disaster occurs within a maximum radius of 100 km around the place where the Insured Party is staying in his or her Country of Posting or Expatriation. The Insured Party is not injured, but wishes to shorten his or her stay in his or her Country of Posting or Expatriation. Europ Assistance shall organise and pay for travel by train (first class) or air (economy class) from the Insured Party's Country of Posting or Expatriation either to his or her Country of Origin or to a secure area, if the reception and security conditions are considered to be satisfactory there. The request to return early must be made within 72 hours of the occurrence of the Attack or Natural Disaster.

If the Insured Party opts to be transported to a secure area, Europ Assistance shall also organise and pay for the return trip to the Country of Posting or Expatriation when that country subsequently becomes safer, provided that this request is made within 15 days of the Attack or Natural Disaster.

A secure zone means an area of the territory defined by the authorities of the Country of Posting or Expatriation, or defined by the diplomatic services of the Insured Party's Country of Origin, located within a radius of 100 km around the place where the Insured Party is staying.

1.18. Sending medicines abroad

The Insured Party is outside his or her Country of Origin and his or her medicines, which are essential to the continuation of his or her treatment and the interruption of which, according to our doctors, poses a risk to his or her health, are lost or stolen. Europ Assistance will search for equivalent medicines on site and organise a medical examination with a local doctor who may prescribe them to the Insured Party. The costs of medical examinations and medicines shall be borne by the Insured Party.

If there are no equivalent medicines on site, Europ Assistance shall arrange, from France only, for the medicines prescribed by the Insured Party's treating physician to be sent, provided that the treating physician sends Europ Assistance's doctors a duplicate of the prescription given to the Insured Party and that these medicines are available in local pharmacies.

Europ Assistance shall pay the shipping costs and recharge any customs fees and the cost of purchasing the medicines to the Insured Party, which the Insured Party undertakes to reimburse on receipt of the invoice.

These shipments are subject to the terms and conditions of the courier companies that we use. In all circumstances, the transport of such medicines is subject to the regulations and conditions imposed by France and the domestic laws of each country on the import and export of the medicines.

Europ Assistance disclaims any liability for any loss of the medicines and any regulatory restrictions that could delay or make it impossible to transport the medicines, as well as for any consequences resulting therefrom. In all cases, shipments of blood and blood products, products restricted to use in hospitals or products subject to special storage conditions, in particular refrigeration and, more generally, products not available in pharmacies in France are excluded.

Furthermore, the cessation of the manufacture of the medicinal products, their withdrawal from the market or their non-availability in France constitute cases of force majeure that may delay the performance of the service or render it impossible.

1.19. Assistance in the event of theft, loss or destruction of your identity documents or means of payment

- **Information on steps to be taken**

If the Insured Party loses or has his or her identity documents stolen. Every day, between 8:00am and 7:30pm (French time) except Sundays and public holidays, Europ Assistance will inform you of the steps you need to take (filing a complaint, renewal of identity documents, etc.) by calling the "Information" service on 01 41 85 87 45.

This information constitutes documentary information referred to in Article 66.1 of the amended law of 31/12/71. Under no circumstances shall this information be deemed to constitute legal advice. Depending on the circumstances, Europ Assistance will direct the Insured Party to organisations or categories of professionals able to answer his or her questions. Europ Assistance may not under any circumstances be held liable for the interpretation or use that the Insured Party may make of the information provided.

- **Provision of funds**

In the event of the loss or theft of means of payment, credit card(s), chequebook(s) and subject to a certificate of loss or theft being issued by the local authorities, Europ Assistance shall send the Insured Party an advance of funds of up to €2,300 so that he/she can meet his or her basic expenses, subject to the following conditions:

- the payment by a third party of the corresponding amount by debit card,
 - or the payment by the bank at which the Insured Party holds an account, of the corresponding sum.
- The Insured Party will sign a receipt when the funds are handed over.

- **Extended stay**

The Insured Party loses or has his or her identity documents stolen outside his or her Country of Origin and is unable to leave the territory of the country in which he or she is located on the initial scheduled return date. Europ Assistance shall cover accommodation costs, up to the date on which the Insured Party obtains the issue of new identity documents and in all cases, up to a maximum of €150 per night and capped at €1,500.

Accommodation costs mean hotel costs following an insured event, excluding food and beverage costs. The Insured Party must attach to his or her request the original supporting documents relating to the accommodation costs that he or she actually incurred, as well as the declaration of loss or the complaint submitted in the event of theft.

1.20. Exclusions specific to the "Personal Assistance" service

In addition to the Common Exclusions specified in these General Terms and Conditions, Europ Assistance may not intervene under the circumstances set out below:

- **May not intervene outside the limit of the approvals given by the local authorities;**
- **May in no case take the place of the local emergency assistance organisations or cover the expenses thus incurred;**
- **Is not held responsible for misconduct or mishaps in the performance of the obligations resulting from cases of force majeure or an Event such as Riot, Civil War, Foreign War, Popular Uprising, revolution, strike, seizure or constraint by public force, official ban, piracy, explosion of a device, nuclear or radioactive effect, or weather-related obstacles;**

- It is not required to intervene in cases in which the Insured Party has voluntarily committed violations of the laws in force in the countries through which he or she passes or in which he or she stays as posted or expatriate employee;
- Events occurring because of the Insured Party's participation as a competitor in sporting competitions, bets, matches, contests, rallies or in their preparatory trials;
- The consequences of pre-existing diagnosed and/or treated illnesses and/or injuries that have required continuous hospitalisation, hospital day admission or outpatient hospitalisation within the six months prior to any request, whether due to the manifestation or worsening of such condition;

2. Psychological Support

In the event of an Accident (including in a vehicle), an Assault or attempted Assault, the death of a Member of your family, an Attack or a Natural Disaster resulting in psychological trauma, Europ Assistance provides you, 24 hours a day, 7 days a week and 365 days a year, with a Counselling and Psychological Support service enabling you to contact clinical psychologists by telephone. The telephone interview(s), carried out by professionals who will remain neutral and attentive, will allow you to share your thoughts and gain clarity about your situation following this event.

Psychologists work strictly in compliance with the Code of Ethics applicable to psychologists, and will not under any circumstances initiate psychotherapy by telephone.

Europ Assistance shall organise and pay for three telephone interviews.

These telephone interviews are conducted in French only and you shall remain liable for the cost of telephone communications.

3. Travel incident

3.1. Scope of the cover

Following a delay in the arrival of an aircraft used in the Insured Party's outward or return trip to or from the Country of Posting or Expatriation, of more than 4 hours compared to the time initially scheduled, and resulting in a missed connection, the Insurer shall pay the Insured Party fixed compensation of €300.

This cover applies to:

- Outbound or return scheduled flights on airlines whose schedules are published,
- Outbound and/or return charter flights whose schedules are stated on the outward air ticket.

For the purpose of calculating the compensation, the length of delay affecting the outbound flight is not added to the length of delay affecting the return flight. The delay related only to a single (one-way) journey. However, the cover may apply to both the outbound flight and the return flight, if for each journey the delay exceeds 4 hours and causes the Insured Party to miss a connection. The cover takes effect on the date and at the time stated on the flight ticket and expires upon arrival at the destination airport.

This cover does not apply if you are transferred to another airline within the originally scheduled hours.

3.2. Exclusions from the Travel Incident cover

In addition to the standard Exclusions listed in these General Terms and Conditions, the following shall be formally excluded from the "Travel Incident" cover:

- civil or foreign war, riots, civil unrest, strikes, acts of terrorism, hostage-taking or sabotage, any manifestation of radioactivity, any effect of nuclear origin or caused by any source of ionising radiation in the country of departure, transfer and destination,
- any event that endangers the safety of your trip where travel to your destination is not recommended by the French Ministry of Foreign Affairs,
- a decision by the airport authorities, civil aviation authorities or any other authority, where the announcement was made 24 hours before the departure date of your trip,
- events occurring between the date on which your trip was booked and the date on which this policy was taken out,

- missing the flight on which your booking was confirmed, for any reason whatsoever,
- non-admission on board as a result of missing the baggage check-in deadline and/or arriving late for boarding.

4. **Baggage and personal effects**

4.1. **Purpose of the cover**

- **Theft, total or partial Destruction and Loss of baggage, personal objects and effects**

The Insurer shall cover, up to €2,000, baggage, objects and personal effects that the Insured Party has taken with him or her during his or her stay outside his or her Country of Origin, against:

- theft,
- total or partial destruction,
- loss while being transported by a transport company.

Limits on reimbursement for certain items

For valuables, pearls, jewellery and watches, furs, laptop computers, the reimbursement value may not under any circumstances exceed 50% of the insured amount. In addition, the items listed above are only insured against theft.

If the Insured Party uses a private car, the risk of theft is covered provided that the baggage and personal effects are contained in the boot of the vehicle, which is locked, and kept out of sight. Only theft by break-in is covered.

If the vehicle is parked on a public road, the cover only applies between 7:00am and 10:00pm (local time).

- **Delayed delivery of baggage**

During a trip, if that the Insured Party's personal baggage checked in with the airline that transported him or her is not handed over to him or her at the destination airport on his or her outbound trip and if it is returned to him or her more than 12 hours late, the Insured Party shall be paid fixed compensation of €300, by way of a contribution to the reimbursement of the costs that he or she has incurred in purchasing essential supplies.

This compensation is not combined with the main cover of €2,000.

- **Theft of your identity documents**

In the event that the Insured Party's passport, identity card (or residence card), vehicle registration card or driving licence are stolen from him or her during his or her stay outside his or her Country of Origin, the Insurer shall reimburse the Insured Party for the cost of obtaining replacement documents, on presentation of supporting documents, capped at €150.

4.2. **Amount of cover**

The amount shown in the Table of Cover Amounts constitutes the maximum reimbursement for all Claims occurring during the period of cover.

An Excess (only for damage to baggage: suitcases, bags, etc.) of €25 will be applied per Claim.

4.3. **Calculation of compensation**

The Insured's compensation shall be based on the replacement value of equivalent objects of the same nature, less any Wear and Tear and Excess. Under no circumstances shall the proportional rule set out in Article L 121-5 of the French Insurance Code be applied.

4.4. **Exclusions from the Baggage and personal effects cover**

In addition to the standard Exclusions listed in these General Terms and Conditions, the following shall be formally excluded from the "Baggage and personal effects" cover:

- theft of baggage, personal effects and objects left unattended in a public place or stored in premises jointly accessible by multiple persons,
- forgetfulness, loss (other than by a transport company), exchange,

- theft without any break-in duly recorded and documented by an authority (police, gendarmerie, transport company, purser, etc.),
- theft committed by your employees during the performance of their duties,
- accidental damage caused by the leakage of liquids, greasy materials, colourants or corrosive materials contained in your baggage,
- confiscation of property by the authorities (customs or police),
- damage caused by mites and/or rodents as well as by cigarette burns or by a non-incandescent heat source,
- theft from a convertible car and/or estate car or other vehicle without a boot; the cover applies provided that the baggage cover delivered with the vehicle is used,
- collections, professional samples,
- theft, loss, forgetfulness or deterioration of cash, documents, books, travel tickets and credit cards,
- theft of jewellery where it has not been placed in a locked safe or is not worn,
- breakage of fragile objects such as porcelain, glass, ivory, pottery or marble,
- indirect damage such as depreciation and loss of use,
- the items listed below: any prosthesis, medical device of any kind, bicycles, trailers, valuables, paintings, glasses, contact lenses, keys of any kind (except house keys), documents recorded on tapes or films as well as professional equipment (other than laptop computers), mobile phones, CDs, DVDs, any multimedia hardware (MP3, MP4, PDA, etc.), GPS devices, sports equipment, musical instruments, food products, lighters, pens, cigarettes, alcoholic beverages, works of art, fishing rods, beauty products, photographic films and items purchased during your period of expatriation.

5. Personal injuries

5.1. Accidental Death

When an Insured Party is a victim of an Accident and dies from its consequences within Twenty-Four (24) Months of its occurrence, the Insurer shall pay the Beneficiary the sums indicated in the Table of Cover.

This lump-sum payment is increased by €5,000 per child under the age of 25 who is financially dependent on the Insured Party.

This benefit is increased by 50% in the event of the Accidental Death of the Insured Party following a covered Air Accident. The cover is available to the Insured Party when he or she boards the aircraft and ceases when he or she leaves the aircraft.

Disappearance

If the Insured Party's body is not recovered following a shipwreck or disappearance or destruction of the means of transport in which he or she travelled, there is a presumption of Accidental Death after a period of One (1) Year from the day of the Accident.

The cover shall apply on presentation of a declaration of death issued by a court.

However, if it is proved, after the payment of the benefit to the Beneficiary, at any time whatsoever, that the Insured Party is still alive, the sum paid as regards the presumption of Accidental Death must be returned by the Beneficiary, in full, to the Insurer, with the Insured Party guaranteeing this return.

5.2. Permanent Total or Partial Disability due to an Accident

Where an Insured Party is a victim of an Accident and it is established that he or she remains disabled partially or totally as a result, the Insurer shall pay the Insured Party the product of the amount indicated in the Table of Cover and the rate of Disability as defined in the European physical and mental disability rating scale in force on the date of the Trigger Event.

If, within a period of Six (6) months after a Covered Accident, the consolidation of the victim's injuries has not occurred, and if the Permanent Disability with which the Insured Party will likely remain affected is at least equal to Thirty percent (30%) after an assessment by the Insurer's medical adviser, the Insurer shall pay the Insured Party, at his or her request, an advance on the compensation equal to Ten percent (10%) of the guaranteed benefit in case of Total Permanent Disability. This advance shall be deducted from the final settlement of the Claim.

The degree of Disability shall be established as soon as there is a Stabilisation of the Insured Party's condition and at the latest at the end of a period of Three (3) Years from the date of the Accident.

For cases of Disability not provided for in the scale, the rates shall be determined by comparing their seriousness with cases listed in the said scale. Evaluation of injuries to a limb or organ may not be influenced by the pre-existing degree of Disability of another limb or organ.

Where the consequences of the Claim are aggravated by the existence of an Illness or a physiological condition, or the refusal or negligence of the Insured Party to submit to the medical care necessitated by his or her condition, the compensation shall be fixed according to the consequences that the same Claim would have had in a person of normal health, not having any Disability and having undergone appropriate medical treatment. Should several limbs or organs be harmed by the same Accident, the degrees of Disability shall be combined without exceeding One Hundred Per Cent (100%).

Degrees of Disability shall be established regardless of any professional, social or family considerations.

In case of Accidental Death before the final Consolidation of the Disability, the benefit in case of Accidental Death shall be paid after deducting any sums paid for the Disability.

There shall be no accumulation between the "Accidental Death" and "Accidental Total or Partial Permanent Disability" cover, when resulting from the same Event.

The following Claims shall be formally excluded from the Accidental Death and Accidental Total or Partial Permanent Disability Cover:

- those resulting from an Act of Terrorism or Sabotage, an Attack or hostage taking, Kidnapping, a Civil War or a Foreign War occurring in one of the following countries: Afghanistan, Iraq, Libya, Somalia, Sudan, Syria, Yemen, Mali, Nigeria, Chad, Ukraine.
- those resulting from any Civil or Foreign War that occurred on French Territory when it is the Insured Party's country of residence.

6. "Private life" Civil Liability

This cover applies strictly and only outside the Insured Party's Country of Origin or Nationality.

By extension, this cover is granted for a maximum of thirty (30) days:

- per year, during stays or organised holidays anywhere in the world
- from the first day of the Insured Party's definitive return to his or her Country of Origin or Nationality.

6.1. Scope of the cover

The Insurer shall cover the Insured Party and Members of his or her Family, on the express condition that they are designated in the Membership Certificate of the Policy, against the financial consequences of the Civil Liability that may fall to him or her under the laws in force or case law because of Consequential Bodily Injury, Property Damage, and Intangible Damage caused to Third Parties.

Only Damages resulting from a private act committed by the posted or expatriate Insured Party or one of the Members of his or her Family, on the express condition that he or she is designated in the Membership Certificate of the Policy, shall be covered.

The Insurer shall cover the Insured Party and his or her Family Members, on the express condition that they are named in the Membership Certificate for the Policy, against any financial liability they may have in their capacity as tenant of a property (apartment, house) resulting from any bodily injury or property damage caused to others by an accident, fire or explosion that starts on the premises temporarily occupied during the Trip.

The cover applies subject to the following conditions:

- you cause damage to a third party who brings a civil claim against you, and
- the harmful event occurs between the original effective date of the cover and its termination or expiry date, regardless of the date of the other elements constituting the Claim.

6.2. Amount of the cover for private life Civil Liability

It shall be fixed at **Four Million Euros (€4,000,000)** per Claim for all resulting Bodily Injuries, Property Damage, and Intangible Damage combined, with the cap reduced to **One Million Five Hundred Thousand Euros (€1,500,000) per Claim** for all the Damages that have occurred and Complaints made in the USA or Canada (including in their territories or possessions) with the following sub-limits:

- Food Poisoning: **One Million Five Hundred Thousand Euros (€1,500,000) per Policy Year**
- Resulting Physical and Intangible Damages: **Four Hundred and Fifty Thousand Euros (€450,000) per Claim**, less an **Excess of Eighty Euros (€80) per Claim**.
- Damage to equipment entrusted during an internship: **Twelve Thousand Euros (€12,000) per Claim**, less an **Excess of Eighty Euros (€80) per Claim**.
- Third-party rental liability abroad: **One Hundred Thousand Euros (€100,000) per Claim**.

This amount shall form the limit of the Insurer's commitments for all types of Damage stemming from the same initial cause, regardless of the number of victims.

In the event that these Damages appear over more than one Policy Year, the Claim shall be attached to the Policy Year during which the first of the Damages appeared.

This amount shall form the limit of the Insurer's commitments for all Claims attached to the same Policy Year, with the understanding that:

- The amounts of cover thus fixed shall include the costs and fees of inquiries, investigations, expert assessments and lawyers as well as court costs and shall be reduced and ultimately exhausted by any out-of-court or court settlement of compensation or costs and fees.
- In case of exhaustion of the amount of cover "per Policy Year" before the expiry of the Policy Year, the cover may only be reconstituted for Claims subsequent to the signing of an addendum establishing the agreement of the parties on this point and setting the resulting additional Premium.
- The amount of cover "per Policy Year" shall be automatically reconstituted in full on the first day of each Policy Year.
- And, notwithstanding these stipulations, there is no derogation from the option of termination that the Parties hold under the law or the Policy.

6.3. Exclusions from the cover for private life Civil Liability

In addition to the Common Exclusions specified in these General Terms and Conditions, the following shall formally remain excluded from the Cover for "private life" Civil Liability:

- **Damage caused by the Insured Party in his or her Home Country;**
- **Damage caused by asbestos (including asbestos fibres or dust), lead (including particles containing lead), toxic mould or fungal contamination and Pollution Damage in the USA/Canada;**
- **Damage occurring during the use of a car or motor vehicle, sailing boat or motorboat, aircraft or riding animals owned, operated or under the care of the Insured Party or the persons for whom he or she is liable;**
- **Property Damage resulting from fire, explosion or water damage if they occurred within the premises owned, occupied or leased by the Insured Party, with the understanding, however, that the cover shall apply to such Damage that occurred in a hotel room rented by the Insured Party or by the Policyholder or in premises temporarily occupied by the Insured during the duration of the contract, on the express condition that the Insured Party does not elect domicile there;**
- **Non-consequential Intangible Damage;**
- **Dangerous sports: mountaineering, caving, boxing, polo, karate, American football, parachuting, aircraft piloting, gliding, hang gliding, bungee jumping, microlighting, or scuba diving;**
- **All consequences of contractual commitments made by the Insured Party to the extent that the obligations that would result exceed its obligations under common law;**
- **Damages caused by the Insured Party while hunting;**
- **Judicial compensation, usually referred to as "Punitive" or "Exemplary Damages" and generally defined as compensation supplementing the reparation of the actual harm, which may be awarded to victims by the courts of the USA or Canada, where they consider that the party having caused the Damage had "anti-social" or "more than negligent" behaviour or was "in wilful ignorance of its consequences".**

- Damage caused by or to any land motor vehicle whether subject or not to the vehicle insurance obligation (including trailer, tow bar or articulated lorry) when the Insured Party is the owner, driver or custodian. It is understood that this exclusion also applies to damage caused by the use of micro-tractors, tilling machines, ride-on lawnmowers, toy vehicles of any engine capacity and any Personal Transport Vehicle.

Also excluded shall be Damage:

- Caused to property, including animals, operated, used or under the care of the Insured Party, even where they are entrusted to him or her as part of a voluntary activity;
- Resulting from the Insured Party's professional or remunerated activity as well as public or union duties;
- Caused to the goods, objects, products or animals sold by the Insured Party;
- Resulting from any Act of Terrorism or Sabotage, an Attack, a Riot or a Popular Unrest;
- Resulting from non-accidental pollution;
- Caused by horses or other equines, by dogs of category 1 or 2, as defined in Article 211-1 of the French Rural Code, or by wild animals;
- All the financial consequences of the civil liability for which the Insured Party is liable as employer resulting from a work accident or professional illness affecting one of his or her Employees in the course of his or her duties;
- Damage resulting from the Insured Party's corporate management with regard to his or her Employees or former employees, prospective employees, their successors and social partners;
- Damage caused by the Insured Party in any country other than the country of his or her posting or expatriation or his or her Country of Origin or Residence.

6.4. **Time Limits**

The cover triggered by the Harmful Event shall cover the Insured Party against the financial consequences of Claims when the Harmful Event occurs between the initial Effective Date of the cover and its date of termination or expiry, regardless of the date of the other components of the Claim.

6.5. **Criminal Defence and Appeal**

The implementation of this cover is entrusted to:

GIE CIVIS, 90, avenue de Flandre, 75019 Paris,

Phone: +01 53 26 25 25

which is appointed by Chubb European Group SE to provide the insured services.

a) Purpose of the cover

The purpose of this cover is to provide the Insured Party with the legal and financial resources needed:

1. To make a claim out of court and, where necessary, through the courts, for financial compensation for any Damage suffered by the Insured Party, subject to the following three conditions being met:
 - The Damage is covered and a natural or legal person who is not an Insured Party under this policy is responsible therefor,
 - The Damage occurred in circumstances in which the Civil Liability cover under this policy would have been available to the Insured Party if it had been responsible therefor to the detriment of a Third Party,
 - The cost of the Damage is equal to or greater than the intervention threshold of €300
2. To defend the Insured Party before criminal courts and administrative hearings, if he or she is prosecuted for a breach or offence as a result of an event covered by the Civil Liability cover provided under this policy

b) Insured services

The Insurer undertakes, subject to the conditions set out in paragraph d):

1. To provide the Insured Party with all information on the extent of his or her rights and on how to assert them, and to take all steps and measures and implement all legal means to resolve the dispute;
2. To refer the matter to the lawyer chosen by the Insured Party and, if no choice is made, to provide it with a lawyer:
 - Where the interests of the Insured Party need to be defended, represented or invoked before a court or hearing,
 - In the event of a conflict of interest, i.e. if GIE CIVIS is required to simultaneously defend the interests of the Insured's opposing party;
3. To pay the fees of agents (lawyers, correspondents, bailiffs and experts) and all other necessary costs, insofar as these costs and fees need to be incurred by the Insured Party to have his or her rights recognised and enforced, subject to the following limits:
 - €30,000 in the USA
 - €16,000 outside the USA

c) Geographical scope of the cover

The cover applies outside the Insured Party's Country of Origin or Nationality.

d) Implementation of cover

1. Declaration

Any event that may result in a claim being made under this cover must be declared in writing to GIE CIVIS.

Note: without prejudice to the provisions of §3, the Insured Party must, except on the occurrence of unforeseen circumstances or a force majeure event, make this declaration before referring the matter to a lawyer or commencing any legal action, failing which the cover shall lapse.

2. Assembling the file

The Insured Party undertakes to provide, at the time of the declaration and subsequently upon receipt, all documents, information and evidence relating to the dispute and relevant to verifying that cover is available, investigating the claim and finding a solution. In particular, the Insured Party must provide all information that serves to identify and find its opposing party and to quantify and support its Claim, as well as all information about any other insurance policy from which it may benefit in connection with the declared events.

Note: the Insured Party shall forfeit any right to cover and be required to reimburse any costs already incurred if he or she knowingly makes inaccurate statements (including by concealing certain documents or information) concerning the nature, causes or consequences of the dispute or any information relevant to resolving the dispute.

3. Prior agreement on bringing proceedings

The conduct of the claim, the appointment of agents and the action to be taken shall be decided by mutual agreement between the Insured Party and GIE CIVIS.

In the event of disagreement, the Insured Party may submit the disagreement to arbitration as provided for in e), but may also, after notifying GIE CIVIS in writing, bring the disputed proceedings himself or herself. If he or she obtains a more favourable final solution, GIE CIVIS will reimburse, on presentation of supporting documents and within the limits of the cover, any costs that he or she incurs that are not borne by the opposing party.

Note: subject to this particular scenario, any action taken by the Insured Party at his or her own initiative without the prior agreement of GIE CIVIS shall remain his or her responsibility unless such action constitutes a genuinely urgent protective measure in relation to which the Insured Party was unable to contact GIE CIVIS, including by telephone, and provided that such measures prove to be appropriate.

4. Choosing and engaging lawyers

If a lawyer needs to be engaged, the Insured Party shall be entitled to choose the lawyer (i.e. to give his or her name to GIE CIVIS).

Where the Insured Party chooses his or her lawyer, he or she must never engage the lawyer directly. The lawyer must be engaged by GIE CIVIS. The amount covered by the Insurer is assessed by mutual agreement between GIE CIVIS and the Insured Party or, failing that, as stated in E, based on the nature and issues at stake in the matter.

The Insurer shall not cover any additional costs resulting from the engagement of a lawyer who is not able to practise in the relevant jurisdiction (travel costs, costs of pleadings, etc.).

If the amount covered by the Insurer is less than the lawyer's fees, or the estimate that has been made, the Insured Party may appoint another lawyer or stay with his or her initial choice by paying any excess fees himself or herself.

5. Payment of sums and subrogation

GIE CIVIS shall directly pay the covered fees and expenses without the Insured Party being required to make any advance payment, unless the Insured Party is able to recover value added tax, in which case GIE CIVIS shall repay to it, on presentation of supporting documents, the VAT-exclusive amount of these costs and fees.

GIE CIVIS shall repay to the Insured Party the sums and compensation obtained for its benefit within thirty days of the date on which it receives them.

For its part, the Insured Party is responsible for paying any deposits, sureties or provisions that may be required to cover uninsured charges.

The Insurer is subrogated under Article L. 121-12 of the Code to the rights and actions of the Insured Party against Third Parties up to the amounts that it has paid.

The Insured Party undertakes to protect these rights and, where necessary, pay the Insurer any amounts that it may directly receive in this respect, in particular those obtained pursuant to Article 700 of the French Code of Civil Procedure or any other equivalent provision.

e) *Resolution of disputes arising between GIE CIVIS and the Insured Party*

At the Insured's request, any disagreement arising between GIE CIVIS and the Insured Party regarding the implementation of this cover shall be submitted in a joint application to the Presiding Judge of the District Court with jurisdiction over the Insured Party's place of residence, acting as arbitrator.

The costs of this joint application shall be borne by the Insurer and such application shall not prohibit the Insured Party from seeking any other legal remedies at its own expense.

Section III – Declaration, necessary documents, and reimbursement of Claims

A. Insurance Claim (Personal Injury, Civil Liability, Baggage and Travel Incidents)

Once the Insured Party has knowledge of an event likely to apply the cover under this Policy and no later than five (5) business days, the Insured Party must, under penalty of Forfeiture of the cover, except in case of a fortuitous event or force majeure, notify the Insurer in writing or verbally in exchange for a receipt.

The compensation or benefits shall be paid by the Insurer exclusively to a bank account at a bank in a European Union country and in euros.

The Claim declaration must be sent by one of the following means:

By post:

Chubb European Group SE
Service Indemnisations
La Tour Carpe Diem
31, Place des Corolles, Esplanade Nord,
92419 Courbevoie Cedex
France

For Personal Injury, Baggage and Travel Incident claims:

- Online (the fastest and easiest way): <https://www.chubbclaims.com/ace/fr-en/welcome.aspx>
- Or by email: AHDeclaration@chubb.com

By email for Civil Liability claims: France.DeclarationsRC@Chubb.com

All medical documents must be sent under confidential cover indicating “A l’attention du Médecin Conseil” [For the attention of the Medical Adviser].

B. Implementation of personal assistance cover

In order for the assistance services to be implemented, the Insured Party must, prior to any intervention involving the cover under the policy, contact **Europ Assistance** stating the number of the Chubb Policy FRBOPA70811, and his or her own last name and first name:

Europ Assistance
Phone: +33 1 41 85 90 15
Email: msh@ea-gcs.com

C. Forfeiture applicable to all heads of cover

- No compensation shall be payable for any Claim reported to the Insurer more than five (5) Days after its occurrence where such delay causes the Insurer to suffer any loss;
- A Member or Insured Party who intentionally provides false information or uses forged or falsified documents with the intention of misleading the Insurer shall forfeit any right to the cover for the Event in question;

- **All necessary measures must immediately be taken to limit the consequences of the Event and speed up the recovery of the Insured Party, who must submit to the medical care required by their condition. The Insured Party shall forfeit any right to cover in the event of a failure to fulfil this commitment to limit the extent of the Claim;**
- **The Insurer's doctor must be able to freely examine the Insured Party in order assess their condition. Any unjustified refusal to comply with this assessment, after a formal notice has been provided by registered letter, shall result in the forfeiture of the cover.**

D. Documents to be provided

1. All heads of cover

- The Policy number.
- The detailed claim declaration
- Supporting documents for the request depending on the cover
- The Insured Party's bank details [RIB/IBAN]

2. For the cover for Accidental Death and Accidental Total or Partial Permanent Disability

The declaration must include:

- A written declaration specifying the circumstances of the Accident, the name of the witnesses, and possibly the identity of the reporting authority if a report is prepared as well as the number of the police or gendarmerie report established following the Accident.
- At the request of the Insurer's physician, the certificate of the physician, surgeon or hospital called in to give first aid and describing the injuries.
- Birth certificates of Dependent Children as well as a copy of the tax return proving that they are the Insured Party's dependents.
- The death certificate.
- Documents establishing the capacity of Beneficiary in case of Accidental Death, and the name and address of the lawyer responsible for the estate.

3. For the cover for "private life" Civil Liability

Once the Insured Party has knowledge of an event likely to apply the cover under this Policy and no later than five (5) days, the Insured Party must, under penalty of Forfeiture of the cover, except in case of a fortuitous event or force majeure, notify the Insurer in writing or verbally in exchange for a receipt.

He or she must also:

- Indicate to the Insurer as soon as possible the circumstances of the Claim, its known or presumed causes, and the nature and approximate amount of the Damage.
- Take all measures to limit the extent of the Damage already known and prevent the occurrence of other Damage.
- Forward to the Insurer, as soon as possible, all notices, summonses, subpoenas, extrajudicial documents and procedural documents that are sent, delivered or served on him or her.

If the Insured Party fails to comply with the obligations listed in the previous three paragraphs, the Insurer shall have the right to compensation proportional to the Damage possibly caused by this failure to perform.

4. For the Travel Incident cover

In order for reimbursements to be made, the Insured Party must:

- complete a declaration of delay and/or have it stamped by an authorised person from the airline on which he or she is travelling or by an authorised person at the airport,
- send the Insurer, as soon as he or she returns and at the latest within 5 days of his or her return, the duly completed declaration of delay, a photocopy of his or her flight ticket, the purchase invoice for the insured ticket and the boarding pass stub.

5. **For the Baggage and personal effects cover**

The claim must be accompanied by the following information:

- the receipt for a complaint or declaration of theft made within 48 hours to an authority (police, gendarmerie, transport company, purser, etc.) in the event of theft or loss,
- booking forms with the carrier (sea, air, rail or road) where the baggage or items are lost during the period in which they were legally in the carrier's custody,
- the check-in ticket for the baggage delivered late by the transport company and proof of late delivery.

If these documents are not provided, the Insurer shall be entitled to claim compensation from the Insured Party equal to its resulting loss. The sums insured may not be considered to constitute proof of the value of the property for which the Insured Party is claiming compensation, or as proof of the existence of such property.

The Insured Party is required to prove, using any means in its power and any document in its possession, the existence and value of the property at the time of the Claim, as well as the extent of the damage. For business equipment, including laptop computers, the company for which you work may be asked to confirm the value of these items and that they were travelling with the Insured Party when he or she departed on the trip.

If the Insured Party has submitted a parallel claim to the carrier, the Insured Party must notify the Insurer thereof when declaring the claim.

Forfeiture of cover as a result of a fraudulent declaration:

If the Insured Party knowingly uses inaccurate documents as supporting documents, uses fraudulent methods, makes inaccurate declarations or withholds information, the Insured Party shall forfeit any right to compensation.

If the Insured Party recovers some or all of the stolen items covered by baggage cover

The Insured Party must immediately notify the Insurer by registered letter as soon as it becomes aware thereof.

- If the Insurer has not yet paid the compensation, the Insured Party must recover the items and the Insurer shall then only be required to pay for any damage or missing items.
- If the Insurer has already paid the compensation, the Insured Party may opt within 15 days:
 - either to abandon the items,
 - or to recover the items, subject to returning the compensation received after deducting the value of any damage or missing items.

If the Insured Party does not make a choice within 15 days, the Insurer shall take the view that the Insured Party has opted to abandon the items.

Section IV – Obligations of the Member

A. Declaration of risk on taking out the Policy

The Member must accurately declare all information of which they are aware that may enable the Insurer to assess the risks it is assuming and that are specified in the Policy's Special Conditions.

B. Declaration of changes to the risk during the life of the Policy

The Member must declare to the Insurer any aggravation of the elements used to assess the risk covered by the Insurer.

Where the modification constitutes an aggravation of the risk, such as if the new state of affairs had existed when the Policy was signed, the Insurer shall not be bound or shall be bound only by way of a higher Premium, the Insurer may propose a new Premium.

Should the Member refuse to pay this new Premium, the Insurer may terminate the Policy subject to a notice period of ten (10) days.

Any concealment, wilful misrepresentation, omission or inaccuracy in the disclosure of this information shall be subject to penalties, even if it has no impact on the Claim, in accordance with the conditions set out in Articles L. 113-8 and L. 113-9 of the French Insurance Code:

- **In the event of bad faith, by the Policy being rendered void;**
- **If bad faith is not established, by a reduction in compensation based on the premiums paid in relation to the premiums that would have been due had the risks been accurately and fully declared.**

In the event of a failure to fulfil the obligations relating to the Declaration of Risk on Taking Out the Policy and the Declaration of Changes in Risk during the course of the Policy, Forfeiture may be imposed on the Member.

C. Payment of the Premium

The Premium or, in case of split payment, the fractional Premiums and processing fees, in the amount stipulated in the Special Terms and Conditions, as well as the taxes, shall be payable in advance on the agreed dates.

Should a Premium or Premium instalment not be paid within ten (10) Days of its due date, and irrespective of the Insurer's right to pursue the enforcement of the Policy in court, cover may only be suspended thirty (30) Days after the Policyholder has sent a registered letter constituting formal notice.

If the annual Premium is payable in several instalments, the non-payment of a Premium instalment by the due date shall result in the remaining Premium instalments for the current Policy Year being payable.

The Insurer shall have the right to terminate the Policy ten (10) days after the end of the period of thirty (30) days mentioned in the second sub-paragraph of this paragraph.

If the Policy has not been terminated, it shall regain its ongoing effect at noon on the day following the payment of the overdue Premium to the Insurer or its appointed representative. In the case of an annual split Premium, the same shall apply after payment of the overdue instalments that were the subject of the formal notice, along with those that became due during the suspension period, as well as any applicable prosecution and recovery fees.

Section V – Cancellation of the Policy

The Policy may be terminated:

1. **By the Member**

The Member may terminate the Policy at any time falling one year after the policy is taken out, subject to providing one (1) month's notice.

And, pursuant to Article L. 113-4 of the French Insurance Code:

In case of disappearance of aggravating circumstances mentioned in the Policy if the Insurer refuses to reduce the insurance Premium accordingly within ten (10) days of the complaint made by the Member by registered letter.

Termination shall take effect upon the expiry of a Thirty (30) Day period from the date on which the notice of termination was sent to Insurer.

In the event of a price increase, the Member may terminate the Policy within fifteen (15) Days of the date on which it became aware of this increase.

Termination shall take effect upon the expiry of a Thirty (30) Day period from the date on which the notice of termination was sent to Insurer.

2. **By the Insurer**

In the event of non-payment of the Premium within the deadlines provided for in Section IV of this information notice (Article L. 113-3 of the French Insurance Code).

In the event of an increase in the risk if the Member does not accept the new Premium rate proposed by the Insurer by the deadline stated in Section IV of this information notice (Article L. 113-4 of the French Insurance Code).

In case of omission or inaccuracy in the declaration of risk at the signing or during the life of the Policy (Article L. 113-9 of the French Insurance Code).

3. **Automatically**

In the event of complete withdrawal of the Insurer's authorisation, under the conditions of Article L. 326-12 of the French Insurance Code.

4. **Termination formalities**

The termination of the Policy, by either party, must be notified at least two (2) months before the expiry date.

The Member must be notified of termination by the Insurer by registered letter.

Where the Member has the right to terminate the Policy, it may do so at its option, either by registered letter or by a declaration made against receipt at the Insurer's headquarters.

In the event that a registered letter is sent, any notice period for termination (except in the case of non-payment of Premiums) shall be counted from the date of the postmark.

In the event of termination during an insurance period, the portion of the insurance Premium for the remaining term shall be reimbursed to the Member if it has been paid in advance. However, this portion of the Premium shall be retained by the Insurer if the Policy was terminated due to the non-payment of Premiums.

The termination or non-renewal of the Policy shall have no impact on the payment of benefits accrued or originating during its term.

Section VI – Miscellaneous Provisions

A. Compliance with economic and trade sanctions

The Insurer is not deemed to provide cover and is not required to pay any claim or compensation resulting therefrom if the provision of such cover, the payment of such a claim or compensation exposes the Insurer or its parent company to any sanction, prohibition or restriction implemented pursuant to United Nations resolutions or economic and trade sanctions, or the laws and regulations of the European Union, France, the United Kingdom, France or the United States of America.

B. Expert appraisal in the event of disagreement

In the case of a medical disagreement, each party shall appoint a physician to organise a joint expert appraisal.

If these physicians fail to reach an agreement, a third physician shall be added to reach a final decision, which shall be final.

If one of the parties does not appoint a physician or if the physicians representing the parties do not agree on the choice of the third physician, the President of the High Court of the Insured Party's Home will appoint the physician.

Each party will bear the fees and costs relating to the intervention of the physician that the party has designated. The fees and costs of the third physician's intervention will be divided equally between them.

C. Supervision of the proceedings

For Damage within the framework of the "private life Civil Liability" cover and within the limits thereof, the Insurer alone shall assume the supervision of the proceedings against the Insured Party and shall have free exercise of remedies.

The Insurer shall pay the fees and costs of investigations, inquiries, expert appraisals, lawyers and proceedings. These costs and fees shall be deducted from the applicable cover amount.

The Insurer's handling of the Insured Party's defence does not constitute a waiver for the Insurer of its right to invoke any exception of cover of which it was unaware when it took on the supervision of this defence.

In the event of criminal proceedings in which the civil interests are or will be pursued within the framework of this body or any other later body, the Insured Party undertakes to include the Insurer in his or her defence without this commitment changing the extent of the cover under this Policy.

Under penalty of Forfeiture, the Insured Party must not interfere in the supervision of the proceedings when the subject thereof falls within the "private life Civil Liability" cover.

D. Settlement

The Insurer alone has the right, within the limit of its cover, to negotiate with the aggrieved persons.

No settlement or acknowledgement of liability occurring apart from by the Insurer may be enforced against the Insurer.

However, neither an admission of a material fact nor the sole act of having provided emergency assistance to the victim when it involves an act of assistance that any person has the moral duty to perform will be deemed an acknowledgement of liability.

E. Mediation

As this policy is made and signed in good faith, the contracting parties undertake, in the event of a dispute, to bring court proceedings only after an attempt at mediation.

To this end, they will each appoint a mediator. In case of disagreement between the two mediators on the resolution of the dispute, they may mutually choose a third mediator and rule by majority vote.

Each party shall pay the fees and expenses of the mediator that it has appointed and, where applicable, half the fees of the third mediator.

F. Limitation period

All actions arising from an insurance policy shall be limited to two (2) years from the date of the event giving rise to them under the conditions provided for in Articles L. 114-1 and L. 114-3 of the French Insurance Code.

Article L. 114-1 of the French Insurance Code provides that:

"All actions arising from an insurance policy are subject to a limitation period of two years from the date of the generating event.

However, this period will run:

1. In case of concealment, omission, or false or inaccurate declaration on the risk involved, from the day when the Insurer learned of it.
2. In the case of a Claim, from the day when the interested parties became aware of it, if they prove that they were unaware of it until then.

When the Insured Party's action against the Insurer is due to the recourse of a third party, the limitation period will run from the day when this third party initiated a court action against the Insured Party or was compensated by the Insured Party.

The limitation period will be extended to ten years for life insurance policies if the beneficiary is a person other than the Insured Party and, for personal accident insurance policies, if the beneficiaries are the assignees of the deceased Insured Party.

For life insurance policies, notwithstanding the provisions of paragraph 2, the beneficiary's actions will be limited in time to no more than thirty years from the death of the Insured Party."

Article L. 114-2 of the French Insurance Code provides that:

"The limitation period is interrupted by one of the ordinary causes of interruption of the limitation period and by the appointment of experts following a Claim.

The interruption of the limitation period of the action may also result from the sending of a registered letter or an email with return receipt sent by the Insurer to the Insured Party regarding the action for payment of the premium and by the Insured Party to the Insurer regarding the payment of the compensation."

Article L 114-3 of the French Insurance Code:

"Notwithstanding Article 2254 of the French Civil Code, the parties to the insurance policy may not, even by mutual agreement, change the length of the limitation period or add causes for its suspension or interruption."

The ordinary causes of interruption of the limitation period referred to in Article L. 114-2 of the French Insurance Code are set out in Articles 2240 to 2246 of the French Civil Code provided hereinafter.

Article 2240 of the French Civil Code:

The acknowledgement by the debtor of the right of the person whom the debtor attempted to prevent from invoking the statute of limitations interrupts the limitation period.

Article 2241 of the French Civil Code:

A legal action, even by way of summary proceedings, shall interrupt the limitation period and the peremptory time limit.

The same applies if the proceedings are brought before a court lacking jurisdiction or where the court referral is annulled due to a procedural error.

Article 2242 of the French Civil Code:

An interruption resulting from the proceedings continues to be effective until the closure of proceedings.

Article 2243 of the French Civil Code:

The interruption shall be voided if the plaintiff abandons the proceedings or allows the proceedings to lapse, or if the plaintiff's petition is definitively rejected.

Article 2244 of the French Civil Code:

The limitation period or peremptory time limit is also interrupted by a protective measure taken pursuant to French Civil Enforcement Proceedings Code or an enforcement act.

Article 2245 of the French Civil Code:

A formal demand made to one of the joint debtors by way of proceedings or an enforcement act, or the debtor's acknowledgement of the right of the person against whom the debtor invoked the limitation period shall interrupt the limitation period for all other parties, including their successors.

However, a formal demand made to one of the successors of a joint debtor, or this successor's acknowledgement thereof, shall not interrupt the limitation period with respect to the other joint successors, even in the case of a mortgage debt, if the debt can be divided. This questioning or acknowledgement only interrupts the limitation period, with respect to other co-debtors, for the portion for which the heir is responsible.

In order to interrupt the limitation period for the entire matter, with respect to other co-debtors, all the deceased debtor's heirs must be questioned or acknowledged.

Article 2246 of the French Civil Code:

The questioning of the principal debtor or its acknowledgement interrupts the limitation period against the surety.

G. Subrogation

Up to the amount of the compensation paid, the Insurer is subrogated under the terms of Article L. 121-12 of the French Insurance Code to the rights and actions of the Insured Party or his or her successors against any person responsible for the Claim. Similarly, where the cover provided under this Information Notice is fully or partially covered by another insurance policy or health insurance organisation, the Social Security department or any other institution, the Insurer shall take the place of the Insured Party or their Legal Representative in their rights against the aforementioned organisations and Insurers.

H. Multiple Insurance Policies

If, at the time of an incident giving rise to a Claim under this Information Notice, any other insurance is in effect covering the same Losses, damage, costs or liability, You must declare this to Us (in accordance with Article L121-4 of the French Insurance Code) and We will only pay Our proportional share. This condition does not apply to the "Accidents while travelling" section of this Information Notice.

I. Complaints and Mediation

We are committed to providing a high-quality service and aim to continue providing such a service at all times. If you are not satisfied with our service, please contact us, providing your policy details, so that we can handle your complaint as soon as possible.

Third-party claims

Chubb European Group SE

Phone: +33 1 55 91 48 69

Email: reclamationclient@chubb.com

In accordance with Recommendation 2024-R-02 of the ACPR [Autorité de Contrôle Prudentiel et de Résolution], in case of a complaint, we undertake to acknowledge receipt of your request within **Ten (10) business Days** of the date on which it is sent and to respond to it within **Two (2) Months**.

Mediation and litigation

Without prejudice to the legal remedies available to the Insured Party, the Insured Party may, in all cases, refer the matter to the Insurance Ombudsman, within two months of sending their initial complaint, to the following address:

www.mediation-assurance.org

La Médiation de l'Assurance

TSA 50110

75441 Paris Cedex 09, France

J. Amendment of the Information Notice and information to be provided to the Insured Party

Any amendment to the general terms and conditions of this Information Notice, or any termination of the Group Insurance Policy taken out by the Association of Services For Expatriates (ASFE) with Chubb European Group SE for the benefit of its enrolled Members, must be notified to the Members, for which the ASFE is solely responsible.

K. Interest

Any amounts that **the Insurer** is required to pay under this Information Notice shall not bear interest, unless **the Insurer** has unduly delayed a payment after receipt of all the necessary certificates, information and evidence in support of the Claim. When **the Insurer** is required to pay interest, the interest will only be calculated from the date on which the certificates, information or evidence in question are finally received.

Section VII – Protection of Personal Data

The Insurer uses the personal data that the Member makes available to it or, where applicable, to the Member's insurance broker, to underwrite and manage this Insurance Policy, including in case of a claim relating to it.

This data includes basic information including the Insured Parties' first and last names, addresses and policy number, but may also include data such as their age, state of health, financial situation and claims history, if such data is deemed relevant as regards the insured risk, the services provided by the Insurer or claims filed by the Member or the Insured Parties.

As the Insurer belongs to a global group of companies, the Insured Parties' personal data may be shared with other companies within its group, located in foreign countries, provided that such sharing is necessary for the management or implementation of the insurance policy or for storing the Insured Parties' data. The Insurer also uses service providers and administrators, who may have access to the Insured Parties' personal data in accordance with the Insurer's instructions and under its supervision.

The Insured Parties have rights regarding their personal data, including the right of access and, where applicable, the right to have their data erased.

This clause is an abbreviated version of the Insurer's procedures for handling the Insured Party's personal data. For more information, the Insured Parties and the Member may refer to the Privacy Policy, which is accessible via the following link: <https://www2.chubb.com/fr-fr/footer/politique-de-confidentialite-en-ligne.aspx>. The Insured Parties and the Member may also request a hard copy of the Privacy Policy from the Insurer at any time by sending an email to the following address: dataprotectionoffice.europe@chubb.com.

Section VIII – Applicable Law and Supervisory Authority

Chubb European Group SE is regulated and supervised by the French Autorité de Contrôle Prudentiel et de Résolution (ACPR) based at 4 Place de Budapest, CS 92459,75436 Paris CEDEX 09.

The Policy is subject to French law and is governed by the provisions of the French Insurance Code.

In case of dispute, only the French version of the Information Notice shall be valid.

“Start Expat” table of cover

Nature of cover	Maximum amount of cover	Territorial Limits/Excess
Personal assistance		
• Emergency medical transport	Actual costs	
• Repatriation to the Insured Party's Country of Residence/Country of Posting or Expatriation	Actual costs	
• Repatriation to the Insured Party's Country of Origin or Nationality	Actual costs	
• Return of an accompanying beneficiary in the event that the Insured Party is repatriated	Return ticket	Worldwide
• Accompanying support for children	Return ticket and coverage of accommodation expenses (up to €150 per day for 2 days) for an accompanying person	
• Extension of the Insured Party or an accompanying beneficiary's trip	coverage of accommodation expenses (up to €150 per day, capped at €1,500)	
• Presence of a relative with the hospitalised Insured Party for more than 5 days	Return ticket and coverage of accommodation expenses (up to €150 per day and per person, capped at €1,500)	Repatriation is organised to the Country of Posting or Expatriation
• Return of the Insured Party to his or her Country of Posting or Expatriation (within 2 months of repatriation)	Return ticket	
• Assistance with returning home after repatriation <ul style="list-style-type: none"> • Childcare, Home help, Animal care (dogs/cats) • Comfort while in hospital (TV rental) 	10 hours or Transport and Accommodation capped at €155 €80	Only in Metropolitan France
• Repatriation of the body in case of death <ul style="list-style-type: none"> – Coffin or urn costs 	Actual costs Up to €2,000	
• Accompaniment of the deceased	Return ticket	
• Identification of the body and death formalities	Return ticket for 2 family members and coverage of accommodation expenses (up to 150€ per day and per person for a maximum period of 2 days)	The repatriation is organised to the Country of Posting or Expatriation or to the Country of Origin or Residence
• Emergency return of the Insured Party following the death or serious illness of a Close Relative	Round-trip ticket (max once per year for the same event)	
• Advance on bail	Up to €15,000	Strictly and only Outside the Insured Party's Country of Origin
• Advance and payment of legal fees	Up to €3,000	
• Search and rescue costs	Up to €15,000	
• Early return in the event of a claim relating to the Insured Party's home	Return ticket	Repatriation is organised to the Insured Party's Country of Residence or Country of Origin
• Early return/Transport to a secure area in the event of an attack or natural disaster	Return ticket or round-trip ticket to a secure area	
• Sending medicines abroad	Organisation and shipping costs	

Nature of cover	Maximum amount of cover	Territorial Limits/Excess
<ul style="list-style-type: none"> Assistance in the event of theft, loss or destruction of identity documents or means of payment 	Information on administrative procedures - Advance of funds of up to €2,300 - Extended stay: €150/night (max. €1,500)	Strictly and only Outside the Insured Party's Country of Origin
<ul style="list-style-type: none"> Psychological Assistance 	3 telephone interviews	
<ul style="list-style-type: none"> Travel incidents: air delay causing the Insured Party to miss a connection (for technical or atmospheric reasons) 	Payment of fixed compensation of €300	
<ul style="list-style-type: none"> Baggage and personal effects <ul style="list-style-type: none"> Theft, total or partial Destruction and Loss of baggage during transport Delayed baggage at the airport (>12 hours) Cost of obtaining replacement identity documents 	Up to €2,000 limited to 50% for valuables Up to €300 Up to €150	Excess: €25 per piece of baggage
<ul style="list-style-type: none"> Personal injuries <ul style="list-style-type: none"> Accidental Death Permanent Total Disability 	€10,000 €50,000	Worldwide
<ul style="list-style-type: none"> "Private life" Civil Liability: 		
<ul style="list-style-type: none"> All Bodily Injury, Property Damage and Intangible Damage <ul style="list-style-type: none"> capped in the USA and Canada at: 	€4,000,000 €1,500,000	
<ul style="list-style-type: none"> Subject to the following sub-limits: 		Strictly and only Outside the Insured Party's Country of Origin or Country of Nationality and for up to 30 days per year during stays or organised holidays anywhere in the world.
<ul style="list-style-type: none"> Food poisoning 	€1,500,000	
<ul style="list-style-type: none"> Combined consequential property and intangible damages (Excess of €80 per Claim) 	€450,000	
<ul style="list-style-type: none"> Damage to equipment entrusted during an internship (Excess of €80 per Claim) 	€12,000	
<ul style="list-style-type: none"> Third-party rental liability abroad 	€100,000	

Contact us

Chubb European Group SE
La Tour Carpe Diem
31, Place des Corolles, Esplanade Nord,
92419 Courbevoie Cedex
France
www.chubb.com/fr

About Chubb

Chubb is the world's largest publicly traded property and casualty insurer. With operations in 54 countries, Chubb provides risk insurance for companies of all sizes, from multinational corporations to mid-size and small businesses. It also covers the substantial assets of high-net-worth individuals. It offers personal insurance and budget protection products for individuals and offers employers and groups individual accident insurance solutions and cover for mobility risks. Lastly, it implements reinsurance solutions.

As an underwriting company, Chubb assesses, covers and manages risk with a high level of knowledge and discipline. It pays out claims fairly and quickly. Chubb is known for its extensive range of products and services, broad distribution capabilities, exceptional financial strength, underwriting expertise, superior claims handling and worldwide operations.

The parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is included in the S&P 500 Index. Chubb has management offices in Zurich, New York, London, Paris and other cities and employs around 31,000 people worldwide.

For more information, visit chubb.com/uk-en



START' EXPAT
MEMBER'S GUIDE



MSH INTERNATIONAL

on behalf of



INFORMATION BOOKLET AND GENERAL TERMS AND CONDITIONS

Keep this guide in a safe place!

**You benefit from health insurance under the ASFE Start'Expat plan.
The first part of this guide describes the procedure for claiming reimbursements and provides clear
and practical answers to any questions you may have.
The second part contains the General Terms and Conditions of your plan.**

USEFUL TIPS

- Try, where possible, to use public sector or state-approved healthcare providers.
- Avoid giving any information in advance about the plan's level of coverage to avoid rates being automatically adjusted to the upper limit.
- Get a health check-up before you go abroad (make sure your vaccinations are up to date and get your teeth checked as a priority) and take a first aid kit with you. This type of preventive care is at your own expense.

Remember: treatments which have already started, pre-existing medical conditions, health check-ups and vaccines are not covered under your plan.

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START'EXPAT

MEMBERS' GUIDE

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1 / ONLINE SERVICES TO MAKE YOUR LIFE EASIER

We provide you with a personalized and secure area on our website www.asfe-expat.com. You can access this area at any time to:

- View and update your personal details (address, email, password, etc.)
- Print out your personalized insurance card
- Complete and print out your claims for the reimbursement of medical expenses
- Request precertification in case of hospitalization to avoid the need for a cash advance
- Review all the claims you have made during the life of your plan
- Print out your members' guide
- Visit the "Your Healthcare" section to:
 - Get travel information and healthcare advice: detailed health information for the country you're going to, essential vaccinations, etc.
 - Search for local doctors, hospitals, etc. anywhere in the world: get contact details for doctors and healthcare facilities, the languages spoken and the services available in the hospitals in the country and specialist field you're looking for.
- Access our quarterly newsletters
- Get contact details for our claims departments in your expatriation zone
- Leave us a message

When you log in for the first time, go to www.asfe-expat.com, Members' Area/"Get your login details". Enter the required information and click on "send". Your login and password will be emailed directly to you. (The email address must be the one you provided when you purchased the insurance). Once you have logged in, we strongly recommended you change your password in the "Your details" section.

USEFUL TIP

Remember to add or update your email address to the section "Your details" to sign up for:

- An email alert when we receive your online claim for reimbursement and when a new reimbursement has been processed
- An email when new services are introduced
- Quarterly newsletters for all the latest healthcare information

2 / YOUR HEALTHCARE REIMBURSEMENTS

The ASFE will cover your medical and hospital expenses up to €250,000 during your stay abroad in the event of an unforeseen illness or an accident.

An “**accident**” is any bodily injury not intended by the member, resulting exclusively from sudden and unexpected action by an external cause (sprains, fractures, etc.)

An “**unforeseen illness**” is any medically-certified deterioration in the state of health which is sudden and unexpected and requires surgery or medical treatment which cannot wait until you have returned or been repatriated to your country of origin.

We must receive your claims for reimbursement no later than 90 days following the date of your treatment.

① First pay for your treatment

All the claims for reimbursement you submit are stored online and can be viewed during your stay abroad in the Members’ Area / “Your Reimbursements” / “Your Claims”.

Please note: if you are hospitalized for more than 24 hours or if the cost of your treatment exceeds €/USD 400, please refer to the chapter “Avoiding the need for cash advances”.

② Fill out your claim for reimbursement

Fill out the claim form directly on our site www.asfe-expat.com in the “Your Reimbursements” / “Fill out a Claim Form” section of the Members’ Area.

Check your personal details (address and e-mail) and update them if necessary.

For each healthcare expense, you must provide:

- The date of treatment
- A description of the illness, injury and the treatment provided. A medical report is required to confirm it was a medical emergency.
- The country in which the treatment was provided
- The amount paid and the currency
- The name of the practitioner or facility

After completing this form, simply print it out and sign it.

③ Send us your claim for reimbursement

Don’t forget to enclose:

- The originals of the paid invoices
- The medical prescriptions
- The medical certificate issued by the doctor who treated you specifying the condition or the reason for the emergency consultation

These documents must show the patient’s full name, the date of treatment and the name, address and telephone number of the practitioner, hospital, laboratory or pharmacist. Cash receipts are not sufficient and invoices that do not show all this information will not be accepted.

The list of documents required if the treatment was provided in France:

- for consultations: the original treatment form (“*feuille de soins*”) together with the corresponding medical report
- for hospital treatment: the original invoice together with the receipt and corresponding medical report
- for pharmacy items: a prescription for the treatment or procedure together with the pharmacy price labels

If these are not provided, we will request additional documents which will delay the processing of your claim. Send all the documents to the claims department for your geographical zone (addresses on page 16 of this guide). To find out which claims department you should use, log on to www.asfe-expat.com in the "Contact us"/ "Our contact details" section of the members' area.

SOME PRACTICAL ADVICE

- Keep photocopies of all your documents and be sure to send us the originals
- Try to group your claims to avoid reimbursements of small amounts
- You have 90 days to submit your claims for the reimbursement of medical expenses

④ We process your reimbursement

You will receive your reimbursement via bank transfer in the currency and to the bank account of your choice. To avoid any transfers being rejected, it's important to provide us with your new details if you change your bank account.

USEFUL TIP

Send us your email address to receive an alert when a new reimbursement statement is available online: it's important to send us any updates or changes to your email address.

To see a breakdown of your reimbursement notices

Go to www.asfe-expat.com / Members' Area / "Your Reimbursements" / "Your Reimbursement Notices". These statements are available for the entire duration of your stay abroad.

USEFUL TIP

If the currency of your bank account is different from the local currency where your account is held, you will have no bank charges to pay other than the usual account maintenance fees and any fees charged by intermediary banks.

If the currency of your account is different from the one in which you paid for your treatment, the exchange rate used to calculate your reimbursement is the rate issued by the United Nations on the last day of the month preceding the date of your treatment.

3 / AVOIDING THE NEED FOR CASH ADVANCES

To avoid the need for a cash advance, the ASFE offers a precertification service **if you are hospitalized for more than 24 hours or if the cost of your treatment exceeds €/USD 400**. This service is available worldwide provided it is accepted by the healthcare professional.

If you are hospitalized

We will settle your hospital charges directly with the hospital under the terms and conditions of your healthcare coverage. You will pay only the costs which are not covered by the insurance such as telephone and television. This procedure is very common in the United States and Asia where it is known as “precertification”.

USEFUL TIP

Be sure to show your ASFE card at the hospital. It will facilitate administrative procedures. It can also be downloaded in the members’ area.

Planned hospitalization

Contact us at least 10 days before your admission to hospital. We will make the necessary arrangements with the hospital and issue your precertification agreement under the terms of your plan.

USEFUL TIP

Fill out your precertification request directly in the members’ area in the “Your Reimbursements”/ “Precertification and Direct Payment Request” section.

In an emergency

- Go directly to the hospital.
- Show your ASFE card at the hospital admissions desk and ask them to contact the ASFE by telephone or email at precert@msh-intl.com within 72 hours of your admission. We will then issue them with your precertification agreement under the terms of your plan.

For treatment costs exceeding €/USD 400

You must first request prior approval from the ASFE teams. If it is accepted under the terms of your plan, we will settle your treatment costs directly. Please refer to page 9 of the following chapter for details of the procedure for requesting prior agreement.

Send all the documents to the claims department for your geographical zone (addresses on the last page of this brochure). To find out which claims department you should use, log on to www.asfe-expat.com in the “Contact us”/“Our contact details” section of the members’ area.

4 / ENSURING YOUR CLAIMS ARE ACCEPTED

Our cost-checking service

Medical expenses are reimbursed within the limits of “Usual, customary and reasonable costs”.

This is because not only do healthcare rates vary from one country to another but also between two practitioners or facilities in the same country! For example, we know that some facilities can charge fees of up to 10 times more than other hospitals in the same town, while offering the same quality of service.

We have therefore produced a comparative chart of “Usual, customary and reasonable costs” based on the type of medical care and the country. On this basis and to help combat this type of practice, your reimbursements are therefore limited to “Usual, customary and reasonable costs” for the country in which the care was provided while maintaining the same quality of service. If you need assistance to ensure you don’t exceed these limits, please feel free to contact us.

USEFUL TIP

Our team is available to provide you with medical advice. They can also advise you on a less expensive facility offering the same quality of service.

Details of the practitioners and hospitals in the country where you are located can be found in the members’ area in the “Your Healthcare”/ “Find a Facility” section.

Prior approval

You must obtain prior approval from the ASFE before starting any treatment costing more than €/USD 400 or for the types of treatment listed below depending on the terms of your plan:

- Hospitalization (of any duration)
- Dental surgery (in the event of an accident or infection of the root)
- Stays in a medical facility following hospitalization
- Series of medical treatments involving more than 3 sessions

Obtaining prior approval is simple. Send us your treatment plan by mail, fax or email including the medical report from the prescribing doctor, any x-rays where required and/or an itemized estimate of costs.

- Once we have received your request, we will reply as quickly as possible with details of your conditions of reimbursement.
- If you wish, we can then make a direct payment to the hospital or practitioners where possible.

Further details can be found in the chapter “Avoiding the need for cash advances” on page 12.

You should send all the documents to the claims department for your geographical zone (addresses on the last page of this brochure).

USEFUL TIP

Written prior approval only covers treatment which starts within the following month and within the limits specified in the agreement.

Remember: If you do not request prior approval, coverage of your treatment under the plan may be denied.

5 / STAYING ABROAD AND PURCHASING A NEW PLAN

Simply log in to our site:

www.asfe-expat.com, then click on “Our solutions” / “Temporary stays abroad of up to 12 months” / “Get a quote”
If you are aged between 16 and 30, you can enroll in the plan up to 3 times in a row. From age 31, you can only enroll once.

All new enrollments are subject to the agreement of the insurer.

If, for example, you decide to stay abroad for a period of more than a year, we have solutions tailored to suit your circumstances. Our sales team would be pleased to discuss this with you:

- By email: contact@asfe-expat.com
- By telephone: +33 (0)1 44 20 48 77
- Or by visiting our website: www.asfe-expat.com

6 / QUESTIONS YOU MAY HAVE BEFORE GOING ABROAD

Is there anything I can do to put my mind at rest before I go abroad?

To make sure everything goes smoothly, it’s advisable to have a health check-up before you leave (make sure your vaccinations are up to date and get your teeth checked as a priority) and, if appropriate, have a medical examination where a certificate is issued to be sure of being able to practice all kinds of sports once you’re abroad.

It’s also advisable to give a friend or relative your insurance policy number and our contact details as well as your own address and phone number abroad.

What is my login/password for the website?

When you log in for the first time, go to www.asfe-expat.com, Members’ Area / “Get your login details”.

Enter the required information and click on “send”. Your login and password will be emailed directly to you.

Once you have logged in, we strongly recommended you change your password in the “Your Enrollment”/ “Your Details” section.

7 / QUESTIONS YOU MAY HAVE ONCE YOU'RE ABROAD

I've lost my personal insurance card. How do I get a new one?

You can print out a personalized copy from our website www.asfe-expat.com in the "Your Enrollment"/ "Insurance ID card" section of the members' area.

What sports are excluded from coverage?

Some high-risk sports (air sports, combat sports, etc.) may be excluded from your Start'Expat plan, as well as any sports which you practice on a professional basis or as part of a sports federation or club or competitions, championships or record attempts (see the health information booklet for your plan).

If I took out my Start'Expat plan for 12 months and come home after six months can I get a refund of my premium for the period of coverage I didn't use?

No, you signed up for coverage for a fixed period so you can't cut short your plan or claim a refund of the premium.

What is the annual cap on my healthcare coverage?

The total reimbursement amount is capped at €250,000 for the duration of your stay abroad (up to 12 months) for all medical care combined. (Medical assistance/repatriation is covered directly by the assistance provider and is unlimited).

Where can I find the names of qualified doctors, clinics and hospitals around the world?

Visit our website, www.asfe-expat.com in the "Your Healthcare"/ "Find a facility" section of your members' area: there you will find contact details for doctors and healthcare facilities and the languages spoken and services available in the hospitals in the country and specialist field you're looking for. This information is also available from our claims departments.

I'm not sure about the diagnosis or treatment I was given by my doctor or the hospital where I'm having my surgery. What should I do?

We have doctors working as part of our teams which means we can provide you with medical advice or refer you to a hospital or another practitioner. Simply send an email to medical@msh-intl.com, or contact your claims department.

If I need to go to the emergency department in my country of expatriation or in another country, what should I do?

You are covered worldwide and are free to choose the practitioner and medical facility you want. Your personalized insurance card contains all the numbers you'll need to contact us 24/7. Keep your card in a safe place and show it to the admissions department at the hospital. It will facilitate your administrative procedures.

Remember: this card is not a guarantee of direct payment, nor proof of insurance. For confirmation that your treatment is covered, you must contact us.

Can you make direct payments to a hospital or practitioner?

Yes, of course. Direct payments can be made for expenses exceeding €/USD 400 under the terms of your plan. To arrange this, contact our teams by phone (contact details on your ASFE card) or by email or fax stating the name of the hospital or practitioner, their address and telephone number or fill out our request for precertification form at <http://www.asfe-expat.com> in the "Your Reimbursements"/ "Precertification and Direct Payment Request" section of your members' area. We will take the necessary steps to pay your expenses directly, subject to this procedure being accepted by the service provider and under the terms of your plan.

What is the difference between prior approval and precertification?

Prior approval confirms our acceptance of your request for the reimbursement of the treatment even if it's not

enough to go ahead with the treatment. Precertification is a commitment from us to make a direct payment to the service provider.

When must I apply for prior approval?

The circumstances where prior approval is required are listed in the chapter “Ensuring your claim is accepted”. You should also feel free to contact us if you have any doubts about the coverage of particular types of treatment (see section: My claims department). Our teams will give you a clear answer and let you know in advance if and to what extent the costs you are planning will be covered under your plan.

What happens if I didn't request prior approval for medical care over €/USD 400 or series of treatments?

In this case we may refuse to reimburse any of your costs so it's important to request prior approval. We'll reply within 72 hours of receipt of your fully-completed request.

What is the deadline for submitting a claim for reimbursement?

Claims for reimbursement must be received within a maximum of 90 days from the date of treatment. However, we strongly recommend you send us your claims within 3 months of the date of treatment and especially not to wait until you return home. If any documents are missing from your claim, it will be more difficult to get hold of them once you're back home.

If I submit a claim for reimbursement in a currency other than the currency of my bank account, what exchange rate will be applied?

If the currency of your bank account is different from the one used to pay your medical expenses, the exchange rate used to calculate your reimbursements is the one issued by the Compagnie Financière Edmond de Rothschild on the last day of the month preceding the date of your treatment.

Do I need to translate my documents into English/French or convert the currency for my claim to be processed?

No. We can process claims written in any language and manage your medical expenses in more than 150 currencies.

I don't understand or don't agree with the reimbursement I've received. Who should I contact?

We are here to answer your questions! Simply contact the claims department for your geographical zone (addresses on the last page of this brochure) and we'll provide you with all the details you need to settle any misunderstanding. You can also use the “Submit an inquiry” section in the members' area.

Do I need to submit a medical report every time I make a claim for treatment?

Yes. The medical report is required to process your claim.

More generally speaking, the medical report is also an official document which provides an overview of your medical care if any follow-up care is required from your usual doctor in your country of origin. If there are any after-effects of the treatment, the report constitutes proof of the medical treatment you received and is dated and signed by the practitioner in the country where it was carried out. If you're seeking compensation or if the practitioner has been negligent, the medical report enables you to take action.

For even more answers to your questions, visit our website www.asfe-expat.com.

8 / OUR CLAIMS DEPARTMENTS

NORTH AMERICA

ASFE/MSH
Suite 300, 999 - 8th Street S.W. Calgary, Alberta T2R 1N7 CANADA
Tel: +1 403 232 8545
Fax: +1 403 265 9425
adminamerica@asfe-expat.com

EUROPE

ASFE/MSH
23, allées de l'Europe
92587 Clichy cedex FRANCE
Tel: +33 (0)1 44 20 48 07
Fax: +33 (0)1 44 20 48 79
admineurope@asfe-expat.com

MIDDLE EAST AND AFRICA

ASFE/MSH
19th floor, One by Omnyat,
Business Bay,
P.O. BOX: 506537
Dubai - UAE
Tel: +971 4 365 1305
Fax: +971 4 363 7327
adminmea@asfe-expat.com

ASIA

ASFE / MSH
5/F, North Tower, Building 9, Lujiazui Software Park, Lane 91, E Shan Rd,
Shanghai – P.R. CHINA, 200127
Tel: +86 21 6187 0593
Fax: +86 21 6160 0153

START'EXPAT

GENERAL TERMS AND CONDITIONS

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HEALTHCARE GENERAL TERMS AND CONDITIONS

Plan No. 900859 purchased by the ASFE (Association of Services for Expatriates – head office: Immeuble SEASON, 39 rue Mstislav Rostropovitch, 75815 Paris cedex 17) from AXA France Vie (a French limited company - société anonyme - with a capital of €487,725,073.50 - Paris Trade and Companies Register 310 499 959 – head office: 26, rue Drouot 75009 Paris – company governed by the French Insurance Code)

1 / BASIS AND PURPOSE OF THE PLAN

The purpose of this group insurance plan, which is governed by the French Insurance Code, is to provide ASFE members who are not covered by a Social Security scheme in France with coverage of medical expenses incurred as the result of an accident or unforeseen illness. The statements made by the ASFE and their Members form the basis of the plan which is purchased for a period of 1 to 12 months (or 24 months in the exclusive case of a Working Holiday Program in Canada).

2 / INSURED CATEGORY, CONDITIONS OF MEMBERSHIP AND ENROLLMENT PROCEDURES

You belong to the insurable group if you are an ASFE member aged between 16 and 65 at the time of enrollment and if you are living abroad for a period equal to or less than 1 year, or 24 months in the exclusive case of a Working Holiday Program in Canada.

In order for your application for membership to be considered, it must include:

- a completed and signed **application form**, by which you consent to the insurance, showing the requested effective date of the insurance - at the earliest the day following the online application for membership or receipt of your documents, and no later than 2 months following your application,
- the completed **health questionnaire** signed by the person to be insured,
- a **check in euros or authorization to take payment from a bank card** for the total amount of your premium,
- a copy of your **identity card or passport**,

to be sent to the Insurer via the ASFE.

The Insurer may request any additional medical evidence, consultations or examinations, at their own expense, to enable them to assess your state of health.

You have 45 days from receipt of the Insurer's request to provide the additional documents. On expiration of this period, the application for membership will be deemed to be null and void.

Certain professional activities (see current list below) are subject to prior approval from the insurer:

- occupations involving personal protection,
- occupations involving the protection of property,
- occupations with the purpose of teaching or practicing sports,
- any occupation requiring the use of weapons of any kind whatsoever,
- occupations requiring underground or underwater activity,
- occupations requiring the handling of explosives (including demining) or radioactive substances,
- occupations which lead to the taking part in a conflict (war, civil war, insurrection or riots), regardless of who is involved,
- occupations the purpose of which is to conduct public or private police investigations or gather confidential information,
- embassy staff.

IMPORTANT

The Insurer may deny membership, accept it subject to restrictions on benefits or with an additional premium. Your written agreement to the specific conditions of your membership is required for the implementation of the benefits. The specific conditions of membership are then listed on your certificate of enrollment. Details of the

restrictions on benefits will be sent to you directly by registered letter from the Insurer's medical advisor.

3 / CANCELLATION PERIOD

Even if you have signed the membership application form and paid the premium, you have the right to cancel your membership by registered letter with proof of delivery sent to the ASFE within 30 days of payment of this premium (Article L 132.5.1 of the French Insurance Code).

If you cancel during the 14 days following payment of the premium, the Insurer will refund you the full amount of the premium within a maximum period of 30 days of receipt of the registered letter.

After this period of 14 days, the Insurer will retain the portion of the premium corresponding to the period during which any coverage was in place.

4 / MISREPRESENTATION (Article L113.8 of the French Insurance Code)

Irrespective of the ordinary causes of nullity of the plan and the causes of reductions in compensation (Article L113.9 of the French Insurance Code) and subject to the provisions of **Article L132-26 of the French Insurance Code (incorrect age), the insurance plan is null and void in the event of concealment or intentional misrepresentation on the part of the Member, when such concealment or misrepresentation changes the subject of the risk or decreases the insurer's assessment of that risk, even if the risk which the Member concealed or distorted has no impact on the claim.**

The Insurer is then entitled to retain the premiums paid and to payment of all due premiums by way of damages.

5 / MEMBERS

Once your enrollment in the plan has been accepted by the Insurer, you become a Member.

Membership is evidenced by a certificate of enrollment issued by the ASFE and specifying:

- the effective date of enrollment and the end date of the plan,
- where applicable, a statement that you have been informed of the exclusions or restrictions on benefits.

6 / EFFECTIVE DATE – DURATION – RENEWAL OF MEMBERSHIP

If the application for membership is complete and has been accepted by the Insurer, membership takes effect on the later of the following two dates:

- on the date specified on the application form,
- on the day following receipt of the application form.

This effective date is specified on the certificate of enrollment.

IMPORTANT

The insurance is taken out for a fixed period specified on the application form when the plan is purchased. This period cannot be interrupted for any reason whatsoever.

This period must be 1 month, 2 months, 3 months, 4 months, 5 months, 6 months, 7 months, 8 months, 9 months, 10 months, 11 months or 12 months, or 24 months in the exclusive case of a Working Holiday Program in Canada.

At the end of this period, you may reapply for membership, subject to acceptance by the insurer, and up to a maximum of:

- 2 additional periods of membership for persons aged between 16 and 30 on the effective date of each additional period of membership,
- 1 additional period of membership for persons aged 31 and over on the effective date of the new period of membership.

Your benefits come to an end:

- on the day on which you cease to belong to the insurable group,
- if the premium is not paid in accordance with the procedure described below,
- on the date on which your membership comes to an end (set when the plan is purchased) and specified on the application form,
- on the date on which the contract between the ASFE and the Insurer is terminated.

In all cases, premiums must be paid in full up to the date of cessation of benefits and the period of membership cannot be reduced.

Once the plan has been terminated, it cannot under any circumstances continue to operate with respect to Members.

7 / DEFINITION OF GEOGRAPHICAL ZONES

Benefits apply in the countries of the coverage zone of the internship, assignment, study program or stay specified on the membership application form:

- **Zone A:** worldwide excluding the United States of America;
- **Zone B:** worldwide including the United States of America.

Benefits also apply to Zone A members during trips to the United States of America of less than thirty days in total, only in respect of expenses incurred following an accident during this trip or an unforeseen illness which begins during this trip. In this case supporting documentation such as travel tickets proving the length of your stay in the USA will be required.

Insurance purchased for travel to the United States of America is valid worldwide.

8 / CALCULATING THE PREMIUMS

Premium amounts are expressed in Euros and are based on the location of the stay, the duration of membership and the age of the member.

9 / PAYING THE PREMIUM

The premium is payable in full on enrollment in the plan by bank card or check.

In accordance with Article L.141-3 of the French Insurance Code, the Policyholder may exclude a Member from the group insurance plan if the member has not paid the premium.

Failure to pay the premium, in accordance with the French Insurance Code, will therefore result in exclusion from and non-implementation of the plan.

10 / ARBITRATION

In the event of any disagreements arising from the plan, the policyholder and the insurer agree, before resorting to the arbitration procedure described below, to put their case in writing and meet together in an attempt to settle the dispute amicably.

Any dispute which is not settled amicably within thirty days of the day when the first party to act puts its case in writing will be settled by an arbitration tribunal sitting in PARIS, composed of three arbitrators appointed as follows:

- the policyholder and the insurer each appoint an arbitrator within thirty days of the deadline specified above,
- the third arbitrator is appointed by the first two within thirty days of the appointment of the last one.

If an arbitrator is not appointed within the set timescales, the appointment will be made by the president of the Tribunal de Commerce in PARIS, in summary proceedings, as instructed by the first party to act. The

arbitration tribunal rules by a majority vote of its members, stating its reasons for the decision. The ruling is final and binding.

11 / LIMITATION PERIOD

Any legal action arising from the insurance plan is barred for the period following the loss which is specified under Articles L 114-1 and L 114-2 of the French Insurance Code.

On expiration of the period set by the French Insurance Code, the Contracting party, the Members, the beneficiaries and the Insurer no longer have any rights or obligations.

12 / COMPLAINTS

For information regarding the plan or any events arising from its application, the main point of contact is the agent, the ASFE, who should be approached in the first instance.

In the event of a dispute, it will be possible to send a letter to the AXA Customer Service Manager at the following address:

**Direction Clientèle AXA
TSA 46 307
95901 Cergy Pontoise Cedex 9
France**

If, following their intervention, the disagreement persists, it will be possible to request the opinion of the Ombudsman whose details will then be provided. Consulting the Ombudsman, who is independent of the Insurer, is free of charge. The Ombudsman will offer a reasoned view within 3 months of the day on which their opinion was sought. Their opinion is not binding on either the Insurer or the ASFE and each party retains the right to apply to the competent court.

13 / SCOPE OF BENEFITS

The plan provides coverage of the following costs:

// HOSPITAL MEDICINE

- room and board (including, where applicable, the cost of a standard semi-private room),
- surgical procedures, anesthesia – intensive care,
- operating room, where applicable,
- consultations,
- paramedical services,
- clinical laboratory services,
- procedures using ionizing radiation,
- pharmaceutical costs,
- post-operative costs as specified above prescribed by the practitioner who performed the surgery and incurred within 30 DAYS of leaving hospital,
- fixed hospital charge in case of hospitalization,
- cost of transportation by ambulance in connection with a hospital stay covered under this plan.

// HOSPITALIZATION OF LESS THAN 24 HOURS

Hospital stays of less than 24 hours with surgery are classed as hospitalization of at least 24 hours. Chemotherapy is classed as hospitalization of less than 24 hours.

// ROUTINE OUTPATIENT MEDICINE

- consultations, home visits (excluding dentists),
- minor surgery and specialist procedures,
- paramedical services,
- diagnostic tests and laboratory work,
- radiology, medical imaging (MRI) and scans,
- prescription drugs.

// DENTAL – AS A RESULT OF AN ACCIDENT OR A DENTAL EMERGENCY NOT CAUSED BY THE POOR PRIOR CONDITION OF THE TEETH OR GUMS

A “**dental emergency**” is any infection of the roots which is likely to cause complications if not treated within 48 hours:

- consultations with and home visits from dentists
- dental treatment, excluding dentures and dental implants

// DENTURES AND OTHER PROSTHESES: FOLLOWING A REPORTED ACCIDENT ONLY

// VISION: LENSES AND FRAMES: FOLLOWING A REPORTED ACCIDENT ONLY

A “**reported accident**” is an accident for which a certificate has been issued by an authority that was present at the scene (police, fire service or ambulance/emergency rapid response unit). This certificate must include the following information: location, date, type of injury and the exact circumstances of the accident.

Medical procedures which are not listed in the French Social Security nomenclature are never covered.

Medical expenses which qualify for coverage must have been incurred:

- in the geographical zone of the country specified in the application form as defined under “Definition of geographical zones”;
- for zone A members traveling to the United States of America for periods of less than thirty days in total, only expenses resulting from an accident or unforeseen illness occurring during this trip.

NB: Insurance purchased for travel to the United States of America is valid worldwide.

IMPORTANT

If hospitalization is not required, the only medical expenses to be reimbursed are those incurred in an emergency following an accident or unforeseen illness requiring surgery or medical treatment which cannot wait until the member has returned or has been repatriated to their country of origin.

If you are admitted to hospital, costs will be covered if the hospitalization is the result of:

- an accident,
- an unforeseen illness requiring medical or surgical treatment which cannot wait until you have returned or been repatriated to your country of origin.

An “unforeseen illness” is any deterioration in the state of health certified by a competent medical authority which is sudden and unexpected.

An “accident” is any bodily injury not intended by the Member, resulting exclusively from sudden and unexpected action by an external cause. Therefore, for the purposes of this plan, events which are wholly or partially caused by an illness (pathological cause) are not accidents.

The following expenses are never reimbursed: pregnancy and maternity-related expenses, spa therapies, and preventive medical procedures or check-ups (such as contraceptive monitoring, cholesterol screening, etc.), and any nervous or mental disorders.

Benefits will only be paid by the Insurer insofar as the expenses are reasonable and customary.

Pre-existing illnesses, meaning medical conditions which developed before you signed the Application form, will not be covered under the plan.

14 / CONDITIONS OF COVERAGE

The following expenses require prior approval:

- Series of medical treatments or procedures following an accident or an unforeseen illness where the number of sessions is greater than 3,
- Hospital stays of any duration,
- Dental surgery (in cases of accident or infection of the root),
- Stays in a medical center following a stay in hospital.

The ASFE must have received the request for prior approval 10 days before the treatment or procedure is carried out.

15 / SUPPORTING DOCUMENTS FOR THE PAYMENT OF CLAIMS

Within 90 days of the date of treatment, the Member must send all of the following documents to the Insurer:

- **the completed CLAIM FORM** (or the completed French Social Security treatment form, "FEUILLE DE SOINS" if the treatment was dispensed in France),
- **a medical certificate issued by the doctor**, specifying the condition or the reason for the emergency consultation,
- **the ORIGINALS of the PRACTITIONER'S FEES and PRESCRIPTIONS**, dated and paid and showing the first and last names of the person receiving the treatment, the type of illness, the nature and date of the visits and the treatment given. The prescriptions must clearly show the name and price of the drugs and specify the local currency,
- **the original statements** from any scheme from which the Insured member has received benefits, where applicable.

16 / AMOUNT OF BENEFITS

// HEALTHCARE BENEFITS SCHEDULE

You are reminded that the only medical expenses to be reimbursed are those incurred in an emergency following an accident or an unforeseen illness requiring surgery or medical treatment which cannot wait until you have returned or been repatriated to your country of origin. You will be asked to provide evidence of the emergency or the accident.

HEALTHCARE BENEFITS	Maximum amount (including taxes) per person, for the duration of the plan
AGGREGATE LIMIT ON HEALTHCARE BENEFITS (€)	€250,000
HOSPITAL MEDICINE	
Room and board (including, where applicable, the cost of a standard semi-private room)	Semi-private room: up to €100/day
Surgical procedures, anesthesia – intensive care	100% of actual costs
Operating room, where applicable	100% of actual costs
Consultations	100% of actual costs
Paramedical services	100% of actual costs
Clinical laboratory services	100% of actual costs
Procedures using ionizing radiation	100% of actual costs
Pharmaceutical costs	100% of actual costs
Post-operative costs, as specified above, prescribed by the practitioner who performed the surgery and incurred within 30 DAYS of leaving hospital	100% of actual costs
Fixed hospital charge in case of hospitalization	100% of actual costs
Cost of transportation by ambulance in connection with a hospital stay covered under this plan	100% of actual costs
HOSPITALISATION OF LESS THAN 24 HOURS	
Hospital stays of less than 24 hours with surgery are classed as hospitalization of at least 24 hours. Chemotherapy is classed as hospitalization of less than 24 hours.	100% of actual costs
ROUTINE OUTPATIENT MEDICINE	
Consultations and home visits (excluding dentists)	100% of actual costs (limited to €80/consultation from the 3 rd visit)
Minor surgery and specialist procedures	100% of actual costs
Paramedical services	100% of actual costs
Diagnostic tests and laboratory work	100% of actual costs
Radiology, medical imaging (MRI) and scans if reimbursable	100% of actual costs
Prescription drugs if reimbursable by French Social Security (excluding non-medicinal products)	100% of actual costs, up to €3,000

DENTAL (a “dental emergency” is any infection of the roots which is likely to cause complications if not treated within 48 hours and which is not required due to the poor prior condition of the teeth or gums)	
Consultations with and home visits from dentists and dental treatment	100% of actual costs up to €350
DENTAL – ONLY FOLLOWING A REPORTED ACCIDENT	
Dentures and other prostheses	100% of actual costs up to €200
VISION – ONLY FOLLOWING A REPORTED ACCIDENT	
Lenses and frames	100% of actual costs up to €150

The Insurer reserves the right to request any additional supporting documents at the time of the insured event and during payment of the benefits.

The Member must also respond to any requests regarding the accident or unforeseen illness and, in particular, specify its nature, the date of its first medical diagnosis, etc.

The plan only covers reasonable medical expenses that are generally charged in the country in which the specific treatment has been received, in accordance with standard and generally accepted medical procedures.

Medical expenses deemed to be excessive, unreasonable or unusual considering the country in which they were incurred, will not be covered or the amount of benefits paid will be restricted.

In order to ensure the sustainability of your plan and to better control increases in healthcare expenditure, we strive to make our Members aware of the value of controlling medical expenses.

// PREVENTIVE MEASURES

- Make sure you get all the vaccinations recommended for your country of destination before you leave.
- Take a look at the medical information we provide at: www.asfe-expat.com, Members’ Area, Your Healthcare, including recommendations for preventing certain illnesses (malaria, etc.).
- Get a pre-expatriation check-up for the whole family before you leave, as well as regular Health check-ups; some health concerns can be incompatible with certain climates. Remember, this benefit is not available under the plan.

// USEFUL TIPS TO HELP YOU CONTROL COSTS

- Try, where possible, to use public sector or state-approved healthcare providers.
- Avoid giving any information in advance about the plan’s level of coverage, especially to dentists and opticians, in order to avoid rates being automatically adjusted to the upper limit.
- Limit the number of visits to different practitioners for the same health concern.

// TOP-QUALITY MEDICAL SERVICES AT A “USUAL, CUSTOMARY AND REASONABLE COST”

- Healthcare costs vary greatly from country to country, and even between practitioners or medical facilities in the same town: some of them can charge up to 10 times more than others, while offering the same quality of Service.
- To help combat this type of practice, and based on our in-depth knowledge of local healthcare systems, we have produced a comparative chart of “Usual, customary and reasonable costs”. This is a scale of charges which we consider to be reasonable according to the type of medical care and the countries in question.
- Before seeking treatment, please feel free to contact our medical teams for details of “Usual, customary and reasonable costs” for a particular medical Service.

// USE THE MSH INTERNATIONAL MEDICAL NETWORK AS FAR AS POSSIBLE (PARTICULARLY IN THE UNITED STATES)

You are free to choose your healthcare provider but, by opting for the MSH INTERNATIONAL Medical network (accessible in the Members’ Area/‘Your Healthcare/Find a facility’), you can geo-locate the healthcare providers nearest to you and receive top-quality care anywhere in the world at reasonable rates.

That way, you will benefit from the best quality of care possible while minimizing the risk of exceeding the upper limits of your benefits.

17 / UPPER LIMITS OF BENEFITS

The reimbursement of or compensation for costs incurred as the result of an unforeseen illness or accident cannot exceed the level of costs payable by the Member following reimbursements of any kind to which they are entitled.

Benefits of the same type purchased from several insurers operate within the limits of each individual benefit, regardless of the date of purchase. Within these limits, the beneficiary of the plan or agreement may obtain compensation by contacting the organization of their choice.

18 / SUBROGATION

The insurer is subrogated, in respect of medical expenses and up to the level of the amounts they paid out, to the rights and actions which you may have or take against any third parties liable for the loss as specified under Article L122-12 of the French Insurance Code.

19 / COVERED AND EXCLUDED RISKS

In addition to the medical treatments which are not covered under the plan, the following are excluded from coverage:

- Treatments and procedures which are not listed in the French Common Classification of Medical Treatments and Procedures (CCAM) as well as treatments and procedures which are not covered or for which this Classification does not specify a rate, with the exception of treatments and procedures which are covered under this plan,
- The portion of costs reimbursed or reimbursable by any benefits provider (e.g. Social Security) or under any other insurance plan,
- Treatment dispensed in a public hospital or medical facility which would be delivered free of charge if there were no plan in place,
- Treatment and hospitalization related to nervous breakdowns and more generally to psychic or neurotic disorders,
- The treatment of psychomotor disorders,
- Treatments or procedures performed by a person without the required qualifications,
- Any treatment which is not prescribed by a doctor or which has no value from a strictly medical point of view,
- Any medical or dental treatment which does not meet professional standards, and temporary dentures,
- Treatment for which the Member or the insured has not sought the required prior approval or where prior approval has been denied,
- Any surgical procedure which is not required by a medical emergency, unless prior approval has been obtained from the Insurer,
- Costs relating to cosmetic treatments (or equivalent) of any origin and of any kind, except in special cases (following an accident occurring during the period of insurance under this plan) for which prior approval has been issued in writing by the Insurer and subject to the conditions and limits stipulated by them,
- Costs incurred before the effective date of the plan and once it has come to an end,
- All commonly used non-medicinal products such as cotton wool, alcohol, sunscreen, toothpaste, dressings, soap, perfume, shampoo, etc.,
- Ancillary costs such as telephone and television during stays in hospital,
- The cost of accommodation and treatment in a rest home or convalescent home unless the stay follows a period of hospitalization of more than 30 days or a major surgical procedure (limited to 30 days),
- The cost of accommodation and treatment during a stay in a vocational rehabilitation center (or similar facility), when a state of temporary or permanent disability has been diagnosed. Such services are classed as home care even if they are prescribed by a doctor and delivered by providers with medical or paramedical status,
- Treatments for obesity, weight loss and anti-aging or any cosmetic treatments,

- Travel and hotel accommodation costs incurred in connection with treatment,
- Transportation costs other than by ambulance,
- Treatments deemed to be experimental,
- Podiatric treatment which is not required as the result of an accident or illness,
- Spa therapies or thalassotherapy,
- Detoxification therapies (alcoholism, drug dependency or similar),
- The cost of voluntary termination of pregnancy,
- Costs incurred as the result of accidents or illnesses caused intentionally by the Insured member or the dependent, and those resulting from suicide attempts or intentional self-inflicted injuries,
- Treatment relating to accidents or illnesses occurring prior to enrollment in the plan and/or not declared to the Insurer,
- Treatment relating to specific exclusions of which you were notified in the certificate of enrollment,
- Care provided in a nursing facility or retirement home and the costs resulting from personal assistance with daily activities, even if that person has been declared as being in a state of temporary or permanent disability. Such services are classed as home care even if they are prescribed by a doctor and delivered by providers with medical or paramedical status,
- Any pre-existing illnesses, meaning a medical condition which developed before the date of signature of your Application form of which you were aware, or of which you could have been aware before signing the Application form.

Coverage of medical expenses deemed to be excessive, unreasonable or unusual considering the country in which they were incurred may be denied or limited.

The consequences of participation in any sporting competitions and training sessions as well as the practice of sports in a club or federation in a professional capacity are also excluded from all coverage.

SPECIAL CASES RELATING TO THE PRACTICE OF SPORTS

The practice of the sports listed below is wholly excluded from coverage:

- **Extreme sports:** bungee jumping, caving, extreme canoeing and kayaking (in rapids greater than Class V, rivers greater than Class II, on seas and oceans more than two nautical miles from land), sailing (transoceanic and single-handed navigation more than 20 nautical miles from shelter), base jumping and kite surfing.

The practice of the sports listed below is wholly excluded from coverage except introductions to these sports, for leisure purposes by way of "initiation", if it is supervised by a professional with the qualifications and skills required by the State, are covered with the exception of "extreme" sports.

- **Mountain sports:** mountaineering, climbing (excluding artificial holds without a safety rope), rock climbing, solo hiking above 3,000 meters, ski jumping, bobsleigh, skeleton, skiing (alpine, cross-country and snowboarding) off marked trails which are open to the public and canyoning
- **Air sports:** aerobatics, gliding, parachuting, microlighting, hang gliding, paragliding and skysurfing,
- **Water sports:** scuba diving, surfing and hydrospeeding
- **Motor sports:** motor racing, motorcycle racing or kart racing
- **Self-defense and combat sports.**