Expat Insurance

This list of benefits and options is part of the policy.

Benefits Guide

MODULE 1 – YOUR HEALTH

Who is eligible?
As long as You have a European Link and are sound of mind and able-bodied at the inception date of the policy, anyone under the age of 70 is eligible for coverage. The policy can be taken out for life.

How should I understand these limits (in Module 1 – Your Health)?
All limits stated are the combination of Social Security reimbursement (if any) + Our reimbursement, except when explicitly mentioned otherwise.
Example: Limit of 1.000 €
Top-up reimbursement: 600 € (by Social Security) + 400 € (Expat & Co)
Full cover reimbursement: 0 € (NO Social Security) + 1.000 € (Expat & Co)

The limits do not yet take into account the choice of Deductible or Co-pay.
Example: Limit of 1.000 €, chosen Co-pay of 10%: eventual limit is 900 €.

Which Deductibles can I choose in the Inpatient & Day patient plan?
Possible Deductibles are 0 €, 250 €, 500 € and 1.000 €.

Where are You covered?

Full Cover (and Top-Up OSZ/SSOM and CFE)	**Top-Up (all other)**
Zone 1: EEA+CH	Country of New Destination
Zone 2: Worldwide, excl. Canada, Hong Kong and USA	& Country of Social Security
Zone 3: Worldwide, excl. USA	
Zone 4: Worldwide	

FOR COLLECTIVE UNDERWRITING ONLY: Advantage C1: Acceptance of pre-existing disorders
- Disregard of pre-existing disorders within the given limits
- Waiver of waiting periods (except for Infertility)

➔ Only available for **compulsory** group schemes > 10 staff members

Core plan Health (Inpatient & Day Patient treatment)

The Core Plan will reimburse in full, but will never exceed the overall limit of or following specific limits **per person per year**

Maximum covers per person per annum

LIGHT	**STANDARD**	**GOLD**
€ 500.000	**€ 1.000.000**	**€ 2.000.000**

• Hospital expenses (Accommodation, Specialist fees)			
- semi-private room	100%	100%*	100%*
- private room (no suites)	Not covered	100%*	100%*
• Other Hospital expenses (operation theatre, intensive care room, diagnostic tests, use of appliances, nursing charges, medication, bandages)	100%	100%	100%
• Bone marrow, tissue and organ transplant, up to	€ 100.000	€ 150.000	200.000 €
• Reconstructive surgery following an Accident or following surgery for an eligible medical condition	100%	100%	100%
• Prostheses, artificial limbs, corrective devices and medical appliances which are medically required as a permanent part of the body	100%	100%	100%
• Pregnancy & Childbirth, incl. maternity care			
➔ subject to a waiting period of	10 months	10 months	10 months
Normal pregnancy & childbirth	€ 5.000**	€ 7.500**	€ 10.000**
Incl. Outpatient controls & tests	6 contr., incl. 4 echo's	8 contr., incl. 4 echo's	10 contr., incl. 4 echo's
Complicated pregnancy & childbirth, including necessary Outpatient controls & tests	€ 10.000**	100%	100%
Elective caesarean will be reimbursed at the cost of a normal delivery.			
1 Polysomnographic registration (sudden infant death test) in first 6 months	Not covered	100%	100%
• Sterilisation for medical reason	100%	100%	100%
• Abortion after rape (reported at police station)	100%	100%	100%
• Physiotherapy during Hospital stay	100%	100%	100%
• Medically prescribed physical rehabilitation following an Inpatient Treatment, in a Rehabilitation Centre, up to	Not covered	€ 2.500	€ 5.000
• Psychiatric treatment in open Hospital	€ 5.000	€ 10.000	20.000 €
• Palliative care (if on a Hospital bill), max. of …. days/lifetime	Not covered	30 d.	60 d.
• Mortuary (if on a Hospital bill)	Not covered	100%	100%
• Accommodation expenses for 1 parent accompanying a minor child	100%	100%	100%
If Accommodation at hotel, max. 30 days, limited per day	€ 75	€ 150	€ 150
• Urgent Transportation by ambulance	€ 750	€ 1.000	100%
• Urgent Transportation by helicopter from place of incident to Hospital	100%	100%	100%
• Pre- / Post Hospital treatment and examinations	Not covered	100%	100%
during (in days)		30/60	60/120
• Nursing at Home or in a Convalescent Home, up to	Not covered	€ 2.500	€ 5.000
up to max. … days		30	60
• Necessary Outpatient Cancer treatment and Kidney dialysis	100%	100%	100%
• Yearly medical check-up			
(general examination, cervix-, breast- and prostate cancer test)	€ 250	€ 500	€ 750
➔ subject to a waiting period of	12 months	12 months	12months

• **Necessary** vaccinations **for travel** ➔ subject to a waiting period of	100% 3 months	100% 3 months	100% 3 months

Medical emergency expenses outside Area of Cover

• During travel of max …. days/year:	90 d.	90 d.	90 d.
• Accidents or Acute Illnesses occurring during the stay outside the Area of Cover	Covered	Covered	Covered
• Planned doctor visits or Hospital admissions outside the Area of Cover	Not covered	Not covered	Not covered
• Medical follow-up expenses after Repatriation/Evacuation outside the Area of Cover	Covered	Covered	Covered

** may include telephone connection (not call costs) and rental of TV set (not movies).*

*** doubled in zone 4*

OPTIONS Health:

Option 1: Extended Outpatient treatment plan	LIGHT	STANDARD	GOLD
Which Co-Pay can I choose in the Outpatient plan? Possible Co-pays are 0 %, 10% and 25%			
With an overall limit **per person per year** of	**€ 5.000**	**€ 15.000**	**€ 25.000**
General Practitioners & Specialists fees	100%	100%	100%
• Examinations (analysis, X-Rays, scans, lab tests…)	100%	100%	100%
• Pre/Postnatal exercises, per pregnancy up to	Not covered	€ 500	€ 750
➔ subject to a waiting period of		10 months	10 months
• Infertility treatment (overall limit per lifetime and limited to persons under the age of 40)	Not covered	€ 7.500	€ 10.000
OR: In case of proven infertility of one of both partners, following sum can be used, once per policy lifetime, for an official Adoption through authorized institutions	Not covered	Not covered	€ 10.000
➔ subject of a Company pre-approval			
➔ both partners have to be insured in this policy			
➔ subject to a waiting period of		24 months	24 months
• **Prescribed** physiotherapy (no sport massage)	10 sessions	15 sessions	20 sessions
• **Prescribed** Psychotherapy (NLP & EMDR) after traumatic experience	100%	100%	100%
➔ subject to pre-authorization of the Underwriter			
• Other Psychiatric care, **prescribed** psychotherapy, and NLP/EMDR therapy up to	Not covered	€ 1.000	€ 2.500
• **Prescribed** Dietary guidance, Speech therapy, Stress Counselling: per person per year up to	Not covered	€ 1.000	€ 1.500
• Acupuncture, chiropractic, homeopathy, osteopathy, up to	Not covered	€ 1.000	€ 1.500
• **Prescribed** herbal and homeopathic medication, up to	Not covered	€ 1.000	€ 1.500
• Vaccinations (see Art. 17.11)	100%	100%	100%
• **Prescription** medication (medication free available without prescription is not covered)	100%	100%	100%
• Plasters, bandages, slings for covered Accident or Illness	100%	100%	100%
• **Prescribed** arch supports (max. 1 pair/year)	Not covered	100%	100%
• **Rent** of medical appliances for covered Accident or Illness (e.g. wheelchairs, crutches…) up to a maximum of	Not covered	100% € 1.000	100% € 3.000

Option 2: Dental cover, optical & hearing aids

	LIGHT	STANDARD	GOLD
Dental			
• Routine check-up and cleaning, up to	€ 1.000	€ 1.000	€ 1.500
max. visits	once a year	twice a year	twice a year
• Emergency pain stilling dental treatment (e.g. fillings, fixing broken teeth, a root canal treatment)	100%	100%	100%
➔ If no routine check-up and cleaning is done in last 12 months	75%	75%	75%
• Dental Outpatient surgery	75%, max. € 1.000	€ 1.000	€ 1.500
• Special Dental treatment,	50%, max. €1.500	75%, max. € 2.500	75%, max. € 3.000
➔ subject to pre-approval of the Underwriter			
➔ subject to a waiting period	24 months	18 months	12 months
➔ Orthodontics limited to minors, or after deforming Accident or Disease	Covered	Covered	Covered
➔ Implants limited to (overall limit per lifetime)	4	8	10
With an overall annual limit **per person per year** for dental care (all included)	**€ 2.000**	**€ 2.500**	**€ 3.500**
Optical			
• Prescription glasses or contact lenses	75%	75%	100%
➔ First time to wear optical aids, or in case change of dioptre, always on prescription!	€ 150/year	€ 200/year	€ 250/year
• Frame (Max. 1 per 3 years) up to a max. of	Not covered	Not covered	€ 300
Hearing aids			
• Prescribed hearing aids (Max. 1 appliance/ear every 3 years), up to a max. of	75%, max. € 500	75%, max. € 1.000	100%, max. € 1.500

MODULE 2. YOUR ASSISTANCE

Expat Assistance offers You the following benefits,
in the Country of New Destination and the Country of Social Security (where You live and/or work),
however never exceeding following limits:

	LIGHT	STANDARD / GOLD
• 24 h medical information and assistance		
- diverse information concerning medical services	Covered	Covered
- 2nd opinion of Company's consulting physician	Not covered	Covered
• Assistance in case of all Hospital admittances:		
- Administrative assistance	Covered	Covered
- Booking of Hospital room	Covered	Covered
• Assistance in case of unexpected medical incident		
- Sending a physician or medical team	Covered	Covered
- Forwarding urgent messages	Covered	Covered
• Evacuation to more appropriate place of treatment	Covered	Covered
+ return trip	Covered	Covered
• Assistance in case of decease:		
- Transport of remains to mortuary	Not covered	Covered
- Administrative assistance	Not covered	Covered
• Post-mortem treatment + Repatriation of remains	Covered	Covered
Cost of coffin limited to	€ 1.250	€ 1.250
• Repatriation of insured family members after Repatriation of Insured Person	Not covered	Covered
• Repatriation of insured family members after major damage to the residence	Not covered	Covered
• Repatriation in case of political instability and/or terrorist attack	Not covered	Covered
• Travel and Accommodation expenses (incl. return ticket), up to	€ 5.000	€ 7.500
for:		
- the Insured Persons in case of death or Critical Medical Condition of a close relative in the Home Country;	Covered	Covered
- 1 close relative in case the Insured Person is Hospitalised in a Critical Medical Condition, outside the Home Country.	Covered	Covered
- 1 person when escorting an evacuated Insured Person	Covered	Covered
- 1 Insured Person in case of major damage to a real estate property in the Home Country.	Not covered	Covered
Accommodation expenses limited per person per day, up to	€ 75	€ 150

FOR COLLECTIVE UNDERWRITING ONLY: Advantage C2: Sending a substitute to replace Hospitalised, repatriated or deceased Insured Person (max. 10 days)		
• Travel and Accommodation expenses, as above	Not covered	€ 1.250

Travel Assistance offers You the following benefits,
outside the Country of New Destination or Country of Social security (during Private and Business Travel),
however never exceeding following limits:

	LIGHT	STANDARD / GOLD
• Referral service concerning Hospitals / doctors Abroad	Covered	Covered
• Search & rescue, up to	Not covered	€ 5.000
• Repatriation in case of a medical incident	Covered	Covered
• Post-mortem treatment and Repatriation of mortal remains	Covered	Covered
Cost of coffin limited to	€ 1.250	€ 1.250
• Taking care and Repatriation of other Insured Persons	Not covered	Covered
• Sending essential medication / medical appliances / urgent messages	Covered	Covered
• Assistance in case of breaking, loss or theft of prosthesis	Not covered	Covered
• Assistance in case of loss/theft of Travel Documents, cheques, payment cards	Not covered	Covered
Travel costs to embassy limited to	-	€ 150
• Cash advance, up to	Not covered	€ 1.250
• Advance of penal bail, up to	€ 12.500	€ 25.000
• Advance of solicitor fees, up to	Not covered	€ 2.500
• Linguistic assistance	Not covered	Covered
• Travel and Accommodation expenses, up to	€ 5.000	€ 7.500
for:		
- the Insured Person in case of death or serious Illness of a close relative in the Home Country	Covered	Covered
- the Insured Person in case of death or serious Illness of a managing partner of the Insured Person;	Not covered	Covered
- 1 close relative in case the Insured Person is Hospitalised in a Critical Medical Condition, covered by this policy.	Covered	Covered
- 1 person when escorting an evacuated Insured Person.	Covered	Covered
- 1 Insured Person in case of an important damage to property in the Home or New Destination Country.	Not covered	Covered
- travel delay of more than 12 hours, up to	Not covered	2 nights or substitute car (€ 300)
- extended stay due to Illness/Accident	Not covered	5 nights
- extended stay other Insured Persons, due to Illness of insured	Not covered	5 nights
Accommodation expenses limited per person per day, up to	€ 75	€ 150
• Repatriation of Baggage	Not covered	Covered
• Baggage theft, loss or delay: purchase of strictly necessary clothing items and toiletries:		
a. In the event of delay of at least 8 hours	€ 100	€ 150
b. In the event of loss, theft or delay of more than 48 hours (incl. a.):	€ 100	€ 250
• Pro rata reimbursement of non-used lift pass OR Rent of skis following loss/theft	Not covered	€ 125
• Pro rata reimbursement of non-used lift pass following medical incident	Not covered	€ 125
→ Max. period of cover per trip is (in consecutive days)	90	90

OPTIONS: ASSISTANCE

Option 1: TRAVEL Cancellation / Travel interruption	**LIGHT**	**STANDARD / GOLD**
• Reimbursements will not exceed the overall limit of (per person per journey)	€ 1.500	€ 2.500
• Cancellation	Covered	Covered
• Interruption	Not covered	Covered
• Help in finding hotel, in case of overbooked or cancelled flight, or denied boarding	Covered	Covered
→ Deductible per event	€ 100	€ 100
→ Max. period of cover per travel is (in consecutive days)	90	90
→ **Overall Annual limit per person (all included)**	**€ 3.000**	**€ 5.000**

MODULE 3. YOUR PERSONAL PROTECTION

This guarantee will pay a single lump sum in case of any of the mentioned incidents.
In case of Disability and Help of a Third, this guarantee will pay a percentage of the single lump sum according to the grade of invalidity.

Accident **Maximum Insurable lump sum per person during the whole insurance period**

	OCCUPATIONAL & PRIVATE ACCIDENT (working persons only)	PRIVATE ACCIDENT ONLY (all persons)
• Death by Accident		
- Burial costs	€ 5.000	-
- Lump sum (adults)	€ 500.000	€ 300.000
Lump sum (children > 6 years <18 years)		€ 75.000
• Permanent Disability following an Accident	€ 500.000	€ 100.000
If help needed of a Third Person	€ 100.000	-
• Temporary Disability (as from 8th day, during max. 2 years)	€ 10.000/month	-
➔ not combinable with income protection (Module 4)	(max. 90% of Gross Income)	
Critical and Incurable Illness	-	€ 75.000

Who is eligible?
As long as You have a European link and are sound of mind and able-bodied at the Inception date of the policy, anyone under the age of 60 is eligible for coverage. The insurance ends automatically on the first Renewal date after the 65th birthday

Insured events: 24h cover
Dangerous activities such as motorcycling (under the age of 25) or dangerous sports are excluded, unless otherwise stated.

Personnel categories:
- Cat. 1 office work
- Cat. 2 mixed work (office work + working on yards, building sites, or in factories), representatives on the road
- Cat. 3 physical work, working with machinery – air crew
- Cat. 4 ***(= contact Underwriter !!)*** ship's crew, working on level differences > 4m, extreme heat/cold, and other dangerous occupations

MODULE 4. YOUR INCOME

In case of (Temporary or Permanent) Disability, this guarantee pays the insured pension according to the grade of Disability of the Insured Person.

Insured events	**WORKING**	**TEMP. NON-WORKING**
• Private Accidents	Covered	Covered
• Occupational Accidents	Covered	Not covered
• Illness	Covered	Covered
• Complicated pregnancy (subject to a waiting period of 10 months after inception date of the policy)	Covered	Not covered
Type of Disability covered		
• Economic Disability	Covered	Not covered
• Physical Disability	Covered	Covered
Degree of Disability **Max. allowance (after intervention of Social Security, employer …):**		
• 0-24%	0%	0%
• 25-66%	25-66%	33-66%
• 67-100%	100%	100%
Type of pension		
• Constant Pension	NO	YES
• Increasing Pension (2%/year) after Incident	YES	NO
• Waiver of premium (WP)	OPTIONAL	OPTIONAL
Qualifying Period	30 - 730 days	180 - 730 days

What is the maximum pension insurable per person during the whole insurance period?

This disability pension + Social Security and other allowances combined can never be higher as the last 12 months Gross Income (without allowances).

Up to the first bracket of 50.000 € of the last 12 months Gross Income (fix and/or variable, no allowances counted)		80%	80%
For the balance:	- fix income	60%	60%
	- variable part of the income (average of last 3 years bonuses, premiums, commissions)	50%	0%
Absolute maximum insurable pension per year		€ 100.000 + WP	€ 25.000 + WP
ONLY FOR COLLECTIVE UNDERWRITING: Advantage C4:		€ 200.000 + WP	

Choice of qualifying periods:

- working persons: 30, 60, 90, 120, 180, 365, 730 days
- non-working persons: 180, 365 or 730 days.

Waiver of premium (WP)

This warranty should be understood as following:
When disabled the premium of your disability pension will be reimbursed in exact the same way as the pension (depending grade of disability).

Who is Eligibility?

As long as *You* have a European Link and are sound of mind and able-bodied at the Inception date of the policy, anyone under the age of 55 is eligible for coverage. The insurance ends automatically on the first Renewal date after their 60th birthday. In case of Disability occurring before the Renewal date following the 60th anniversary, the Underwriter will continue to pay the pension until the end of the Disability period, but at the latest on the last day of the insurance month in which the insured reaches the age of 65.
Non-working spouses/partners of Expatriated persons are eligible under the same conditions as above, and if they can prove work up to 3 months before moving Abroad.

Combinations:
This module can be taken out separately or in combination with other modules. If taken out in combination with a Term Life insurance of at least 2x Your gross annual income or a minimum insured capital of 50.000 €, a discount will be calculated.

Medical underwriting is necessary for all forms of life (see next Module) and disability insurance and in case of increase of insured sums.
However, in the Milestone insurance (see further) you can plan the increases upfront. When reaching one of the Milestones you can, within 30 days, increase the insured sum with the planned increase without medical new underwriting.

MODULE 5. YOUR LIFE

This guarantee will pay a single lump sum in case of death by all causes of the Insured Person.
There are 3 possible forms (forms may be combined):

	Maximum Insurable lump sum per person
• **1. Fixed Sum Insurance**	
○ Working persons	Max. 10 x annual salary with an absolute maximum of € 1.000.000 (individual) or € 2.500.000 (collective)
○ Non-working Spouses/partners	Max. 2 x annual salary of the working partner, with an absolute maximum of € 500.000
○ Students	Max. 1 x annual salary of the parents, with an absolute maximum of € 300.000
• **2. Mortgage Insurance** (annual decreasing sum insured)	Max. € 500.000
• **3. Milestone Insurance** (only for persons below 40 years of age at moment of conclusion) sum adaptable to the reached Milestones of life:	
○ A. Single	Max. € 50.000
○ A. OR, Couple double Income	Max. € 150.000
○ A. OR, Couple single Income	Max. € 250.000
○ B. Children up to 21 (Birth of first child: accumulation to the current situation under A.)	Max. + € 300.000
○ C. Children up to 30* in higher education (accumulation to the current situation under A.+ B.)	Max. + € 100.000
○ D. Mortgage (accumulation to the current situation under A., B. and C.)	Max. + € 200.000
Absolute max. insurable sum under the Milestone Insurance	**Max. € 500.000**

* The insured sum for 'Children in higher education' can only start the day the first child starts the first lesson at college or university, and ends the day
- the last child officially graduates before 30,
- he/she becomes 30 years old and is still studying,
- he/she drops out after the 3rd year of education (non-related to Illness or accident).

Absolute max. insured sum all forms combined	**Max. 10 x annual salary** **or € 1.000.000 (individual) or € 2.500.000 (collective)**
All Life insurances include Assistance insurance:	
Post-mortem treatment + repatriation of remains	full reimbursement
Cost of zinc coffin limited to	€ 1.250
Cost of Mortuary limited to	€ 2.500

Who is eligible?
Individual Persons are eligible under the age of 55 (40 for individuals choosing the Milestone insurance).
For collective underwriting, persons are eligible under the age of 64.

MODULE 6. YOUR PERSONAL BELONGINGS ON THE MOVE

This guarantee will pay for damage to Your insured goods.

	ALL VERSIONS
Goods at New Destination address	
• **Option 1 - Content & Household Effects**	insured sum
- Fire, explosion;	
- lightning strike, induction and overloading as a result of lightning;	
- natural disaster;	
- scorching, melting, charring and overheating;	
- smoke and soot;	
- impact by any vehicle, aircraft crash and other devices or articles dropped thereof;	
- storm or tempest with a wind velocity of 80 km/h;	
- flood caused by bursting or overflowing of water tanks, apparatus or pipes (rainfall, water, steam, fuel and oil);	
- caused by any person taking part in a riot or strike, or by any person of malicious intent	
- robbery, theft or attempted theft by house breaking;	
- breaking of glass plates (as part of furniture and mirrors) and TV screens.	
→ Deductible per incident	€ 200
Goods worldwide	
• **Option 2 - All risk personal valuables worldwide**	insured sum
→ Deductible per incident (for content and All risk combined if damaged in the same incident)	€ 200
• **Option 3 - Baggage insurance**	
Reimbursements in Baggage insurance will not exceed the overall limit of	€ 2.000
or following specific limits per object, per person, per incident	
- For all travels:	
○ Audio-visual and computer equipment, incl. software	€ 1.000
○ Mobile phones, electronic diaries	€ 250
○ Photo and film cameras	€ 750
○ Jewellery and watches	€ 500
○ Sports equipment	€ 250
○ Musical instruments	€ 250
○ Objects purchased during travel	€ 250
○ Travel Documents	YES
→ Deductible per incident	€ 100
→ Max. period of cover per travel is (in consecutive days)	90
→ Maximum number of claims per policy year	3

FOR COLLECTIVE UNDERWRITING ONLY – Advantage C6:

- Commercial samples and specimens € 500
- Professional equipment and instruments, incl. software € 5.000

Where is this policy valid?

This insurance is placed with a European insurer, which can be a non-admitted insurer in some countries outside Europe.
This insurance is not valid in US, except for Baggage.

MODULE 7. YOUR LIABILITY & LEGAL ASSISTANCE

This Guarantee will pay for damage to Third Parties or give legal assistance for damage by Third Parties.
Furthermore, this Module will **not be available for US-based companies**.

The Liability insurance will reimburse in full, but will never exceed the Overall annual limit of or following specific limits **per person per claim**	**€ 10.000.000**
Option 1 Non-Contractual liability in Your private life	
Reimbursements worldwide (excl. USA) will not exceed the limit of	**€ 10.000.000**
• Bodily injuries	€ 10.000.000
• Material damage	€ 1.000.000
• Consequential immaterial damage resulting from covered bodily injuries or material damage	€ 1.000.000
Reimbursements in USA will never exceed (all included) the overall limit of	**€ 1.500.000**
• Bodily injuries	€ 1.000.000
• Material damage	€ 500.000
• Consequential immaterial damage resulting from covered bodily injuries or material damage	€ 500.000
Option 2 Tenant liability (contractual liability for same perils as Content + breaking of glass windows)	insured sum
Obligatory part to option 1 and 2: Legal Assistance	
Worldwide (excl. USA):	**€ 125.000**
USA:	**€ 25.000**
→ Deductible per claim (liability and legal assistance combined):	€ 200

This module cannot be taken separately. It must always be combined with another module.

GLOSSARY & POLICY CONDITIONS

GLOSSARY

This glossary is a guide to Your understanding of some of the used terminology. All words that appear in italics in the general conditions are explained here.

1. INSURANCE

The Policy wording (including this Glossary and the Benefits Guide), the Policy Schedule and Personal Certificate represent together the Insurance contract with the Underwriter and set out the Terms of Insurance. The application form and medical questionnaire are part of this Insurance contract as well. These documents should be read together to avoid any misunderstanding. On the other hand, promotional brochures do not form part of the Insurance contract.

2. POLICY SCHEDULE AND PERSONAL CERTIFICATE

In the Policy Schedule, You will find the specific details of the agreed Insurance contract, concerning the Policyholder, insurance period, Inception date, etc… A new Policy Schedule will be provided after each modification of the contract.

In the Personal Certificate, You will find the specific details of the agreed Insurance contract, concerning the Insured Persons, start date , insurance period, premium, Deductible, etc… A new Personal Certificate will be provided after each modification of the contract.
A policy can have several Personal Certificates (1 per Insured Person).

3. MODULES AND OPTIONS

Unless otherwise mentioned, every contract has several Modules which can be taken separately, or combined. Every Module handles a different branch of Insurance.

Per Module there can be compulsory covers and optional covers. Options can only be taken out as a supplement of the compulsory basic cover. The choice of cover(s) will be mentioned in the Policy Schedule.

4. INSURER/UNDERWRITER/WE/US/OUR:

Unless otherwise mentioned in the Policy Schedule, this policy is underwritten in co-insurance by following "**Insurers":**

- Inter Partner Assistance , branch office, Hvězdova 1689/2a, 140 62 Praha 4-Nusle, Czech Rep., branch office of Inter Partner Assistance S.A (BE) – BE0 415 591 055, Avenue Louise 166, 1050 Brussels, licensed for Accident & Health, Assistance, Baggage, Legal assistance.
- Maxima Insurance Italská 1583/24, 120 00 Praha 2-Vinohrady, Licensed for Accident & Health, Goods, Liability, Life.

Together, they are called the "**Insurers**".
The policy and claims are administrated by:

The "**Administrator"** Expat & Co BVBA
P. Cooremansstraat 3, 1702 Groot-Bijgaarden, BELGIUM. Licensed for all branches. Belgian License number FSMA 13.633A, and authorized to work in all countries of the European Economic Area (EEA).

Insurers and Administrator together are further called "**Underwriter**", whereby the Administrator functions as first contact.

5. ALARM CENTRE

The assistance benefits are insured by the Insurers. The organisation and the execution of these services can be entrusted to a Third Party assistance company, further called the "**Alarm Centre**".

6. NETWORK MANAGER

The Network Manager will negotiate with the service providers networks and individual service providers to contain costs in favour of the Insured Person and the Underwriter.
You can find the name and contact details of the Network Manager on Your personal Insurance card.

7. POLICYHOLDER

The physical or legal person identified as the Policyholder in the Policy Schedule, who enters into the Insurance contract with the Underwriter, and who pays the premium.
The Policyholder can never be a US-based organisation or company.

8. INSURED PERSON/YOU/YOUR

All persons listed in the Personal Certificates as being an Insured Person.

9. BENEFICIARY

The person listed in the Personal Certificate to whom a benefit is payable on the strength of this insurance contract.

10. BENEFICIARY IN CASE OF DEATH

The person (or group of persons) listed in the Personal Certificate to whom the insured benefit is payable in case of death of the Insured Person within the contract period. Benefit payments have to be acknowledged by the insurance company.

11. FAMILY MEMBERS

All persons with whom the Insured Person lives as a family at the same address on a permanent basis. Included are students who stay at a different address but are still financially dependent of their parents.

12. CLOSE RELATIVES
Spouse/partner, children / parents (-in-law), brothers / sisters (-in-law), grandparents / grandchildren (-in-law).

13. MINOR CHILD
Child younger than 18 years of age.

14. TEMPORARY NON-WORKING SPOUSE
Spouse or partner, who has interrupted his/her career temporarily, to follow the Expatriated Insured Person Abroad. He/she intends to work again as soon as allowed in the New Destination Country or upon return to the Home Country.

15. THIRD PARTY
Any other person who is not the insured, one of his/ her Family Members, or employer.

16. INCEPTION DATE/EFFECTIVE DAY
The date shown in the Policy Schedule or Personal Certificate on which the Insurance starts or was changed.

17. INSURANCE YEAR:

- The period between the effective day of the contract and the first anniversary of this effective day.
- The period between two anniversaries of the effective day;
- The period between the last anniversary of the effective day and the end of the contract.

18. RENEWAL DATE/DUE DATE
The date the policy is tacitly renewable and the annual premium is due, which in most cases coincides with the anniversary date of the Inception Date.

19. WAITING PERIOD
A period of time, starting from the Inception date the Insured Person entered in the Insurance contract, during which the Insurance provides no cover, unless specified otherwise.

20. QUALIFYING PERIOD
A period of time, starting from the date mentioned in the medical report as the start of disability and where the disability grade is set. During this Qualifying Period the Insurance provides no cover.

21. DEDUCTIBLE
The real out-of-pocket-expense, noted in the Personal Certificate or Benefits Guide, which will be deducted from the reimbursement to the Insured Person. For medical expenses this Deductible will be applied annually. For other guarantees, this Deductible will be applied per claim.

22. CO-PAY
The percentage of the expense, noted in the Personal Certificate or Benefits Guide, which will be deducted from the reimbursement to the Insured Person. This Co-Pay will be applied per claim.

23. ACCIDENT
An accident is any sudden, unexpected force from external origin, affecting or influencing the body of the Insured Person, and directly causing a medically diagnosable physical injury to the Insured Person.
An accident also includes the following events:

- acute poisoning caused by the sudden and involuntary inhaling of gases, vapours, liquid or solid substances, other than medicines, or allergens;
- the involuntary and sudden intake of substances or objects in the digestive system, respiratory system, the eyes or the ears, causing internal injury;
- Illness or allergic reaction directly caused by an involuntary fall into the water or any other substance, or as a result of jumping in, in an attempt to save humans, animals or goods;
- spraining, dislocation and rupture of muscle and tendon tissues, provided these injuries have been caused suddenly and their nature and location may be diagnosed medically;
- suffocation, drowning, freezing, sunstroke, heat stroke;
- exhaustion, starvation, dehydration and sunburn as a result of unforeseen circumstances;
- complications or aggravation of the injury as a direct result of first aid or medical treatment required after the accident:
- physical injuries resulting from assaults or attacks on the life of the Insured, robbery, molestation, unless it is proved that the insured actively participated in the activities of which he/she is the victim, whether as perpetrator or as instigator.

Are not considered as accidents in the sense of this contract:

- the contamination of the organism of the insured by the Acquired Immune Deficiency Syndrome (AIDS virus), except due to a needle stick injury, or in an attempt to save humans.

24. ILLNESS/DISEASE
For the purposes of this contract, Illness/Disease is defined as any involuntary impairment of health that can be medically confirmed. The following are **excluded**:

- Illnesses, Accidents and/or defects (congenital or otherwise) that exist prior to or at the Effective date of the contract and of which the Policyholder or the Insured should be aware at that time or of which he/she is likely to have been aware because the

symptoms of the Illness or defect had already manifested themselves.
- This provision is also applicable in the event that the contract comes back into force following a period of suspension.
- aesthetic or similar treatments;
- unless otherwise mentioned, mental or nervous Diseases, neuroses, psychoses, rest cures or similar treatments requiring a stay in a psychiatric institution, in a psychiatric ward of a Hospital or in another institution that is mainly a rest home, a convalescent home or a similar institution that is specialized in the treatment of alcoholics, drug addicts, mental Diseases or the elderly.

However, non-permanent and non-chronic mental disorders will be covered;

- professional Diseases for which compensation is paid under the terms of the legislation applicable to professional Diseases;
- attributable to the infecting of the organism of the Insured by the Acquired Immune Deficiency Syndrome (the AIDS virus), regardless of the consequences, not caused by a needle stick injury or in an attempt to save humans;

25. ACUTE ILLNESS
An Illness or medical condition that is temporary and is determined as curable by treatment.

26. CHRONIC ILLNESS
An Illness or medical condition that is permanent and not determined as curable by treatment (yet).

27. CRITICAL ILLNESS
Following Illnesses are considered Critical Illnesses: AIDS following blood transfusion or non-sexual related Accident- Alzheimer - Amyotrophic Lateral Sclerosis - Cancer - Cystic Fibrosis - Diphtheria - Encephalitis - Malaria - Meningitis - Mucoviscidosis - Multiple Sclerosis - Parkinson - Polio - Pompe - Tetanus - Typhus.

28. CRITICAL MEDICAL CONDITION
A medical and life threatening condition requiring immediate Transportation to a Hospital.

29. COMPLICATED PREGNANCY
A pregnancy or childbirth that is life threatening for mother and/or child,
Will not be seen as Complicated Pregnancies, in disability cover (Mod. 4 – Income Protection), the complications as a result of:

- age (lower than 18 or higher than 40).
- lifestyle factors (alcohol, tobacco, drug use, extreme sport);
- profession (working in contagious or dangerous environment)
- IVF pregnancies and elective C-sections.

30. HEALTH FUND
Public, Mutual or private health insurer, licensed to provide the local governmental health insurance scheme, often called “Krankenkasse”, “Mutuelle”, or “Ziekenkas” or “Caisse Primaire”. Is also considered as a Health Fund:

- the Belgian Overseas Social Security Services (OSZ/SSOM)
- the French “Caisse de Sécurité Sociale des Français de l’étranger” (CFE).
- the EU-Civil Servants Health Insurance Scheme (RCAM/JSIS, only in Europe),
- The UN and FAO Civil Servants Health Insurance Scheme.

Is not considered as a Health Fund: National Health Services (NHS), governmental or municipal institutions which provide care in kind.

31. HOSPITAL
An establishment, which is legally licensed as a medical or surgical Hospital/clinic.

32. REHABILITATION CENTRE
Every Rehabilitation Centre registered in accordance with the local authority’s legislation that is not a Hospital.

33. GENERAL PRACTITIONER / FAMILY DOCTOR
A physical person suitably qualified and legally licensed to practice general medicine in the country where treatment is provided. The General Practitioner must be practicing within the scope of his/her license and training.

34. SPECIALIST
A physical person suitably qualified and legally licensed to practice specialised medicine in the country where treatment is provided and who holds a certificate of Specialist training. The Specialist must be practicing within the scope of his/her license and training.

35. DENTIST / DENTAL PRACTITIONER / DENTAL SPECIALIST
A physical person suitably qualified and legally licensed to practice dentistry in the country where treatment is provided. The Dentist/Dental Specialist must be practicing within the scope of his/her license and training.

36. OBSTETRICIAN
A physical person suitably qualified and legally licensed to practice obstetrics in the country where treatment is

provided. The Obstetrician must be practicing within the scope of his/her license and training.

37. THERAPIST

A physical person suitably qualified and legally licensed to practice certain therapies in the country where treatment is provided. The Therapist must be practicing within the scope of his/her license and training.

38. INPATIENT TREATMENT / HOSPITALISATION

Surgery or medical treatment in a Hospital or clinic when it is medically necessary to occupy a bed at least for 1 night.

39. DAY-PATIENT OR DAY CARE TREATMENT

Surgery or medical treatment in a Hospital or clinic where it is medically necessary to occupy a bed, but not to stay overnight.

40. OUTPATIENT OR AMBULATORY TREATMENT

Surgery or medical treatment where it is not medically necessary to occupy a bed in a Hospital or Day clinic.

41; ALTERNATIVE MEDICAL TREATMENT

In- / Day- or Outpatient Treatment given by a qualified and legally licensed acupuncturist, chiropractor, homeopath or osteopath, who practices within the scope of his/her license and training.

42. NLP AND EMDR THERAPY

Psychological therapy given by a qualified and legally licensed Psychotherapist following the theory of Neuro Linguistic Programming, and Eye Movement Desensitization and Reprocessing Theory.

43. SPECIAL DENTAL TREATMENTS

Treatment given by a qualified, legally licensed, and specialised Dentist, who practices within the scope of his/her license and training, for:

- bridgework
- crowns
- periodontitis
- orthodontics
- dentures
- implants
- facets
- inlays.

44. NURSING AT HOME OR IN A CONVALESCENT HOME

Medical services provided by a legally registered nurse in the Insured Person's home, prescribed by a Medical Practitioner and immediately following Inpatient or Day Patient treatment.

45. ADOPTION

Adoption is the process whereby The Insured couple assumes the parenting for a Minor Child who is not kin and, in so doing, permanently transfers all rights and responsibilities from the original parent(s).

46. PSYCHIATRIC DISORDERS

Psychoses, neuroses, temporary states of maladaptation, any other ailments or problems normally treated by psychiatrists.

47. PRESCRIPTION AND OTC MEDICATION

Medication of which the sale and use are legally restricted to the order of a Doctor, General Practitioner, Physician, Specialist or Obstetricians' Prescription.
The opposite of Prescription medication are OTC's (over-the-counter medicines). These are not eligible for compensation, for example:

- freely available medication (e.g. pain-killers, nose drops...)
- restorative and nutritional products;
- slimming products;
- tonics, medicinal wines, cod-liver and fish oil products;
- vitamin products;
- laxatives;
- cosmetics.

48. EXPENSES FOR TRANSPORT OF PATIENTS

The expenses of medically necessary and emergency Transport of patients by ambulance, both to and from the Hospital.

The expenses of emergency Transport of patients by helicopter from the place of incident to the nearest and/or most appropriate Hospital. This Transport must be related to a medical treatment where the Underwriter is responsible for either in full or in part.

If the Insured Person is not in a Critical Medical Condition, a right to reimbursement of the expenses of repeated Ambulance transport will only exist if the Underwriter has given prior approval following a request for that specific purpose.

49. EVACUATION/REPATRIATION EXPENSES

- the expenses for medically necessary Transportation to another region or country where the Insured Person may receive an appropriate medical treatment;
- the expenses for Repatriation of the mortal remains to the Home Country, and for statutory arrangements, embalmment and coffin. The expenses for cremation or burial in the Home Country are not covered;
- the expenses of any other covered emergency return to the Home Country or Country of New Destination.

50. ACCOMODATION EXPENSES
The expenses for bed and breakfast in any hotel or boarding house.

51. PERMANENT INVALIDITY/DISABILITY
Total or partial reduction of physical integrity of the Insured Person's body that is considered permanent by medical consultants.

52. ECONOMIC INVALIDITY/DISABILITY
The reduction of the earning capacity effectively suffered by the Insured Person caused by Illness, Accident or Complicated Pregnancy.

53. PHYSIOLOGICAL INVALIDITY/DISABILITY
The reduction of the physical integrity of the Insured Person caused by Illness, Accident or Complicated Pregnancy.

54. TOTAL INVALIDITY/DISABILITY
Grade of Disability equal to or higher than 67%.

55. CONSTANT PENSION
A "Constant Pension" is a pension that does not change during the course of the contract.

56. INCREASING PENSION AFTER INCIDENT
An "Increasing Pension after incident" is a pension that, during the right to benefit, increases with 2% of the insured pension, such as stated in the Personal Certificate, after each anniversary of the right to benefit.

57. GROSS INCOME
Gross income is the total income of an Insured Person before taxes and/or Social Security contributions.

Gross income can be divided in fixed and variable income. Variable income are premiums, bonuses and commissions dependent on, or in proportion to, achieved results.
Allowances and cost compensations are not seen as income (for example housing allowance, hardship premium …).

58. PRIVATE DWELLING OF STANDARD CONSTRUCTION
Dwelling which is constructed of hard materials as brick, stone or concrete (in case of wood a premium loading will be added) and the external surface of the roof constructed of slates, tiles, concrete, asphalt or of any entirely incombustible mineral ingredients.

59. CONTENT, HOUSEHOLD EFFECTS
Household goods, furniture and all other personal property, tenant's fixtures and fittings, all of which are owned by or are the legal responsibility of the Insured Person or of any permanent member of his household.

60. BAGGAGE
Goods and personal effects belonging to, or hired by, the Insured Person and accompanying the Insured Person on his/her journey. Rented vehicles are not seen as Baggage.

61. MONEY/VALUES
Cash, bank notes, cheques, traveller cheques, vouchers and airport tax coupons.

62. TRAVEL DOCUMENTS
Passport, driver's license, tourist pass, tickets or other Travel Documents for which no duplicates can be issued.

63. NON-CONTRACTUAL LIABILITY
All liability that is **not** contractually bound.

64. CONTRACTUAL LIABILITY
All liability that is contractually bound.
For example: tenant liability is contractual as it is bound by a lease contract.

65. AREA OF COVER
The well-defined geographical area, mentioned in the Personal Certificate, where cover will be provided for claims occurring in that area.

66. EEA + CH
- all EU-member states
- all EFTA-member states
- Switzerland
- Overseas territories of EEA countries are not seen as EEA+CH.

67. EUROPEAN LINK
The Policyholder and/or The Insured Person(s) have to:

- holds a passport of an EEA-Member State;
- or reside in EEA;
- or being employed by an EEA-company-Policyholder.

Swiss persons can only be accepted when residing outside Switzerland, at the moment of Inception of the Policy.

The policy must always be concluded by means of distance communication.

68. HOST COUNTRY/COUNTRY OF NEW DESTINATION
The country in which the Insured Person has his/her usual residence after expatriation.

69. HOME COUNTRY/COUNTRY OF ORIGIN
The country that the Insured Person has declared as such on the application form and of which he/she holds a passport or ID card.

70. COUNTRY ENTITLED FOR SOCIAL SECURITY
The country where Insured's Social Security contributions are paid and where he/she can claim Social Security rights and apply for benefits.

71. ABROAD
Every country outside the Country of New Destination/Host Country.

72. RESIDENT/LOCAL
A Resident or Local is a person who permanently resides in a given country.

73. INTERNATIONAL COMMUTER
An International Commuter is a person who works in another country than his Country of Residence/Home Country, and thus commutes on a regularly basis (at least daily or weekly) between both countries.

74. EXPATRIATE/EXPAT/INPAT/TCN
An Expat is a person who lives, not permanently, and mostly works in another country than his/her Home Country.

75. IMMIGRANT/EMIGRANT
An Immigrant or Emigrant is a person who lives, permanently, and mostly works in another country than his/her Country of Origin. Because of the permanent aspect, they will be regarded as Residents/Locals.

GENERAL CONDITIONS COMMON TO ALL MODULES & OPTIONS

These conditions describe elements that apply for all Modules & Options.

There is a separate Module for every Insurance type.

Art. 1. What You have to know about the setup of the Insurance contract.

1.1. Versions, Modules and Options
The contract has 3 possible versions from which the Policyholder can choose: the Light version the Standard version or the Gold version.

The contract has several Modules which can be taken separately, except for Module 7 (Liability). However, per Module there can be a compulsory part and an optional part. Options can only be taken out as a supplement of the compulsory basic cover. The choice of the Policyholder will be mentioned in the Policy Schedule.

The policy can appear as an integral policy or as a complementary policy: An integral policy means that the whole medical care cover (Module 1) is given by the Underwriter, from the 1st euro.
A complementary cover will only reimburse in second rank, after the Health Fund, where the Insured Person has applied to, first reimbursed their part of the costs.

1.2. What is covered?
This Insurance will provide cover to the Insured Person according to the conditions which are mentioned in the Personal Certificate, within the extent and limits described in the Benefits Guide.

1.3. Who can be insured?
To be eligible for this Insurance package, at the Effective Day the Insured Person enters into the Insurance contract, he/she must:

- be a member of the international staff of an International Company, be an Expat, an International Commuter, an International Student or Trainee, an Immigrant or Emigrant, or a Resident in a country which is not his/her Home Country, AND
- have a European Link.

Locals can only be accepted if they live together as a family with, and are financially dependent of, one of above mentioned Internationals.

1.4 Medical and Financial Underwriting
In order to accept the applicant for receiving health, life or disability insurance cover the Underwriter has to perform a medical risk assessment as well as, for Accident, life and disability, a financial assessment to confirm an insurable interest.
The first step of this process consists of completing the application form and medical questionnaire. In some cases a medical examination will be requested.

- The application requires applicants to answer all questions on the application form and medical questionnaire truthfully and comprehensively. Any information likely to have an impact on the acceptance of the Insured Person has to be communicated transparently and fully to the Underwriter. If answers are incorrect or incomplete, or if relevant information is kept secret, the Insurers have the right to:

- withdraw from the contract,
- to cancel the contract,
- to adjust the contract,

- to contest the contract because of fraudulent misrepresentation.

1.5. Deductibles
The Deductibles mentioned in the Personal Certificate shall apply per claim and per person. Only for the Core Plan Health – Inpatient and Day-patient treatment (Module 1) will it apply once per Insurance Year and per Insured Person.
In the event of a suspension or termination of the coverage, no reduction or pro rata adjustment of the Deductible already applied will be made.

1.6. Co-Pay
The Co-Pay mentioned in the Personal Certificate shall apply per claim.

Art. 2. When does the policy start and ends? What is the duration?

2.1. Start and Duration of the Insurance
The Insurance starts at the Inception Date mentioned in the Policy Schedule or Personal Certificate at 00:00 h (but not before the date the first premium has been paid), for a period of 1 year period, unless mentioned otherwise.

The policy is tacitly renewable on annual Due Date for successive periods of 1 year.

The policy ends at the official end date stated in the Policy Schedule at 24:00 h.

The Insured Person is covered at the Inception date mentioned in his Personal Certificate starting at 00:00h. The cover ends at the official end date stated in his Personal Certificate at 24:00h.

Art. 3. How can the policy be cancelled?

3.1. By the Policyholder:
The policy can be cancelled by written termination letter or email, **with proof of receipt**:

- within 2 months of the date of policy conclusion with 8 days notice period.
- on renewal day, with 6 weeks notice period.
- in connection with a premium increase or alteration of conditions, with 8 days notice period.
- in connection with a claim, within 3 months after notification to the Underwriter with 1 month notice period.
- by other means specified in Act N° 89/2012 Coll., Civil Code (CZ), as amended.

In case of death of the Policyholder, the eventual other Insured Persons can terminate the contract, or continue it on their name, by sending a letter or email, **with proof of receipt**, within 30 days after death.
The Underwriter reserves the right to accept or not other cancellation options for specific situations.

3.2.By the Insurer:
The policy, except for the Life cover, can be cancelled by written termination letter or email with proof of receipt:

- within 2 months of the date of policy conclusion with 8 days notice period.
- on renewal day, with 6 weeks notice period.
- in connection with a claim, whether covered or not by the contract, within 3 months following the payment of the compensation or the refusal by the Underwriter to pay the compensation, with 1 month notice period.
- by other means specified in Act N° 89/2012 Coll., Civil Code (CZ), as amended.

The Underwriter has also the right to cancel the contract in case of non-payment in respect with the procedure explained in Art. 5.2.

3.3. Do You have to sign Your contract?
Contracts **from legal entities** have to be signed and send back electronically or by post, within 30 days after Inception Date. Non-signed contracts can lose the renewability, which means the Underwriter will reserve the right if the contract will be automatically renewed or not.

Art. 4. Can I modify the contract?
The Policyholder can ask the Underwriter to change the Policy Schedule or Personal Certificate by sending an email to info@expatinsurance.eu. If this modification leads to an increase of the covered risks, the acceptance will be subjected to the conditions applied at that moment.
Every modification must be acted in an addendum to the policy or another equivalent document.

Art. 5. About Premium Payment

5.1. Premium payment in general
Premiums are determined by the Insurers and will be payable, unless otherwise mentioned, in advance including possible (local) premium taxes and contributions, if applicable.

The initial premium is due on the Date of Commencement as stipulated in the Policy Schedule.

The Policyholder may choose between monthly, quarterly, semi-annual and annual payments. Monthly payments are 8,75% of the annual premiums (+5%). Quarterly premiums are 25,75% of the annual premiums (+3%). Semi-annual payments are 51% of the annual premiums (+2%). The premium must be paid within 30

days after its Due Date. Premium payment is possible by bank transfer, or credit card.

The Insurer reserves the right to adjust the premiums once a year starting from the Renewal Date:

- based on (medical) inflation
- based on eventual changes in cover;
- based on the loss experience during the previous year(s) (e.g. because of the increased prices in medical care);
- in case of a fundamental modification in the legislation regarding one of the Social Security systems;
- in case of introduction or modification of legislation or taxes that influences this contract. This in relation to the modification of the concerned legislation in question and its financial consequences for the Insurer and after having notified the Policyholder.

The premium for medical care is also age related and will therefore be adjusted on the first premium Due Date after the Insured's following birthdays: 2, 10, 18, 25, 30, 35, 40, 45, 50, 55, 60, 65 and 70.
The premium for Life insurance and Income Protection is also age related and will therefore be adjusted on the first annual Due Date after each birthday of the Insured Person.

5.2. What in case of Non-Payment or Unpunctual Payment?

The Policyholder will be responsible for punctual payment of the premium to the Underwriter.

In the event that a premium is not received by the Administrator on the Due date, the Administrator will send an email and within Europe a registered letter to the last known (email) address of the Policyholder.

1 month after sending this email or registered letter the Insurers have the right to suspend or annul the contract if the premium has still not been received. Any policy suspension or annulment for non-payment will start after expiry of above-mentioned period.
The Policyholder maintains responsibility for any amount due (premiums, interests and costs). The cover of a suspended policy will only start again when all amounts due have been received and accepted by the Underwriter, with respect of the provisions of eventual special clauses in the Policy wording or Policy Schedule. No right to any benefit will exist for reimbursement of any damage arising in the period the Insurance is suspended.

Art. 6. What is not covered? (general exclusions common to all Modules)

Unless otherwise stated, the Insurance will not cover damage or expenses caused by, or as a result of:

6.1. Pre-existing conditions

Conditions existing before the Effective Date of the contract, or which it was reasonable to expect, on the Effective Date of the contract or before, to be incurred during the period covered by the Insurance.

Any Illness, injury, bodily infirmity or physical disability and consequences hereof, which have come into existence, or shown symptoms, before each trip Abroad.

6.2. War Risk/Terrorism

Direct or indirect active involvement in (civil) war, invasion, riots, lock-outs, acts of a foreign enemy, hostilities (whether war be declared or not), civil commotion, rebellion, revolution, insurrection, terrorism, military or occupying power or any illegal act. Medical or technical aid to fighting parties will be seen as involvement.

In case the insured is victim of acts of War and Terrorism without any active involvement on behalf of the Insured or his/her Beneficiaries in these acts, the insured is covered for Medical and Assistance covers within the limits mentioned in the benefits guide.

Unless otherwise stated, the other covers are not valid when the insured is travelling to or from, or is residing in a country or part of a country publicly known to be in state of War or civil War at the time damages to the insured or his/her goods happen.
In the event the Insured is faced with the sudden, unanticipated occurrence of a new (outbreak of) War or warlike situations and acts, the Insurance cover remains valid for 14 days starting from beginning of hostilities. After these 14 days there will be no cover anymore in War zones, unless otherwise stated.

Please make sure when entering or staying in a zone declared as dangerous that Your Insurance cover is still in force. Any request must be made to the Insurer previously to any planned entry or stay.

In case of a dispute about whether a given country is known to be in state of War or civil War, the list of countries for which the Ministry for Foreign Affairs of Belgium, or Your Home Country, advises not to travel to ('we advise against all travel'), as published on their official website, will be decisive.

6.3. Criminal Acts

The committal of any criminal act, as perpetrator, co-perpetrator or accomplice, by the Insured or by the Beneficiary as interested party of the Insurance benefits.

6.4. Weapons

The possession and/or the active use of weapons by an Insured Person or Beneficiary as interested party of the Insurance benefits.

6.5. Nuclear, biological or chemical reactions

- The use of nuclear, biological or chemical weapons by terrorists or military power.
- nuclear accidents as described at the Paris Convention of July 29th, 1960;
- ionising radiations or contamination by radioisotopes.
- An exception will apply when the Insured Person is exposed to nuclear reactions as result of any medical treatment.

6.6. Alcohol/Drugs

The use of alcohol, intoxicants, doping, drugs or medicines (except when the medicines are prescribed and used in accordance with Prescription).

6.7. Sports

Unless otherwise stated following sport will be excluded:

- speed races with motorized vehicles;
- amateur flying, delta flying, parachuting;
- rafting, deep sea diving;
- all full contact box, hit, punch and kick sports, free fighting and wrestling.
- Sports as judo, jiu jitsu, aikido, and semi-contact karate are accepted;
- rugby;
- glacier trips without a guide, rock climbing, mountaineering;
- ski alpinism, ski jumping, ski bob;
- ski sailing; ice sailing, bobsledding, tobogganing, skeleton, swingbo;
- bodybuilding and weight lifting.

6.8. Other Exclusions

- intentional deliberate act or consent of the Insured or the Beneficiary as interested party of the Insurance benefits;
- suicide or attempted suicide, unless otherwise stated;
- reckless act or severe negligence;
- active involvement in fights or risky ventures in which the Insured Person endangers his/her life or body.

6.9. Sanction clause

The Insurers shall not be deemed to provide cover and nor shall they be liable to pay any claim or pay any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurers to any sanction, prohibition or restriction under United Nations resolutions or the trade or the economic sanction, laws or regulations of any jurisdiction applicable to the Insures.

Art. 7. About Claims

7.1. How to report a Claim?

Claims should be reported as soon as possible to the Underwriter. For this purpose a claim form should be completed according to the applicable instructions and returned together with the original and detailed bills and all supporting vouchers.

The right to compensation will expire if it is not reported within four (4) years after the date on which the damage occurred.

7.2. What if Social Security and/or other Insurers also intervene?

In the event that the damage or expenses are also recoverable from other Insurance companies, or a Social Security Institution, this Insurance will only apply to complement the cover in the other policies or schemes up to the given limits in Our Benefits Guide.

7.3. What if We can recover Our payments against a Third Party?

For any payment under this policy, the Insurers have a legal right to recover the amount it has paid for a loss by suing the party that caused the loss. The Insured will be obliged to give his/her full cooperation to secure such rights. By having paid the claim to the Insured Person the Insurers step into the shoes and the rights of Insured Person. This right is also called “subrogation”.

7.4. What if We have a dispute in a (medical) expertise?

In case the Policyholder or the Insured Person does not agree in a claims matter, then this should be reported to the Underwriter within 15 days after notification of the decision.
The dispute will be submitted on contradiction to a commission of 2 experts, one designated by the Policyholder and/or the Insured, and one by the Underwriter.
If these experts don’t agree, they will designate a third expert, whose role is to provide a decisive answer. If one of the parties does not designate an expert, or if both experts do not agree about the choice of the third expert, the designation will be done by the Court of First Instance from the head office of the Underwriter, on appeal of the plaintiff.

Every party carries the fees of his own expert; the fee of the third expert will be carried by both parties at equal share. The same principle will apply for the fees of subcontracting experts to whom they appeal.

Art. 8. Exchange Rates and bank costs

Premiums should always be paid in the currency mentioned in the Policy Schedule. Claims will be reimbursed to the Insured Person in the currency mentioned in the Policy Schedule, or in the currency of the invoice.

The date of the exchange will be the date of the invoice. The used rate will be the official interbank rate.
All exchange and all bank costs (incl. corresponding banks) are at the expense of the paying party.

Art. 9. What are the Obligations of the Insured Person?

The Insured Person is obliged to:

- report the event which may give rise to a claim to the Underwriter as soon as possible;
- supply the Underwriter with all particulars and documents as soon as possible;
- keep the Underwriter informed of new facts and developments in the case;
- take all reasonable measures and precautions to minimize the damage and the consequences for the Underwriter;
- lend his/her full cooperation to the claim settlement and withhold every action that may harm the Underwriter's interests.
- all documentation sent to the Underwriter should be complete, properly ordered per Insured Person and chronologic.

If the Insured has not fulfilled these obligations, and this turns out to be a disadvantage to the Insurers, the Insurers will have the right to reduce the compensation amounting to this disadvantage. The Underwriter cannot guarantee timely completion of the claim, in that case.

The Insured Person loses any right to reimbursement, taking into account the circumstances under which the event occurred or with respect to any other component of the claim, when he/she:

- has given a misrepresentation of facts or has made an untrue statement;
- withholds information of which he/she could – or reasonably should - know that it might be important to the Underwriter in its assessment.

9.1. Change of Professional Activity (especially for Module 3, 4 and 5).

Every change in the profession or work of an Insured Person must be reported to the Underwriter within 30 days. Also unemployment of more than 3 months has to be reported. If in the view of the Underwriter the change does not carry an increase of risk, this coverage will remain in force without alteration.
In case of a risk increase acceptable to the Underwriter, the premium and conditions for this new risk may be adjusted. The Policyholder will be entitled to cancel the guarantee in compliance with the terms set out in Art. 3.2. of the General Policy Conditions.

If the change should not be acceptable to the Underwriter, the Underwriter may limit the cover or even terminate this cover (except for Life) with notice period as mentioned in Act N° 89/2012 Coll., Civil Code (CZ).

As long as an acceptable change of risk has not been reported or the coverage has not been adjusted, benefit for professional Accidents will be paid in the proportion that the old premium due bears to the new premium.

Art. 10. When We send notifications to each other.

Notifications by the Underwriter to the Policyholder will be made regularly to the Policyholders' last (email) address known to the Underwriter.
The Policyholder and/or the Insured are obliged to notify the Underwriter of any changes of name or address mentioned in the Policy Schedule or Personal Certificate, changes in existing cover with Third Parties, changes in profession or political exposure of the different Insured Persons or changes in family situation as soon as possible, or within 30 days of the change occurring.

The Underwriter must also be notified in the event of death of the Policyholder or one of the Insured Persons. The Underwriter cannot be held responsible for the consequences if the Policyholder and/or the Insured fail to notify such events.
All notifications, claims, correspondence, physician's diagnosis and bills, etc… should be in one of the following languages: Dutch, English, French, or German. All communications sent out by the Underwriter will be done in the contract language.

Art. 11. Which legislation is applicable?

The contract and the Insurance relationship is subject to Czech law and practice and to exclusive jurisdiction of the Czech courts.

US legislation and US Jurisdiction can never be used in relation to this contract, except for recovery of damage from Our clients towards US third parties.
This plan is designed to cater for globally mobile persons. As such, it does not meet all the requirements for compulsory local insurances. It is the Policyholder and Insured Persons' full responsibility to seek legal advice as to whether and how these requirements would apply to their situation.

The only legally binding versions of all contractual documentation is the English language version. Only the texts drafted in English may be used as reference documents if discrepancies are found in documents translated into another language.

Art. 12 Do I have to pay taxes on the benefits?

All current or future duties and taxes will be borne by the Policyholder or the Beneficiary, depending on the situation.

Taxes and other charges applicable on income, or on death benefits, are determined by the laws of the State where The Policyholder, the Insured Person and/or the Beneficiar(ies) are residing and/or by the laws of the country in which the taxable income is acquired.

Art. 13. How is Your Privacy protected?

The Underwriter is entitled to process Your personal data to the extent and the time necessary to properly fulfil and secure the rights and obligations set forth in the Insurance contract (evaluation of the insured risks, management of the commercial relationship, of the Insurance contract and the claims covered by it, control of the portfolio and to prevent fraud and abuse) and generally binding legal regulations, (e.g. the Archives Act, the Anti-money laundering Act, accounting or tax regulations, etc.)

Only for these purposes can this information be transferred to a co-insurer, reinsurer, Alarm Centre, expert or counsel. This information is only accessible to the underwriting and claims management services as part of their duties. All information will be handled with the greatest discretion.
The Underwriter shall also:

- take all measures to preventing unauthorized or random access to personal data, or the alteration, destruction, loss, unauthorized transmission, other unauthorized processing or other abuse thereof; this obligation shall apply even after the termination of the processing of personal data;
- ensure that any person who comes into contact with personal data (in particular Underwriter's employees and partners) adhere to the obligations set above, including after the termination of the contractual or employment relationship.
- only process true and precise personal data;
- not combine personal data obtained for different purposes;
- ensure the protection of Your private live when processing the personal data.
- provide, at Your request, information about the processing of their personal data.

All involved persons have the right to look into their own particulars and have them corrected, if necessary.

Also read Our GDPR-policy at:
www.expatinsurance.cz/en/gdpr-policy.aspx.

Art. 14. What if You're not satisfied?

Czech law applies to this contract.
The Policyholder or Insured Person may send any complaints about this contract to:

- First contact: Expat & Co BVBA,
  P. Cooremansstraat 3,
  1702 Groot-Bijgaarden, BELGIUM,
  info@expatinsurance.eu,
  Phone + 32 2 463 04 04.
- If no solution is found: You may contact AXA Assistance CZ, s.r.o. Customer Service
  medsupervizors@axa-assistance.cz.
- If still no solution is found: Czech Trade Inspection Authority Česká obchodní inspekce, Štěpánská 567/15, 120 00 Praha 2 - www.coi.cz/en/ Phone: +420 222 703 404
- If still no solution is found:
  the Czech Ombudsman for Insurances, Údolní 39, PSČ 602 00 Brno
  www.ochrance.cz - podatelna@ochrance.cz
  Phone +420 542 542 888, in English.
- or the European Ombudsman Rue Wiertz, 1047 Brussels, BELGIUM
  or 1 avenue du Président Robert Schuman, CS 30403, 67001 Strasbourg Cedex, FRANCE
  www.ombudsman.europa.eu/en/contacts
  Phone: +33 3 88 17 23 13).
  This does not exclude the possibility of legal action.

GENERAL CONDITIONS SPECIFIC TO MODULE 1: YOUR HEALTH

These conditions describe the elements that only apply for Module 1.

Art. 15. What are the different possibilities of the Chameleon Plan (flexible adaptable plan that provides the Insured Persons continuity thanks to 3 possible settings)?

15.1. Full Cover Setting

(health insurance from the 1st euro)
This setting foresees a cover according to the Benefits Guide. If it should appear that the damage or expense covered by this Insurance is also covered by (an) other policy or plan, of an older date or not, or would have been covered under it/them if this agreement had not existed, this Insurance shall only run as a surplus on top of the cover that has been given on the other policy/policies or would have been given if this policy had not existed.

15.2. Top-Up Plan

(complementary health insurance additional to Social Security) People with a compulsory Health Fund cover based on reimbursement (no managed care in kind) can opt for a Top-Up setting. This Top-Up setting is available to following compulsory health insurance schemes in the EU:

- the **Austrian** health scheme ("Krankenkasse")
- the **Belgian** RIZIV/INAMI scheme ("Ziekenkas"/ "Mutuelle")
- the **Czech** health scheme

- the **Dutch** indemnity health scheme ("Restitutiepolis")
- the **Estonian** health scheme
- the **French** CMU & CPAM health schemes ("Caisse Primaire")
- the **German** GKV scheme ("Krankenkasse")
- the **Luxembourg** health scheme
- the **EU-Officials** health insurance scheme (RCAM/JSIS),

and is also available for international EU systems:

- the **Belgian** Overseas Social Security scheme (DOSZ/OSSOM)
- the **French** Social Security scheme for Frenchmen Abroad (CFE).

Outside EU it is available for:

- the **Israeli** health scheme (only in Israel)
- the **Japanese** health scheme (only in Japan)
- the **Liechtenstein** health scheme
- the **Swiss** health scheme (LaMal)

This Top-Up setting is an addition to the Social Security Scheme of the Insured Person. This means that the Social Security Scheme and the Top-Up Plan together insure a cover according to the Benefits Guide. This also means that **the Insured should only visit doctors who are reimbursable by his/her Social Security**. The Insured Person will always inform the Underwriter, as soon as changes have been made in his/her Social Statute and/or the Health Funds cover.

15.3. Sleeper setting

(suspended health cover)
When the Insured Person benefits from a compulsory group health policy from his/her employer, or a Compulsory State Insurance, he/she can opt for a Sleeper setting. In this setting the medical cover is (in whole or in part) temporary suspended. During that period of suspended medical cover no reimbursements will be done by the Underwriter.

For the suspended part of the plan the Insured Person only pays a small part of the premium in order to preserve his/her future rights. The Insured Person must inform Us, within 30 days after leaving the collective employers' plan (e.g. in case of retirement), and has to change again into a Full Cover or Top-Up setting.

This way they are exempt from medical underwriting procedures and they avoid new Waiting Periods. The Insured Person must always inform the Underwriter, as soon as changes have been made to the Social Statute, the Health Funds cover and/or the employers' insurance cover.

15.4. Co-ordination of Benefits

If an Insured Person is covered by a Government program or another group health policy (employer, educational institution, professional association, etc.), the benefits of both plans will be coordinated in order that the combined payments do not exceed the actual covered expenses.

The general rule is that one policy pays first and the second policy pays the remaining eligible expenses up to the limits in the second plan. The Insurer of the second policy should receive original copy of the first policy's reimbursement statement and photocopies of all relevant bills. The following list identifies which policy should receive the original bills and act as the "First Policy" for:

1. All covered persons:
    - governmental programs (Social Security)
2. Employees and dependants
    - Employer's policy
3. Dependant divorced children (in descending order):
    - policy of divorced parent declared responsible by a court order;
    - policy of divorced parent with custody;
    - policy of step-parent (divorced parent with custody has remarried).

15.5. Changing from one setting to another

Changing to a Full Cover setting is always possible, except in countries where these kinds of settings are forbidden for persons with a Compulsory Health Fund cover (e.g. France).

In all other cases of change from one type of setting to another, the Underwriter needs proof, in the form of a certificate from the Health Fund or Social Security Institute (E-form, A1, S1), or a copy of the employers' policy, stating the cover details of the benefits.

In the event of a change to a Full Cover setting, without any proof of change in the situation, the Underwriter reserves the right to demand a new medical underwriting procedure.

In case of a change from one type of setting to another, the premium will be settled pro-rata temporis..

It is the Insured Persons' obligation to inform the Underwriter within 30 days by written notice of all changes of the Social Statute, of Health Fund cover or of the employers' policy. Please also read Art. 9 and Art. 10 of the General Conditions.

15.6.1. Where are You covered in case of a Full Cover setting?

Unless otherwise stated the cover is limited to the chosen Area of Cover, as mentioned in the Personal Certificate:
Zone 1: EEA+CH
Zone 2: Worldwide (excl. USA, Canada, Hong Kong)

Zone 3: Worldwide (excl. USA, incl. Canada, Hong Kong)
Zone 4: Worldwide

15.6.2. Where are You covered in case of a Top-Up setting?

Top-Up Health Insurances will only provide cover in the Country of New Destination as mentioned in the Personal Certificate. If the Country of New Destination is different to the Country entitled for Social Security, (which can e.g. happen with International Commuters and posted personnel), the cover will be extended to both countries for the Insured Persons who have Social Security cover in both countries.

15.6.3. How am I covered during travel periods?

During Travel periods Abroad the cover is valid worldwide for a maximum 90 days/year, but limited to emergency cover only. No routine or planned treatments will be accepted (See Art. 17.12).

If a (temporary) stay Abroad is expected to last for more than 90 days (per year), the Insured Person must report this to the Underwriter immediately.

15.7. Intellectual Property of the Chameleon Concept

This concept of adapting the policy to the clients' situation of Social Security has been developed and worked out by Expat & Co, and has been registered as a concept model at B.B.D.M (i-depot) N°3193/2005.

Art. 16. Who can be insured?

The persons eligible for subscription to the health insurance are the persons who:

- are sound of health and able-bodied at the Inception Date;
- are younger than 70 years old.

Art. 17. What is covered in the Core Plan?

The Core plan must be taken out before any other supplementary Option can be added, except when You can prove You have a similar Hospital plan from Your employer. The Insurance will cover the medical expenses incurred by the Insured Person according to the chosen type of setting, version and the applicable reimbursement rates and limits. Those are listed in the Benefits Guide.

17.1. Hospitalisation, Inpatient Treatment

Refund for all Medically Necessary Hospital accommodation, doctors' fees, medication and appliances, nursing charges provided to an Insured Person occupying a Hospital bed.

Supplementary costs of a Private Room are not covered in the Light version, except:

- when medically necessary;
- in case of intensive care.

These exceptions must be stated by the Treating Specialist.

(Implanted) prostheses, devices and appliances are covered if sufficiently tested and pre-approved by the Underwriter. Prostheses, devices and appliances in experimental phase will not be subject for reimbursement.

Palliative Care is limited to the number of days mentioned in the Benefits Guide. Palliative Care and Mortuary Costs are only covered when stated on the Hospital invoice.

17.2. Bone Marrow, Tissue or Organ Transplants

The expenses for Medically Necessary Hospital admission, pre- and post-hospitalisation treatment of the donor will be reimbursed in full on the basis of the chosen plan and version of the Insured receiver. Under no circumstances will the amount of reimbursement for donor and receiver together exceed the given limits mentioned in the Benefits Guide.

17.3. Pregnancy & Childbirth

This guarantee includes normal childbirth, pregnancy complications, home delivery, pre- and postnatal treatment, controls, tests and echoes by a doctor and/or Obstetrician.

It will not include pre- and postnatal exercises. The maternity costs will only be reimbursed, within the given limits in the Benefits Guide, on the condition that the date of delivery has passed the applicable Waiting Period of the Insured mother, mentioned in the Benefits Guide.

An elective caesarean will be reimbursed at the cost of a normal delivery. The provisions of the Core Plan will also apply to the new born children from the time of birth and irrespective of any congenital Diseases or defects, at the conditions:

- they have been presented to the Underwriter for Insurance within thirty (30) days after their birth;
- all other children, living with the Insured parent(s) at the same address, have been insured under this cover;
- the date of delivery has passed the applicable Waiting Period of the Insured mother.

The exclusions foreseen in Art. 21 (first point) will not apply in that event.

Costs for one (1) polysomnographic registration (sudden infant death test) will also be reimbursed within the first 6 months after birth.

17.4. Physical Rehabilitation
Treatment in a Rehabilitation Centre immediately following an Inpatient Treatment, can be refunded within the given limits.

17.5. Psychiatric Treatment
Treatment of Psychiatric Disorders in an open Hospital can be refunded within the given limits. Forced admission or collocation will not be covered.

17.6. Accommodation Expenses for a parent accompanying a Minor Child
Parent Accommodation for one (1) parent accompanying a Minor Child in the Hospital will be fully reimbursed during a maximum of 30 days.

If the parent cannot stay in the Hospital overnight and the Hospital is more than 75 km or 1 hour drive from the home residence, the Underwriter can pay for Accommodation in a hotel in the direct neighbourhood of the Hospital within the given limits in the Benefits Guide.

17.7. Patient Transportation
Road Transportation by ambulance, if urgent and Medically Necessary, will be reimbursed within the given limits after an Accident, an Acute Illness, or an Acute Attack of a covered Chronic Illness providing the Insured Person has strictly kept to his/her therapy and doctor's advice to treat or suppress the Chronic Illness, a delivery, or from Hospital to Hospital by a Doctor's Prescription.

An emergency and Medically Necessary Helicopter transport is reimbursed from the place of incident to the Hospital, within the given limits in the Benefits Guide. All other transportation must be pre-approved by the Alarm Centre in order to be compensated.

17.8. Pre- and Post-Hospitalisation
Will be reimbursed within the given limits in the Benefits Guide:

- prescribed Outpatient Treatments before and after Hospital admission, and which are directly related to that admission;
- prescribed Medication in direct relation to the admission;
- physiotherapy following an Inpatient Treatment prescribed by the treating Specialist. The reimbursable expenses do not include pre- and postnatal exercises, manual therapy, sports massage and occupational therapy.

17.9. Nursing at Home or in a Convalescent Home
Nursing at Home or in a Convalescent Home can also be reimbursed, within the given limits and according to following conditions:

- it follows immediately after Hospitalisation and is a necessary substitute to Hospital nursing;
- it is prescribed by the treating Specialist and is performed by a registered nurse.

17.10. Outpatient cancer treatment and kidney dialysis
This cover will reimburse all Medically Necessary Inpatient, Day Patient and Outpatient Treatment expenses concerning Cancer or kidney dialysis. Prescribed Medication is also reimbursed.

17.11. Preventive Check-Ups and Vaccinations
Once per policy year every Insured Person can have a general check-up with a General Practitioner for preventive reasons. On top of this, every Insured adult woman (+18) can have a uterus, cervix and breast cancer test, while men above 45 can have a prostate cancer test, with a Specialist, at the expense of the Underwriter, within the given limits.

All necessary vaccinations will be reimbursed, within the given limits.
However, Vaccinations can be subject of a Waiting Period as mentioned in the Benefits Guide. **Necessary vaccinations to move to the new Country of Destination have to be taken out before concluding the Insurance and will not be reimbursed.**
Vaccination renewals and when moving to a New Destination Country while Insurance is already 6 months in force will be reimbursed at 100% in the Option 1 – Extended Outpatient treatments.

17.12. Abroad
During a stay of the Insured Person outside the Country of New Destination or the Country entitled for Social Security (Top-Up), or the Area of Cover (Full Cover), only emergency and Medically Necessary expenses will be reimbursed in relation to an Accident, an Acute Illness, or an Acute Attack of a covered Chronic Illness providing the Insured Person has strictly kept to his/her therapy and doctor's advice to treat or suppress the Chronic Illness.
No expenses will be reimbursed in case of a planned admission in a Hospital Abroad, except upon prior authorisation of the Underwriter and the eventual Health Fund in case of a Top-Up plan.

In case the patient is evacuated, by Us, to a more appropriate country of treatment outside the Area of Cover, all medical expenses will be reimbursed as if within the Area of Cover. There will be no other cover outside the Area of Cover.

Art. 18. Which extra Options do I have?
The Options will cover the medical expenses incurred by the Insured Person according to the chosen plan and

version and the applicable reimbursement rates and limits as listed in the Benefits Guide.

18.1. Option 1: Outpatient Treatment

If the Insurance has been extended with Option 1, the special terms below shall also apply:

Option 1 can only be taken out as a supplement to the Core Plan, unless pre-approved by the Underwriter.

The following expenses will be reimbursed within the given limits:

- the fee payable to the General Practitioner or Specialist for consultations and visits for medical treatment, examinations, small surgical operations provided to an Insured Person not occupying a Hospital bed;
- the expenses for laboratory tests, medical imaging, electrophysiology (ECG, EEG, EMG), IRM and nuclear medicine used to diagnose or treat medical conditions;
- prescribed guidance by a dietician, speech Therapist and stress counsellor under the supervision of the treating Practitioner or Specialist;
- the fees for Outpatient physiotherapy up to the maximum amount of sessions per year, mentioned in the Benefits Guide. In case more sessions are needed, this will be subject of pre-approval by the Underwriter.
- The reimbursable expenses do not include manual therapy, sports massage and occupational therapy;
- pre/post-natal exercises after the applicable Waiting Period for pregnancies in the Core Plan;
- Outpatient Psychiatric care and psychotherapy. NLP/EMDR Therapy has to be performed by a licensed Psychotherapist.
- prescribed medication. No stock of medication may be build up for longer than 3 months treatment, unless otherwise agreed.
- the fees payable to the acupuncturist, chiropractor, homeopath or osteopath fee;
- the expenses for herbal and homeopathic medication prescribed by a qualified Practitioner or homeopath.

18.2. About reimbursement of completed Adoption procedure

(only in Gold version – Option 1 Outpatient)
In case of medically proven infertility of one of both partners of a childless couple, and not a result of sterilization, the sum mentioned in the Benefits Guide can be used as reimbursement for an official Adoption through authorized institutions, controlled by the local government.
The sum will be paid as a reimbursement of proven costs, after Adoption is completed. It can never be used as an advance. This benefit is subject to a Waiting Period of 24 months and to Companies' prior approval. Both parents must be insured in this policy to have right to the benefit.

18.3. Option 2: Dental Cover, Optical & Hearing Aids

If the Insurance has been extended with Option 2, the special terms below shall also apply:

Option 2 can only be taken out as a supplement to the Core Plan.

The following treatments are covered as Routine Dental Treatment, within the given limits: dental check-up, tooth cleaning, and X-ray examination.

The following treatments can be covered as pain-stilling dental treatment, within the given limits, if urgent and stated as painful by the Dentist: anaesthesia, fillings, fixing of broken teeth, root canal treatment, and tooth extraction. If not been on a routine dental check-up and cleaning within the last 12 months, the reimbursement can be lower, as mentioned in the Benefits Guide.

The following treatments are covered within the given limits as Special Dental Treatment: bridgework, crowns, implants, facets, inlays, periodontitis, orthodontics and dentures.

Orthodontic Treatment is limited to Minors, or after a deforming Accident or Acute Illness occurring during the term of the contract.
Special Dental Treatment is subject to a Waiting Period as mentioned in the Benefits Guide and pre-approval by the Underwriter. The number of implants is limited per life time as mentioned in the Benefits Guide.

One (1) pair of new glasses or contact lenses per Insurance Year is covered within the given limits, unless proven fast worsening of sight. For frames a lump sum is paid per given period and upon receipt of the invoice. Sunglasses without dioptre and coloured lenses are excluded.

Hearing Aids prescribed by an Ear Specialist, are covered for maximum one (1) appliance every 3 years per hard-of-hearing-side and within the given limits.

Art. 19. An advantage for collective plans - Advantage C1: Acceptance of Pre-Existent Disorders

This advantage is only available within collective and compulsory medical plans for an objective defined group of at least 10 insured employees and/or staff members in a Full Cover setting or Top-Up setting. Sleeper settings are not taken into account.
Persons accepted under this advantage do not have to undergo a medical acceptance procedure, and will be covered even for Diseases and injuries that occurred before the Date of Commencement of this policy within

the given limits. Waiting Periods will be waived, except for Infertility treatments and Adoption.
They will keep this advantage when they change to an individual policy, on the condition that they were insured for at least 2 consecutive years in the collective scheme, and the application of the individual policy is less than 30 days after they have left the collective policy.

Art. 20. How will claims be settled?

20.1. Reimbursements

Reimbursement will be paid, following the Underwriter's approval of the expenses as being covered by the Insurance, after the original, detailed and receipted bills together with the policy number have been submitted to the Underwriter.

In case of a Top-Up setting the original bills should be replaced by a copy, accompanied by an original attestation of the Health Fund stating their part of the reimbursement.

Reimbursements will be limited to the usual, customary and reasonable charges in the country in which the treatment is provided.

Under no circumstances will the amount of reimbursement exceed the amount shown on the bill. If the Insured receives reimbursement from the Underwriter in excess of the amount to which he/she is entitled, the Insured will be obliged to repay the Underwriter the excess amount immediately, otherwise the Underwriter will offset the excess amount in another account between the Insured and the Underwriter.

20.2. Deductibles

If a Deductible has been chosen, it will be applied per Insured Person and per policy year. In case the Insured Person asks for a modification of the Deductible, the modification will only take place on the next Renewal Date. All Insured Persons from the same Group or Family will have the same Deductible.

The reimbursements will be paid once the Underwriter's reimbursable expenses have met the Deductible. If admission to a Hospital does not end in the same Insurance Year in which it began the Deductible shall only be applied once for this admission. In case of suspension, termination or change of the cover no reduction of the Deductible already applied will be made.

20.3. Co-Pay

If a Co-Pay has been chosen, it will be applied per Insured Person and per claim. In case the Insured Person asks for a modification of the Co-Pay, the modification will only take place on the next Renewal Date. The reimbursements will be paid under deduction of the Co-Pay.

20.4. Waiting Periods

The Waiting Periods listed in the Benefits Guide will apply. The Waiting Periods are not applicable if the new policy / Module / Option replaces a previous contract, with the same valid guarantees, within thirty (30) days after the expiry date of the previous contract, and under the condition that the Waiting Periods under the previous contract were fully expired.

20.5. Direct Payment

Direct payment to the Hospital or treating Practitioners is possible after We have been contacted by phone or email. The Hospital or treating Practitioner will then be sent a letter of guarantee by Us.

This letter of guarantee is granted for all Inpatient Treatments and for Outpatient or Dental Treatments higher than 2.000 €. The payment will be settled upon receipt of the original bills. In case of Top-Up settings We will also require a signed mandate from the Insured Person in order to recover the part of Our expenses at his/her Social Security institute.

Art. 21. What is not covered relating to Module 1 (Medical Care)?

Additional to the general exclusions mentioned in the General conditions common to all Modules & Options (Art. 6.), there will be no reimbursement of expenses:

- incurred for any Disease, Illness or injury known to the Policyholder and/or the Insured at the time of application, unless agreed upon with the Underwriter;
- medical treatments not consistent with the diagnosis and customary medical treatment for a covered condition;
- medical treatment not in accordance with standards of medical practice, not consistent with current standard professional medical care, and not provided, approved or prescribed by licensed medical personnel;
- medical treatment administered or provided by a first degree relative (parents, children and spouse) of the Insured Person;
- that can be claimed on the strength of a Social Security scheme. This exclusion will remain in full force in the Top-Up setting if a claim is not compensated by the Social Security because a prescribed procedure has not been followed or an obligation has not been fulfilled (see Art. 15.2.);
- for cell therapy;
- for the bare issue of medical certificates;
- for cosmetic surgery and treatments, unless it is a matter of mutilation as a result of an Accident, Disease or a serious defect present and noted at birth;
- lens transplant only to replace glasses.
- Alternative Medical Treatment, other than mentioned in the Glossary and in Art. 18.1.;

- treatment of sexual dysfunction;
- sterilization and abortion, unless medically necessary, as stated by the Specialist. Abortion following an indecent assault (rape) reported at the police station is covered.
- to undo a voluntarily undergone sterilization;
- contraception;
- venereal Diseases however caused;
- breast feeding advice;
- haptonomy treatment;
- admission in a Psychiatric clinic by collocation;
- admission in a closed Psychiatric clinic;
- for services or treatment at any long term care facility, spa clinic, hydro sanatorium, nature cure clinic or institution that is not a Hospital or Rehabilitation Centre, or any kind of care which is not part of a medical or surgical treatment, including stays in nursing homes. This exclusion is waived for Insured Persons residing in Switzerland for treatments recognized as official treatment by Local Social Security (Lamal);
- for dental treatment when the set of teeth already was in a bad condition at the time of application;
- dental bleaching;
- facets on intact incisive teeth;
- mouth guards;
- treatment of Diseases or injuries during military service;
- contaminations or epidemics which have been placed under the direction of public authorities;
- for the required personal contributions towards medical examination of the population, charged by the authorities;
- treatments performed by the insured, his/her spouse, parents or children or a practice owned by one of these mentioned persons.

The proven costs of materials and medicines will, however, be reimbursed in accordance with the plan.

Art. 22. About the allowed Methods of Treatment.

Physicians, Specialists, Dentists, etc. performing the treatment must have authorisation in the country of practice.

Furthermore, the method must be approved by the public health authorities in the country where the treatment takes place.

Methods of treatment not yet approved by the public health authorities, but under scientific research, will only be covered if approved in advance by the Underwriter's medical consultants.

Art. 23. What are the Obligations of the Insured Person?

The Insured Person is obliged to:

- notify the Underwriter, as soon as possible, and if possible in advance, of the event of admittance to a Hospital of one of the Insured Persons;
- cooperate for a quickest possible recovery and with any medical examination desired by the Underwriter or submit to any requested observation in a Hospital designated by the Underwriter;
- give full cooperation to the medical adviser appointed by the Underwriter to acquire necessary information;
- submit all the bills and receipts as soon as possible to the Underwriter;
- make sure that all the bills are itemized, so that the claim can be understood easily and without any further inquiries from the claims adjuster of the Underwriter;
- make sure that Doctors bills, also those created through automated computer systems, have been signed by the Practitioner rendering the medical care;
- do everything that is in his/her power to keep the damage and the consequences of the Accident to a minimum;
- transfer all necessary particulars to the Underwriter, or to the experts designated by it, and not withhold any facts or circumstances that may be relevant to the Underwriter.

If above mentioned obligations are not fulfilled the Underwriter reserves the right to reduce compensation to reflect the caused disadvantage.

The Insured Person is requested, in case of a Top-Up setting, to follow the regulations of the Health Fund strictly concerning approvals, referrals and free choice of Doctor /Hospital. No additional compensation will be due for expenses which would be covered by Social Security, if the Insured Person would have respected the regulations of the Health Fund.

In case of Hospitalisation, and in the United States in all cases of medical treatment, the Insured Person is requested to contact the Network Manager before making any appointment with medical service providers. The Network Manager will plan the visits and will negotiate the cost. **Non-passing through the Network Manager in the US can lead to an extra Co-Pay of 20% for the Insured Person.**

GENERAL CONDITIONS SPECIFIC TO MODULE 2: YOUR ASSISTANCE

These conditions describe the elements that only apply for Module 2.

Art. 24. Who can be insured in Module 2?

The persons who have subscribed to the Module Medical Care are eligible.
Unless otherwise stated the Expat and Travel Assistance is compulsory if the Core plan has been taken out.

The right to assistance or reimbursement includes only the actions taken by the Underwriter itself, by the Alarm Centre or for which it has given its approval.

Art. 25. A special Assistance for Expats – Expat Assistance.

The Expat Assistance cover is valid in the Country of New Destination, and in the Country entitled for Social Security, if it differs from the Country of New Destination.

25.1 Diverse Information about Medical Services

Upon request by the Insured Person, and if available, the Alarm Centre can provide information about various medical centres, ambulance services, physicians, Dentists, nurses and pharmacists (on call), opticians, and hire firms of medical appliances, situated nearest to the residence.
The intervention has as its only purpose to provide the Insured Person with useful information. The Alarm Centre, nor the Underwriter, can be held responsible for the price and/or quality of the supplied services.

25.2 Second Opinion of Company's Consulting Physician

In case the Insured Person receives medical advice, for which he/she would like to receive a second opinion, the Insured can appeal by phone to the Underwriter's consulting physician.

Attention: please note that online medical advice cannot establish a sound diagnosis. The intervention has as its only purpose to provide the Insured Person with useful information. The Underwriter, nor the physician, can be held responsible for the quality of the supplied advisory services.

25.3. Administrative Assistance in case of Illness or Accident

In case the Insured Person has to be admitted in a Hospital, the Alarm Centre will help him/her complete the necessary administrative formalities for the Hospital admission. In case of the death of an Insured Person, the Alarm Centre will assist in the following:

- contacting of funeral undertakers;
- information about the first administrative steps.

25.4. Booking of Hospital Room

In case the Insured Person has to be admitted in a Hospital, the Alarm Centre or Network Manager will organise the booking of the Hospital room, and the direct payment.

25.5. Sending a Physician or Medical Team on location

In case of an Illness or Accident and if the medical team of the Alarm Centre considers it necessary, the Alarm Centre can send a physician or medical team to evaluate and decide upon which measures to take.
The Alarm Centre's medical team will, from the first appeal, contact the treating physician in order to render assistance in the best possible way and adapted to the situation of the Insured Person. In all cases the organisation of the first aid will happen by the local authorities.

25.6. Forwarding Urgent Messages

Upon request of the Insured Person, the Alarm Centre will forward urgent messages to all persons in relation to the insured cover and actions set out. All communications to be sent are subject to justification of the request and must state the message clearly and explicitly, as well as the correct name, address and phone number of the person to be contacted.

Every document regarding penal, financial, civil or commercial liability results will be communicated on full responsibility of the author, whose identity must be known. The content must be in accordance with the local and, where relevant, the international law and cannot hold any liability against the Underwriter or Alarm Centre.

25.7. Repatriation or Transportation after Medical Incident

In case the Insured Person has been Hospitalised following a medical incident and the Alarm Centres' medical team considers it necessary to transfer him/her to a better qualified medical centre, or a centre nearer to the residence or Home Country, the Alarm Centre will organise the Repatriation or Transportation of the Insured Person, if necessary under medical surveillance.

The decision concerning transport and the means of transport, will only be taken by the Alarm Centres' consulting physician and this in function of technical and medical importance.
It is compulsory to have the Alarm Centres' physician's approval for every transport. The Alarm Centre will also take charge of the organisation of Transportation of one (1) Insured Person while accompanying the repatriated Insured Person to the place of Hospitalisation or their usual residence.

25.8. Repatriation of the Mortal Remains

The Alarm Centre will organise the Transportation of the mortal remains from the place of death or from the mortuary to the place of burial or cremation in the Home Country.

25.9. Burial or cremation of an Insured Person

25.9.1. In case of burial or cremation in the Home Country

In case the family decides to bury or cremate the Insured Person in the Home Country, the Alarm Centre will organise the Repatriation of the mortal remains and coordinate:

- the post-mortem treatment;
- a coffin, limited as mentioned in the Benefits Guide;
- the Transportation of the remains from the place of death to the place of burial or cremation.

The expenses related to the ceremony and funeral or cremation itself will not be paid for by the Underwriter, nor the Alarm Centre. If the Insured Person stays Abroad alone, the Alarm Centre will organise, at the Underwriters' expense, a roundtrip for a Family Member or Close Relative to accompany the remains. The Accommodation Expenses will be reimbursed, as mentioned in Art. 25.12. and in the Benefits Guide under "Travel and Accommodation Expenses".

25.9.2. In case of burial or cremation outside the Home Country

In case the family opts for a burial or cremation in another country than the Home Country, the Alarm Centre will take the same actions as mentioned in Art. 25.9.1.

In addition, the Alarm Centre will provide a round-trip for 2 Family Members or Close Relatives to the place of burial or cremation.

The Accommodation Expenses of these persons will be limited, as mentioned in the Benefits Guide under "Travel and Accommodation expenses".

In case of cremation outside the Home Country with a ceremony in the Home Country, the Alarm Centre takes charge of the Repatriation of the urn to the Home Country.

The intervention of the Underwriter is under all conditions limited to the expenses that would have been taken charge of for the Repatriation of the mortal remains to the Home Country. The choice of the service providers intervening in the Repatriation process belongs exclusively to the Underwriter and the Alarm Centre.

25.10. Repatriation of the Insured Family Members

In case of Repatriation of an Insured Person following Hospitalisation or death, the Alarm Centre organises the return to the Home Country of the other Family Members to their Home Country.

25.11. Repatriation in case of political instability and/or terrorist attack

In case of political instability, riots, rebellion, terroristic attacks in the region where the Insured Person lives, and the Alarm Centres' medical team considers it necessary to repatriate the Insured Person, the Alarm Centre will organise the Repatriation of the Insured Person.

25.12. Travel and Accommodation Expenses

The Alarm Centre will organise the travel and Accommodation, as mentioned in the Benefits Guide, for:

- the urgent return of an Insured Person to the Home Country because a Close Relative has passed away, or has been Hospitalised in a life threatening or Critical condition;
- the necessary presence of maximum one (1) close relative, in case an Insured Person is Hospitalised in a life-threatening or Critical Medical Condition. This service will only be rendered if the Insured Person has not yet died before the time of departure;
- the necessary presence of one (1) person to accompany an Insured Person in case of an emergency Evacuation;
- the necessary presence of one (1) Insured Person in case of major damage to the real estate property in the Home Country.

The cover can only be applied upon presentation of a death certificate, proof of Hospitalisation or proof of damage.

25.13. An advantage for collective plans Advantage C2: Sending a Substitute

In case of death, Hospitalisation for more than 10 days, or Repatriation of an Insured Person and if the presence of a substitute is indispensable, the Underwriter will pay for a round-trip ticket for a substitute, and take care of the Accommodation Expenses as mentioned in the Benefits Guide. This cover is only valid for collective underwriting of corporate Policyholders.

Art. 26. Travel Assistance

On top of the preceding benefits all Insured Persons can enjoy following benefits:
This cover is valid worldwide, except in the Country of New Destination and/or Country entitled for Social Security.

26.1. Preceding Travel Information

The Alarm Centre provides the Insured Person, upon request, following online information concerning a stay Abroad:

- currencies and exchange rates
- formalities concerning visa, passport and other identity certificates;
- customs formalities;
- vaccinations;
- time difference;
- hygiene precautions;

- holidays;
- climate and clothing advice;
- means of transport.

The Alarm Centre can also, if available, refer The Insured to physicians and/or Hospitals Abroad.

26.2. Search and Rescue Expenses

The Alarm Centre will pay for a search and rescue operation, as mentioned in the Benefits Guide, made to save the Insured Person's life or physical integrity, on the condition that the rescue action is led by the local authorities or by official relief organisations.
In case of a ski Accident with physical injuries sustained on a ski run the Alarm Centre will organise a search and rescue operation to bring the Insured back down per sledge or helicopter.

The Accident must absolutely be reported to the Underwriter within 72 hours after occurrence.

The expenses for this operation can be claimed back from the client when such Accident occurs outside the well-defined ski run and without a guide recognised by the local authorities.

26.3. Repatriation or Transportation in case of a Medical Incident

In case the Insured Person has been Hospitalised following a medical incident and the Alarm Centres' medical team considers it necessary to transfer him/her to a better skilled medical centre, or a centre nearer to the residence, the Alarm Centre will organise the Repatriation or Transportation of the Insured Person, if necessary under medical surveillance. If the condition of the Insured requires no Hospitalisation, he/she will be transported to the usual residence.

The decision concerning transport and the means of transport, will only be taken by the Alarm Centres' consulting physician and this in function of technical and medical importance.

It is made compulsory to have the Alarm Centres' physician's approval for every transport. The Alarm Centre also organises the transportation of one (1) Insured Person while accompanying the repatriated Insured Person to the place of Hospitalisation or usual residence.

26.4. Repatriation of Mortal Remains

In case of the death of an Insured Person as a result of an Accident or Illness Abroad the Alarm Centre will organise the local statutory arrangements and the transport of the remains to the Home Country, according to the limits mentioned in the Benefits Guide.

If the family decides to bury or cremate the Insured Person locally or elsewhere, the Alarm Centre will organise this arrangement (inclusive roundtrip for 2 Close Relatives) to no greater amount than the arrangement to the former residence in the Home Country would have cost.

26.5. Repatriation of the other Insured Persons

In case of Repatriation of an Insured Person, the Alarm Centre organises the return of the other Insured Persons to their residence or the continuation of their journey.

The cover "continuation of the journey" is limited to the expenses of Repatriation of the Insured Persons to their residence. The cover is only applied if the other Insured Persons cannot use the same means of transport as on the outward journey or the means foreseen for the return journey.

26.6. Sending Essential Medication / Medical Appliances

The Alarm Centre will do everything in its power to locate and dispatch essential medication or medical appliances, prescribed by a qualified medical authority, that are unavailable locally, but available from the Country of New Destination.
It is compulsory to have the Alarm Centres' medical team's prior approval for delivery. The dispatch depends on availability of means of transport and must be in accordance to the local and international laws.
The Insured Person commits himself/herself to reimburse the Underwriter for the price of the medication or appliances which were put at his/her disposal (except when covered in another Area of Cover of this contract), increased with the clearance expenses, and this within a period of 30 days after dispatch. A surety will be asked in advance. The Underwriter's medical team shall always give approval first.

26.7. Forwarding Urgent Messages

Upon request of the Insured Person the Alarm Centre will send urgent messages to every person in connection with the insured cover and actions and will inform them of the actions set out.

All communications to be sent are subject to justification of the request and must state the message clearly and explicitly, as well as the correct name, address and phone number of the person to be contacted.
Every document whereby penal, financial, civil or commercial liability results will be communicated are the full responsibility of the author, whose identity must be known. The content must be in accordance with the local and international law and cannot hold any liability to the Alarm Centre or Underwriter.

26.8. Assistance in case of Breakage, Loss or Theft of a Prosthesis.

In case an Insured Person cannot use a prosthesis (glasses, lenses...) because of breakage, loss or theft, the

Alarm Centre will do everything in its power to dispatch, via the fastest way, a new prosthesis.

The dispatch depends on availability of means of transport and must be in accordance to local and international laws.

The Insured Person commits himself/herself to reimburse the Underwriter for the price of the prosthesis which were put at his/her disposal (except when covered under another Area of Cover of this contract), increased with the clearance expenses, and this within a period of 30 days after sending. A surety will be asked in advance.

26.9. Assistance in case of Loss or Theft of Values and ID- and Travel Documents

In case of loss or theft of Travel Documents, and after the Insured Person has reported this loss or theft to the local authorities, the Alarm Centre will put the necessary tickets at the disposal of the Insured Person so that they may continue his/her journey or to return to his/her residence.

The Insured Person commits himself/herself to reimburse the Underwriter for the price of the tickets which were issued to him (except when covered under another cover of this contract, e.g. Baggage), increased with the clearance expenses, and this within a period of 30 days after dispatch. A surety will be asked in advance.
In case of loss or theft of Identity Documents, and after the Insured Person reported it to the local authorities, the Alarm Centre will put the Insured Person in contact with the local embassy or consulate for the issue of the necessary identity certificates, and pay for the travel expenses to and from the embassy/consulate, limited as mentioned in the Benefits Guide.

In case of loss or theft of cheques, bank cards or credit cards, and after the Insured Person reported it to the local authorities, the Alarm Centre will act towards the financial institutions to take the necessary precautions. Under penalty of decline of cover, the Insured Person has to report the loss or theft to the local authorities.

Under no circumstance can the Alarm Centre, nor the Underwriter be held liable for incorrect transfer of information provided by the Insured Person.

26.10. Cash Advance

In case of a covered incident Abroad that forms subject of a request for intervention by the Alarm Centre and, after reporting to the local authorities, the Alarm Centre will upon request of the Insured Person and if necessary do everything in its power to provide him/her the counter value of an amount, as mentioned in the Benefits Guide. This sum must be reimbursed to the Underwriter within 30 days. A surety will be asked in advance.

26.11. Advance of Penal Bail

In case a legal action is taken against the Insured Person Abroad, the Alarm Centre will advance the penal bail required by the local authorities up to an amount as mentioned in the Benefits Guide. This sum must be reimbursed to the Underwriter within 30 days after release. A surety will be asked in advance.

The Underwriter has the right to refuse a request for such a loan if it concludes that it is not sufficiently secured or if there are doubts about the ability of the Insured to properly repay the loan.

26.12. Advance of Solicitors fees

In case a legal action is taken against the Insured Person Abroad concerning a traffic Accident, the Alarm Centre will organise an appointment with a solicitor and advances the amount of the solicitors' fees up to an amount as mentioned in the Benefits Guide. This sum must be reimbursed to the Underwriter within 30 days. A surety will be asked in advance.

26.13. Linguistic Assistance

In case the Insured Person Abroad experiences linguistic problems in connection with the current actions, the Alarm Centre will offer help by doing the necessary translations in order to facilitate a good understanding of the procedure. In case the translations are not related to the assistance or health services covered, the Alarm Centre will communicate the particulars of an interpreter to the Insured Person. The interpreter's fees are at the expense of the Insured Person.

26.14. Travel and Accommodation Expenses

The Alarm Centre organises the travel and Accommodation, as mentioned in the Benefits Guide, for:

- the urgent return of an Insured Person because a Close Relative has passed away, or has been Hospitalised in a life-threatening or Critical Condition;
- the necessary presence of maximum one (1) Close Relative, in the event an Insured Person is Hospitalised in a life-threatening or Critical Medical Condition. This service shall only be rendered if the Insured Person has not yet died at the time of departure;
- the necessary presence of one (1) person to accompany an Insured Person in case of an Emergency Evacuation;
- the necessary presence of one (1) Insured Person in connection with major damage to the real estate property in the Home Country or Country of New Destination.

In case of a strike of the airport or railway personnel, a natural disaster, war, terrorist attack or sabotage, whereby the Insured Person experiences a delay (of more than 12 hours), the Alarm Centre will take charge of:

- the Accommodation;
- or the disposal of a substitute car to continue the journey; and this up to the limits mentioned in the Benefits Guide.

The Underwriter covers the expenses for the extended stay of an ill or injured Insured Person, if he/she, on medical Prescription from a physician, may not set out on the return journey. The decision for an extended stay needs prior approval from the Underwriter's consulting physician. These expenses are limited per medical incident up to the limits given in the Benefits Guide.

If an ill or injured person has to extend his journey, the Underwriter also covers the Accommodation expenses of the other Insured travelling companions. These expenses are limited per medical incident up to the limits given in the Benefits Guide. The decision needs prior approval from the Underwriter's consulting physician.

The cover can only be applied upon presentation of a death certificate, proof of Hospitalisation or proof of damage.

26.15. Assistance in case of Damage, Loss or Theft of Baggage

In case of loss or theft of Baggage the Alarm Centre will inform the Insured Person about the formalities of reporting the theft or the loss of the Baggage.

In case of loss or theft of Baggage the Alarm Centre organises, upon request of the Insured Person, the dispatch of a suitcase with personal belongings to substitute those lost, with a total weight limit of 20 kg. The suitcase must be delivered before dispatch at one of the representation offices of the Alarm Centre, together with a detailed inventory of the content.

In addition, the Insured Person has the right to the same compensation for the purchase of the first requisites as in the case of delay (see further Art. 26.17.).

26.16. Repatriation of the Baggage

In case of Repatriation of an Insured Person, the Alarm Centre organises the transportation of the Baggage to the residence of the Insured Person.

26.17. Baggage Delay

In case of delay of more than 8 hours of the Baggage the Underwriter covers the expenses for the purchase of the first requisites up to the limits mentioned in the Benefits Guide.

26.18. Reimbursement for ski lift pass

In case the condition of the injured Insured requires Hospitalisation of more than 24 hours or a Repatriation organised by the Alarm Centre, the cost of the lift pass will be reimbursed pro rata temporis, and limited as mentioned in the Benefits Guide.

In case of loss or theft of skis the Underwriter covers the rent of similar skis OR reimburses pro rata temporis the cost of the lift pass upon presentation of the original, and limited to the amounts mentioned in the Benefits Guide.

Art. 27. What is not covered relating to Module 2 Expat & Travel Assistance?

Additional to the general exclusions mentioned in the General conditions common to all Modules & Options (Art. 6.), there will be no compensation or reimbursement for damage or expenses concerning:

- Illnesses or defects known – or reasonably should be known – by the Insured Person prior to the Inception Date of the contract, except when accepted by the Underwriter, or when the treating physician, prior to the departure has issued a written statement, that the Insured was able to travel;
- any item confiscated or detained by customs or police authorities;
- theft of Baggage when left unattended, other than locked in secured buildings or locked out of sight in the boot of a motor vehicle;
- any unaccompanied Baggage, that is forwarded or posted and therefore not accompanying the Insured Person while travelling;
- loss or theft of Baggage not reported to the police within 24 hours of discovery and supported by a written police statement;
- Money.

Art. 28. Which extra Options do I have in this Module 2?

Option 1: Travel Cancellation/Travel Interruption

If the Insurance has been extended with Option 1, the special terms below will also apply.
Option 1 can only be taken out as a supplement to the Assistance Plan. The Option Travel Cancellation/Travel Interruption is limited in the number of consecutive days, and is subject to a Deductible, as mentioned in the Benefits Guide. This cover is valid worldwide.

28.1. Travel Cancellation

This cover will compensate the cancellation expenses charged to the Insured Person, following the conditions of the travel contract, because of a cancellation for one of the following reasons, of which the Insured had no knowledge at the time of booking the trip:

- Illness, Accident, pregnancy complications or death of:
  - the Insured Person, his spouse/partner, a Close Relative;

- a person who lives together with the Insured Person on the same address and is in his/her care and at his/her charge;
- the private person where the Insured was invited to stay for free.

- pregnancy of the Insured or spouse/partner, in case the booked trip falls in the last 3 months of the pregnancy, and the pregnancy was not known at time of booking the trip;
- termination of the employment contract of the Insured Person by his employer for economic reasons;
- cancellation of leave of the Insured Person by his employer because of unavailability of a replacing colleague due to Illness, Accident or death;
- compulsory presence of the Insured Person due to the conclusion of an employment contract with a minimum duration of 3 months;
- necessary presence of self-employed Insured Person because of the unavailability of a replacing colleague due to Illness, Accident or death;
- unavailability due to Illness, Accident or death of a person charged with taking care of a Minor or handicapped child;
- major material damage to real estate property belonging to or rented by the Insured Person and occurring within 30 days before departure date;
- mandatory presence of the Insured Person called:
  - as a witness or member of the jury in court;
  - for military service or humanitarian aid;
  - for a re-examination in the period between departure date and 30 days after return date of the journey;
- if the Insured Person is called for the Adoption of a child;
- if the Insured Person is called for an organ transplant;
- inability of the Insured Person to receive, for medical reasons, a vaccination required for the destination;
- refusal of the entry visa by the authorities of the country of destination;
- total immobilisation, due to a traffic Accident, fire or theft, of the private car of the Insured Person at the time of departure (or maximum 1 week before), or during the haul to the destination. Engine trouble or apparently bad maintenance are excluded from compensation;
- delay at the time of embarkation, unforeseen in the travel contract, at departure or during a hop, due to immobilisation of more than one hour because of a traffic Accident or force majeure during the haul to embarkation.

The cover for cancellation is also granted in case of cancellation by a travel companion due to one of the abovementioned reasons, as long as the travel companion also subscribes to the Option Cancellation/Interruption" with the Underwriter.

28.2. Travel Interruption

This cover will compensate the non-used travel days if the Insured Person has to interrupt his/her journey, for one of following reasons:

- Illness, Accident or death of:
  - the Insured Person, his Life Partner, a Close Relative;
  - a person who lives together with the Insured Person at the same address and is in his/her care and at his/her charge;
- necessary presence of self-employed, Insured Person because of unavailability of a replacing colleague due to Illness, Accident or death;
- unavailability due to Illness, Accident or death of a person charged with taking care of a Minor or handicapped child;
- major material damage to real estate property belonging to or rented by the Insured Person and occurring within 30 days before departure date;
- mandatory presence of the Insured Person as a witness or member of the jury in court;
- if the Insured is called for the Adoption of a child;
- theft or total immobilisation of the private car of the Insured Person due to a traffic Accident or fire that happened during the journey;
- delay at the time of embarkation, unforeseen in the travel contract, at departure or during a hop, due to immobilisation of more than one hour because of a traffic Accident or force majeure during the haul to embarkation.

The cover for travel interruption is also granted in case of cancellation by a travel companion due to one of the abovementioned reasons, as long as the travel companion also subscribes to the Option "Cancellation/Interruption" with the Underwriter.

28.3. What is not covered relating to Option 1?

In addition to the general exclusions mentioned in the Modules & Options (Art. 6.), there will be no compensation for damage or expenses concerning:

- natural disasters (incl. volcano ash obstructing the air traffic);
- physical damage due to an Accident or Illness for which a medical or paramedical treatment was prescribed by the treating physician, before the conclusion of the Insurance contract;
- epilepsy, diabetes, evolution of a congenital Disease;
- Chronic or pre-existing Disease of the Insured Person, except when no special medical or paramedical treatment was necessary during the month before conclusion of the travel contract and according to the treating physician there was no reason not to travel;
- Accidents and disorders due to sports excluded in Art. 6.7.;

- psychological, psychosomatic, mental or nervous disorders except when they require an uninterrupted Hospitalisation of at least one week;
- complications, problems with or interruption of pregnancy;
- insolvency of the Insured Person;
- defects with or bad condition of the private car planned for travelling;
- delay due to traffic problems and other normal incidents;
- administrative, visa and other similar expenses.

The above mentioned exclusions are not only applied to the Insured Person but also to the person whose medical condition is the cause of the demand for intervention and as far as these persons are not older than 75 years of age.

28.4. How will claims be settled?

28.4.1. In case of travel cancellation, the Underwriter will compensate:

- before Commencement of the travel contract: 100% of the cancellation indemnity, contractually due to the Insured Person;
- in case of cancellation by the travel companion and if the Insured Person decides to travel alone: the extra hotel and change expenses;
- in case of immobilisation of the private car the Insured Person can set out on the journey in a rented car. In this case the Underwriter will intervene in the net rental price of the car up to an amount equal to the counted cancellation indemnity. Toll rates, fuel and insurance expenses remain at the expense of the Insured Person.

The intervention of the Underwriter will never exceed the insured amount and will always be calculated based on the cancellation indemnity in the conditions of the travel contract, valid for cancellation within 48 hours after the Insured Person has knowledge of the incident that caused the cancellation.

28.4.2. In case of travel interruption, the Underwriter will compensate:

- the non-refundable part of the travel price at pro rata of the amount of non-used travel days, calculated as from the moment of return home at the residence or as from the day of Hospitalisation Abroad. The Insured Person can choose between:
  - either immediate compensation for non-used travel days;
  - or a voucher valid for one year to book a next trip with the same travel agency and/or with the same tour operator. In that case the compensation is increased by 10%;
- in case of immobilisation of the private car during the travel, the Insured Person can continue the journey in a rental car. In this case, the Underwriter will intervene in the net rental price of the car up to an amount equal to the calculated interruption indemnity. Toll rates, fuel and insurance costs remain at the expense of the Insured Person.

28.5. What are the Obligations of the Insured Person?

The Insured Person must comply with the following:

- inform the Underwriter immediately in case of a covered claim and send a written declaration within 7 days from the moment the Insured Person has the possibility to do so;
- comply with the instructions of the Underwriter and send all information and documents that may be necessary or useful to the Underwriter;
- take all necessary and useful precautions to reduce damage to a minimum, i.e. from the moment the Insured Person has knowledge of the incident that can cause a cancellation of the trip, he/she will notify the travel agency or the tour operator immediately.

GENERAL CONDITIONS SPECIFIC TO MODULE 3: YOUR PERSONAL PROTECTION

These conditions describe the elements that only apply for Module 3.

Art. 29. Who can be insured in Module 3?

Persons eligible for subscription to the Insurance:

- are sound of health and able-bodied at the Inception Date;
- are younger than 60 years of age.

Art. 30. What can be covered?

This cover guarantees payment of benefits mentioned in the Benefit List, in case of Death, Temporary or Permanent Disability of the Insured Person, and Help of a Third Person in case of an Accident. The maximum insurable sums can be made dependant on the Gross Income, as mentioned in the Benefits Guide. No sum paid out can be higher than the rates mentioned in the Benefits Guide.

If the Option Critical Illness has been included this cover guarantees payment of benefits mentioned in the Benefit List in case of a definitive diagnosis of a Critical Illness that is medically accepted as incurable.

Art. 31. What is not covered relating to Module 3?

In addition to the general exclusions mentioned in the Modules & Options (Art. 6.), no benefit can be claimed for damage caused by or concerning:

- a pre-existing health condition of the Insured Person, unless these circumstances are known and were accepted by the Underwriter, as stated in the Policy Schedule, or as the result of a prior Accident for which the Underwriter already paid, or is due to pay benefits;
- unless otherwise stated, Accidents happening to an Insured Person as a rider of a motorcycle with a capacity of 50cc or more, if he/she has not yet reached the age of 25;
- the death of a child under the age of 6.

Furthermore no benefit can be claimed, for damage caused by or concerning:

- any intentional act carried out by the Insured Person;
- mental disorders, regardless what the cause may be;

Art. 32. What are Your Obligations?

This Insurance does not provide any cover if the Insured Person or, in the event of death the Beneficiary, has not fulfilled any of the following obligations and has consequently threatened the interests of the Underwriter.

32.1. Reporting a Claim

In case of Accident, the Insured Person, or in case of impossibility the Beneficiary or the Policyholder, is obliged to notify the Underwriter as soon as possible, but at the latest within thirty (30) days after the Accident has occurred.
In case of death the Underwriter should be notified at least 48 hours before the burial or cremation to determine the cause of death. Policyholder and Beneficiary are obliged to give their full cooperation.

32.2. Obligations of the Insured Person after an Accident

The Insured Person is obliged:

- to seek medical treatment as soon as possible and to do everything that is in his/her power to keep the damage and the consequences of the Accident to a minimum;
- to be examined by a medical consultant designated by the Underwriter;
- to transfer all necessary particulars to the Underwriter, or to the experts designated by it, and not withhold any facts or circumstances that may be relevant to the determination of the extent of Permanent Disability.

32.3. Obligations of the Policyholder

The Policyholder is obliged to give his/her full cooperation to the Insured Persons' fulfilment of the responsibilities as mentioned above. It is also the responsibility of the Policyholder to notify the Underwriter of any new born child within thirty (30) days after the birth. Cover can then be in force from the date of birth, provided that all the children qualifying for the purpose have been insured under this cover.

Art. 33. How will a claim be settled?

33.1. Right to benefit in the event of death

The right to benefit occurs when the Insured Person, over the age of 6, has died as a direct result of an Accident.

If an Insured Person disappears during the period of Insurance and such Insured Person's body is not found within 12 months after disappearance and sufficient evidence is produced, satisfactory to the Underwriters, that leads inevitably to the conclusion that the Insured Person sustained death, solely and directly as a result of an insured event, the Underwriters will pay the death lump sum, mentioned in the Personal Certificate, provided that the person(s) to whom the sum is paid shall sign an undertaking to refund the sum to the Underwriters if the Insured Person is subsequently found to be living.

If, with respect to the same Accident, a benefit for Permanent Disability has already been paid out, it will be deducted from the benefit payable for death. There will be no reclamation of benefit already paid out.

33.2. Right to benefit in the event of Permanent Disability

The right to benefit occurs when the Insured Person is permanently disabled as a direct result of an Accident. The benefit will be determined as a percentage of the insured lump sum according to the percentage of disability (see Art. 33.3.).
If, prior to the determination of the Permanent Disability the Insured Person should die more than 1 month after the Accident, the right to benefit will continue to exist. The benefit will then be determined based on medical reports, on the assumption that the Insured Person would not have died.

33.3. Determination of the Benefit Percentage

The grade of Permanent Disability will be determined by a medical consultant designated by the Underwriter as soon as the Insured Person seems to be in a stable condition.
The consultant will determine the percentage of functional loss of a certain part of the body or organ, and/or the percentage of functional loss of the body as a whole, according to objective standards and with the latest edition of the "Official European Scale for determination of the grade of Invalidity".
The grade of invalidity will be determined without regard to externally applied prosthetic devices and apparatus.

However, if internal prosthetic devices and apparatus have been applied, the lesser functional loss obtained by

the use of this apparatus will be taken into account. The benefit percentage will be equal to the percentage of functional loss.

33.4. Right to benefit in case of a Critical Illness

The right to benefit occurs when the Insured Person has received a definitive diagnosis of one of the listed Critical Illnesses that is incurable. If prior to the definitive diagnosis the Insured Person should die, the right to benefit will continue to exist for the Beneficiaries, if notified to the Underwriter at least 48 hours before burial or cremation.

33.5. Cumulative Benefits

If different Accidents or Illnesses happen to one Insured Person during this cover, the sum of all benefits will never exceed the overall limit mentioned in the Benefits Guide.

33.6. Payment of the Benefit

The benefit will be paid to the Beneficiary which is the Insured Person him- or herself or in case of death his/her heirs or the rightful claimants in equal parts, unless otherwise stated in the Personal Certificate.

Art. 34. When does this cover end?

Unless otherwise mentioned in the Policy Schedule or Personal Certificate the Personal Protection Insurance will automatically end upon the first Renewal Date after the 65th birthday of the Insured Person.

34.1. Aggravation of Risk

In case of aggravation of risk because of change in the professional activity or move to a more dangerous area, the Underwriter reserves the right to adapt the premium to the new situation or to cancel the policy. The Policyholder then has the right to cancel the cover if he/she does not agree with the new premium, with a thirty (30) days' notice after the announcement of the premium increase.

GENERAL CONDITIONS SPECIFIC TO MODULE 4: YOUR INCOME

These conditions describe the elements that only apply for Module 4.

Art. 35. Who can be covered?

Persons eligible for subscription to the Income Protection Insurance:

- are sound of health and able-bodied at the Inception Date;
- are older than 18 years and younger than 56 years of age;
- exercise a professional activity and benefit from a Professional Income.

Temporary Non-working Spouses eligible to subscribe the Disability Insurance:

- are sound of health and able-bodied at the Inception date;
- are older than 18 years and younger than 56 years of age;
- exercised a professional activity and still benefited from a professional income up to 3 months before moving Abroad;
- plan to restart their career, as soon as they meet the conditions to receive a work permit in the Host Country, or upon return to the Home Country.

Art. 36. What can be covered?

The Disability Insurance guarantees benefits in case of disability due to Accident, or Illness, injury. Working persons can also benefit in case of Complicated Pregnancy.

The amount of benefits depends on the grade of disability. The maximum insurable pension is dependant to the Gross Income, as mentioned in the Benefits Guide.

No pension paid out, Social Security or other benefits (employer, own business, donation …) combined, can be higher than the really earned Gross Income over a 12 months period, or the insured sum. This can be made adaptable to local cost-of-living. This means living in low 'cost-of-living' region, can decrease the pension. Moving to a higher cost of living region can increase the pension, but never higher than the insured sum, or the rates mentioned in the Benefits Guide (unless otherwise stated).

Art. 37. What is not covered relating to Module 4?

In addition to the general exclusions mentioned in the Modules & Options (Art. 6.), no benefits can be claimed for disability caused by or concerning:

- any intentional act carried out by the Insured Person;
- a pre-existing health condition of the Insured Person, unless these circumstances are known and were accepted by the Underwriter, as stated in the Personal Certificate, or are the result of a prior Accident for which the Underwriter has already paid out, or is due to pay benefits;
- mental or subjective disorders, regardless of the cause, unless:
  - those for which diagnosis is based on organic symptoms,
  - those known and accepted by the Underwriter, as stated in the Personal Certificate;
  - those which are the result of a prior Accident for which the Underwriter already pays out, or is due to pay benefits;

- pregnancy complications in the first 10 months after Inception date of the policy;
- the normal maternity leave period;
- mandatory cessation of Your professional activity due to preventative or security reasons (e.g. Pregnancy in contagious environment, loss of license etc…)
- unless otherwise stated, Accidents happening to an Insured Person as a rider of a motorcycle with a capacity of 50cc or more, if he/she has not yet reached the age of 25.

Art. 38. What are Your Obligations?

This Insurance does not provide cover if the Insured Person and/or the Policyholder has not fulfilled any of the following responsibilities and has consequently threatened the interests of the Underwriter.

In case of non-fulfilment of an obligation mentioned in the present contract, leading to an inaccurate evaluation of the risk or claim, the Underwriter may partially or completely cancel the right to benefits and reserves the right to request refund of any unduly paid benefits. In this case, the Underwriter may terminate the disability cover. The Disability Pension Insurance will be void in case of intentional omission, or inaccuracy in the Insured Person's declarations, leading the Underwriter to an inaccurate evaluation of the risk elements.

38.1. Reporting a Claim

In case of disability, the Insured Person is obliged to notify the Underwriter as soon as possible, but at the latest within thirty (30) days, of an Accident, Illness or Complicated Pregnancy from which a right to benefit might arise.

A medical report has to be sent to the Underwriter, including all the information regarding the cause, the start, the course and the consequences of the disability, as well as the treatment undergone and a description of the professional activities of the Insured Person.

The Underwriter reserves the right to request any other information that it deems necessary or to designate doctors to examine the Insured Person as far as this may be required to determine the benefits to be paid. The ensuing medical fees are at the Underwriter's expense. The Insured Person authorises in advance all doctors he/she has received treatment from to communicate any information regarding the Insured Person's health to the doctor designated by the Underwriter.
The Underwriter must be informed within 30 days after the occurrence of any increase or decrease regarding the grade of disability or if the Insured Person has totally recovered from the disability. The Underwriter will then immediately adapt benefits to the new grade, under reservation of all rights of information request or examination by a doctor designated by the Underwriter.

In case of death of the Insured Person, the Policyholder is obliged to notify the Underwriter as soon as possible.

38.2. What are the Obligations of the Insured Person in the event of an Accident, Illness, or Complicated Pregnancy?

The Insured Person is obliged:

- to undergo medical treatment as soon as possible and to do everything that is in his/her power to keep the damage and the consequences of the Accident to a minimum;
- to be examined by a medical consultant designated by the Underwriter;
- to transfer all necessary particulars to the Underwriter, or to the experts designated by it, and not withhold any facts or circumstances that may be relevant to the determination of the extent of disability.
- to keep the Underwriter informed about the exact sums received from Social Security or other insurers, for this disability period (accumulation control).
- to inform the Underwriter as soon as possible in the event of a temporary stay Abroad of more than 90 days.

38.3. What are the Obligations of the Policyholder?

The Policyholder is obliged to give his/her full cooperation to the Insured Person's fulfilment of the responsibilities as mentioned above.

Art. 39. How will a claim be settled?

39.1. Right to benefit

Right to benefits occurs:

- when the grade of disability of the Insured Person is equal to or higher than 25% (33% for Temporary Non-Working Spouses);
- upon completion of the Qualifying Period;
- upon production of the documentation mentioned under Art. 38.;
- subject to the Insured Person being 18 years or older in the regular version and the version for Non-Working Spouses;
- subject to the Insured Person not having reached the age of 60 at the beginning of the disability;

The payment of the benefit occurs proportionally to the grade of disability.

Once the disability reaches 67%, the Underwriter will, consider it as Total Disability and the payment will be 100% of the agreed benefit, as mentioned in the Personal Certificate.

The Right to benefits ends:

- when the grade of disability drops below 25% (33% for Temporary Non-Working Spouses);
- at the latest when the Insured Person reaches the age of 65;
- upon death of the Insured Person;
- upon cancellation of the Disability insurance.

39.2. Determination of the Disability

The grade of disability will be determined by a medical consultant designated by the Underwriter as soon as the Insured Person is agreed to be in a stable condition. The grade of disability is determined according to Physiological and Economic criteria.

The consultant will determine the percentage of Physiological Disability according to objective standards and with the latest edition of the "Official European Scale for determination of the grade of Invalidity".

The grade of disability will be determined without regard to externally applied prosthetic devices and apparatus. However, if internal prosthetic devices and apparatus have been applied, the lesser functional loss obtained by the use of this apparatus will be taken into account.

The grade of Economic Disability, will be determined while taking into account the professional activities of the Insured Person at the moment of the claim, as well as his/her capacities to readapt to a professional activity compatible with his/her knowledge, capabilities and social situation, under normal economic conditions. The benefit percentage taken into consideration corresponds to the highest grade of both types of disability.

39.3. Qualifying Period

The duration of the Qualifying Period is stated in the Personal certificate. During this period, no benefit is due.

For Non-working Spouses/partners the Qualifying Period is minimum 180 days.

39.3.1. Qualifying Period in case of Relapse

In case of a medically proven relapse within three (3) months following the end of the disability, the resulting disability will be considered as a continuation of the initial disability.

This means that the Qualifying Period is no longer applicable, under the condition that this Qualifying Period has been entirely completed since the beginning of the initial disability.

In case the Qualifying Period was not entirely completed since the beginning of the initial disability, it will be applicable for the remaining time, starting at the verification of the relapse. In case the relapse occurs more than three (3) months after the end of the initial disability, the resulting disability will be considered as a new disability.

39.4. Payment of Benefits

39.4.1. Option 1: Waiver of Premium Payment

This article is only valid if the Option 1 'Premium waiver' has been taken out.

During the period of disability, and proportionally to the degree and duration of disability, the Policyholder is not required to pay the premiums of the Disability insurance. The waiver of premium is granted until the rights to benefits ends.

Nevertheless, premiums remain payable as long as no decision has been taken regarding the right to benefits and as long as the Qualifying Period is not fully completed. Once the right to benefits has been acknowledged by the Underwriter, any premiums paid after the commencement of disability will be refunded in proportion to the degree and duration of the disability.

The premium for the 'waiver of Premium' will always be payable, and will not be waived.

39.4.2. Pension

The benefits of the (temporary) Disability Pension are due at the end of every month, proportionally to the rights acquired, in the course of this month. The monthly pension is Constant in case of the version for Non-working Spouses, and Increasing in case of the regular version.

No pension paid out, including Social Security or other benefits combined, can be higher than the really earned Gross Income over a 12 months period. This can be made adaptable to local cost-of-living. This means living in low 'cost-of-living' region, can decrease the pension. Moving to a higher cost of living region can increase the pension, but never higher than the insured sum, or the rates mentioned in the Benefits Guide (unless otherwise stated).

Art. 40. When does the Guarantee ends?

Unless otherwise mentioned in the Policy Schedule or Personal Certificate the Disability Pension will automatically end:

- on the first date mentioned in the Policy Schedule or Personal Certificate;
- upon the first Renewal Date after the 60th birthday of the Insured Person. Nevertheless, if the disability commences before this date, benefits will continue to be paid out, but only as long as the disability lasts and at the latest until the Insured Person turns 65;
- After unemployment, interruption of the insured professional activities or the disappearance of the Insured Persons' professional income, for more than 3 months, except if this interruption and/or

disappearance is related to a case of disability, insured under this cover, the Underwriter reserves the right to cancel the policy.

40.1. Aggravation of Risk

In case of an increase of cover (even a reinstatement to its original form after a period of decrease), the Underwriter reserves the right to start the medical underwriting procedure again and to refuse the additional cover or to accept it against special conditions.

In case of an aggravation of risk because of change in the professional activity or move to a more dangerous area, the Underwriter reserves the right to adapt the premium to the new situation or to cancel the policy. The Policyholder then has the right to cancel the coverage if he/she does not agree with the new premium, with a thirty (30) days' notice after the announcement of the premium increase.

GENERAL CONDITIONS SPECIFIC TO MODULE 5: YOUR LIFE

Art. 41. What can be covered?

The term life insurance cover guarantees the payment of the sum insured to the Beneficiary(ies) in case of death. Both, sum insured and Beneficiaries have to be named in the Policy Schedule. The sum insured is only being paid once the Underwriter has acknowledged the validity of the claim requiring, among other things, the complete submission of necessary documentation in particular the death certificate issued by a medical doctor or institution. Also the Policyholder should be up to date with the premium payment.

There are **3 forms** of term life insurance cover:

41.1. Fixed sum insurance: The insured sum, or a multiple of the last notified Gross Annual Salary without benefits and allowances ('G.A.S.') is constant from the start till the end of the contract, unless requested changes. In case of an increase of insured sum, a new medical underwriting has to be done.

41.2. Mortgage insurance: The insured sum will decrease every year until mortgage is been paid off. The insured sum changes at annual Renewal Date, equal to the balance of the loan. In case of an increase of insured sum, a new medical underwriting has to be done.

41.3. Milestone insurance: The insured sums are planned at the start of the Insurance and can only be changed (increase) within 30 days after the milestones has been realized.

41.3.1. Special Milestone conditions

- Medical underwriting will be performed corresponding to the highest possible combination of insured sums.
- There is no new medical underwriting as far as the insured sum increases strictly following the Milestone plan as mentioned in the Personal Certificate, and notified the Milestone with official proofs to the Underwriter within 30 days. If not notified within 30 days, a new medical underwriting can be demanded before increasing the insured sum.
- When changing the Milestone plan into higher insured sums during the contract a new medical underwriting can be demanded, even if the maximum insured sums together stays the same.
- The Policyholder is obliged to increase the insured sum at every planned Milestone, unless the opt-out Option has been chosen, and the corresponding premium loading has been paid. With this opt-out Option the Policyholder can skip one or more increases.
- Under 'Couple' should be understood: married or officially living together. It starts the day this is officialised at the municipal house. A couple is no longer a couple when living officially separated, or if the partner has passed away.
- Unemployment period must be at least 3 months before switching from double to single income. During these 3 months NO income or allowance may have been paid for the unemployed partner.
- Maternity rest period is not allowed to switch from double to single income, except when the female partner has no longer an employment contract for at least 3 months and has no income or allowance.
- The insured sum for 'Children' can only start the day of birth of the eldest. The insured sum should be decreased again the day the last child leaves officially the parental house and is no longer financially supported by the parent(s), or at the age 21 if no longer studying.
- The insured sum for 'Children in higher education' can only start the day the first child starts the first lesson at college or university, and ends the day the last child officially graduates before 30, becomes 30 years old and is still studying, or when dropping out after the 3rd year of education (non-related to Illness or Accident).

41.4. Combination of plans

The 3 plans can be combined, up to the maximum insurable sums mentioned in the Benefits Guide.
This term life insurance cover is not entitled to a profit sharing scheme.
The contract is calculated such that no cash (or surrender) value accrues. Therefore, if the policy is cancelled no cash (or surrender) will be paid.

Every term life cover also contains an obligatory Assistance part, as mentioned in the Benefits Guide.

Art. 42. Where are You insured?

This Cover is valid on a worldwide basis subject to legal limitations. For some countries a premium loading can be demanded.

Art. 43. Who can be covered?

To be eligible for term life insurance cover the Insured Person must, at time of application:

- be minimum 18 years of age and have not yet attained the age of 55 (for the Milestone Plan the max. application age is 40), unless otherwise agreed. For employer policies the max. application age can be 64. The maximum renewal age for an Insured Person already covered under this policy is 64.

- be a member of the international staff of an International Company, or be an Expat, an International Commuter, an International Student or Trainee, an Immigrant or Emigrant, or a Resident in a country which is not his/her Home Country,

  AND
- have a European link (which means: The Policyholder and/or the Insured Person(s) have to
  - holds a passport of an EEA-member State,
  - or reside in EEA
  - or being employed by an EEA company-Policyholder).

The policy must always be concluded by means of distance communication.

Art. 44. Medical and Financial Underwriting

In order to accept the applicant for receiving term life insurance cover the Underwriter has to perform a medical risk assessment as well as a financial assessment to confirm an insurable interest. The first step of this process consists of completing the application form and medical questionnaire. In some cases a medical examination will be requested.

The application requires applicants to answer all questions on the application form truthfully and comprehensively. Any information likely to have an impact on the acceptance of the Insured Person has to be communicated transparently and fully to the Underwriter. If answers are incorrect or incomplete, or if relevant information is kept secret, the Underwriter has the right to:

- withdraw from the contract,
- to cancel the contract,
- to adjust the contract,
- to contest the contract because of fraudulent misrepresentation.

Art. 45. When does the Insurance Starts and Ends. What is the Duration?

45.1. Start and Duration of the Insurance

The Insurance will be effective from the Inception date mentioned in the Policy Schedule at 00:00 h (but not before the Insurance cover has been confirmed in written by the Underwriter and the date the first premium has been paid) for a 1year period, and is renewable tacitly for successive 1year periods, unless mentioned otherwise.
The policy ends at the official end date at 24:00 h, or the first Renewal Date after the age of 65 years.
The contract will also be terminated in case of death of the Insured Person.

45.2. How can the Insurance be cancelled?

The policy can be cancelled by the Policyholder by written termination letter:

- on Due Date with at least 1 month notice period;
- in connection with a premium increase or alteration of conditions.

Furthermore, the Underwriter and Administrator reserve the right to cancel the policy:

- if premiums cease to be paid,
- if misled by the Insured Person or Policyholder by misstatement or concealment,
- in case of any attempt to obtain an unreasonable pecuniary advantage to the Underwriter's detriment.

Art. 46. In case of refusal to grant the mortgage.

In case of mortgage insurance, the Policyholder has the right to revoke his policy within 30 days of notification of the refusal to grant the loan.

Art. 47. What is the Right to benefits in the event of death of the Insured Person?

47.1 Beneficiary(ies) of the contract in case of death

The Policyholder is free to designate the Beneficiary(ies). He can, at all times change the Beneficiary designation by means of a signed and dated letter, submitted to the Administrator.

In general, there are two classes of Beneficiaries, primary (nominated) and secondary (legal inheritors).
Beneficiaries in the same class will share equally in any death benefit payable to them, unless a designation from the Insured Person states otherwise. In case of a Mortgage insurance the bank can only receive the outstanding loan, and possible interest payment arrears.

The death benefit will be paid to:

1. Any primary Beneficiary being alive when the Insured Person dies,
2. If no primary Beneficiary is available, or if all primary Beneficiaries have received their benefit designated by the Policyholder but there is still part of the sum insured left, then remaining benefits are paid to secondary Beneficiaries then alive,
3. If no Beneficiary is available after death of the Insured Person, benefits will fall to the Underwriter save for any legal claims made by the state.

47.2 Amount
The death capital equals the insured sum as specified in the Policy Schedule.

47.3 Payment of the insured sum
The insured sum will be paid when the following documents have been submitted to the Underwriter:

- the copy of the policy held by the Policyholder, or if it is unavailable a declaration of loss of the policy signed by the Beneficiary(ies);
- an extract from the death certificate of the Insured Person;
- a certificate stating the causes of death made available to the Administrator, which has to be fully completed by the doctor who treated the Insured Person during his last sickness and/or at the time of death;
- a (double sided) copy of the Beneficiary(ies)'s identity card, or a copy of his passport;
- if applicable, a notarial certified declaration, or any other document establishing the rights of the Beneficiary(ies)'s;
- If the Underwriter deems it necessary, he can request more evidence as to the specific circumstances under which the death occurred to ensure compliance with Art. 44. To this end the Insured Person authorizes any medical experts, having treated the Insured Person, to inform the Underwriter about the cause of death.

Art. 48. What is not covered relating to Module 5?
In addition to the general exclusions mentioned in the Modules & Options (Art. 6.), no benefit can be claimed for damage caused by or concerning:

48.1. Deliberate acts
The Underwriter has no obligation to pay the sum insured if a Beneficiary has forced the death of the Insured Person by deliberate act (or had knowledge about the act to be happen and did not report it). If the Beneficiary is entitled to only a part of the death benefit this provision will only apply to that proportional part of the contract.
A deliberate act is an act committed with the intent to cause bodily harm to the Insured Person.
The rights will in such case fall to the co-Beneficiaries according to their respective share, or in the absence thereof, to replacing Co- Beneficiary(ies)'s in accordance with the order established in the policy, and in the absence thereof, to the succession of the Policyholder.

48.2. Suicide or euthanasia
Suicide of the Insured Person is not covered within the first 2 years of the policy inception.
If the insured sum is increased, the Underwriter does not provide cover for that increase in case the Insured Person commits suicide within 2 years after the Effective date of such increase.
Euthanasia is not covered.

48.3. Pre-existing health condition
No benefit can be claimed for death caused by health conditions already existing at application stage or at the point of increase of the sum insured unless these circumstances were known and accepted by the Underwriter, as stated in the Policy Schedule. The same applies for increases of the insured sum (except for planned increases in a Milestone Plan).

48.4. Elective Caesarean section
No benefit can be claimed for death caused by an elective, non-medically necessary, C-section.

48.5. Aviation
Unless otherwise agreed, Accident with any aircraft piloted by the Insured, or a non-licensed pilot.

GENERAL CONDITIONS SPECIFIC TO MODULE 6: YOUR PERSONAL BELONGINGS ON THE MOVE

These conditions describe the elements that only apply for Module 6.

Art. 49. About the Insurers.
This Insurance is placed with European Insurers, which can be a non-admitted Insurer outside Europe.
This means the Insurer has not been approved by the local state's insurance department and doesn't necessarily follow local state insurance regulations.
In case of insolvency, there is no guarantee from the local state and in case You think Your case was not handled properly, there is no resource available to the local state insurance department of the state where You live.

Art. 50. What is covered in Option 1 'Content'?

The object of this Module is to cover Household Effects and furniture within the Private Dwelling(s) of Standard Construction, mentioned as the New Destination address in the Personal Certificate.

Also covered are the Contents in domestic outbuildings and garages of standard or non-standard construction contained within the premises named in the Personal Certificate. The goods are covered up to the amount stipulated in the Personal Certificate.

Art. 51. Which Content is insured?

Are insured the Contents belonging to or under the responsibility of the Insured which normally fall into the notion of Household Effects and which, during the period of validity of the contract, are located at the address of New Destination abroad, mentioned in the Personal Certificate.
Furthermore the goods if and so far as these are not otherwise insured, whilst temporarily moved or removed from the premises:

- against loss or damage caused by any of the Perils insured under Art. 52.
  - in any occupied Private Dwellings;
  - in any building;
- where the Insured Person or any permanent member of his household is residing or is employed;
  - in any trade building for the purpose of alteration, cleaning or processing;
  - in any other furniture depository, up to a limit of 20% of the Sum Insured on Contents;
  - whilst deposited for safe custody in any hotel, inn, lodging house, club, bank or safe deposit;
- against loss or damage elsewhere caused by the perils of fire, lightning, explosion, aircraft or natural disaster only;
- against loss or damage during the process of removal and transit following permanent change of residence or whilst in transit to and from any bank, safe deposit or furniture depository, caused by the perils of fire, lightning, explosion, impact by vehicles, aircraft crash, natural disaster or theft only.

Art. 52. What are the Insured Perils relating to Content?

This Insurance covers the Insured Content against the following dangers:

- fire;
- explosion;
- lightning strike, induction and overloading as a result of lightning;
- natural disaster;
- scorching, melting, charring and overheating;
- smoke and soot;
- impact by any vehicle or animal, aircraft crash and other devices or articles dropped thereof;
- storm or tempest with a minimum wind velocity of 80 km/h;
- flood caused by bursting or overflowing of water tanks, apparatus or pipes (rainfall, water, steam, fuel and oil);
- caused by any person taking part in a riot or strike, or by any person of malicious intent (vandalism);
- theft or attempted theft by house breaking;
- robbery and home-jacking;
- breaking of glass plates as part of furniture and mirrors, TV screens.

52.1. Additional Costs

Following additional costs will be compensated, as far as necessary, and not exceeding 100% of the Sum Insured:

- costs for fire brigade, rescue, salvation;
- costs for clean-up, necessary for reconstruction or recomposition of the Insured goods;
- costs for repair of gardens bordering on the above mentioned building and damaged by the rescue and salvation activities;
- costs for a personal expert to determine the damage caused to the insured goods, not exceeding 5% of the amount of the damage (VAT included).

Art. 53. Option 2: All Risk Personal Valuables

If the Insurance has been extended with the Option 2 – All Risk the special terms below will also apply.

This Option covers physical loss of or damage to the personal effects and valuables described in the Personal Certificate from any cause except as hereafter specified, but is limited to the Sums Insured stated in the Personal Certificate or in the Application Form which makes part of the Contract. This cover is valid worldwide.

Art. 54. Option 3: Baggage
If the Insurance has been extended with Option 3, the special terms below will also apply. The Baggage Option is limited in the number of consecutive days, and is subject to a Deductible, as mentioned in the Benefits Guide.

This cover is valid worldwide. Furthermore the Underwriter will reimburse the Insured Person the lost, stolen or damaged goods, within the limits given in the Benefits Guide.

Art. 55. What is not covered relating to Module 6?

55.1. Regarding Content (Option 1), and Baggage (Option 3)?

In addition to the general exclusions mentioned in the Modules & Options (Art. 6.), there will be no reimbursement for damage or expenses concerning:

- any item confiscated or detained by customs or police authorities;
- prejudices caused by or which are the consequence of imprisonment, confiscation or seizure of the means of transport in which the insured goods are;
- breakage of strings and ripping of skins on musical instruments;
- motor vehicles (including motor-bikes), camping cars and trailers, vessels (with the exception of sailboards), aircraft (including delta-plan and gliding equipment), and other vehicles (with the exception of bicycles) as well as the accessories thereto, parts and attachments;
- loss or damage caused by any vehicle or animal belonging to or under the control of the Insured Person or any permanent member of his household;
- loss or damage caused by storm, tempest or water to the Contents of domestic outbuildings and garages of non-standard construction;
- animals;
- stamps, coins and similar collections;
- loose natural pearls and precious stones;
- articles of brittle nature, mirrors and glass plates whilst being (temporarily) (re)moved other than by professional movers;
- temporarily (re)moved Contents outside the territorial limits specified in the Personal Certificate;
- theft of Baggage when left unattended, other than locked in secured buildings or locked out of sight in the boot of a motor vehicle;
- any property specifically insured against the perils covered hereby under any other insurance (CMR, professional liability, fire insurance,…);
- any unaccompanied Baggage, that is forwarded or posted and therefore not accompanying the Insured Person while travelling;
- loss or theft of Baggage not reported to the police within 24 hours of discovery and supported by a written police statement;
- wear and tear, depreciation, vermin, internal mechanical or electrical breakdown, any gradually operating cause (like humidity, cold or heat), rusting, any process of cleaning, repair, restoration or alteration;
- damage caused by insects, worms, maggots, rodents or by any parasite;
- defacement, scratches, dents etc. to suitcases, as long as the suitcases can still be used for their intended use;
- losses resulting from currency fluctuations;
- glasses, lenses, hearing aids, prosthesis;
- Values (cash, Money, post or bank payment orders, travel vouchers, letters of credit or debit).

55.2. Regarding All Risk (Option 2)?

In addition to the general exclusions mentioned in the Modules & Options (Art. 6.), there will be no reimbursement for damage or expenses concerning:

- any item confiscated or detained by customs or police authorities;
- breakage of articles of a brittle nature other than jewellery, unless such breakage is caused by burglars, thieves or fire;
- wear and tear, depreciation, vermin, internal mechanical or electrical breakdown, gradual deterioration, rusting, any process of cleaning, repair, restoration or alteration;
- damage caused by insects, worms, maggots, rodents or by any parasite;
- loss of cash, currency or bank notes.

Art. 56. How will Damage be Compensated?

The following values will be used as the basis for the calculation of the compensation:

- the reconstruction value for buildings with less than 30% wear and tear;
- the replacement value for furniture with less than 30% wear and tear and objects not older than one year;
- the actual value for buildings and furniture with more than 30% wear and tear and objects older than one year;
- the market value for objects that cannot be replaced by new ones of the same type and quality;
- the repair cost for damaged objects which are reasonably susceptible of being repaired;
- with as upper limit the amount stipulated as insured sum in the Personal Certificate or Benefits Guide.

By “reconstruction value”, it should be understood, the today’s price for the reconstruction of the same building in the same materials and quality.

By “replacement value”, it should be understood, the today’s price for the acquisition of new objects of the same type and quality. By “actual value”, it should be understood the value of the object at the moment the damage occurred.

By “market value”, it should be understood the market price for the sale of the objects in the state the objects were in immediately before the damage.

Compensation will be made in “first risk”, without application of a proportionate rule. For all claims, a Deductible as mentioned in the Benefits Guide will be applied.
In the event of the Private Dwelling named in the Policy Schedule or Personal Certificate being left without an authorised inhabitant for more than 28 consecutive days, the Deductible will be doubled.

Art. 57. What are the Obligations of the Insured Person?

57.1. in relation to Baggage claims

The Insured Person must fulfil following obligations:

- take all necessary and useful precautions to protect the Baggage;
- in case the Baggage is put away in a car, close the doors and the boot by key, close the windows and sunroof;
- put special and precious items and jewels that are not worn away in a safe;
- in case of theft: have an official report immediately established by the local authorities and have traces of the burglary duly noted;
- in case of total or partial damage, or non-delivery of the Baggage by the carrier: file a complaint with the carrier within the legal terms, have them draw up an official report (P.I.R. Property Irregularity Report), stating that Baggage was lost, damaged, or did not arrive at scheduled time and date, and indicating the date and time of actual arriving;
- keep the transport documents and Baggage labels;
- in all cases, inform the Underwriter within 48 hours after return (except in case of force majeure), and conform to the instructions and send all information and document which can be necessary or useful to the Underwriter;
- prove the correctness in quality and quantity and present the purchase voucher of special and/or precious items.

GENERAL CONDITIONS SPECIFIC TO MODULE 7: YOUR LIABILITY & LEGAL ASSISTANCE

These conditions describe the elements that only apply for Module 7.

OPTION 1: PRIVATE LIABILITY

Art. 58. What and who is covered in the Option 1 Private Liability?

The object of this Option 1 is to cover the Insured against the financial consequences resulting from Non-contractual Liability in private life: The Underwriter covers the Insured Person against the financial consequences resulting from the Non-contractual Liability, incumbent on the local legal prescriptions, for the damage, caused to Third Parties, by:

- One of the Insured Persons mentioned in the Personal Certificate who pay a premium for Module 7 – Option 1, in their private life, and during transport from an to work or school;
- Persons for whom the Insured is responsible, as domestic employees, family helpers or other paid employees while at work in Your private life, including when doing housework work in rooms used for professional purposes;
- Persons who look after, not professionally, but with or without pay:
  - Your Children who live with You, or children You have under custody;
  - Pets You own or are under Your custody. We understand as ‘pets’: privately kept domesticated animals (dogs, cats, chickens …) or animals kept for pleasure (fish, hamster etc…). We do not cover animals that are forbidden to keep, farm animals, breed animals, or wild animals. Horses and ponies are limited to 1 horse or pony, owned by the Insured Person (one per Insured Person).

We do not cover damage caused during a professional activity, unless otherwise mentioned.

We do not regard the following activities as professional activity:

- Travelling to and from work or school;
- Travelling for professional trips;
- Student jobs, as long as the student is financially dependent from his parents;
- Volunteer work, even if You receive expenses.

By “damage”, it should be understood: bodily injury or property damage as well as immaterial damage such as unemployment, loss of profit, deprivation of use or enjoyment, moral damage, lawyers’ fees of counterparty, under condition that it arises from corporal or material damage covered. Immaterial damages not arising from corporal or material damage, and punitive damages, are excluded.

The cover is granted with a maximum insured sum mentioned in the Benefits Guide, per claim and per Insurance Year.

Art. 59. Where are You covered?

This cover is valid worldwide, unless otherwise mentioned. In US the limits are different.

Art. 60. Extent of the Guarantees in Time

The guarantee covers the damage that has occurred during the effective period of the contract and extends as far as to encompass claims that are introduced after the end of this contract.

Art. 61. Specific Risks and situations

61.1. Minor Children

We insure Third Party liability of Minor Children insured in this policy, even in following situations:

- should Minor Children deliberately cause damage to Third Parties;
- should Minor Children, without the knowledge of their parents, of the persons who have them under their supervision and of the owner or the holder of the vehicle, drive a motor vehicle, or a vehicle on rails, or sets it into motion, and/or transport passengers, before they have reached the legally required age and license for doing so. The damage caused to the motor vehicle, or the vehicle on rails, which belongs to a Third Party, and to the passengers is also compensated.

61.2. Real Estate and its Content

We insure the damage, apart from that mentioned in Point 10 to15 hereafter, for which the Insured Person is liable, following the local legislation, and caused by:

1. the building or the part of the building occupied by the Insured Person, including Your home office for professional use;
2. a garage for Your personal use located at another address;
3. the gardens, and land, whether or not bordering on the above mentioned building providing their surface does not exceed 1 hectare;
4. providing these are part of the above mentioned buildings or are situated in the above mentioned gardens: the plantations, the outbuildings and premises, the pathways and the fences, as well as all movable goods fastened by means of permanent attachments, such as antennas;
5. (the part of) the building occupied by the Insured Person in a hotel or in a similar lodging house during a temporary or occasional stay for private as well as for professional purposes;
6. the part of the building temporarily occupied by the Insured Person for private purposes in a Hospital, Rehabilitation Centre or care establishment;
7. (the part of) the building which does not belong to the Insured Person but which is temporarily used by the Insured Person on the occasion of a family celebration or a meeting;
8. (the part of) the building which does not belong to the Insured Person but which is temporarily used by the Insured Person as Student accommodation;
9. the Contents of the real estate mentioned in Points 1 to 8 above.

61.2.1. Specific risks:

Is insured the damage, for which the Insured Person is liable, following the local legislation, and caused by:

10. the effects of water originating in or transmitted by real estate or its Content mentioned in Point 1 to 8 above;
11. the bodily injury caused by fire, by an explosion or by smoke arising from fire, originating in or transmitted by the real estate or its Content mentioned in Point 1 to 8 above;
12. the material damage caused by fire, by an explosion or by smoke arising from fire, originating in or transmitted by the real estate mentioned in Point 1 to 8 above and its Content;
13. the material damage caused by the effect of water, by fire, by an explosion or by smoke arising from fire to the real estate mentioned in Points 5 to 8 above and its Contents that do not belong to an Insured Person.

61.2.2. Is not insured:

14. the material damage caused by the effect of water, by fire, by an explosion or by smoke arising from fire to the real estate mentioned in point 1 to 4, that do not belong to an Insured Person.
    We refer to the separate insurance Option 2 - Tenant liability, where this can be covered.
15. The material damage caused by the effect of water, by fire, by an explosion or by smoke arising from fire to the Content that is property of an Insured Person, in real estate mentioned in point 1 to 4.
    We refer to the separate Insurance Module 6 – Content, where this can be covered.

61.3. Means of Transport and Travel

We insure the damage for which the Insured Person is liable and has caused damage:

1. in the course of his/her private travel, among others as: owner, holder or user of non-motorized means of transport (like bicycles, kick scooters, skates, wheelchairs…), or e-bikes, e-scooters, e-skates, hover boards and other motorized slow vehicles (like sit-on lawn mowers, motorized toys and wheelchairs) for which a compulsory liability insurance for motor vehicles is not required;
2. as a passenger of a vehicle of whatever type;
3. as a pedestrian.
4. as owner, holder, or user of model aircrafts and other model vehicles, including drones, for which a compulsory liability insurance is not required.
5. as owner, holder or user of sailing boats with a maximum weight of 200 kg and motor boats

with a motor of maximum 10 DIN HP, for which a compulsory liability insurance is not required.

We do not insure compulsory legal liability for motor vehicles.

Art. 62. What is not covered relating to Private Liability?

In addition to the general exclusions mentioned in the General Conditions common to all Modules & Options (Art. 6), there will be no reimbursement for:

- damage or expenses following cases known – or reasonably should be known – by the Insured Person prior to the Inception date of the contract;
- the liability under a contract or assumed to be under a contract (like Tenant Liability, or equipment hired or borrowed), unless otherwise mentioned;
- damage which falls under the Non-Contractual Liability subject to a legally compulsory insurance;
- all damage arising out of the profession, occupation or business of the Insured;
- damage caused by the use of an aircraft which belong to the Insured Person or have been taken on rental or are used by him/her;
- damage caused by the use of sailing boats of more than 200 kg and of motor boats with more than 10 DIN HP which belong to the Insured Person or are taken on rental or used by him/her;
- The damage caused by drones of more than 5kg weight;
- damage caused by buildings as the result of building, rebuilding, enlarging or renovating if these works undermine the stability of the insured or adjoining buildings.
- consequences of any liability the Insured Person may have in relation to fire, explosion, or water damage, other than mentioned in Art. 61.;
- damage caused by the practice of hunting activities as well as the damage to wild animals;
- damage for which the Insured Person is liable in his/her quality of leader, designated person or organiser of youth movements and the like, as a consequence of the actions of persons for whom he/she is answerable;
- in case of malice, serious culpability or negligence on the part of the Insured;
- damage resulting from an intentional act by the Insured Person who has reached the age of 16 years, and which arises from
  - a situation where the alcohol content in the blood of the Insured Person reaches or exceeds the limit set by local law it, or in a similar situation which is the consequence of the use of products other than alcoholic beverages;
  - participating in scuffles bets or dares, and acts of violence;
- damage caused to animals, other movable goods and real estate property, which the Insured Person has under his/her responsibility, without prejudicing to what has been determined in Art 61.2.;
- damage caused by lands and by gardens not included in the guarantee of the present contract;
- damage arising out of the ownership, occupation, possession or use by the Insured of animals, other than pets;
- bodily injury to any person who at the time of sustaining such injury is actually engaged in the Insured Person's service;
- material damage to property belonging to or in the care, custody or control of the Insured Person;
- US/Canada punitive or exemplary damages.

Art. 63. Personal Right of the Injured Party

The Third Party who has experienced some damage or injury, caused by the Insured Person has a personal right against the Underwriter, if the Insured Person has not taken action towards the Underwriter. The compensation for damages owed by the Underwriter is due to the Third Party or to his Beneficiaries, to the exclusion of the other creditors of the Insured Person.

OPTION 2: TENANT LIABILITY

Art. 64. What is covered in Option 2 'Tenant Liability'?

If the Insurance has been extended with the Option 2 Tenant Liability, the special terms below will also apply.

The Option Tenant Liability will cover the Insured Person's legal liability, incumbent on the local legal prescriptions, up to the amount mentioned in the Benefits Guide, for loss of or damage to the Private Dwelling of Standard Construction mentioned in the Personal Certificate as New Destination address, as well as its rented Content, caused by any of the Insured Perils (Art. 65.) and for the cost of repairing accidental damage to domestic fuel oil pipes, underground water supply pipes, underground gas pipe or underground electricity cables which extend from the Buildings to the public mains. The goods are covered up to the amount stipulated in the Personal Certificate.

Art. 65. What are the Insured Perils relating to Tenant Liability?

This Insurance covers the Insured Tenant Liability against the following dangers:

- fire;
- explosion;
- lightning strike, induction and overloading as a result of lightning;
- natural disaster;
- scorching, melting, charring and overheating;
- smoke and soot;
- impact by any vehicle, aircraft crash and other devices or articles dropped thereof;
- storm or tempest with a minimum wind velocity of 80 km/h, or more;
- flood caused by bursting or overflowing of water tanks, apparatus or pipes (rainfall, water, steam, fuel and oil);
- caused by any person taking part in a riot or strike, or by any person of malicious intent (vandalism);
- theft or attempted theft by house breaking;
- robbery and home-jacking;
- breaking of glass plates, mirrors, glass windows and TV screens.

65.1. Additional Costs

Following additional costs will be compensated, as far as necessary, and not exceeding 100% of the Sum Insured, in case the Insured Person is legally responsible:

- costs for fire brigade, rescue, salvation;
- costs for demolition and clean up, necessary for reconstruction or recomposition of the Insured goods;
- costs for repair of gardens bordering on the above mentioned building and damaged by the rescue and salvation activities;
- costs for a personal expert to determine the damage caused to the insured goods, not exceeding 5% of the amount of the damage (VAT included).
- recovery claim for material damage from Third Parties.

Following additional costs, will be compensated, as long as necessary, and not exceeding 10% of the Sum Insured:

- additional costs for alternative Accommodation necessarily incurred by the Insured Person as occupier;
- rent, up to twelve months, for which the Insured Person is liable as occupier;
- if the Buildings are rendered uninhabitable by any of the insured Peril.

Art. 66. What is not covered relating to Tenant Liability?

In addition to the general exclusions mentioned in the General conditions common to all Modules & Options (Art. 6.), there will be no reimbursement for damage or expenses concerning:

- loss or damage caused by any vehicle or animal belonging to or under the control of the Insured Person or any permanent member of his household;
- wear and tear, depreciation, vermin, internal mechanical or electrical breakdown, any gradually operating cause (like humidity, cold or heat), rusting, any process of cleaning, repair, restoration or alteration;
- damage caused by insects, worms, maggots, rodents or by any parasite;
- Values (cash, Money, post or bank payment orders, travel vouchers, letters of credit or debit);
- US/Canada punitive or exemplary damages.

Art. 67. How will damage be compensated?

The following values will be used as the basis for the calculation of the compensation:

- the actual value for buildings and rented furniture;
- the market value for objects that cannot be replaced by new ones of the same type and quality;
- the repair cost for damaged objects which are reasonably susceptible of being repaired;
- with as upper limit the amount stipulated as insured sum in the Personal Certificate or Benefits Guide.

By “market value”, it should be understood the market price for the sale of the objects in the state the objects were in immediately before the damage.

Compensation will be made in “first risk”, without application of a proportionate rule. For all claims, a Deductible as mentioned in the Benefits Guide will be applied.
In the event of the Private Dwelling named in the Policy Schedule or Personal Certificate being left without an authorised inhabitant for more than 28 consecutive days, the Deductible will be doubled.

Art. 68. What are the Obligations of the Insured Person in relation to Tenant Liability?

The Insured Person shall give to the Underwriter immediate notice in writing, with full particulars,

- of the happening of any occurrence likely to give rise to a claim under this Insurance;
- of the receipt by the Insured Person of notice of any claim;
- and of the institution of any proceedings against the Insured Person.

The Insured Person shall not admit liability for nor offer or agree to settle any claim without the written consent of the Underwriter, who shall be entitled to take over and conduct in the name of the Insured Person the defence of any claim, and to prosecute in the Insured Person's name, for Underwriters' benefit, any claim for indemnity or damages or otherwise against any Third Party, and shall have full discretion in the conduct of any negotiations and proceedings and the settlement of any claim. The Insured shall give to the Underwriter such information and assistance as the Underwriter may reasonably require.

If the Insured Person shall make any claim knowing the same to be false or fraudulent, as regards amount or otherwise, this Insurance shall become void and all claim hereunder shall be forfeited.

GENERAL TO PRIVATE AND TENANT LIABILITY:

Art. 69. Legal Assistance

69.1. What is covered in 'Legal Assistance'?

When the private rights or interests of the Insured are at risk, due to incidents occurring during the period of Insurance, with the exception of losses as a consequence of the possession, the keeping or the use of a motorized vehicle subject to compulsory insurance, the Insured can claim a payment of the costs incurred for legal assistance, without however exceeding the amount stipulated in the Benefits Guide, per claim, and only in relation to:

- the recuperation of the corporal, material and consequential immaterial loss sustained by the Insured Person for which a Third Party is liable based on local legal provisions;
- the legal defence of the Insured Person in case the Insured is sued in court for his private liability, under the laws of the country where he/she is, for losses inflicted to Third Parties, or after being guilty for involuntary offence of local laws.
- Are covered the costs for the necessary legal assistance or those incurred by the Underwriter, as far as these are not to be recuperated from a Third Party, namely:
- the costs in relation to the investigation and the handling of the case;
- the costs in relation to the calling in of lawyers, bailiffs, witnesses and experts.
  The fees of the lawyers are not chargeable to the Underwriter if the lawyer is treating the case on a "no cure - no pay" basis.
- In this case it should be considered that the fees are included in the compensation for prejudice;
- in agreement with the Underwriter, the costs incurred by the Insured for Accommodation and travel. Travel costs will be reimbursed following common tariffs for public transport and/or economy class. The Accommodation expenses will be reimbursed, as mentioned in the Benefits Guide under "Travel and Accommodation Expenses for Family Members" in Module 2 - Assistance.

On the request of the Insured and provided there is sufficient guarantee, the Underwriter will provide an advance for a maximum mentioned in the Benefits Guide for:

- the payment of due legal proceedings and execution costs of the Insured and the adverse party, with the exception of money deposited as security, as far as an irrevocable legal judgement determines that these costs must be borne by the Insured;
- the release of the Insured if he/she has been placed under arrest after a traffic accident.
- A similar advance or bail will be considered as a loan from the Underwriter to the Insured, which he/she will reimburse in totality as soon as the amount of the bail is paid back to him/her in case of the dropping of legal proceedings, a verdict of not guilty or otherwise within the 1 month after the date on which the competent tribunal has pronounced the judgement.

Reimbursement to the Underwriter should in any case not occur later than 60 days after that advance has been made or the bail has been posted.

The Underwriter has the right to refuse a request for such a loan if it concludes that it is not sufficiently secured or if there are doubts about the ability of the insured to properly repay the loan.

From the moment when the Underwriter has communicated to the Insured that further treatment of the case has no reasonable chance of success, the Insured can no longer make any claim for coverage except for the settlement of the dispute as described hereafter.

69.2. Settlement of Disputes and Freedom of choice of lawyer or expert

We will always try first to settle the dispute with the Third Party in an amicable way. If We don't succeed, You have freedom of choice of lawyer and/or expert.

In case of difference of opinion between the Insured and the Underwriter on the result to be expected, or on the way to handle the case, the Insured can, after agreement with the Underwriter to charge this to the Underwriter's account, submit the case to 1 lawyer of his/her choice who is expert in the field in question.

This has to be done as soon as possible, and in any case within 1 month after the Underwriter has communicated to the Insured its opinion on the result to be expected or on the way of handling the case, which is contested by the Insured.
Should that lawyer share the Underwriter's point of view, then the Insured can only proceed with the case at his/her own expense. Should the result show that the Insured is wholly or partially vindicated, then the costs are reimbursed to a maximum of the sum mentioned in the Benefits Guide.

In the case the Insured loses confidence in the designated lawyer handling the case, the Insured can, at the Underwriter's expense, transfer the case to another lawyer, under condition that the Underwriter can reasonably share the point of view of the insured.
The cost of changing lawyer or expert, during procedure, is however subject to Our prior pre-approval.

69.3. What is not covered relating to Legal Assistance?

In addition to the general exclusions mentioned in the General Conditions common to all Modules & Options (Art. 6), there will be no reimbursement for:

- damage or expenses following cases that are also excluded in Private or Tenant liability;
- damage caused to or conflicts between Family Members of the Insured Person living at the same address;
- the cases of legal assistance in which the interest at stake is less than € 250;
- the legal assistance costs (including the costs linked to the calling in of a lawyer or an expert) which are incurred without the prior approval of the Underwriter;
- the costs which are the consequence of omissions or faults of the Insured in relation to the treatment of the case;
- fines, retributions, amicable settlements proposed by the courts;
- US/Canada punitive or exemplary damages.

Art. 70. Obligations of the Insured Person.

The Insured Person shall give to the Underwriter immediate notice in writing, with full particulars:

- of the happening of any occurrence likely to give rise to a claim under this Insurance;
- of the receipt by the Insured Person of notice of any claim;
- and of the institution of any proceedings against the Insured Person;
- any documents that the Underwriter requests and which are related to the insured event.

The Insured Person shall be obliged to:

- Transmit all documents necessary for the administration and all judicial and extrajudicial instruments concerning the damage to the Underwriter immediately after their notification, legal notice or handing over to the Insured Person;
- Appear at the hearings of the tribunal and submit himself (herself) to the requirements of the enquiry decided by the tribunal. In case the Insured Person does not comply with the above mentioned obligations, he/she shall compensate the Underwriter for any damage suffered by the Underwriter.

The Insured Person shall not admit liability for nor offer or agree to settle any claim without the written consent of the Underwriter, who shall be entitled to take over and conduct in the name of the Insured Person the defence of any claim, and to prosecute in the Insured Person's name, for Underwriters' benefit, any claim for indemnity or damages or otherwise against any Third Party, and shall have full discretion in the conduct of any negotiations and proceedings and the settlement of any claim.

The Insured Person shall give to the Underwriter such information and assistance as the Underwriter may reasonably require. If the Insured Person shall make any claim knowing the same to be false or fraudulent, as regards amount or otherwise, this Insurance shall become void and all claim hereunder shall be forfeited.

Art. 71. Opposability of the Demurrers, Nullity and Abandonment of Right

The Underwriter can only object the demurrers, the nullity and the abandonment of rights arising from law or the contract to the injured person in so far as these find their origin in an event previous to the damage suffered.

Art. 72. Payment of Compensation for Damages

The maximum amounts per case of damage, which the Underwriter can be obliged to pay, are determined by the amounts indicated in the Benefits Guide for each guarantee. All the damages, which can be attributed to one single event causing damages, constitute one and the same case of damage.

WHAT TO DO IF YOU NEED TO CLAIM

Please use the office hours contact details for all Your claims and enquiries so as not to tie up the Alarm Centre with non-urgent requests. We strive to reply to all queries within 48 hours.

E-mail: claims@expatinsurance.eu
(office hours GMT +1)
Tel: +32 (0)2 463 0404 (office hours GMT +1)

To get reimbursed for other (medical) expenses, We kindly ask You to complete and send the according claim form to:

Expat & Co, Claims Dept.
P. Cooremansstraat 3
1702 Groot-Bijgaarden, BELGIUM

together with the ORIGINAL bills (no scans, no copies). All claim forms can be found on Our website under 'claims'.

EXPAT & CO
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Please also note: travel tickets in case of an early return or repatriation must be bought with Underwriter's or Alarm Centre's pre-approval. You may run the risk of not being fully reimbursed if You buy the tickets first.

IN CASE OF AN EMERGENCY

If You find Yourself needing to claim urgent assistance, or if You are Hospitalized, call or e-mail the Alarm Centre for immediate support.

Tel: +32 (0)2 669 0880 (24/7)
E-mail: help@expatinsurance.eu (24/7)
or: claims@expatinsurance.eu
(office hours GMT +1)
Tel: +32 (0)2 463 0404 (office hours GMT +1)

Download and save a copy of Our 'what to do in case of a claim'
- manual:
www.expatinsurance.eu/pdf-files/claims_manual.pdf