

[LA MOBILITÉ]
INDIVIDUALS



Crystal Studies

General Conditions 2010-2011

CS 2011



Creating a new face of insurance.

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● NB:

The original version of this document is in French. In the event of a dispute, the French version shall prevail over any translation into other languages.

1. SERVICES AVAILABLE UNDER YOUR POLICY

1.1. DIRECT PAYMENT OF HOSPITAL COSTS:

With this service *You* have no *Hospitalisation* costs to pay. Simply ask us to contact the hospital or clinic to which *You* have been admitted and *We* will settle your hospital bill on your behalf.

To ensure that your stay in hospital is covered, please ask your doctor to complete a "Confidential Medical Certificate" giving the reason for your *Hospitalisation*. This form should then be sent to our Medical Examiner. For more information, see page 11.

To request *Direct payment of hospital costs for stays of more than 24 hours*:

- from the USA or Canada, call (+1) 866 299 2900 (Freephone),
- from a country in South America, call (+1) 305 381 6977 (reverse charges),
- from a country in Europe or Africa, call + 33 (0)1 73 02 93 99, Fax: + 33 (0)1 73 02 93 70,
- from other countries, call + 33 (0)1 55 92 23 09.

These numbers are also listed on your APRIL Mobilité Insurance Card, issued at the time of application:



1.2. REPATRIATION ASSISTANCE:

To request repatriation assistance:

In order to benefit from repatriation assistance (see page 12), *You* must obtain prior approval from APRIL Mobilité Assistance.

To request assistance, *You* can contact us:

- by making a reverse charge call to France on +33 (0)1 55 92 23 09,
- by fax on +33 (0)1 55 92 40 50.

1.3. DOCTOR'S HOME VISITS IN NORTH AMERICA:

To request a home visit in North America (StandbyMD):

- in the US, call (+1) 800 649 7119,
- in Canada or in Mexico, call (+1) 305 459 4882.

The **StandbyMD** service is available in the following cities (as at 31/09/2010):

In the US: Anaheim, Atlanta, Baltimore, Beverly Hills, Bonita Springs, Boston, Breckenridge, Burbank, Chicago, Copper Mountain, Dallas, Fort Myers, Ft. Lauderdale, Hollywood, Houston, Keystone, Las Vegas, Los Angeles, Manhattan, Miami, Naples, Orlando, Philadelphia, Phoenix, San Diego, San Francisco, Scottsdale, Vail, Washington DC,

In Mexico: Acapulco, Cancun, Guadalajara, Isla Mujeres, Los Cabos, Ixtapa, Mazatlan, Mexico City, Playa Del Carmen, Puerto Aventuras, Puerto Morelos, Puerto Vallarta, Tulum,

In Canada: Toronto.

In emergencies, during evenings or weekends, when your doctor is unavailable, *We* can provide a home consultation service. To avoid long waits in Accident & Emergency, *You* will be put in touch with a doctor who will make a preliminary diagnosis by telephone before advising you on what *You* should do next: arrange a home visit or attend A&E.

With the StandbyMD service, *You* have nothing to pay for a home visit. The bill is sent directly to us for payment to StandbyMD.

1.4. COUNSELLING SERVICE:

To take advantage of the counselling service (see page 14):

- **by telephone:** +33 (0)1 53 04 62 75,
- **by email:** consultant.am@psya.fr.

1.5. ONLINE SERVICES:

At www.aprilmobilite.com (using the “individuals” link), *You can access your extranet service using a secure access code and password.*

If You are Insured, You can view:

- your reimbursement advice notes, details of cover and current general conditions,
- your personal and bank details.

You can also download the forms You will need to use the services or make a claim (see page 11):

- *Confidential Medical Certificate* (to be completed by your doctor in the event of *Hospitalisation*),
- *Request for prior agreement* (to be completed by your doctor if prescribing treatment to be delivered by medical auxiliaries),
- Claim for reimbursement (to be enclosed with your medical bills and prescriptions).

If You are the Policyholder, You can:

- view your personal details and those of your insurance consultant,
- check your *Premium* payments and payment method,
- pay your *Premiums* online using a bank card.

1.6. WHERE TO SEND YOUR CLAIMS FOR REIMBURSEMENT:

Send your claims for reimbursement to:

APRIL Mobilité

Service Remboursements - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE

2. DEFINITIONS

- A ABROAD:** any country covered under the policy outside your usual *Country of nationality*.
- ACCIDENT:** any physical injury not intended by the victim, which is the result of a sudden action with an external cause. Pursuant to Article L.1315 of the French Civil Code, *You* are responsible for providing proof of the *Accident* and of the direct cause-and-effect relationship between the *Accident* and the costs incurred.
- ACTUAL COSTS:** all medical expenses charged to you.
- B BENEFICIARY:** person who receives *Compensation* or money from the insurer.
- BODILY INJURY:** injury affecting a person's physical integrity.
- C CLAIM:** event, *Illness* or *Accident* which gives rise to cover when the contract is in effect.
- COMPENSATION:** sum paid to repair damages or injury suffered by yourself.
- CONFIDENTIAL MEDICAL CERTIFICATE:** medical questionnaire supplied by our medical department in the event of *Hospitalisation* and completed by a doctor who has carried out an examination of your state of health.
- CONSEQUENTIAL DAMAGE:** all damage other than *Physical* or *Material damage* resulting directly and immediately from *Physical* or *Material damage* covered by the insurance.

- COUNTRY OF DESTINATION:** your main country of residence during your stay *Abroad*.
- COUNTRY OF NATIONALITY:** the country shown on the Application form or, in the absence of the Application form, the country shown on the passport or on any other official identity document under the heading "nationality".
- D** **DAILY HOSPITAL CHARGE:** portion of daily hospital costs (in France) not covered by French Social security.
- DIRECT PAYMENT OF HOSPITAL COSTS:** if *You* are hospitalised for more than 24 hours, *You* may be eligible for direct settlement of your hospital fees with no upfront payment, subject to the review of your *Confidential Medical Certificate*. *You* can activate this service using the emergency contact numbers listed in paragraph 1.1 or by presenting your insurance card to the hospital or clinic (unless *You* selected level B of the Expatrio option).
- (TOTAL OR PARTIAL) DISABILITY:** disability following an *Illness* or *Accident* making it totally or partially physically impossible (as medically verified and recognised by the insurer) for you to continue with the course in which *You* are enrolled.
- E** **EMERGENCY DENTAL TREATMENT:** the policy covers *Emergency dental treatment* (temporary dressings, fillings, root canal work, extractions etc.) resulting from an *Accident* or unexpected *Illness* requiring surgery or medical treatment and which could not wait until your return to your *Country of nationality*.
- EXCESS:** sum for which *You* are responsible in the settlement of a *Claim*.
- EXCLUSIONS:** that which is not covered by the insurance contract. All contracts include *Exclusions* from cover.
- F** **FAMILY MEMBER:** father, mother, sister, brother, child or legal guardian residing in your *Country of nationality*.
- FORCE MAJEURE:** any unforeseen, unavoidable and uncontrollable event declared by the public authorities of the country where *You* are staying.
- FRENCH OVERSEAS DEPARTMENTS AND REGIONS:** Guadeloupe, Martinique, French Guyana and Reunion Island.
- FRENCH SOCIAL SECURITY REIMBURSEMENT RATE:** reimbursement basis used by the French Social security scheme for procedures or prescriptions performed or issued by health professionals. It varies depending on the sector to which the healthcare professional or hospital belongs. Where generic medicines exist, the reimbursement basis shall be the flat rate corresponding to the price of the generic version.
- H** **HOSPITALISATION:** stay (with or without surgery) in an hospital (public or private) subsequent to an *Accident* or *Illness* and during which a bed has been allocated to you.
- I** **ILLNESS:** any sudden and unexpected alteration in the state of health, certified by a competent *Medical authority*.
- INSURANCE YEAR:** period of twelve consecutive months that separates two anniversary dates of the *Start date* of the cover.
- INSURED:** see definition of "*You*".
- INTERVENTION LIMIT:** minimum amount above which the insurer will consider direct intervention or reimbursement.
- M** **MATERIAL DAMAGE:** damage affecting the structure or substance of a thing and resulting in a covered event.
- MEDICAL AUTHORITY:** person holding a medical or surgical diploma which is valid in the country where *You* are staying.
- MEDICAL TEAM:** structure adapted to each individual case and defined by APRIL Mobilité Assistance's liaison doctor.
- P** **PERSONAL ACCIDENT:** cover for the payment of money in the event of your death or *Disability* as a result of an accidental event.
- PERSONAL LIABILITY:** the legal obligation of all persons to repair damages caused to others.
- POLICYHOLDER:** person who subscribes to the policy and pays the *Premium*.
- POLICYHOLDER CERTIFICATE:** document which *We* issue to the *Policyholder*, serving as proof of insurance, confirming cover under the CRYSTAL STUDIES policy and showing the policy *Start date*, the levels of cover and options selected. The *Policyholder certificate* reflects the special conditions of the policy.
- PREMIUM:** sum paid by the *Policyholder* in exchange for the cover granted by the insurer.
- R** **REPORTED ACCIDENT:** an *Accident* recorded by a competent authority (police force, fire fighters, *Medical authority*, etc.) and where a certificate has been obtained specifying the circumstances, type of injury and date of the *Accident*.
- REQUEST FOR PRIOR AGREEMENT:** form completed by a competent *Medical authority* allowing you to obtain our prior agreement before starting certain procedures or treatment.
- S** **STABILISATION:** stabilisation of the state of health of a victim of an *Accident* or person suffering from an *Illness*.
- START DATE:** date on which the contract takes effect and shown on the *Policyholder certificate*.
- STUDENT EQUIVALENT:** apprentice, au pair, student paid within the context of his or her studies. In all cases, the remuneration received by the student may not exceed the French minimum wage (SMIC).
- T** **TERMINATION:** final and early cancellation of the contract.
- V** **VALUABLES:** pearls, jewellery, wrist watches, furs, devices and accessories for the reproduction of sounds or for reproduction of images, hunting arms and portable computers.
- Y** **YOU:** an individual who has been granted the insurance and whose life, actions and goods are covered under this contract.
- W** **WE:** APRIL Mobilité.

3. BENEFITS AND TERRITORIALITY

3.1. WHAT IS COVERED BY YOUR POLICY?

The insurance guarantees you, depending on the option selected, the following cover:

For the "Mini" option:

- reimbursement of medical expenses,
- repatriation assistance.

For the "Complete" option:

- reimbursement of medical expenses,
- repatriation assistance,
- counselling service,
- *Personal liability* and training insurance,
- *Accidental* death or total or partial permanent *Disability*,
- loss, theft or destruction of baggage,
- delayed departure.

3.2. WHERE ARE YOU COVERED?

For Expatrio A cover: cover is acquired for the entire duration of the main stay *Abroad*, outside the *Country of nationality*, and outside France and the *French Overseas Departments and Regions* (cover is acquired in the *Country of nationality*, France and the *French Overseas Departments and Regions* for periods of less than 90 consecutive days between two stays in the *Country of destination*).

For Expatrio B: cover applies during the stay *Abroad* in the following countries: Austria, Belgium, Bulgaria, Cyprus, the Czech Republic, Denmark, Estonia, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lichtenstein, Lithuania, Luxemburg, Malta, the Netherlands, Norway, Poland, Portugal (including Madeira and the Azores), Romania, Slovakia, Slovenia, Spain (including the Balearic and Canary Islands), Sweden, Switzerland and the United Kingdom (including England, Scotland, Wales, Northern Ireland and Gibraltar). Cover applies in the *Country of nationality*, in France and in the *French Overseas Departments and Regions* for periods of less than 90 consecutive days between two stays in the *Country of destination*.

For Impatrio cover: cover is acquired for the main stay in France and in *French Overseas Departments and Regions* (and in the *Country of nationality* and all European countries except Russia for periods of less than 90 consecutive days between two stays in France and the *French Overseas Departments and Regions*).

4. WHO IS COVERED ON THE START DATE OF THE POLICY?

To be eligible for the insurance, *You* must:

- be under 41 years of age at the *Start date* of cover;
- be a student (or equivalent) or schoolchild outside your *Country of nationality*;
- have completed and signed the application form;
- have provided **a photocopy of your current student card** or **a certificate of attendance at school**;
- have signed the Health statement no more than six months before the requested *Start date*;
- not be affected by any incapacity or *Disability*, nor be under treatment for any *Illness*, nor be liable to suffer a recurrence or progression of any *Illness*;
- not have undergone any recent medical treatment, nor be planning any treatment in your *Country of destination*.

For Expatrio cover, *You* must:

- be a French or a foreign student or schoolchild;

- intend to travel *Abroad* (outside your *Country of nationality*, France and *French Overseas Departments and Regions*) for the purposes of travel, study, language training or work experience.

For Expatrio B, You must also:

- be covered by the Social Security scheme in an EU country,
- before going *Abroad*, obtain a European Health Insurance Card to be presented to the medical authorities in the *Country of destination*.

In this case, *We* will provide only top-up reimbursement on receipt of proof of payments received from the National Health Service.

For Impatrio cover, You must:

- be a foreign student or schoolchild;
- intend to travel to Metropolitan France or the *French Overseas Departments and Regions* for the purposes of travel, study, language training or work experience.

Cover is subject to our medical approval and *We* reserve the right to request additional medical information.

Cover is formalised by the issuing of a *Policyholder certificate* stating the value of the cover and the *Start date*.

5. START DATE, DURATION AND CANCELLATION OF THE POLICY

5.1. WHEN DOES YOUR POLICY TAKE EFFECT?

On the date shown on the *Policyholder certificate* and at the earliest, on the day after *We* receive the original application and supporting documents (including the Application form and the Health statement, both completed and signed and a photocopy of your current student card or certificate of attendance at school), subject to the suspensory condition of payment of the *Premium* and to our acceptance in the form of an issued *Policyholder certificate* summarising the cover selected.

The insurer shall be responsible only for expenses incurred as a result of stipulated actions on or after the *Start date* of cover.

5.2. DURATION OF COVER AND RENEWING YOUR POLICY:

Cover is acquired for a minimum period of one month and a maximum period of twelve months.

The duration of cover is shown on your *Policyholder certificate*.

The policy is renewable on request and on condition that *You* remain in full-time education and are under 41. *You* can renew your policy up to three times, on request and subject to the agreement of the insurer.

You can change the option selected only on the renewal date.

We must receive your request to renew the policy before the policy end date shown on your *Policyholder certificate*.

5.3. YOUR COVER COMES TO AN END:

- a) if the *Premium* is not paid;
- b) if the agreement is cancelled by the insurer at the annual renewal date (in this case *We* will inform the *Policyholder*);
- c) once *You* cease to meet the subscription conditions outlined in Article 4;
- d) on the day of final return to your *Country of nationality* and at the latest on the last day stated on your *Policyholder certificate*.

In the event of an incident classed as *Force majeure*, all cover under the policy remains in place for a maximum of 5 days from the end date stated on your *Policyholder certificate*.

Expenses or costs incurred in connection with treatment received or losses incurred outside the period of insurance will not be covered under the policy.

Penalties for false declaration

Whether in respect of declarations made at the time of application or those made during the life of the policy, any intentional concealment or false declaration and any omission from or misrepresentation of the risk, will, depending on the circumstances, invoke the application of articles L.113-8 and L.113-9 of the French Insurance Code.

Any omission, concealment, false declaration, intentional or not, in making a *Claim*, failure to declare other concurrent insurance cover, the submission of inaccurate supporting documentation or the use of any fraudulent means puts *You* and the *Policyholder* at risk of withdrawal of cover and the cancellation of the contract.

5.4. HOW TO CANCEL YOUR POLICY:

Signing the Application form does not constitute a binding agreement for the *Policyholder*.

If the *Policyholder* signed the insurance contract as a result of door-to door canvassing:

The following provisions under article L112-9-I of the French Insurance Code apply: “*Any person who is canvassed at his or her home or*

residence or place of work, even if this visit was at his or her own request, and who signs an insurance proposal or contract for a purpose which is not related to his or her commercial or professional activity, may cancel this agreement by sending a letter by recorded delivery with proof of receipt during a period of 14 days from the day of signature of the agreement without requiring to specify the reason for the cancellation or being subject to penalties. (...) As soon as he or she becomes aware of any circumstances which give rise to a claim under the policy, the policyholder loses this right to cancel.”

Cover ceases on the date of receipt of the letter of cancellation and We will refund to the Policyholder any Premium already paid with the exception of the Premium corresponding to the period of cover already passed.

If the Policyholder has entered into a distance contract:

The Policyholder may cancel the contract within 14 days of receipt of the Policyholder certificate. The cancellation is backdated so that the policy is considered never to have existed. We will refund to the Policyholder within 30 days any monies paid. However, We will retain the entire Premium if the Policyholder cancels the policy when a Claim has arisen during the period of consideration.

In both cases, in order to exercise this right to cancel:

The Policyholder should send a letter by recorded delivery with proof of receipt to:

APRIL Mobilité – Service Suivi Client - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE.

The Policyholder may word this letter as follows:

« I, the undersigned [first name, surname, address] wish to cancel my Crystal Studies policy n°.....
In on Signature

5.5. WHAT TO DO IF YOUR TRIP IS CHANGED OR CANCELLED:

If travel is cancelled, the Premium will be refunded to the Policyholder, excluding administration fees, as long as We have received notice of this before the Start date of the contract and the original Policyholder certificate and the APRIL Mobilité card have been returned. You must provide proof that your trip has been cancelled.

If You decide to cut short your stay and return permanently to your Country of nationality, You should send us a registered letter with proof of receipt enclosing documented evidence of your return home (e.g. receipt for payment of electricity, gas or telephone bill). If You paid your Premium in full, We will make a pro-rata refund of any remaining Premium. If You are paying in monthly instalments, We will amend the end date of your policy.

6. PREMIUMS

6.1. HOW IS YOUR PREMIUM CALCULATED?

The Premium may be increased from 1st October of each year depending on the claims history of the policy. It is linked neither to your state of health, nor to your level of medical expenditure.

The Premium is payable either in advance in euros or by monthly instalments, with an instalment fee, depending on the method of payment selected by the Policyholder.

The Premium is calculated on the basis of the option selected, your age and the duration of cover required. The age used in the calculation of your Premium is your age on the Start date of the policy. Any taxes currently payable by the Policyholder are included in the Premium. Any change to the rate of these taxes will therefore affect the amount of your Premium.

6.2. PAYMENT METHOD:

Premiums are payable in advance in Euros:

- in full at the time of application by cheque or bank card,
- in monthly instalments by direct debit from a French bank account.

If payment cannot be made in euros, the Policyholder should make a bank transfer to an account, details of which We will provide. Bank charges for this transfer will be paid by the Policyholder.

6.3. WHAT HAPPENS IF THE PREMIUM IS NOT PAID?

If the *Premium* remains unpaid 10 days after its due date, *We* will serve formal notice with suspension of cover 30 days later. The policy will be terminated 10 days after the expiry of this 30-day period. Legal action may be taken to secure payment of any unpaid *Premiums*. Once formal notice has been served, the *Premium* due for the entire year is immediately payable under the French Insurance Code. If the amount stated on the letter of formal notice is paid after suspension of the policy but before *Termination*, the policy will be revived at noon on the day after the *Premium* is paid.

If *You* are paying in monthly instalments, the *Premium* remains payable for the entire period of cover shown on the *Policyholder certificate*.

7. WHAT IS COVERED AND HOW TO ACCESS THE SERVICES

You can select from two options for *Impatrio* and *Expatrio* cover:

- the **“Complete” option** providing the following benefits: medical expenses, repatriation assistance, counselling, *Personal liability*, legal protection, *Personal accident*, delayed departure and baggage insurance,
- the **“Mini” option** covering only medical expenses and repatriation assistance.

7.1. MEDICAL EXPENSES:

7.1.1. TYPE AND LEVEL OF REIMBURSEMENT:

The reimbursement of all medical expenses is guaranteed for all treatments listed on the benefits schedule which are prescribed by a qualified *Medical authority* and which would be covered under the French Social Security scheme (unless otherwise stipulated in the benefits schedule).

For treatment dispensed in France, the conditions required to implement the benefits are defined with reference to the general classification of treatments dispensed by the French Social Security scheme.

If the Social Security rate of reimbursement is adjusted during the course of the year, *We* reserve the right to maintain the rate of reimbursement which *We* applied before this adjustment came into effect. Only expenses incurred in connection with treatment received during the period of cover, i.e. the duration of the stay *Abroad*, will be reimbursed.

Expenses are reimbursed up to the limit of *Actual costs*, up to the overall limit indicated in the benefits schedule, and up to contractual limits. The exchange rate applied will be that in force on the date of the loss.

The maximum reimbursement made by the insurer under medical expenses cover is limited to € 200,000 per *Insurance* year and per *Insured*. Any benefits or services of the same type received from Social Security or any other public or private organisation in France or *Abroad* will be deducted from this amount.

7.1.2. HOW TO REQUEST DIRECT PAYMENT OF HOSPITAL COSTS FOR STAYS OF MORE THAN 24 HOURS:

We can pay your hospital costs by dealing directly with the hospital where *You* are being treated. This service is not applicable if the *Expatrio* option level B cover has been selected.

This service is subject to an assessment of your application by our Medical Examiner. *You* must therefore provide a *Confidential Medical Certificate* form completed by your doctor. To obtain this form, or for any other information prior to your admission to hospital, please use the following emergency numbers (also shown on your APRIL *Mobilité* card):

- from the USA or Canada, call (+1) 866 299 2900 (Freephone),
- from a country in South America, call (+1) 305 381 6977 (reverse charges),
- from a country in Europe or Africa, call + 33 (0)1 73 02 93 99, fax : + 33 (0)1 73 02 93 70,
- from other countries, call + 33 (0)1 55 92 23 09.

To help us process your application:

- for scheduled *Hospitalisation*, please provide us with the medical documents mentioned below at least 5 days before your admission to hospital. This allows us to arrange for direct payment of your hospital costs should your request be approved;
- for emergency *Hospitalisation*, please contact us as soon as possible. *We* will then send you a *Confidential Medical Certificate* form for your doctor to complete. This certificate is essential to the assessment of your application.

7.1.3. HOW TO REQUEST PRIOR AGREEMENT BEFORE STARTING CERTAIN PROCEDURES OR TREATMENTS:

Certain medical procedures or treatments require the prior agreement of our Medical Examiner (valid for 6 months). Before starting

any treatment, *You* should ask the doctor prescribing the treatment to provide you with a *Request for prior agreement* and an itemised estimate of costs.

The "*Request for prior agreement*" form is available on your extranet at www.aprilmobilite.com or by calling +33 (0) 1 73 02 93 93.

Prior agreement must be obtained for treatment dispensed by medical auxiliaries following a *Reported accident* if the number of sessions per *Insurance year* exceeds 10.

MEDICAL EXPENSES Up to € 200 000 per <i>Insurance year</i>	EXPATRIO	IMPATRIO
<i>Hospitalisation</i> with or without surgery Ambulance service (if <i>Hospitalisation</i> is covered by APRIL Mobilité)	100% of Actual costs	100% of the French Social security reimbursement rate
<i>Direct payment of hospital costs</i> during approved <i>Hospitalisation</i> for more than 24 hours (unless you selected level B of the Expatrio option)	provided on request 24 hours a day, if prior agreement has been obtained	
<i>Daily hospital charge</i> (in France) and private room	up to € 50 a day	
Examinations and treatment carried out in hospital and lasting less than 24 hours Consultations, visits, and procedures carried out by GPs or specialists (€ 130 per year for eye care consultations) Diagnostic tests, laboratory tests, x-rays and drugs Procedures carried out by medical auxiliaries (following a <i>Reported accident</i>)	100% of Actual costs	100% of the French Social security reimbursement rate
<i>Emergency dental treatment</i>	up to € 400 per year	up to € 400 per year
Cost of dentures (following a <i>Reported accident</i>)	up to € 600 per year	up to € 230 per year
Prostheses excluding dentures - Eye care: lenses, contact lenses and frames (following a <i>Reported accident</i>)	up to € 500 per year	up to € 230 per year
Contraceptives (condoms)	up to € 20 per year	up to € 20 per year

7.1.4. HOW TO CLAIM REIMBURSEMENT OF COSTS:

You see a healthcare professional:

a) *You* are covered under Expatrio A or Impatrio:



See a healthcare professional



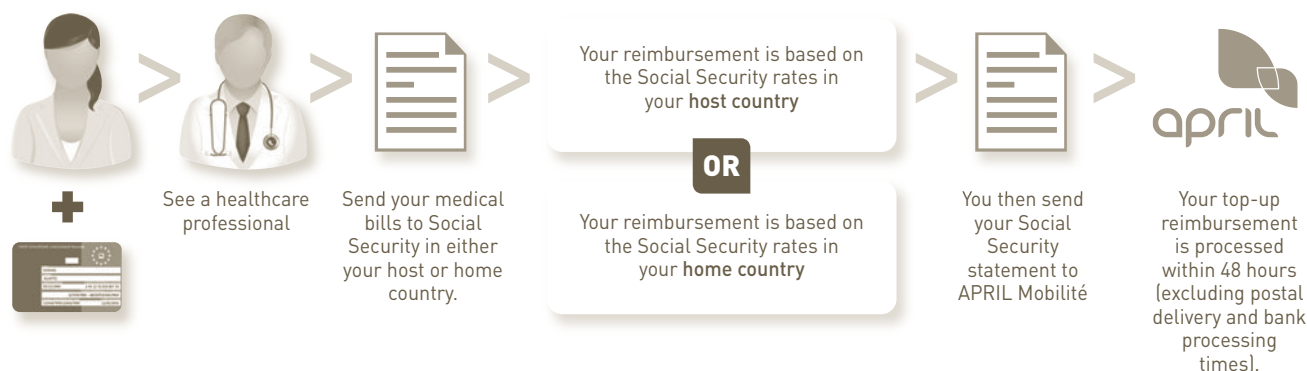
Send your medical bills to APRIL Mobilité



Your reimbursement is processed within 48 hours (excluding postal delivery and bank processing times).



b) You are covered under Expatrio B:



What documents should I enclose with my claim for reimbursement?

Please complete the **reimbursement claim form** available on the extranet at www.aprilmobilite.com or by calling +33 (0) 1 73 02 93 93 and send it to us no later than 3 months following the date of treatment. *You* should also send us the following documents:

- original copies of medical bills, fees and prescriptions, paid and dated, proof of payment, medical prescriptions showing your surname, name and date of birth, the type of *Illness*, and the nature and date of visits and treatments received. Prescriptions must clearly show the name and price of the drugs, and indicate the local currency;
- if treatment is received in France or is covered by Social security under level B of the Expatrio option, *You* should enclose copies of the medical expenses claim form, prescriptions and pharmacy price labels as well as the original statement of any reimbursements made by French Social security or any other insurance providers. These documents must show your reference number;
- for reimbursement of procedures carried out by medical auxiliaries, dentures, prostheses and optical costs, *You* must attach proof that the treatment was given as a direct consequence of a *Reported accident*, as defined in page 5,
- when applying for the reimbursement of your *Emergency dental treatment*, *You* must also provide a medical certificate issued by your dentist certifying that the treatment was given in response to a dental emergency as defined in the general conditions of the policy.

To claim the reimbursement of Hospitalisation costs (if *You* have not used the *Direct payment of service for hospital costs* outlined in paragraph 7.1.2) *You* should:

- ask your doctor to complete the *Confidential Medical Certificate* showing the dates and nature of the complaint and the date of the first symptoms or the circumstances of the *Accident* including an *Accident report*,
- send the certificate along with the hospital report to our Medical Examiner:
 - by fax: + 33 (0)1 73 02 93 90,
 - by email: hospitalisation@aprilmobilite.com,
 - by post: 110 avenue de la République, CS 51108, 75127 Paris Cedex 11, FRANCE.

The « *Confidential Medical Certificate* » form is available on the extranet at www.aprilmobilite.com or by calling +33 (0) 1 73 02 93 93.

In the event of a dispute over the amount of the payment *You* must notify us within six months of the date on the reimbursement advice note. No claim will be accepted after that period.

Payment methods:

You can be reimbursed:

- by cheque in euros sent to the address of your choice. *You* will have no bank charges to pay;
- by bank transfer to a bank account in France. *You* will have no bank charges to pay. In this case, please send us details of your bank account;
- by bank transfer to a foreign account in any country and in any currency. International bank details are required including the IBAN number, SWIFT code, your bank's address, routing number or sort code and an ABA routing number for the US. Please specify your choice of currency. *You* will pay bank charges on any payment over € 75. The bank charges will be deducted from the reimbursed amount. For reimbursements of less than € 75, We will cover the transfer charges (excluding any fees charged by your bank).

Reimbursements will only be made if the above procedures are followed.

Double insurance:

Reimbursements received from any National Health Service scheme, from the insurer and from any other organisation cannot be higher than the amount of expenses actually incurred.

Double insurance operates within the limits of each type of cover, regardless of the date of application.

Within these limits, *You* can claim reimbursement by applying to the provider of your choice.

YOU RISK THE CANCELLATION OF THE POLICY IF YOU DO NOT DECLARE ANY DOUBLE INSURANCE ARRANGEMENTS. THIS OBLIGATION REMAINS IN FORCE DURING THE ENTIRE PERIOD OF COVER.

The limit of reimbursement of *Actual costs* incurred is determined by the insurer for each service or treatment covered.

7.2. REPATRIATION ASSISTANCE:

7.2.1. CONDITIONS FOR THE IMPLEMENTATION OF COVER:

How to benefit from repatriation assistance:

You must obtain prior agreement from APRIL Mobilité Assistance **in order to benefit from the following cover:**

- **by calling France on +33 (0)1 55 92 23 09,**
- **or by fax: +33 (0)1 55 92 40 50.**

APRIL Mobilité Assistance will intervene only after first aid has been given on the orders of a competent *Medical authority*.

After the initial call, the *Medical team* contacts the on-site doctor in order to take the action best suited to the condition of the sick or injured person.

If *You* or the persons accompanying you should take any of the action listed below, this will only give rise to reimbursement if APRIL Mobilité Assistance has been notified and has given its express agreement by providing a reference number. In this case, costs will be reimbursed based on valid receipts, up to the amount that APRIL Mobilité Assistance would have spent if they had organised the service themselves. APRIL Mobilité Assistance will not be held liable for any professional or commercial damage suffered by yourself following an incident requiring the intervention of assistance services. APRIL Mobilité Assistance does not replace local or national emergency or search and rescue agencies and shall not cover the costs of intervention by the same, unless contractual stipulations state otherwise.

APRIL Mobilité Assistance agrees to take all actions at its disposal to fulfil the cover stated herein. However, it is understood that the obligation of APRIL Mobilité Assistance is dependent on the provision of means, not results, considering the context in which the cover is implemented.

7.2.2. MEDICAL TRANSPORT AND REPATRIATION:

In the event of *Accident* or *Illness*, the APRIL Mobilité Assistance doctors will contact on-site doctors and take the decisions best suited to your condition, based on information received and medical requirements.

If the APRIL Mobilité Assistance *Medical team* recommends that *You* are repatriated, this team will organise and carry this out, based on medical requirements. Repatriation may be to:

- the hospital best suited to the situation,
- or the hospital nearest your home in your *Country of nationality* or in your *Country of destination*,
- or your home in your *Country of nationality* or in your *Country of destination*.

If *You* are hospitalised in a health centre outside the hospital district of your usual place of residence in your *Country of nationality* or in your *Country of destination*, APRIL Mobilité Assistance will organise your return after it has been established that your condition is stable and *You* will be transferred to your home in your *Country of nationality* or in your *Country of destination*.

Repatriation may be carried out by light sanitary vehicle, ambulance, train, scheduled airline, or air ambulance.

The *Medical team* is solely responsible for the final choice of place and date of *Hospitalisation*, your need to be accompanied and any means or resources to be used.

Any refusal of the solution proposed by the *Medical team* will result in the cancellation of personal assistance cover.

APRIL Mobilité Assistance may require that *You* use your own transport ticket, if this can be changed.

7.2.3. PRESENCE OF A FAMILY MEMBER FOR HOSPITALISATION OF MORE THAN 6 DAYS:

If your condition does not permit or does not necessitate your repatriation and if *You* stay in a local hospital for six or more consecutive days, APRIL Mobilité Assistance will provide a **return economy class airline ticket or first class railway ticket** for a *Family member* to be with you.

This cover is acquired only if a (legally adult) *Family member* is not on site.

APRIL Mobilité Assistance will organise and cover accommodation costs (bed and breakfast only) **for up to 10 nights at a rate of € 80 per night.**

No other temporary accommodation will give rise to *Compensation* of any kind.

7.2.4. SEARCH FOR AND SHIPMENT OF MEDICINE NOT AVAILABLE ON SITE:

If it is impossible to find indispensable medicine or its equivalent onsite, when such medicine has been prescribed before departure by your doctor in your *Country of nationality*, APRIL Mobilité Assistance will search for it in France.

If it is available, it will be sent as quickly as possible, subject to the constraints of local law and the available means of transport.

This cover is based on specific demands and under no circumstances shall it be granted in the context of long-term treatments that necessitate regular shipments or a request for a vaccine.

You are responsible for the cost of the medicines and agree to reimburse any excess costs of customs clearance within a maximum of 30 days of the date of shipment.

7.2.5. EARLY RETURN DUE TO DEATH OF A FAMILY MEMBER:

APRIL Mobilité Assistance will provide you with a return economy class airline ticket or first class railway ticket in the event of the death of a *Family member* in your *Country of nationality*.

Starting on the date on which cover takes effect, a six-month waiting period applies to cases of *Family members* suffering from *Illnesses*. Outbound travel must be made within eight days of the date of death.

This benefit is acquired when the date of death is later than the date of your departure *Abroad*.

APRIL Mobilité Assistance reserves the right to verify the reality of the covered event (hospital report, death certificate, etc.) prior to any provision of services.

7.2.6. SEARCH AND RESCUE COSTS:

The purpose of this cover is to reimburse you for the costs of search and rescue, in either the private or public domain, by specialised teams equipped with all resources needed to locate and evacuate you to the nearest equipped reception centre, **up to a limit of € 5,000 per Insured and per event.** In all cases, this cover is limited to the total amount that *You* must pay, based on invoices to be paid in full or in part, to official entities that have taken part in search or rescue efforts. This cover complements other cover that *You* may have.

You, or anyone acting on your behalf, must provide APRIL Mobilité Assistance with immediate verbal notice no more than 48 hours after the intervention, indicating the reasons for the same.

Documentation to be provided:

In the 5 days following receipt of the invoice issued by the organisation having carried out the search and rescue mission, *You* or your beneficiaries must send the following documents directly to:

APRIL Mobilité Assistance - 6, rue André Gide - 92320 Châtillon Cedex, FRANCE:

- the original paid invoice(s), indicating the date, motives and nature of the intervention;
- an initial medical certificate stating the nature of the unforeseeable *Illness* or bodily *Accident*, marking "Medical and Confidential" on the envelope where required;
- a death certificate or police report, as applicable.

Costs are reimbursed either to yourself or to your beneficiaries. Any reimbursement that does not comply with these regulations will result in forfeiture of all right to reimbursement.

7.2.7. REPATRIATION OF BODY IN THE EVENT OF DEATH AND PROVISION OF COFFIN:

In the event of your death, APRIL Mobilité Assistance will organise and undertake repatriation of the body or ashes until burial in the *Country of nationality*. APRIL Mobilité Assistance will cover the costs of post-mortem treatment, placement in coffin and necessary transport arrangements. APRIL Mobilité Assistance will organise and cover the cost of coffin transport **up to a limit of € 1,000.** Your family is responsible for the costs of the funeral, ceremony, procession, and burial or incineration. The choice of companies taking part in the repatriation process rests solely with APRIL Mobilité Assistance.

7.2.8. ADVANCE OF BAIL ABROAD:

APRIL Mobilité Assistance will provide the cost of bail *Abroad* required by foreign authorities to free you or to enable you to avoid incarceration. This advance is made through an on-site lawyer **up to a limit of € 15,000 per incident.** *You* must reimburse this amount to APRIL Mobilité Assistance:

- after restitution of bail in the case of nonsuit or acquittal;

- within 15 days of judicial sentencing being carried into effect in the event of conviction;
- in all cases, within three months of the date of payment.

7.2.9. TRANSMISSION OF URGENT MESSAGES:

If it is physically impossible for you to transmit an urgent message and if *You* so request, APRIL Mobilité Assistance will, at no charge and by the fastest possible means, transmit messages or news from you to members of your family, relations or employer. APRIL Mobilité Assistance may also act as intermediary in the opposite direction.

Messages remain the sole responsibility of their authors, who must be identifiable, APRIL Mobilité Assistance acts solely as an intermediary in the transmission of the messages.

7.2.10. TRAVEL ASSISTANCE IN THE EVENT OF LOSS OR THEFT OF PERSONAL ITEMS:

On trips *Abroad*, in the event of loss or theft of your personal items (identity documents, means of payment, baggage) or transport tickets, and after an official statement has been made to the competent local authorities, APRIL Mobilité Assistance will do everything possible to assist you with proceedings.

APRIL Mobilité Assistance is not authorised to stop payments on behalf of third parties.

If replacement documents are made available in your *Country of nationality*, APRIL Mobilité Assistance will forward them by the fastest means available.

APRIL Mobilité Assistance may make **a maximum advance payment of € 1,000 per event** to enable *You* to make essential purchases.

If a transport ticket is lost or stolen, APRIL Mobilité Assistance may provide you with a new, non-negotiable ticket paid in advance.

These advance payments may be made against a security provided either by yourself or by a third party. Reimbursement of all advances must be made within 30 days of the date on which the funds are made available.

7.2.11. ENFORCED STAY ABROAD:

In the event of an incident classed as *Force majeure* by the public authorities in your *Country of destination*, APRIL Mobilité Assistance will cover the additional costs incurred as a result of the extended stay, **up to a maximum of € 80 per day (food and accommodation only) for up to 5 days.**

Cover applies only after the declaration of a state of *Force majeure* by the public authorities of the country where *You* are staying and with the prior agreement of APRIL Mobilité Assistance. Any costs incurred during an extended stay which is not the result of an event classed as *Force majeure* will not be reimbursed under the policy.

In the event of an incident classed as *Force majeure*, all cover under the policy remains in place for a maximum of 5 days from the end date stated on your *Policyholder certificate*.

7.2.12. LIMITATIONS ON COVER:

When APRIL Mobilité Assistance organises and takes charge of repatriation or transport, *You* may be asked to first use your own travel ticket.

When APRIL Mobilité Assistance has, at its own cost, arranged your return, *You* must return the unused travel ticket to APRIL Mobilité Assistance.

7.3. COUNSELLING:

This cover allows you to benefit from a 24/7 counselling service, either by telephone (+33 (0)1 53 04 62 75) or by email (consultant.am@psya.fr). *You* are responsible for the cost of communications. This psychological support service, available in French and English, is organised in collaboration with PSYA, a company specialised in providing psychological assistance to persons temporarily *Abroad*. *You* will be in contact with the PSYA counselling team made up of clinical psychologists, victim support counsellors and qualified and trained expert consultants.

How the service operates

By dialling the telephone number, *You* will be put immediately in contact with a counsellor. Calls handled by the counsellors are kept totally anonymous and confidential, in accordance with the psychologists' rules of professional conduct. At the first call, *You* will be given a reference number. This number will be required at the time of any further calls so that a quick link can be made to your file. If, despite

the systems in place, PSYA is not able to respond immediately to your calls, *You* will be called back within no more than one hour.

Telephone counselling must not be confused with face-to-face psychotherapeutic work. Under no circumstances is PSYA authorised to undertake psychotherapy by telephone.

7.4. PERSONAL LIABILITY:

7.4.1. PURPOSE OF THE COVER:

The insurer covers the pecuniary results of any *Personal liability* that *You* may incur by virtue of the laws and regulations in force in the country where *You* are staying, in a private capacity.

Cover applies in the event of *Bodily injury* or *Material damage* to other persons, particularly as a result of:

- your own actions or those of persons for whom *You* are responsible;
- things or animals owned or kept by yourself;
- any sport or outdoor activity that *You* may practise (except *Exclusions* mentioned in paragraph 8);
- liability incurred through participation in internships, with regard to those holding the internship, for damages caused to materials used during the internship.

7.4.2. LIMITATIONS ON COVER:

- *Bodily injury*: **€ 4,500,000 per Claim**;
- *Material and Consequential damage* to a third party: **€ 460,000 per Insurance year**; *Consequential damage* is included for up to 20% of the insured amount, that is **€ 92,000. Excess of € 75 per Claim**;
- Damage caused to the materials of those holding the internship, used during the internship: **€ 12,000 per Insurance year. Excess of € 75 per Claim.**

How to make a claim under the policy

As soon as *You* become aware of any circumstances that may give rise to a *Claim* under the policy *You* must inform us **by registered letter** within a period of **no more than 15 days**. Details of the circumstances surrounding the *Claim* and their consequences should also be provided.

7.5. LEGAL COVER:

For legal recourse under French Act 891014 (December 31st, 1989) and the decree of August 1st, 1990, the insurer shall pay, up to the cover ceiling stated below, the costs of trials, proceedings, inquiries, expert consultants, enforcement of judicial orders and lawyers' fees.

7.5.1. PURPOSE OF THE COVER:

The insurer shall claim monetary redress of the responsible party, either by mutual agreement or by judicial order:

- for *Bodily injury* that *You* suffered in the course of covered activities;
- for *Material damage* that would have been covered under Article 7.4 if they had involved your *Personal liability*.

7.5.2. MAXIMUM AMOUNT AND MINIMUM INTERVENTION LEVEL:

The maximum amount for any action taken is **€ 3,100** for all litigation undertaken in the course of a single *Insurance year*, with a minimum *Intervention level* of € 228. This amount will not be reimbursed, regardless of the duration of the legal action.

7.5.3. SPECIAL PROVISIONS:

Disputes

In the event of disputes regarding the measures to be taken to settle a dispute, this matter may be submitted to a third party designated by mutual agreement or by the president of a departmental court to act as arbiter. The insurer will cover the costs of establishing this faculty. However, the president of the departmental court may decide otherwise if *You* have established this faculty under abusive conditions. If *You* undertake litigation at your own cost and obtain a resolution that is more favourable than that proposed by the insurer or by the third person mentioned above, the insurer will reimburse you the costs incurred up to the cover limit.

When the procedure described above is put in motion, the time limit on appeals is suspended for all legal proceedings covered by the insurance and which *You* may undertake, until the third person acting as arbiter has proposed their solution.

Choice of lawyer

In the event of legal or administrative action requiring the participation of a lawyer or any other person qualified by law or current regulations to represent your interests, *You* have free choice and the insurer will pay the fees directly. If *You* do not know a lawyer, the insurer may make one available. The aforementioned free choice is also applicable if there is a conflict of interest between *You* and the insurer.

How to make a claim under the policy

As soon as *You* become aware of any circumstances that may give rise to a *Claim* under the policy *You* must inform us by **registered letter** within a period of **no more than 15 days**. Details of the circumstances surrounding the *Claim* and their consequences should also be provided.

7.6. PERSONAL ACCIDENT:**7.6.1. ACCIDENTAL DEATH:**

The insurer shall pay the *Beneficiary* or *Beneficiaries* a **fixed sum of € 10,000**. If *You* are less than 16 years of age at the time of your death, payment is in all cases limited to funeral costs. Cover applies to death occurring no more than six months after an *Accident* that has caused fatal injuries. However, if *You* die after having received *Compensation* for permanent *Disability* from the insurer for the same *Accident*, your heirs will receive the sum stipulated in the event of death, minus the amount of the said *Compensation*.

Attribution of benefits

In the event of your death, the lump sum is paid to the *Beneficiary* (or *Beneficiaries*) designated either on the Application form or at a later date by yourself. *You* may amend the designation if it is no longer appropriate unless the designation has been accepted by the *Beneficiary* in which case it cannot be revoked. The designation of a *Beneficiary* can be carried out by means of a privately witnessed document or by an authenticated deed before a notary. If *You* have named a specific *Beneficiary*, *You* can have their contact details included in the policy document.

If there is no named *Beneficiary* or if the designation proves to be null and void, the amounts due in the event of death will be paid first to the surviving spouse on condition that he or she was not legally separated from you when the lump sum became payable or to the co-signatory of a Civil Partnership Contract with you; second, equally, to your children born, unborn, living or represented as such; third, equally to your ascendants and fourth to your other heirs.

In the event of your death and if *You* are aged between 16 and 18, the lump sum will be paid to your parents in equal parts or to any other of your heirs.

Documentation to be provided:

Your death must be declared **within 30 working days**, forwarding to the insurer the supporting documents necessary for settlement, namely:

- an extract of the death certificate;
- a medical certificate stating the date of death and whether the death was natural or accidental;
- any document proving the identity and/or marital status;
- any document stating the cause and circumstances of the *Accident* that led to the death;
- any document that proves the existence of the *Accident* and the direct cause-and-effect link between the *Accident* and the death.

Settlement is made with the nominated *Beneficiary* within 20 days of receipt of these documents. If there is more than one *Beneficiary*, payment is indivisible and the insurer will settle upon receipt signed jointly by the interested parties.

7.6.2. IN THE EVENT OF TOTAL OR PARTIAL PERMANENT DISABILITY FOLLOWING AN ACCIDENT:

In the event of total permanent *Disability*, that is a degree of *Disability* of 100%, the insurer will pay you the **fixed sum of € 40,000**. In the event of partial permanent *Disability*, payment will be reduced based on the recognised degree of *Disability*.

The degree of *Disability* is determined by the medical examiner and the insurer after *Stabilisation* of the injuries.

- If the degree of partial permanent *Disability* is less than 20%, no *Compensation* is due.
- If the degree of partial permanent *Disability* is greater than 20%, *Compensation* shall be equal to € 40,000 multiplied by the recognised degree of *Disability*.

If *You* are affected by a *Disability* prior to the occurrence of the covered *Accident*, injuries resulting from the former will not be taken into account. However, if the limb or organ already affected is affected by other injuries, *Compensation* will be based on the difference between

the state of the limb before and after the *Accident*. If *You* have not undergone the treatment that *You* were prescribed, *Compensation* will be based on the estimated consequences of the same *Accident* if the required treatment had been followed.

Documentation to be provided:

You must send us the *Accident* claim **within 30 working days**. The claim must include all details on the seriousness, causes and circumstances of the *Accident*.

You must also:

- forward all documents proving your identity and/or marital status;
- forward a certificate from the doctor called to give first aid, describing the exact nature and current state of the injuries, as well as their consequences;
- forward all documents needed to establish the fact and significance of the *Accident*;
- submit to a medical exam by the insurer.

7.7. DELAYED DEPARTURE:

You are covered for the reimbursement of penalties required by airlines in the case of postponement of a departure date.

Cover applies:

- when an exam date is changed to coincide with a travel date and this is certified by an official document, in the event that this was unforeseeable and cannot be postponed, and as long as this exam date was not known on the day that this agreement was signed;
- when a re-sit exam is called for a date that coincides with a travel date, as long as this exam date was not known on the day the plane ticket was purchased.

Cover is limited to € 100 per Insured and per Insurance year.

Documentation to be provided:

You must notify us in writing **within 5 working days** of the date of the covered event.

You must include the following information:

- your name, surname and address;
- the exact reason for the postponement in the departure date;
- the official document stating the dates of the scheduled and cancelled exams, as well as the new dates on which they will be held;
- the original bill stating the amount of the postponement penalties.

Any cancellation that does not meet these conditions shall result in forfeiture of all right to reimbursement.

7.8. BAGGAGE:

This provides cover **up to € 1,600** for all baggage, objects and personal effects carried by yourself during the outward and return trip and the stay, against the risks of loss, theft or destruction (explosion, fire, or water damage). Registered or accompanied baggage is covered, as well as clothing and personal effects, cameras, photographic equipment, binoculars, HI-FI and computer equipment of all kinds, owned by, leased, rented or lent to yourself during your stay.

However, if the baggage is registered with a carrier, the insurer will take action only after due claim has been made to the carrier and after deducting any *Compensation* that may be provided by the latter as a result of its own liability. In the case of disappearance of baggage or the contents of baggage entrusted to a hotel operator, the insurer will take action after deducting any *Compensation* that may be provided by the depositary or its insurer as a result of its own *Personal liability*.

Works of art and collector's items, silverware, jewellery, precious stones and pearls, valuable paintings, furs, video recorders, cameras, binoculars, any type of HI-FI or IT equipment and hunting rifles are covered up to 50% of the insured sum, i.e. a maximum of € 800.

For all Claims, *You* will pay a € 15 Excess.

How to make a claim under the policy

You must make your claim in writing to us **within 5 working days** of the loss or damage. After this 5-day period the claim may be rejected.

8. WHAT IS NOT COVERED BY YOUR POLICY

8.1. EXCLUSIONS FROM MEDICAL EXPENSES COVER:

In addition to the Exclusions stated in Article 8.7 below, the following are excluded from cover:

- any medical or surgical expenses not prescribed by a qualified *Medical authority* that would not be covered by the French Social Security scheme (unless otherwise stated on the benefits schedule);
- any cosmetic or anti-aging, weight loss or weight gain treatments, thermal cures and thalassotherapy;
- all fertility treatments or contraception;
- psychiatric care (consultations, medication, *Hospitalisation...*), psychotherapy, psychoanalysis, treatment for mental *Illness*, depression, nervous disorders;
- complementary and alternative medicine;
- vaccination, dermatology, medical check-ups and the consequences of tropical diseases;
- costs that could have been incurred when *You* returned to your *Country of nationality*;
- related costs, such as telephone charges in the event of *Hospitalisation*, or costs deemed excessive, unreasonable or unusual in the country where they were incurred;
- transportation expenses other than an ambulance to the nearest appropriate medical centre;
- any non-urgent dental treatment such as routine check-ups, scaling and pre-existing conditions including decay and cavities, reconstructive treatment, crowns and/or repairs to crowns or any other treatment not qualifying as *Emergency dental treatment*;
- supplies that are not indispensable to the diagnosis or treatment of the *Illness*;
- dentures, prostheses and optical expenses, and medical auxiliary services unless following a *Reported accident*;
- non-surgical *Hospitalisation* or a stay in a sanatorium or home if these establishments are not approved by the public authorities;
- stays in rest homes situated in the countryside, at the seaside, in the mountains or in a rest home, except after *Hospitalisation* with or without surgery;
- *Hospitalisation*, for any cause whatsoever, already scheduled at the time of application for insurance or in the 12 months following the *Start date* of the insurance;
- medication or treatment related to smoking cessation;
- any orthodontic treatment.

8.2. EXCLUSIONS TO REPATRIATION ASSISTANCE COVER:

In addition to the Exclusions stated in Article 8.7 below, repatriation assistance cover does not cover costs resulting from the following situations or events (which shall not give rise to compensation of any kind nor to any action on the part of APRIL Mobilité Assistance):

- any action and/or reimbursement relating to medical check-ups or preventative screenings;
- benign ailments or injuries that may be treated on site and which do not prevent you from travelling;
- convalescences, ailments currently under treatment and not yet stabilised and/or needing further scheduled care;
- *Illnesses* already existing before departure and involving a risk of deterioration or relapse;
- ailments that have led to *Hospitalisation* in the six months prior to departure;
- possible consequences (follow-up, additional treatments, relapses) of an ailment that has led to repatriation;
- fertility treatments;
- pregnancy, childbirth and their consequences involving newborns, termination of pregnancy;
- cosmetic surgery, dermatological treatments, travel for the purpose of diagnosis and/or treatment;
- the results of a failure or inability to receive a vaccination, or the consequences of a vaccination or other treatment needed or mandatory for travel;
- tropical diseases;
- congenital diseases or deformities;
- the result of a voluntary disregard for regulations in the visited country, or the practice of activities not authorised by local authorities;
- the results of failing to respect recognised safety rules related to the practice of any sports or leisure activity;
- the result of damage caused by explosives in your possession.

Under repatriation assistance, the following are not covered and will not give rise to reimbursement:

- medical costs, treatments, stays in rest homes, re-education, contraception and fertility treatment, glasses, contact lenses, or cosmetic, dental or acoustic prostheses;
- repeated transport required by your state of health;
- costs related to excess baggage weight during air travel and the forwarding of baggage when it cannot be transported with you;
- costs not supported by original documents;
- costs incurred by the *You* for the delivery of any official document.

With regard to benefit in the event of an enforced stay Abroad, the following are not covered and will not be reimbursed under the policy:

- costs incurred without our prior agreement;
- costs incurred as a result of extending the stay in circumstances other than *Force Majeure* as defined in the general conditions of the policy and attested by the competent public authorities.

Cover also excludes search and rescue costs:

- resulting from failure to observe the precautions stated by the operators of the site and/or the regulations governing the activity engaged in by yourself;
- resulting from the practice of a professional sport, or participation in an expedition or competition, unless expressly stipulated otherwise.

8.3. EXCLUSIONS FROM PERSONAL LIABILITY COVER:

In addition to the Exclusions stated in Article 8.7 below, the following are not included in this cover:

- damage resulting from any professional activity (except for damage to materials used during internships);
- the pecuniary results of contractual liability that *You* incurred beyond any liability incurred with regard to those holding an internship for damages caused to materials used during the said internship;
- the traffic risks set forth in French Act 58208 (February 27, 1958) on compulsory motor vehicle insurance;
- *Accidents* involving you or your employees or agents in the course of their functions as well as your ascendants and descendants;
- damage caused to objects or animals owned or kept by yourself;
- related fines and costs for which *You* may be liable;
- damage resulting from your use of any air navigation devices;
- damage resulting from pollution;
- any spills, scratches or abrasions to sanitary fixtures and any breakage of crockery or damage to bed frames or bedding.

8.4. EXCLUSIONS FROM LEGAL COVER:

In addition to Exclusions stated in Article 8.7 below, the following are excluded from cover:

- costs of legal action when the author of the damage is the *Insured* under the policy;
- legal action in the event of *Bodily injury* or *Material damage* that *You* suffered using any kind of motorised land vehicle;
- legal action when less than € 228 in *Compensation* is to be obtained;
- claims relating to *Material damage* grounded in the failure to perform or poor performance of a contractual obligation on the part of the party responsible.

8.5. EXCLUSIONS FROM PERSONAL ACCIDENT COVER:

In addition to the Exclusions stated in Article 8.7 below, the following are excluded from cover:

- after-effects and consequences of *Illnesses*, heatstroke or other temperature-related effects (unless these are the result of a covered *Accident*), drowning is always covered;
- rupture of aneurysm, attacks of paralysis or apoplexy, angina pectoris and its consequences, all results of vascular *Illnesses*, hernias of all kinds, lumbago, rheumatism, varicose veins dermatosis and, regardless of the circumstances in which they appear, *Accidents* that result from a pathological condition of the victim.

8.6. EXCLUSIONS FROM BAGGAGE COVER:

In addition to the Exclusions stated in Article 8.7 below, the following are not covered under this article:

- cash, banknotes, securities of all kinds, documents, travel tickets;
- smoking-related *Accidents*, damage to objects that fall or are thrown into a fireplace, or scorched by excess heat;
- damage to electrical devices due solely to their own functioning or malfunctioning;
- damage to covered goods resulting from their confiscation or detention by customs officials or other public authorities;
- breakage or damage to delicate or fragile objects such as watches, cameras, glasses and computer equipment;
- normal wear and tear;
- theft committed by members of your family, pursuant to Article 380 of the French penal code, or with their complicity, or by your domestic workers or servants in the course of their work;

- theft committed under the following circumstances:
 - a) in the case of registered baggage, if the theft was facilitated by poor or defective packaging;
 - b) when objects were left unattended in a public place or in a place open to use by several occupants;
 - c) when objects were left:
 - in a convertible vehicle;
 - in a vehicle whose windows were not closed;
 - in a vehicle whose doors or boot were not locked;
 - between 10 p.m. and 7 a.m. in an automobile not parked in a public or private garage, except for objects in the hold or boot of a bus or coach.

8.7. EXCLUSIONS COMMON TO ALL COVER:

All cover excludes the results and consequences of:

- your intentional or fraudulent acts and/or violations of the law of the country in which *You* are staying;
- voluntary participation in fights, popular movements wherever they may take place and whoever those involved may be, except in legitimate self-defence;
- civil or foreign war, riots, strikes, acts of terrorism, piracy or sabotage;
- your suicide or attempted suicide, use of unprescribed drugs or narcotics, alcoholism or drunkenness (blood alcohol concentration above that stipulated by vehicle traffic laws in force on the day of the loss);
- the direct or indirect effects of changes in atomic structure, climatic events such as storms or hurricanes, earthquakes, flooding, tsunami or other cataclysms, unless included in compensation for natural disaster;
- *Accidents or Illnesses*, ailments, deformities existing prior to the *Start date* of cover that are liable to recur or develop, and congenital *Illnesses* or deformities not declared at the time of application;
- sailing or pleasure boating on the high seas;
- the practice of dangerous sports: ULM, hang gliding, paragliding, auto racing, motorcycle racing or karting, parachuting, mountain climbing, rock climbing, underwater diving unless to a depth of less than 50 metres, spelunking, skeleton, ski jumping, bobsledding, bungee jumping, rafting, canyoning, hot air ballooning, jet skiing, kitesurfing and the following sports practised off piste: downhill skiing, crosscountry skiing, sledding and snowboarding;
- participation in a professional capacity in any competitive sport or training, the practice of a sport in a professional capacity within a club or federation;
- any sport requiring the use of any kind of land, sea or air engine;
- any sporting activity involving the use or presence of an animal such as horse riding competitions or bullfighting;
- air navigation *Accidents* unless *You* are simply a passenger aboard an aircraft for which the owner and the pilot have all required permits and licenses.

Except in application of Articles L.113-8 and L.113-9 of the French Insurance Code, the benefits apply as a consequence of diseases or medical *Illnesses* which occurred before the date of signing the policy Application form if they were declared on the said Application form and are not subject to a particular exclusion, of which the *Policyholder* has been notified by letter and which has been accepted by the *Policyholder*.

9. GENERAL CONDITIONS

9.1. WHO INSURES YOUR POLICY?

The insurance policy is insured:

For medical expenses and *Personal accident* cover:

by Groupama Gan Vie (contract numbers 219/877763 and 220/877764). A public limited company with fully paid capital of € 413,036,043 registered with Companies House in Paris under number 340 427 616 (APE code: 6511Z), located at 8-10, rue d'Astorg, 75383 Paris Cedex 8, FRANCE;

For Personal liability, baggage insurance and legal protection:

by Gan Eurocourtage (contract number 78 347 432). A public limited company with fully paid capital of € 8,055,564, registered with Companies House in Paris under number 410 332 738 (APE code: 6511Z), located at La Défense Cedex (92033), Tour Gan Eurocourtage, 4-6 avenue d'Alsace.

For repatriation assistance and delayed departure:

by ACE EUROPE (contract number FR32022523) with assistance services provided by AXA Assistance (contract number 7203197), a company regulated by the French Insurance Code. Head office: 100 Leadenhall Street, London EC3A 3BP, UNITED KINGDOM. Company registered abroad with Companies House in England and Wales under number 1112892. General Management in France based at Le Colisée, 8 avenue de l'Arche, 92419 Courbevoie Cedex, FRANCE. Registered with House in Nanterre under number 450 327 374 (APE code: 660E).

The administration of these plans has been delegated to APRIL Mobilité, a public limited company with capital of € 200,000, an insurance broker and administration company registered with Companies House in Paris under number 309 707 727, and with ORIAS under number 07 008 000 (www.orias.fr) located at 110, avenue de la République, CS 51108, 75127 Paris Cedex 11, FRANCE.

APRIL Mobilité also provides "counselling" services offered by PSYA, located at 69, rue Lafayette, 75009 Paris, FRANCE, registered with Companies House in Nanterre under number 414 510 024.

9.2 LEGAL:

The bodies responsible for regulating insurance activities are:

- for the insurance plans: Prudential Supervision Authority (ACP) located at 61, rue Taitbout, 75436 Paris Cedex 09, FRANCE.
- for the assistance plan: Financial Services Authority, located at 25 The North Colonnade, Canary Wharf, London E14EHS, UNITED KINGDOM.

APRIL Mobilité is regulated by the Prudential Supervision Authority (ACP), located at 61, rue Taitbout 75436 Paris Cedex 09, FRANCE.

The benefits and levels of reimbursement provided under this contract will be automatically adjusted in line with the legislative and regulatory developments governing contracts under French law.

The plans are regulated by:

- the French Insurance Code,
- the general conditions,
- the *Policyholder certificates* issued to the *Policyholders*.

9.3. LIMITATIONS:

All action deriving from this contract is limited to a period of 2 years from the date of the event giving rise to the same, pursuant to articles L.114-1 and following of the French Insurance code. For death benefit, the period shall be extended to 10 years if the *Beneficiaries* are your heirs.

9.4. SUBROGATION:

It is stipulated that the insurer shall not renounce the rights and actions pertaining to it by virtue of Article L.121-12 of the French Insurance code, relating to the summary remedy it may seek for third party liability.

If *You* are involved in a road traffic *Accident* (involving a motorised vehicle), *You* must communicate to the insurance provider of the person having caused the *Accident*, when requested, the name of your third party healthcare provider. Failure to do so may invalidate your insurance cover.

9.5. AUDIT:

The insurer reserves the right to challenge the grounds of certain decisions and to demand that *You* provide any proof necessary to determine exact cover, particularly by forwarding medical certificates, operative reports and/or reassessment by the insurer's medical examiner.

9.6. CONCILIATION/JURISDICTION:

This contract has been made and signed in good faith and the parties agree, in the event of a dispute, not to take legal action until they have attempted to reach a conciliatory agreement. To this effect, each party will name an arbiter. If the two arbiters cannot agree on a decision, they will choose, by mutual agreement, a third arbiter to break the deadlock and all three will act on a majority decision. Each party will pay the costs and fees of its arbiter, as well as half the fees of the third arbiter, if applicable. *You* agree to submit to the jurisdiction of the courts of Paris and waive any proceedings in any other country.

9.7 DATA PROTECTION AND FREEDOM OF INFORMATION:

You have the right to receive and correct any information on *You* contained in any file used by APRIL Mobilité, its representatives or insurers. The right to access and correct information may be exercised at APRIL Mobilité headquarters (French Act 78.17 of 6th January, 1978, amended).

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APRIL MOBILITÉ A MEMBER OF APRIL

Headquarters:

110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE

Tel.: +33 (0)1 73 02 93 93 - Fax: +33 (0)1 73 02 93 90

Email: info@aprilmobilite.com - Internet: www.aprilmobilite.com

Public limited company with capital of € 200,000

Registered with Companies House in Paris under number 309 707 727

Insurance broker - Registered with ORIAS (Organisation for the registration of insurance brokers) under number 07 008 000 (www.orias.fr)

Prudential Supervision Authority - 61, rue Taitbout - 75436 Paris Cedex 09 - FRANCE



Creating a new face of insurance.