

AMI ASSOCIATION

CFE Supplementary Health Scheme Information leaflet

As a member of the AMI Association, you have selected the "CFE Supplementary Health" cover that the Association has taken out with AGF Vie under agreement number 078718/511 and Gan Eurocourtage IARD under agreement number 78 295 612.

How the cover is applied and the details of the benefits to which you are entitled are set out in this leaflet.

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1/ General

Qualification – affiliation

Those who qualify are members of the AMI Association who are under 65 years of age, reside outside their country of origin, and are insured with Caisse des Français de l'Étranger for "Sickness - Maternity - Disability" and "Accidents at work - Occupational illness".

The Member must, when joining, complete and sign the application form including a medical questionnaire validated by the Insurer. A medical examination, paid for by the Insurer, may be requested.

The Insurer reserves the right to make acceptance conditional upon the production of any additional information it considers necessary.

The Insured makes a commitment for himself/herself or any qualifying minors to be affiliated from the date of acceptance by the Insurer to December 31 of the current year. Membership is then renewed on January 1 of each year by tacit renewal for a period of twelve months, unless cancelled by one of the parties by registered mail not later than the preceding October 31.

The Members, and their beneficiaries as appropriate, become the "Insured" once accepted for cover.

Choice of formulas

The choice of formula is made by the Insured at the time of joining. It cannot be modified until membership is renewed.

Effect of cover

The Insurer takes responsibility to pay the expenses for each of the beneficiaries accepted for cover **after it has examined and accepted the medical questionnaire for all expenses**, except the following, after the qualifying time set out below and beginning on the date of acceptance by the Insurer that appears on the application form:

- **Maternity (including childbirth and all pre- and post-natal expenses): 10 months.**
- **Dental prostheses: 6 months.**
- **Optical: 6 months.**
- **Spa treatment: 6 months.**

However, the qualifying times do not apply if the Insured can give proof of equivalent coverage at the time of joining or, except for maternity, if cover is interrupted, in the context of the present agreement, for less than one month between two memberships.

Duration of cover

Once accepted for Insurance and subject to the penalties specified by the Insurance code for false declarations, the Insured may not be barred provided that he fulfils the conditions for benefiting therefrom.

In all cases, cover ends:

For each Insured:

- on the last day of his/her period of membership,
- at the end of the calendar quarter following the date on which he/she ceases to belong to the AMI Association.
- on the 31st December of the year of his/her 70th birthday

For all those Insured:

- in the event of cancellation of this agreement, as defined in the Qualification/Affiliation section.

The cessation (or suspension) of cover simultaneously results, for the Insured, in the removal of entitlement to the benefits for all the treatment and care that occurs from the date of cessation even if they began or were prescribed before that date.



2/ Definitions

The terms and expressions used in this agreement have the following meanings:

Accident: any unintentional bodily injury caused to the Insured, arising from abrupt, sudden and unexpected action with an external cause, to the exclusion of an acute or chronic illness.

Medical auxiliaries: nurses, carers and other state-registered medical personnel.

Spa treatment: medical treatment prescribed for a maximum of 21 days making use of mineral spring water and its derivatives. The establishment must provide its patients with regular medical supervision and monitoring.

Domicile: domicile means your main and usual place of residence in your country of origin.

Physical injury: any physical injury sustained by an individual and the distress resulting therefrom.

Material loss: Any damage, destruction, deterioration, loss or disappearance of a thing or substance and any physical attack on an animal.

Consequential loss: Any financial loss that results from the loss of enjoyment of a right, the interruption of a service rendered by a person or by an item of personal property or immovable property, or the loss of a benefit, and that is the direct consequence of covered physical injury or material loss.

Childbirth expenses: medical expenses (including double room) incurred for vaginal or caesarean childbirth if the latter is medically necessary or usual in the country of birth. Any complication, and private room, will be paid for by the "hospitalization" cover.

The qualifying times apply to all maternity-related expenses.

Excess: The part of the insurance benefit that you pay.

Dental prosthesis: prosthetic treatments, including crowns, inlays, onlays and implants, and all the necessary treatments, including the refund of the laboratory and component expenses.

Medical prosthesis: hearing aid, phonation aid (electronic larynx), wheelchair and personal mobility aid, artificial limb, ostomy product, hernia support, abdominal bandage, elastic support stockings or orthopaedic sole and any other medically prescribed apparatus.

Emergency: a term used in the event of an accident, natural catastrophe, the beginning of sudden worsening of a serious illness requiring immediate measures and medical treatment for the Insured or one of the Insured's dependents. Only medical treatment given by a doctor, generalist or specialist or hospitalization occurring within twenty-four (24) hours of the direct cause of the emergency shall be considered conditions necessary for reimbursement.

For the "Essential" health plan, emergency treatment is limited to hospitalization.

Sécurité Sociale: by Sécurité Sociale you must understand the voluntary insurance of the Caisse des Français de l'Étranger (CFE) for the risks of "Sickness – Maternity – Disability" and "Accident at work – Occupational illness".



3/ Health cover and benefits

Coverage zone

Medical expenses are repayable in the expatriation zone chosen by the Insured, as indicated in the application form, with the exception of the Insured's country of origin.

However, during a stay of less than seven weeks in the country of origin or in a country outside the expatriation zone, only expenses arising from an accident or an illness of an urgent nature as defined above under Emergency provided that the treatment has been given by a doctor, generalist or specialist, or that the hospitalization was required as a direct cause of the emergency and that it took place within 24 hours, shall be reimbursed.

In other cases, on express approval by the Insurer.

Illness – Surgery – Maternity cover

Subject to the exclusions below, within the limits of the chosen formula and as indicated in the table of sums insured on the last page of this information leaflet, **medical expenses supplementing the benefits in kind of the "Sickness - Maternity - Disability" insurance and "Accident at work - Occupational illness" insurance of the Caisse des Français de l'Étranger except for prescribed contact lenses, are covered.**

Furthermore, requests for reimbursement will be honoured only if the Insurer considers the amount of the bills and the receipts supplied to be reasonable and within normal limits.

Otherwise, the Insurer reserves the right to reduce the amount of benefit.

Amount of benefit

The amount of benefit is determined for each expense item according to the terms indicated on the table of sums insured.

Reimbursements are paid, after deduction of the CFE's benefits, up to the maxima indicated on the table of sums insured and up to the limit of the actual costs.

By actual costs one must understand normal and reasonable costs based on the tariffs currently charged by medical institutions and practitioners in the country or state concerned.

The benefits paid by the Insurer are in addition to those of any other Life and Accident insurance scheme from which the Insured may benefit personally.

By annual limit one must understand the limit per civil year.

Limitation to actual cost

In accordance with Article 9 of Act n° 89-1009 of December 31 1989 and Decree n° 90-769 of August 30 1990, reimbursements or payments covering expenses caused by an illness, maternity or an accident shall not exceed the amount of the expenses for which the Insured remains liable after the reimbursements of all kinds to which the Insured is entitled.

Similar cover taken out with several insurance organizations shall have an effect on the limit of each item of cover irrespective of when the cover was taken out.

In this limit, the beneficiary of the Agreement may obtain additional payment by sending details of the reimbursements made by the other organization(s).

For application of the aforementioned arrangements, the limitation of expenses for which the Insured is still liable is determined by the Insurer for each of the treatments or expense items.

Excluded benefits

It is understood and agreed that medical expenses not recognized by French social security are not covered in this agreement, except for prescribed contact lenses.

Furthermore, the risks and benefits listed below are also excluded even if they would have otherwise been reimbursed by the French "Sécurité Sociale".

It should be noted that this agreement does not cover:

- **treatments outside the geographic zone of expatriation as indicated in the application form, except for cases specified in the section on the zone of coverage,**



- any form of experimental or unsupervised treatment that does not follow commonly accepted, customary or conventional medical practice, unless specific consent has been given by the Insurer,
- incidental expenses or comfort expenses in the case of hospitalization (telephone, television, etc.),
- treatments for drug addiction or alcoholism,
- expenditure incurred on the acquisition of an organ (but not the organ itself),
- any operation or treatment relating to a sex change,
- aesthetic treatments, age-reducing treatments, slimming treatments,
- the checks, examinations, treatments and complications associated with sterility, sterilization, sexual dysfunction, contraception including the insertion or removal of contraceptive devices, the voluntary termination of pregnancy except in the case of a pregnancy termination that is medically necessary and complies with local legislation,
- any elective/voluntary surgery and/or plastic/cosmetic surgery,
- spa treatments outside French territory,
- transport and accommodation costs associated with spa treatments,
- medical expenses associated with a stay at a thalassotherapy centre or fitness centre, rest home or recovery home even if this stay is medically prescribed, (except for reeducation centres immediately following a hospitalization),
- external consultations in matters of psychotherapy, psychoanalysis and treatment,
- consultations, treatments and complications associated with the loss of or implantation of hair unless the treatment is related to a hair loss caused by a serious illness,
- treatments to modify the refraction of an eye or the eyes (laser eye correction), including refractive keratotomy (KR) and photorefractive keratotomy (KPR),
- unprescribed medication, and commonly used non-medical products such as medical alcohol, absorbent cotton, suncreams, dental hygiene products, dressings, shampoos etc.

4/ Formalities necessary when claiming medical expenses.

Declaration

In the event of hospitalization, the Insured may obtain a refund, in order to prevent making advance payments, by calling us on 00 33 (0) 1 42 68 01 42 (or faxing us on 00 33 (0) 1 42 68 06 90 or e-mailing us at: Contact@medical-administrators.com).

For other expenses, the documents must be sent to:

MAI– 11, rue La Fayette – 75009 Paris – Telephone : 00 33 (0) 1 42 68 01 42.

In the event of illness: the detailed bills with prescriptions and medical expense claim forms including the stickers for reimbursement of medication costs.

In the event of hospitalization (if a refund is not delivered): the paperwork providing proof of hospitalization, bills, fees.

In the event of home confinement: a birth certificate of the child.

The Insurer may request any other additional supporting documentation it requires.

No copy, photocopy or duplicate invoice is accepted.

The following expenses require the prior authorization of the Insurer: any hospitalization, confinement expenses, repatriation expenses.

In the event of hospitalization, surgery, radiography or medical treatment, a medical certificate must be requested from us in advance. It will be returned to us after being completed by your doctor. Any failure to fulfil this obligation could result in a refund being refused.

The Insurer reserves the right to require any Insured person or beneficiaries to provide all the information necessary for the processing of their personal data and data relating to claims for reimbursement. The Insurer may therefore have access to their medical files with all the legal obligations of confidentiality attached thereto.

Any information supplied by the Insured or one of their beneficiaries that is incorrect, falsified, exaggerated or any fraudulent acts on their part shall be the direct responsibility of the Insured and shall give rise to the repayment of the monies unduly paid by the Insurer on the basis of such incorrect information.

5/ Assistance cover (if the option has been selected)

Repatriation assistance (if the option has been selected)

If you are in one of the situations listed below, we provide the services described, requiring no more than your telephone request (reverse charges accepted from abroad) or a telex, fax or telegram request.

In all cases, the decision to provide assistance and the choice of the appropriate means shall lie exclusively with the Gan Eurocourtage doctor, after making contact with the treating doctor at the location and, where necessary, the family of the beneficiary.

Only the medical interests of the beneficiary and compliance with the applicable health regulations shall be considered for deciding on the transport, the choice of the means used for transport and any place of hospitalization.

In no cases will Gan Eurocourtage become a substitute for local emergency services.

Repatriation or medical transport

If the Insured is ill or injured following a covered event and the Insured's state of health requires a transfer, we organize and pay for repatriation to the international airport closest to the Insured's home or the hospital closest to the Insured's home and appropriate to the state of health.

Depending on the seriousness of the case, repatriation or transport is carried out under medical supervision, if necessary, by the most appropriate of the following means:

- special medical aircraft
- regular scheduled airline, train, sleeper train, ship, ambulance.

Transport of the body in the event of death

We organize and pay for transport of the body from the place where the body has been placed in a coffin to the international airport closest to the home of the Insured.

We also pay the ancillary expenses necessary for transportation, including the cost of the coffin, making transport possible, up to the amount indicated in the table of sums insured.

Costs of the ceremony, accessories, burial or cremation remain the responsibility of the families.

We organize and pay for the additional costs of transporting members of your family who are insured or a person insured under this agreement accompanying you if the tickets provided for their return to their country of origin cannot be used because of the repatriation.

Return of the Insured after "consolidation" (when healing is complete)

Following your repatriation to your country of origin organized by Gan Eurocourtage, if a medical authority determines that your state of health has consolidated and that it allows you to return to your country of expatriation, we pay for your transport to the international airport closest to your place of expatriation. We also pay for the transport of members of your family who are insured or of a person who is insured under this agreement and accompanying you.

Special exclusions to personal assistance

In no circumstances can we be a substitute for local emergency services.

As well as the exclusions appearing in the section entitled "Risks excluded for all assistance cover", we do not cover: convalescence and disorders (illness, accident) being treated that are not yet consolidated on the date the journey begins, pre-existing conditions that are diagnosed and/or treated that have been the subject of hospitalization in the six months prior to the request for assistance,



journeys undertaken for the purpose of diagnosis and/or treatment, pregnancies except for unforeseen complications, and, in all cases, after the 32nd week of pregnancy, conditions resulting from the ingestion of alcohol, the use of drugs, narcotics and similar products that have not been medically prescribed, and the consequences of suicide attempts.

Your obligations in the event of a claim

For any request for assistance and refund of hospital expenses, you must contact us at any time of the day or night:

- by telephone from France: 01.45.16.77.18 / from abroad: 00.33.1.45.16.77.18
- by fax from France: 01.45.16.63.92 or 01.45.16.63.94 / from abroad: 00.33.1.45.16.63.92 or 00.33.1.45.16.63.94
- by e-mail: assistance@mutuaide.fr

and obtain our consent prior to taking any initiative or committing to any expenditure including medical costs.

When we have organized your transport or your repatriation, you must send us your initial tickets, since they become the property of Gan Eurocourtage.

Applicable limits in the case of force majeure

We cannot be held liable for failures in the execution of the Assistance services resulting from cases of force majeure or the following events:

Civil or foreign wars, acknowledged political instability, popular movements, riots, acts of terrorism, reprisals, restrictions to the free circulation of people and goods, strikes, explosions, natural catastrophes, meltdown of atomic cores, nor delays in the execution of services resulting from the same causes.

6/ Public liability (if the option has been selected)

This Public liability cover takes effect only if there is a lack of, or as an addition to, any public liability insurance already existing and taken out by the Insured with any other company.

We cover the financial consequences of the public liability that you may incur with respect to, on the one hand, personal injury and/or material loss and, on the other hand, the consequential loss, caused accidentally to any person other than a person insured or a member of your family, that is your fault or the fault of persons, things or animals under your care, this being provided up to the amount, and with the deduction of an excess, indicated in the table of sums insured.

Special exclusions to public liability cover

Besides the exclusions specified under "Risks excluded for all Assistance cover", our cover does not apply to:

- **damage that you have caused or provoked intentionally,**
- **damage resulting from the use of land motor vehicles, sailing boats and motor boats, and flying apparatus,**
- **damage resulting from any job-related activity,**
- **the consequences of any material and/or personal injury claims affecting you personally and the members of your family and any other person qualifying as an Insured person under this agreement,**
- **consequential damage except when it is the direct consequence of accidental or material loss and/or personal injury that is covered,**
- **damage resulting from the practice of air sports or hunting.**

Limits of our cover

Transaction – Acknowledgement of liability

You must not accept any acknowledgement of liability, or any transaction without our prior written consent.



However, simply the acknowledgement of the reality of certain facts is not considered an acknowledgement of liability, no more than the simple fact of having provided emergency help to a victim when it is an act of assistance that anyone has a moral duty to perform.

You must advise us within five working days, except for Acts of God or of force majeure, of any event likely to render you publicly liable; if this deadline is not met and, as a result, we suffer loss, you risk the forfeiture of your cover.

Procedure

In the event of any legal action being made against you, we provide your defence and handle the trial for the deeds and loss falling within the cover provided by this agreement.

However, you may associate yourself with our action provided that you can provide proof of a specific interest that is not covered under this agreement.

The simple fact of paying for your own defence for protective reasons may in no circumstances be interpreted per se as an acknowledgement of cover and in no way implies that we accept the detrimental consequences of events that are not expressly covered by this agreement.

Even if you fail in your obligations after a claim, we are bound to indemnify the people to whom you are liable. We nevertheless retain, in this case, the right to take action against you for repayment of any monies that we may have paid or placed in downpayment on your behalf.

Legal proceedings

With respect to means of obtaining redress:

- before the civil, commercial or administrative courts, we are free to obtain redress under the present agreement,
- before the criminal courts, the means of redress may not be used without your consent,
- if the pending lawsuit before a criminal court relates only to civil interests, refusal to give your consent to use the planned means of redress gives us the right to claim an indemnity from you equal to the loss that we suffer as a result.

Court costs

We pay the court costs, the discharge costs and any other payment expenses. However, if you are sentenced to pay an amount greater than the cover limit, we each bear these costs proportional to our respective share in the sentence.

7/ General exclusions for all Health, Assistance and Public liability cover

The expenses incurred are not paid by the Insurer if they result from the following:

- an illness or accident due to the intentional act of the insured person, intentional mutilation or attempted suicide,
- the consequences of a civil or other war, insurrection, assassination attempt or popular movement,
- riot or strike, except if the Insured does not take an active part in the event,
- a claim resulting directly or indirectly from the meltdown of an atomic core, or any irradiation originating from ionizing radiation.

The Insurer reserves the option to modify the cover in one or more specific territories subject to notifying the Subscriber 15 days in advance.

General exclusions specific to Assistance and Public Liability cover

We cannot take action when your requests for cover and benefits are the consequence of losses resulting from:

- epidemics, natural catastrophes and pollution,
- alcoholism, drunkenness, the use of medications, drugs, narcotics that are not medically prescribed,
- any intentional act that may involve the cover of the agreement,
- duels, bets, crimes, brawls (except legitimate defence),
- the practice of the following sports: bobsleigh, skeleton, mountain climbing, competitive luge, air sports except for parascending and those resulting from participation in or training for official matches or competitions organized by a sporting federation,
- the absence of contingency.



8/ Limitation

In accordance with Article L 114-1 of the Insurance Code, all actions arising from these Agreements are subject to limitation from legal action for a period of two years from the event giving rise thereto. However, this period does not begin to run:

- in the case of concealment, omission, false or inexact declaration on the risk being run, until the day on which the Insurer is notified thereof,
- in the event of a claim, until the day on which those involved obtain knowledge thereof, if they can prove that they were unaware of it until then.

9/ Legal action

According to the Insurance code, the beneficiary grants subrogation to the Insurer to take any legal action against a liable third party.

10/ Basis of the insurance agreement

This agreement is governed by the Insurance code. The definition of the cover, the insurance rates and their rules of application take account of French Social Security legislative arrangements and regulations that are in effect on the date that the insurance agreement takes effect.

11/ Mediation

Your usual representatives may study in-depth all your requests and claims. If, after their examination, the answers given are unsatisfactory to you, you can address your claim to:

**ACS, Service réclamations,
153, rue de l'Université, 75007 Paris**

For AGF

**AGF Collectives
Service Relations Clientèle
Tour Neptune – 20, place de Seine
92086 La Défense Cedex**

For le GAN

**Direction des relations avec les consommateurs
GAN Eurocourtage IARD
5-7, rue du Centre – Immeuble Piazza
93199 Noisy Le Grand Cedex**

**ACAM, Autorité de Contrôle des Assurances et des Mutuelles
61, rue Taitbout, 75009 Paris**

For any questions on this agreement, contact:

**ACS
153, rue de l'Université - 75007 Paris
Tél. 00 33 (0) 1 40 47 91 00
Fax. 00 33 (0) 1 40 47 61 90
e-mail : contact@acs-ami.com**

For your claims/refunds, for your repayment requests,
contact:

**M.A.I.
11, rue La Fayette – 75009 Paris
Tél. 00 33 (0) 1 42 68 01 42
Fax. 00 33 (0) 1 42 68 06 90
e-mail : Contact@medical-administrators.com**



12/ Tables of sums insured

"Assistance and public liability" cover

What is covered	Amount covered
Repatriation assistance	Actual expenses
<ul style="list-style-type: none"> Repatriation or medical transport Transport of the body in the event of death <ul style="list-style-type: none"> Repatriation of the body Funeral expenses requiring transport Repatriation of other family members Returning the Insured to the country of expatriation after "consolidation" 	Actual expenses €1500 Ticket (one way only) Ticket (one way only)
Public liability	€4 500 000 €150 000 €150
<ul style="list-style-type: none"> Physical injury, material or consequential loss Material and consequential loss only Excess per claim	

"Health" cover

Level of cover	Essential	Comfort	Excellence	
Hospitalization (with prior consent)	€250 000	€250 000	€500 000	
Maximum limit per beneficiary per year				
Medical hospitalization	100% of actual expenses	100% of actual expenses	100% of actual expenses	
Surgical hospitalization	100% of actual expenses	100% of actual expenses	100% of actual expenses	
Hospitalization ancillary expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses	
Private room	100% of actual expenses limited to €50/day	100% of actual expenses limited to €50/day	100% of actual expenses limited to €100/day	
Organ graft	100% of actual expenses	100% of actual expenses	100% of actual expenses	
Psychiatry	100% of actual expenses limited to €1500/year	100% of actual expenses limited to €1500/year	100% of actual expenses limited to €3000/year	
Accompanying bed for hospitalization of a child under 16 years	100% of actual expenses limited to €25/day	100% of actual expenses limited to €25/day	100% of actual expenses limited to €50/day	
Outpatient consultations linked to a hospitalization / Day surgery	100% of actual expenses	100% of actual expenses	100% of actual expenses	
Hospitalization at domicile	100% of actual expenses limited to €1000/year	100% of actual expenses limited to €1000/year	100% of actual expenses limited to €2000/year	
Immediate re-education following hospitalization	100% of actual expenses limited to €1000/year	100% of actual expenses limited to €1000/year	100% of actual expenses limited to €2000/year	
Local emergency transport by ambulance	100% of actual expenses	100% of actual expenses	100% of actual expenses	
Emergency dental plastic surgery following an accident	100% of actual expenses	100% of actual expenses	100% of actual expenses	
Emergency treatment worldwide (trip of up to seven weeks)	100% of actual expenses	100% of actual expenses	100% of actual expenses	
Routine medical expenses	Not covered	80% of actual expenses limited to €50	90% of actual expenses limited to €100	
Generalist and specialist fees				
Analyses, radiology, scans		80% of actual expenses	90% of actual expenses	
MRI (with prior consent)		80% of actual expenses	90% of actual expenses	
Prescribed medication and vaccines		80% of actual expenses	90% of actual expenses	
Prescribed medical auxiliaries		80% of actual expenses	90% of actual expenses	
Physiotherapy, chiropractor, osteopath, homeopath and acupuncturist (with prior consent)		80% of actual expenses limited to €50 per session and €500/year	90% of actual expenses limited to €50 per session and €1000/year	
Prescribed speech therapy and orthoptics (with prior consent)		80% of actual expenses limited to €50 per session and €500/year	90% of actual expenses limited to €50 per session and €1000/year	
Prescribed medical prostheses (with prior consent)		80% of actual expenses limited to €1000/year	90% of actual expenses limited to €2000/year	
Spa treatments (with prior consent)		No	€25/day 20 days maximum	
Optical				
Prescribed spectacle lenses, frames and contact lenses			80% of actual expenses limited to €150/year	90% of actual expenses limited to €300/year
Dental				
Maximum limit per beneficiary for 12 months of membership			€1000	€2000
Dental care			80% of actual expenses	90% of actual expenses
Orthodontics (child under 16 and with prior consent)			No	90% of actual expenses limited to €500/year
Dental prostheses, including inlays, onlays, implants (with prior consent)			80% of actual expenses limited to €150/year	90% of actual expenses limited to €300/year
Maternity (with prior consent)				
Childbirth expenses			100% of actual expenses limited to €2000/year	100% of actual expenses limited to €4000/year
Health check				
Complete health check cover		No	100% of actual expenses limited to €300 one every three years	