

GLOBE PARTNER

Globe Partner Association Travel Insurance Summary of Benefits

As a member of the Globe Partner Association, you have selected the cover that the Association has taken out with:

- *MGEN, 3-7 Square Max Hymans, 75648 Paris Cedex 15, registered under n° SIREN 775 685 399 regulated by the French Mutual Insurance Companies code, under the policy n° MGENIB1100437SAP for the Medical expenses, Assistance and Non accidental death benefits. MGEN outsource the coverage of assistance benefits to LLT Consulting, 18 quai Georges Simenon, 17 000 La Rochelle, France, simplified limited company registered RCS La Rochelle under n° 828 002 188 and operating under the name VYV International Assistance.*
- *MGEN Portugal - Companhia de Seguros, S.A, whose head office is located at Rua Duque de Palmela, 11, Piso 1, 1250-097 Lisboa, Portugal, with a share capital of €7,500,000.00 and registered under the unique registration and legal entity identification number 517503131 for the Accidental death & disability, Legal liability benefits and Luggage benefits. MGEN Portugal is regulated by the Autoridade de Supervisão de Seguros e Fundos de Pensões in Portugal and is authorized by the Prudential Supervision and Resolution Authority (ACPR) to operate in France under the Freedom to Provide Services regime.*

The administration of these benefits is delegated to ACS, 153 rue de l'Université, 75007 Paris, France, simplified limited company with a capital of €150,000, insurance brokerage firm registered RCS Paris under n° 317 218 188, ORIAS n° 07 000 350.

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

In case of discrepancy between the English version of this leaflet and the French version of the contract, the French version of the contract will prevail.

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1/ General provisions

Eligibility – Enrolment

Members of the Globe Partner Association, under 40 years of age and travelling in the zone(s) selected during subscription, worldwide, outside of their country of residence are eligible on an optional basis.

The renewal of the contract (by the subscription of a new one) will only be accepted if the next contract immediately follows the previous one without any interruption.

Upon enrolment, the Member must fill in the enrolment documents which include a health declaration and on which shall read the corresponding premium amount. The chosen option cannot be modified during the period of coverage.

The Member shall pay for the entire period of coverage on subscription.

Acceptance of coverage may be subject to further information the Insurer considers necessary.

Upon acceptance to the insurance, the Member and his dependants if any shall be referred to as "Insured".

The guarantees of the present contract will not apply in the country of residence of the Insured.

Commencement of cover

In order to receive benefits without a waiting period, the applicant must purchase the initial policy prior to departure.

When the Applicant subscribes after his departure, a waiting period of 8 days is applied to all benefits from the date of subscription.

In case of subscription of a new contract after termination of the previous one, in order to receive benefits without a waiting period, the new contract must be subscribed immediately following the previous one without any interruption.

Otherwise, a waiting period of 8 days is applied to all benefits from the date of subscription of the new contract.

Coverage applies for each eligible person upon acceptance from the Insurer and after payment of the insurance premium.

The travel insurance policy GLOBE PARTNER is concluded for a fixed term and not eligible for the right renunciation provided for in Article L 112-2-1 of the French Insurance Code or L.221-18 of the French Mutual Insurance Companies Code.

Termination of cover

Once admitted to insurance and subject to the clauses of the French Insurance Code or the French Mutual Insurance Companies regarding false declaration, the Insured cannot be excluded from the coverage as long as he fulfils the conditions.

The contract can be subscribed for a period of twelve (12) months maximum and can be renewed twice, by taking out a new contract, with authorisation of the Insurer.

Coverage shall end:

for each Insured:

- On the date of final return if the policy term is not complete,
- At the time of her/his repatriation to her/his usual country of residence,
- On the last day of her/his membership period, when she/he stops being a Member of the Globe Partner Association,



- In the event of judicial liquidation of the Insurer or the Globe Partner Association.

for the totality of the Insured, at the time of effectiveness of the cancellation of the group policy n° MGENIB1100437SAP between the Globe Partner Association, MGEN and MGEN Portugal.

Termination of benefits (or suspension) means the end of benefits for the Insured for all medical acts incurred after the termination date of coverage even if they started or were prescribed before the termination date.

Modification or cancellation of the contract

Any modification of date or cancellation of the contract can only be accepted if it was notified before the effective date of the contract.

It is possible to change dates once only and within the limits of the current civil year.

In case of cancellation, the contract can only be refunded on presentation of supporting documents and 20 € will be retained from the premium.

The contract is issued for a fixed period and cannot be cancelled or refunded once started.

Sanctions in case of false declaration

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 nullity of your contract in case of intentional misrepresentation (L 113-8 of French Insurance Code or L.221-14 of the French Mutual Insurance Companies Code), premiums paid are kept by the Insurer, who is entitled, as a compensation, to the payment of all premiums due; in such a case, the Insured will have to reimburse all the claims paid by the Insurer under the contract;
- if the intentional misrepresentation, discovered before any claim, is not established, premium increase or termination of the contract (L 113-9 of the French Insurance Code or L.221-15 of the French Mutual Insurance Companies Code)
- if the intentional misrepresentation, discovered after the claim, is not established, decrease of claim according to the ratio between the paid premium and the premium that should have been paid if the initial declaration had been consistent with the reality (L 113-9 of the French Insurance Code or L.221-15 of the French Mutual Insurance Companies Code).

The Covered Person is deprived of all rights to the benefits of a claim in the event the Covered Person voluntarily makes a false declaration about that claim including the date, nature, causes, circumstances and/or consequences and/or amount of the loss.

The forfeiture of this right also applies in the event the Covered Person knowingly uses inaccurate documents as supporting documents for that claim.

2/ Definitions

The terms and expressions used in this booklet shall have the following definition:

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.**

Acts of Terrorism / Terror Attack: any act of violence constituting a criminal or illegal attack against people and/or property in the country in which you are staying, and whose purpose is to disturb public order seriously. Such a "terror attack" should be identified as such by the French Foreign Ministry (Ministère des affaires étrangères français).

Civil War: armed opposition between various parties belonging to the same country, and any armed rebellion, revolution, revolt, insurrection, or coup d'état, and any application of martial law or border closure ordered by the authorities of the country in question.

Claim / insured event: event that may result in the application of a guarantee under the policy.



Consequential damage: any financial loss which is the consequence of the loss of use of a right, of the interruption of a service provided by a person or personal or immovable property, or of the loss of a benefit, and which is the direct consequence of damage to the persons and property insured hereunder.

Country of residence: country in which is located your tax and legal residence.

Covered baggage/items: baggage and its contents, including personal effects and valuables, belonging to the Member, carried for the trip/travel and/or acquired during the trip/travel.

Damage to property: any harm done to, destruction of, change in, loss or disappearance of an, item, object or substance, and also any physical harm done to an animal.

Deductible: the amount of the compensation payable by you.

Dental fees further to an accident: treatment must be performed within 15 days following the date of the accident and consists of replacement of the sane and natural teeth which were lost or damaged.

Emergency: term used in case of accident or commencement of a serious covered illness requiring urgent medical attention and treatment of the Insured. Only medical treatment given by a doctor, general practitioner or specialist and a hospitalisation intervention in the twenty four (24) hours following the direct cause of the emergency will be considered as conditions to be reimbursed.

Foreign War: declared or undeclared armed opposition between one state and another state, as well as any invasion or state of siege.

French Insurance Code / French Mutual Insurance Companies code: the compendium of the laws and regulations that govern the insurance policy.

Home address: by home address is meant your principal and usual residence in your country of residence.

Illness, Sickness or Disease: a degradation in health established by a medical authority, requiring medical treatment.

Insurer:

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Lapse: loss of the Cover right for the Damage in question.

Medical Expenses: Medically-prescribed pharmaceutical, surgery, consultation and hospitalisation expenses required for diagnosing and treating an illness.

Members: the persons duly insured under this policy, also hereinafter referred to as "you". For the application of the legal provisions relating to prescription, "Member" will be used whenever the articles of the French Insurance Code refer to "the Insured".



Members of the immediate family: the father, the mother, the children, brothers and sisters.

Natural Disasters: abnormal intensity of a natural element not arising from human intervention.

Obsolescence (dilapidation): Depreciation of the good's value caused by time, wear or its conditions of upkeep the day of the damages. Unless the contract stipulates otherwise, the dilapidation applied to calculate the compensation due is 1% per month up to a maximum of 80% of the initial purchase price.

Personal injury: any bodily harm suffered by an individual and the ensuing losses.

Pollution: degradation of the environment by substances that are not naturally present in the medium in question being discharged into the air, the water, or the soil.

Hazard / random: event whose occurrence is uncertain and beyond the control of the insured

Strike: concerted collective action consisting in the employees of a firm, of an economic sector or of a professional category ceasing to work in order to give weight to their claims.

Subrogation: legal situation whereby the rights of one person are transferred to another person (in particular: the Insurer taking the place of the contract holder for the purposes of proceedings against the opponent).

Third Party: any person other than the Insured Person who is responsible for the damage, injury or loss, to the exception of a family member.
Insured Persons which are not members of the same family are considered to be third parties between themselves.

Transport company: any company duly approved by the public authorities for the transport of passengers.

Waiting period: the period between the subscription date and the date at which the Member becomes entitled to benefits. During the waiting period, no benefit will come into effect and the insured cannot be compensated.

3/ Medical expenses, accidental death and dismemberment benefits

A/ Medical expenses benefits

Coverage consists of reimbursement of medical expenses resulting from an accident or illness which are recognized by the World Health Organization (WHO), notwithstanding the further exclusions.

Reimbursement requests will be accepted only if the Insurer estimates that the amount of the bills and receipts that have been sent is reasonable and habitual in the country where treatment is received. If not, the insurer is entitled to reduce the amount of reimbursement.

The benefits for medical expenses end if our medical team deems that the Member can be repatriated to his country of residence.

It is agreed and understood that whenever the insured person benefits or may benefit from the reimbursements of any social organisation in the European Union, **benefits shall be paid as a complement.**

Maximum amount for medical expenses per beneficiary and per year is 300.000 €.

Limit to real expenses

In accordance with article 9 of law 89-1009 of December 31, 1989 and decree 90-769 of August 30, 1990, reimbursement or indemnification of fees due to illness or accident cannot exceed the amount of fees due by the Insured after reimbursements of any nature he is entitled to.



Coverage of the same nature contracted to other insurance companies apply up to the limit of each benefit whatever the date of subscription. Within this limit the beneficiary of the contract can obtain an additional indemnity joining details of reimbursement provided by the other companies.

For application of the above mentioned clause, the limit of the amount of fees left to the Insured is indicated by the Insurer for every covered medical expense.

In case of undue payments: the beneficiary of the benefit commits to repay to the Insurer, as soon as possible, the undue claims. As a consequence, the Insurer can make compensation between these amounts and any other benefits due by the Insurer to the Insured.

Excluded benefits from medical expenses

It is hereby stated that costs not recognised by the World Health Organisation, in accordance with the "International classification of Health interventions" (ICHI), as well as the benefits below are not covered under this policy:

1. expenses incurred before or after period of coverage,
2. transportation fees of general practitioner which are usually not covered,
3. treatment and care non prescribed by a qualified physician,
4. medical fees for which the insured could have waited for the return to his country of residence,
5. medical fees incurred in the country of residence (except for students during stays of less than 30 days for school holidays),
6. cosmetic treatment and surgery unless consecutive to an accident,
7. congenital disability, hereditary diseases, and chronic illnesses,
8. medical aids including hearing aids and dental prosthesis,
9. dental care (except in case of emergency and accident),
10. stomatology, dermatological treatment related to acne, and speech therapy,
11. optical care, orthoptics and contact lenses,
12. acupuncture, massages and physiotherapy (unless consequent to a covered accident which resulted in a hospitalisation. Here, hospitalisation consists in staying several days in the hospital, at least 24 hours),
13. psychological care and psychotherapy including consultations,
14. mental diseases including nervous breakdowns, treatment and care related to sleep disorder
15. HIV infection and its consequences, AIDS and its consequences,
16. sexual transmitted diseases (STD) and related tests,
17. thermal cures, and rehabilitation centres,
18. health check-ups,
19. vaccination fees,
20. medical expenses related to birth control, abortions, and sterility treatments,
21. medical expenses related to pregnancy, pathological pregnancy, maternity, vaginal and surgical childbirth / delivery, and sexual disorders,
22. expenses incurred for organ acquisition,
23. any operation or treatment related to a sex change,
24. non prescribed drugs, non medicinal products of current use such as medical alcohol, cotton, sun lotions, dental hygiene products, bandages, shampoos...,
25. subsidiary expenses such as telephone in case of hospitalisation or fees considered extravagant, unreasonable or unusual considering the country where they incurred.

Medical examination and arbitration

Doctors and authorised representative of the Insurer shall have access to the Insured in order to assess his state of health. Upon request of the Insurer, the Insured shall provide any evidence and be performed any test or examination.



In the event of an accident, the Insured is required to send an official report detailing the circumstances of his accident to the Insurer.

The insured shall be notified by registered mail of all the decisions taken by the Insurer further to the conclusions of its medical adviser. The Insured may object the decision within 10 days by means of a detailed medical certificate addressed to the Insurer by Registered mail.

In case of disagreement on the state of health of the Insured, an amicable cross-examination by a physician chosen by the Insured and a physician appointed by the Insurer may be performed.

If both doctors cannot reach the same conclusions, they designate a medical arbitrator for final settlement. Fails a mutual choice, designation shall be judiciary.

Each party shall support the fees of its physician and share the ones of the arbitrator.

B/ Accidental death and dismemberment benefits

- Lump sum for non-accidental death:

In case of death of the Member, a lump sum of €1,000 is paid to the following beneficiary(ies): the spouse, and by default the children born or yet to come into equal parts, the death Insured portion belonging to her/his own children and by default to brothers and sisters, or parents in equal parts, the death Insured portion belonging to the survivor, by default to the heirs in equal parts.

- Lump sum for accidental death:

A lump sum payment of 8 000 euros is paid to the Insured in case of accidental death (see definitions), provided death occurs within one year of the accident.

The lump sum for Accidental Death is paid to the following beneficiary(ies): the spouse, and by default the children born or yet to come into equal parts, the death Insured portion belonging to her/his own children and by default to brothers and sisters, or parents in equal parts, the death Insured portion belonging to the survivor, by default to the heirs in equal parts.

- Permanent disability benefit further to an accident:

A lump sum payment is paid to the Insured if he becomes disabled further to an accident, provided disability occurs within one year of the accident and provided the accident occurs before his 40th birthday.

Disability is deemed TOTAL when according to the scale and the rules of evaluation it reaches 100%. In this case total amount shall be granted.

Otherwise disability is deemed PARTIAL and the percentage of the lump sum for the corresponding disability shall only be granted.

The maximum amount shall be 30 000 euros in case of permanent disability further to an accident.

Excluded risks for accidental death and dismemberment benefits

- 1. accidents caused by blindness, paralysis, mental illnesses, and all pre-existing diseases and infirmities at the time of entering into the contract,**
- 2. accidents caused by the use of a motorcycle with a cylinder in excess of 125 cm³ either as driver or passenger,**
- 3. accidents resulting from your professional activity,**
- 4. accidents caused by a transport company not authorized for the public transport of persons,**
- 5. accidents resulting from exercises carried out under military authority.**



SCHEDULE OF COVER

Death capital sum	8 000 €	
Total permanent disability capital sum	30 000 €	
Scale of disablement:	Right*	Left*
Complete loss:		
of the arm	75 %	60 %
of the forearm or hand	65 %	55 %
of the thumb	20 %	18 %
of the index finger	16 %	14 %
of the middle finger	12 %	10 %
of the third finger	10 %	8 %
of the little finger	8 %	6 %
of the thigh		60 %
of the leg		50 %
of two limbs		100 %
of the foot		40 %
of the big toe		5 %
of the other toes		3 %
of both eyes		100 %
of sight of an eye		30 %
complete deafness, incurable and not treatable		40 %
complete deafness, incurable and not treatable in an ear		15 %
total or incurable insanity		100 %

*if it has been medically established that you are left-handed, the disability rate allocated for the right arm applies to the left arm, and vice versa

Disability ratings that are not included in the scale are determined by comparing their severity to the cases listed above without taking into account the victim's profession.

Loss means complete amputation or total paralysis of the limb in question, or definitive and permanent ankylosis in all the joints of which it is composed.

The benefits paid by the Insurer are complementary to those of any other Social Security scheme or any supplementary body from which he/she could benefit personally, in particular the benefits covered by the European health card.

How to claim medical, accidental death and dismemberment expenses

Within the context of reviewing the claim, that the Insurer's advising medical expert may request any other supporting documentation necessary to process the claim. Insofar as the documentation listed herein to be submitted is incomplete, gives rise to doubt, or the Insurer is unable to investigate thoroughly its obligation to pay the claim, the Insurer's advising medical expert is entitled to request data from the following organisations and persons subject to the Article on date protection:

- Doctors,
- Hospitals,
- Other medical institutions,
- Care homes,
- Caregivers,
- Other personal insurance providers,
- Statutory health insurance bodies,
- Occupational insurance organisations and
- Official bodies



In the event the members of the category of covered persons, including dependents, where applicable, as defined herein, explicitly reject concrete data collection in the context of claims processing or revoke consent the benefit may not become due if the Insurer is unable to determine whether and to what extent the Insurer is liable for payment of the claim.

The Insurer shall not otherwise be held liable by the Policyholder for the impossibility of performing the services under the present contract.

Any information provided by the Insured or by one of his Dependents that turns out to be erroneous, falsified or exaggerated or any fraudulent action of their own will involve the direct responsibility of the Insured and the recovery of the amounts of money paid by the Insurer without due cause on this incorrect basis.

In case of hospitalisation, surgery, radiography or medical treatment, a request for prior approval must be sent to the Insurer. A request for prior approval should be composed of a medical report and a detailed cost estimate of the care for which the request for prior approval was made.

In case of non-respect of this provision, we are entitled to deny coverage. In case of hospitalisation the Insured can ask for a full acceptance of liability in order to prevent him to advance fees.

Requests for reimbursements of medical expenses:

For all requests for reimbursement you should send to:

ACS
CLAIMS DEPARTMENT (to the attention of the Medical Adviser)
153, rue de l'Université – 75007 Paris, France
Tel. 00 33 (0)1 40 47 91 00 - Fax. 00 33 (0)1 40 47 61 90
e-mail : servicemedical@acs-ami.com

the following documentary evidence:

- your certificate number, original paid invoices from doctors and medical establishments, prescriptions for corresponding medicines and any medical document indicating the diagnosis;
- Claims not exceeding Euro 500, can be sent via our secure platform <https://clems.acs-ami.com>. Please note that the Insurer may request the corresponding original documents during 2 years.

In case of impossibility for the Insured to provide original documents, at the request of the Insurer the Insured takes the commitment to repay, as soon as possible, the amounts received on the basis of the scanned documents. Therefore, the Insurer is entitled to compensate any amount due in this respect with other reimbursements of claims due by the Insurer to the Insured.

For costs of hospitalisation of more than 24 hours, it is possible to obtain an undertaking to pay medical costs by contacting our MEDICAL ASSISTANCE service beforehand, which is available 24 hours a day (Vyv International Assistance : ops@vyv-ia.com / 00 33 (0)5.86.85.00.50).

The Insurer may require any further necessary document to process the claim.

In case of non-accidental death: the death will only give rights to the benefits if it is declared, except in case of force majeure, within six months of the date of death and provided the following documents are supplied:

- a medical certificate of natural death issued by the doctor who confirmed the death,
- a complete copy of the birth certificate,
- a photocopy of the family record book,
- a complete copy of the birth certificate of the beneficiary or beneficiaries,
- the latest tax notice.



In case of accidental death or dismemberment further to an accident:

You must report the accident giving rise to a claim so that it reaches us within 5 working days unless there is an unforeseen event or a case of force majeure; if this deadline is not adhered to, and because of this we incur a loss, then you will lose all rights to compensation

Your accident report must be accompanied by the following documents as a minimum:

- the initial medical certificate recording the injuries
- any statements made by witnesses of the accident,
- the report or statement establishing the precise circumstances of the accident.

During your course of treatment, you must be checked by our medical consultant so that s/he may assess the consequences of the accident. You agree to undergo medical examinations that the medical consultant may decide to effect and to provide us with all the elements necessary for the preparation of your case.

If you so wish, you may be accompanied by a doctor of your choosing.

If there is disagreement either in regard to the causes of death or the injuries, or the consequences of the accident for which compensation may be payable, we will submit the differences of opinion to two experts, one chosen by you or your legal successors, the other chosen by us, subject to our respective rights. If there is still disagreement, a third expert will be appointed, either by common agreement, or by the presiding judge of the Tribunal de Grande Instance de Paris, giving an emergency ruling (*statuant au référé*).

Each of us is responsible for the payment of the fees and expenses of our experts. The fees of the third expert will be shared equally by both parties.

4/ Assistance benefits

Repatriation assistance

If you find yourself caught up in one of the situations referred to hereinafter, we will implement the services described, following a simple telephone call (reversed charge or collect call accepted from abroad).

In all cases, the decision to provide assistance and the choice of appropriate methods is at the sole discretion of the VYV International Assistance doctor, after contacting the attending physician on site, and, where appropriate, the beneficiary's family. Only the medical interest of the beneficiary and compliance with the health regulations in force are taken into consideration when making a decision regarding transport, the choice of method of transport, and the possible place of hospitalisation.

Under no circumstances is VYV International Assistance a substitute for the local emergency assistance organizations.

What do we cover?

Repatriation or medical transport

If you are ill or injured following a covered event and your state of health requires a transfer, we organize and pay for repatriation to:

- either the closest competent hospital
- either the competent hospital closest to the Insured's home in his country of residence
- either the Insured's home in his country of residence;

if the local medical infrastructure does not have the capacity to provide appropriate care.

According to the seriousness of the case, repatriation and transport are effected under medical supervision, if necessary, by the most appropriate of the following methods:

- special air ambulance
- Regular airliner, train, sleeper, boat, ambulance.



Only medical necessity is taken into consideration when deciding on the date of repatriation, the choice of means of transport or the place of hospitalisation.

The decision to repatriate is taken by our medical advisor, after consulting the occasional attending physician and, perhaps, the family physician.

During your repatriation, and on the advice of our consulting physician, we organise and pay for the transport of a person to accompany you.

Any refusal of the solution proposed by our medical team will result in cancellation of the personal assistance guarantee.

Extension of stay for medical reasons

If you are hospitalized during a covered trip, and our doctors deem this hospitalisation to be necessary beyond your original return date, we will cover your return ticket and the return ticket and accommodation costs (room and breakfast) for your beneficiary family members or an accompanying insured person to stay with you, up to the amount and for the maximum period indicated in the Table of Benefits.

If your medically certified state of health does not justify your hospitalisation but prevents you from undertaking your return on the date initially planned (in particular in the event of a quarantine), we will cover your additional hotel stay costs as well as those of your beneficiary family members or of an accompanying insured person, up to the amount and for the maximum period indicated in the Table of Benefits. As soon as the conditions allow it, we organize and cover your additional transport costs, and eventually those of your insured family members or of an accompanying insured person who stayed with you, if the original transport tickets for your return and theirs cannot be used because of this event.

Only medical requirements are taken into consideration when granting this benefit.

In all cases, the cost of meals or other expenses remains the responsibility of that person.

This benefit cannot be combined with the "Visit from a relative" benefit.

Presence of relative/friend when hospitalised

If you are hospitalized and the state of your health does not allow you to be repatriated before seven days, we organize and pay for the cost of transporting a member of your family or a designated person who has remained in your country of residence so that they can come to your bedside in hospital.

We also refund the hotel costs for that person up to the amount indicated in the table of sums insured, and organize his return upon your release from hospital.

This guarantee does not apply, if you are already accompanied by a member of your immediate family on site.

Transport of the body in the event of death

In case of death due to a covered event, we will organize and pay for the transport of the body from the place where the body was placed in the coffin to the international airport nearest your home address.

We will also pay for related costs necessary for the transport, including the cost of the coffin, thus enabling the transport, up to the amount given in the schedule of cover.

The costs of the ceremony, all extras, interment or cremation, remain payable by the family.

Early return

If you have to interrupt your travel early because of the death of a member of your immediate family (as this term is defined in the chapter Definitions), we will pay for your additional transport costs and those of the insured members of your immediate family in order to allow you to attend the funeral, if the travel tickets provided for your return journey and for theirs cannot be used because of this event.

Payment of search costs



We will pay for the costs of sea or mountain searches following an event which endangers your life, up to the amount given in the schedule of cover. Only the costs invoiced by a company duly authorized to carry on this kind of activity will be reimbursed.

Advance of funds abroad

Following a theft or loss of your means of payment (credit card, check book ...) or of your initial travel ticket, we will advance you a sum of money up to the amount given in the schedule of cover.

This advance is subject to the establishment of an acknowledgement of debt form.

You commit to reimburse to us this advance within a delay of 3 (three) months following its release.

After this delay, we will be entitled to request the amount of the advance granted, together with interest at legal rate.

Dispatch of medicines abroad

We will pay the expenses of sending medicines essential to the continuation of an ongoing medical course of treatment prescribed by a doctor, if you no longer have the medicine due to an unforeseen event, and it is impossible for you to procure these medicines or their equivalent where you are.

The cost of this medicine remains payable by you in all circumstances.

Forwarding of messages

We are responsible for forwarding messages intended for you when you cannot be contacted directly, for example, if you are in hospital.

Similarly, by calling us, a member of your immediate family, may be given any message that you have left for their attention.

Legal assistance abroad

a) Payment of fees

We will pay the fees of legal representatives whom you call upon, up to the amount given in the schedule of cover, if you are being prosecuted for unintentionally breaking the law of the foreign country in which you are traveling.

b) Advance of bail

If, due to unintentional violations of the legislation of the country in which you are traveling, the authorities require you to put up bail, we will advance you a sum up to the amount given in the schedule of cover.

This advance must be reimbursed within one month following presentation of our request for reimbursement that we send to you.

If the bail money is paid back before this deadline by the authorities of the country, it must be sent to us immediately.

What are the limits of our cover in 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.

What are the exclusions of the Assistance cover?

We cannot intervene if your request for assistance is due to:

- **pollution, natural disasters,**
- **travel undertaken for the purpose of diagnosis and / or treatment,**
- **states of pregnancy unless unforeseen complications, and in all cases from the 32nd week of pregnancy,**
- **the consequences of:**
 - **exposure to infectious biological agents,**
 - **exposure to chemical agents such as poison gas,**
 - **exposure to incapacitating agents,**
 - **exposure to radioactive agents,**



- exposure to nerve agents or agents with persistent neuro-toxic effects, subject to quarantine or to preventive measures or to a specific surveillance or to recommendations from international sanitary authorities or from local sanitary authorities.

What are your obligations in the event of accident?

For all requests for assistance, you should contact us, 24/7 VYV International Assistance : ops@vyv-ia.com / 00 33 (0)5.86.85.00.50 in order to obtain our prior approval before taking any steps or incurring any expenses.

When we have organized your transport or repatriation, you must hand over your initial travel tickets to us, as they will have become the property of VYV International Assistance.

5/ Legal liability

What do we cover?

We cover the financial consequences of the legal liability you may incur during your private life, including during traineeships/ internships with respect to, on the one hand, personal injury and/or damage to property and, on the other hand, the consequential losses therefrom, caused accidentally to any person other than a member of your family, that is your fault or the fault of 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.

The cover also applies to objects entrusted during a period of traineeship/ internship up to the amount given in the schedule of cover.

What do we exclude?

Besides the exclusions given under the heading "EXCLUDED RISKS FOR ALL BENEFITS", we do not cover :

1. damage intentionally caused or provoked by you,
2. damage resulting from the use of land motor vehicles, sailing and motorboats, and air navigation appliances,
3. damage resulting from any professional activity,
4. the consequences of any material damage and/or personal injury affecting you personally, and members of your family,
5. consequential damage except where it is the direct result of accidental damage to property and/or personal injury that is covered,
6. objects entrusted to the insured (except in case of traineeships/ internships)
7. damage resulting from the practice of air sports or from hunting,
8. damage you caused due to a fire, explosion or flooding,
9. Traineeships/ internships in the medical and paramedical field, except for traineeships/ internships exclusively on an observation basis.

What are the limits of our cover?

Settlement – acknowledgement of liability

You should not accept any acknowledgement of liability, nor any settlement, without our prior and written agreement.

However, simply acknowledging the materiality of certain facts is not considered to be an acknowledgement of liability, nor is the fact of having procured emergency help for a victim when this is an act of assistance that anyone would have a moral duty to provide.

You should advise us within 5 working days of any event likely to incur your civil liability, unless there is an unforeseen event or a case of force majeure; if this deadline is not adhered to and because of this we sustain a loss, then your cover will lapse.



Proceedings

If legal action is taken against you, we will ensure your defense and will supervise the proceedings for the facts and damage which come within the scope of the contract herein. However, you may join in the lawsuit as long as you can establish a separate interest that is not taken charge of pursuant to the contract herein.

The mere fact of entering an appeal in your defense as a precaution may under no circumstances be interpreted in itself as an acknowledgement of cover, and in no way implies that we agree to be liable for the harmful consequences of events which would not be explicitly covered by the contract herein.

Even if you fail in your obligations after an accident, we are bound to compensate the people to whom you are liable. Nevertheless, in these cases, we retain the right to take legal action against you for reimbursement of all the sums that we have paid or provided on your behalf.

Redress

Insofar as the means of obtaining redress are concerned:

- We are entitled to act without reference to yourself before the civil, commercial or administrative jurisdictions, in relation to the cover provided under this contract,
- Before the criminal jurisdictions, redress may only be sought with your agreement,
- if the lawsuit pending before a criminal jurisdiction no longer relates to any interests but civil interests, refusal to give your agreement to our exercising the anticipated means of obtaining redress entails a right for us to claim compensation from you equivalent to the loss which resulted for us.

Costs of proceedings

We will be liable for the costs of the proceedings, discharges and other settlement costs.

However, if you are ordered to pay a sum in excess of that of the cover, each of us shall bear these costs in proportion to their respective share in the sentence.

What are your obligations if an insured event occurs?

For any request, you must contact us : ACS, Claims Department, 153 rue de l'Université, 75007, Paris, France / servicesinistres@acs-ami.com

6/ Luggage

We cover your luggage, objects and personal effects taken with you or bought during your journey, during the outward and return travel only (initial departure and final return) up to the amount given in the schedule of cover, in the event of

- ✓ robbery,
- ✓ total or partial destruction,
- ✓ loss during transport by a transport company.

The amount given in the schedule of cover constitutes the maximum reimbursement for all accidents occurring during the insured period.

What is excluded?

Besides the exclusions given under the heading «EXCLUDED RISKS FOR ALL BENEFITS», we cannot cover :

- 1. the fragile objects such as porcelain, glass, ivory, ceramic, marble objects,**
- 2. the items listed hereinafter: jewels, device reproducing sound or image and corresponding accessories, documents recorded on tapes or films as well as professional material, laptop computers, mobile phones, sport articles, musical instruments, food products, lighters, pens, cigarettes, alcohol, works of art, beauty products and photographic films, any prosthesis, equipment of any kind, share certificates, eyeglasses, contact lenses, keys of any kind,**



3. cash, and documents listed hereinafter: passport, identity card or residence card, car registration book and driving license, credit cards, books, travel tickets.

How is your compensation calculated?

Compensation will be paid to you against documentary evidence and on the basis of like-for-like replacement value, less obsolescence.

Under no circumstances is the proportional rule of capital provided in article L.121-5 of the French Insurance Code applied.

What are your obligations in the event of a claim ?

Our reimbursements being complimentary to those of the transport company, your claim report must be accompanied by a copy of the transport company's documents, attesting the reimbursement of your luggage.

You must report to ACS, Claims Department, 153 rue de l'Université, 75007, Paris, France / servicesinistres@acs-ami.com within 3 months from the date of reimbursement by the transport company, except in case of unforeseen circumstances or force majeure; if this deadline is not respected and we suffer a loss as a result, you will lose all rights to compensation.

The following elements must be included with the claim form:

- ✓ The receipt for filing of a complaint in the event of theft or a theft report lodged with a competent authority (police, gendarmerie, transport company, purser, ...) in case of theft during the stay or loss by a transport company;
- ✓ The report of loss or destruction filed with the carrier (maritime, air, rail, road) when the luggage or objects were lost, damaged or stolen during the period when they were in the legal custody of the transporter;
- ✓ A copy of the list of objects declared damaged or stolen, given to the transport company;
- ✓ The letter of reimbursement from the airline or transportation company stating the compensation paid to you;
- ✓ Original proof of purchase for damaged or stolen items.

Failure to submit these documents will result in forfeiture of your rights to compensation. The sums insured cannot be considered as proof of the value of the property for which you are claiming compensation, nor as proof of the existence of this property.

You are obliged, by any means in your power and by all documents in your possession, to provide evidence of the existence and value of these goods at the time of the loss, and the extent of the damage.

If you knowingly use inaccurate documents or fraudulent means as proof, or if you make inaccurate statements or fail to disclose any relevant information, you will lose all rights to compensation, without prejudice to the prosecution that we will then have grounds to instigate against you.

What happens if you recover all or part of the luggage, items and personal effects?

You must advise us immediately, in a letter sent by recorded delivery, as soon as you have been informed:

- if we have not yet paid you your compensation, you must take back the luggage, items, or personal effects; we are then only obliged to pay for any damages or missing items;
- if we have already paid out compensation, you have the option, within a period of 15 days, to do one of the following:
 - 1/ either to abandon the said luggage, items or personal effects in our favor,
 - 2/ or to take back the said luggage, items, or personal effects in return for restitution of the compensation that you received, having, where appropriate, deducted, that part of the compensation which corresponds to damaged or missing items.

If you have not made your choice within 15 days, we will deem that you are opting for abandonment.



7/ Excluded risks for all benefits

Expenses are not reimbursed if consequent to the following events or situations:

1. expenses related to pre-existing conditions: consequent to accidents or illnesses which occurred prior to the effective date of the contract,
2. an illness or an accident based on the intentional act of the covered person, self-mutilation or attempt of suicide,
3. criminal proceedings against the Insured,
4. accidents or diseases incurred during sport competitions organised by any sports federation, as well as any sport activities within a professional context and the consequences of practice of the following sports: mountaineering, rock-climbing, bobsleigh, skeleton, any air sport, jet ski, martial arts, off-piste winter sports,
5. participation of the insured in duel, bet, crime and offence, fights (except self-defence), strikes,
6. consequences of the use of medicines, drugs or narcotics not medically prescribed,
7. consequences of an obvious state of alcoholism or drunkenness,
8. accidents caused by hurricane, earthquake, volcanic eruption or other disasters,
9. accidents or diseases due to the release of nuclear radiation, any irradiation from ionising radiation as well as insured events due to the effects of radiation caused by the artificial acceleration of particles,
10. terrorism, sabotage, war (whether civil or not), riots, demonstrations, according to article L121-8 of the French Insurance Code,
11. the absence of random,
12. consequences of voluntary non-compliance with the regulations of the countries visited, or the practice of activities prohibited by the local authorities.

In addition, the Insurer shall not be liable for providing insurance (or reinsurance) coverage or for paying any claim or providing any benefit hereunder if such coverage, payment or benefit would subject the Insurer to any sanction, prohibition or restriction under United Nations resolutions relating to economic or trade sanctions, or under the laws and regulations of the European Union, the United States of America or any other jurisdiction.

8/ Basis of the insurance contract

This policy is governed by the French Mutual Insurance Companies Code for the Medical Expenses, Repatriation Assistance and Non-accidental death Covers, and by the French Insurance Code for the Luggage loss, Accidental death & disability and Legal liability Covers. The law applicable to the contract is French law, both for the benefits insured by MGEN and for the benefits insured by MGEN Portugal under the Freedom to Provide Services regime in France.

The definition of the covers, the pricing and their rules of application take into account the legal and regulatory provisions in force on the effective date of the insurance contract.

SUBROGATION

The Insurer is subrogated to the rights and actions that the Insured may have against the Third Party responsible for the loss, in the limit of the amount of compensation that the Insurer has paid. In case Subrogation could not operate in favour of the Insurer because of the Insured, the latter will be relieved of the obligations regarding the Insured in respect of the Subrogation that would have been possible.

TIME LIMIT OF ACTIONS STEMMING FROM THE INSURANCE CONTRACT

The provisions relating to the time limit within which action stemming from the insurance contract may be taken are set out by **Articles L 114-1 to L 114-3 of the French Insurance Code and Articles L.221-11 to L.221-12-1 of the French Mutual Insurance Companies Code**, as reproduced below:



Article L 114-1 of the French Insurance Code and L.221-11 of the French Mutual Insurance Companies Code:

Any actions stemming from an insurance contract are time barred two years after the event from which the actions stem.

However, this time limit only starts running:

1 In the event of reticence/concealment, omission, misrepresentation or inaccurate declaration of the risk incurred, from the date when the Insurer learned of the said risk;

2 In the event of an insurance loss, from the date when the interested parties learned of it, if they prove they were unaware of it prior to that date.

When the action by the Insured Person against the Insurer is caused by recourse by a third party, the time limit for action only starts running from the date when the third party takes legal action against the Insured Person or has received compensation from the Insured Person. The time limit for action is increased to 10 years in life insurance contracts when the beneficiary is a person distinct from the Contract holder and, in insurance contracts for personal accidents, when the beneficiaries are the assigns of the deceased Insured Person.

For life assurance contracts, and notwithstanding the provisions of point 2 above, the right to action by the beneficiary lapses at the latest 30 years after the death of the Insured Person.

Article L 114-2 of the French Insurance Code and L.221-12 of the French Mutual Insurance Companies Code:

The time limit for action may be interrupted by any of the ordinary causes for interruption thereof, and by appointment of appraisers after a loss. Interruption in the time limit for action may also result from a registered letter with acknowledgement of receipt being sent by the Insurer to the Insured Person to obtain payment of the premium, and by the Insured Person to the Insurer to obtain payment of compensation.

Article L 114-3 of the French Insurance Code and L.221-12-1 of the French Mutual Insurance Companies Code:

Notwithstanding Article 2254 of the Code Civil (French Civil Code), the parties to the insurance contract may not, even by mutual agreement, either change the length of the time limit for action, or add causes for suspension or interruption thereof.

The time limit for action is interrupted by one of the ordinary causes for interruption of the time limit set out in Articles 2240 to 2246 of the French Civil Code, and by the appointment of experts following the occurrence of a risk.

The ordinary causes for interruption of the time limit for action provided by the French Civil Code are:

- Recognition by the obligee of the right of the person against whom the obligee could claim inaction (article 2240 of the French Civil Code),
- Instigating legal proceedings (articles 2241 to 2243 of the French Civil Code),
- Protective measures being taken pursuant to the French Code of Civil Enforcement Procedures (Code des procédures civiles d'exécution) or by an enforcement being ordered (article 2244 of the French Civil Code).
- One of the jointly and severally liable obligees being summoned or notified through legal proceedings or through an enforcement order, or recognition by the obligee of the right of the person against whom the obligee could claim inaction (article 2245 of the French Civil Code).
- Summons or notification made to the main obligee, or the main obligee recognising the right in question for the time limit for taking action against the guarantor (article 2246 of the French Civil Code).

ANTI MONEY LAUNDERING

The controls that we are legally required to carry out as part of anti-money laundering and to combat the financing of terrorism, especially cross-border flows, may lead us at any time to ask you for explanations or supporting documents, including concerning the acquisition of insured goods.

Pursuant to the French Data Protection Law of 6 January 1978 as amended by the French Law of 6 August 2004, and pursuant to the French Monetary and Financial Code, you are entitled to access your personal data by sending a letter to the French Data Protection Authority (CNIL).

COURTS OF COMPETENT JURISDICTION – GOVERNING LAW

The pre-contractual and contractual relations are governed by French law and primarily by the French Insurance Code and the French Mutual Insurance Companies Code.



Any legal action relating to this contract shall be brought before French courts which have exclusive jurisdiction. However, if you are domiciled in the Principality of Monaco, the Monaco Courts shall have sole jurisdiction for disputes you and us.

LANGUAGE USED

The language used on the occasion of pre-contractual and contractual relations is French.

OPTION OF CANCELLATION

If you are already insured for the same risk:

You are prompted to verify that you are not already the beneficiary of insurance covering one of the risks covered by the new contract. If such is the case, you have the right to renounce this contract during the 14 (calendar) days following its conclusion, without any fees or penalties, if all of the following conditions are satisfied:

- you took out this contract for non-professional reasons;
- this contract was added to the purchase of a good or service sold by a supplier;
- you can show that you are already covered for one of the risks covered by this new contract;
- the contract you want to renounce has not been fully performed; and
- you have not filed any claim for damage covered by this contract.

In this situation, you can exercise your right to renounce this contract by letter or any other durable medium sent to ACS, 153, rue de l'Université, 75007, Paris, FRANCE, accompanied by a document proving that you already have cover for one of the risks covered by the new contract. We are required to reimburse the premium paid, within 30 days from your renunciation.

"I the undersigned M..... residing at hereby renounce my contract No. taken out with I hereby attest that I have no knowledge at the date of sending this letter, of any damage covered by the contract."

9/ Data Protection

According to the Data Protection Act of January 6th 1978, as amended, and in the context of the management of the insurance contract, the personal data of the Insured may be transferred to the Insurer, its administrators, its service providers, its subcontractors or reinsurers. Insured persons are informed that treatments concerning them, as well as those of their potential beneficiaries, are implemented as part of the conclusion, management and execution of this contract as well as for its commercial management. They may also be used in the context of control, prospecting, anti-fraud and money laundering and terrorist financing operations, the search for beneficiaries of unregulated death contracts, the execution of legal and regulatory provisions.

The data collected is necessary for the implementation of these treatments and is intended for the relevant services of the Insurer and its Managing Delegate and, where appropriate, its subcontractors, service providers or partners. The Insurer is required to ensure that this data is accurate, complete and, if necessary, updated. The data collected will be kept for the duration of the contractual relationship increased legal requirements or in respect of the terms provided by the Commission Nationale Informatique et Libertés (CNIL).

This personal data may be transferred to service providers or subcontractors established in countries outside the European Union. These transfers concern only countries recognized by the European Commission as having an adequate level of protection of personal data, or recipients with appropriate guarantees.

The Insured members and/or their beneficiaries have the right of access, rectification or deletion, limitation of the processing of their data, or request the portability or opposition of the data transmitted, and have the right to provide guidelines regarding the processing of their personal data after their death.



Any request for the exercise of their rights may be addressed to the Data Protection Officer of the VYV Group: Tour Montparnasse – 33, avenue du Maine – BP 245 – 75755 Paris Cedex 15 or dpo@groupe-vyv.fr or by contacting :

ACS,
To the attention of the Data Protection Officer,
153, rue de l'Université,
75007 Paris,
France
dpo@acs-ami.com

During the exercise of their right, the production of an ID may be requested. In case of persisting disagreement, they may appeal to the CNIL : www.cnil.fr or 3, place de Fontenoy – TSA 80715 – 75334 Paris cedex 7, France.

10/ Mediation

WHAT IS THE PROCEDURE FOR EXAMINING COMPLAINTS?

In the event of difficulties in the application of your contract, ACS is able to investigate all your requests and complaints. You can address your complaints to our dedicated complaints department, whose contact details are given below:

ACS, Complaints Department,
153, rue de l'Université, 75007 Paris, France
recla@acs-ami.com

ACS undertakes, from the date of sending your written complaint, to acknowledge receipt of your complaint within 10 days and to provide you with a response within a maximum of 2 months.

In any event, after this two-month period, and regardless of response you receive or in the absence of a response, you may:

- For the benefits insured by MGEN, appeal to the MGEN Mediator, whose contact details are as follows:

CNPM - MÉDIATION – CONSOMMATION
27 Avenue de la Libération 42400 SAINT-CHAMOND
www.cnpm-mediation-consommation.eu; or

- For the benefits insured by MGEN Portugal, appeal to the Insurance Mediator, whose contact details are as follows:

Le Médiateur de l'Assurance (LMA)
TSA 50110
75441 PARIS CEDEX 09 France
www.mediation-assurance.org

11/ Authority in charge of overseeing insurers and insurance brokers

The supervisory authority for MGEN is the **Autorité de Contrôle Prudentiel et de Résolution (ACPR)** located at 4 place de Budapest CS 92459 75436 Paris Cedex 09, France.

- The supervisory authority for MGEN Portugal is the **Autoridade de Supervisão de Seguros e Fundos de Pensões** located at Av. da República 76, 1600-205 Lisbon, Portugal.



12/ Consumers' right to object to telephone marketing

If you do not wish to be contacted for the purposes of telephone marketing, you can have yourself added to a telephone marketing opt-out list, free of charge.

These provisions apply to any consumer, i.e. any natural person acting for purposes unrelated to their commercial, industrial, craft or self-employed activities.

13/ Contact information

For any assistance request or payment of a hospitalisation, please contact 24/7:

VYV International Assistance,

00 33 (0)5.86.85.00.50

ops@vyv-ia.com

For any question regarding coverage or claims, please contact:

ACS

153 rue de l'Université – 75007 Paris - France

Tel. 00 33 (0) 1 40 47 91 00

contact@acs-ami.com

In case of difference between the French and English or other versions of this summary of benefits, the French version shall prevail.



14/ Schedule of cover

MEDICAL COSTS (1) Maximum 300,000 € / person year (2)	
Surgery and hospitalisation	100% of actual costs*
Consultations, pharmacy, x-ray analyses, paramedic care	100% of actual costs*
Emergency dental treatment	100% up to € 300 *
Dental treatment following an accident	100% up to € 600 *
*For students : You maintain the same coverage for emergencies only in your country of residence when you return on holiday, up to a maximum of 15 000 € .	
ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS	
Lump sum non-accidental death	€ 1 000
Lump sum accidental death	€ 8 000
Permanent disability benefit further to an accident	€ 30 000
LEGAL LIABILITY	
Damage that has been caused to someone else during the trip (travel incl.) is guaranteed	
Deductible for the three guarantees	€ 100 per file and per claim
Personal injury	€ 4 500 000
Damage to property and consequential losses therefrom	€ 450 000
Objects entrusted during a period of traineeship	€ 11 500
ASSISTANCE BENEFITS	
Medical transport	100% of actual costs
Repatriation	100% of actual costs
Presence of a relative if hospitalized for more than 7 days	Outward/return ticket + € 80 per night (max. 8 nights)
Early return following the death of a member of the immediate family	Return ticket – actual costs
Extension of stay for medical reasons	Inbound ticket + €80 per night (max 15 nights)
Dispatch of essential medicines which cannot be found on site	100% of actual costs
Forwarding of urgent messages	100% of actual costs
Search costs	100% up to € 3 000
Advance of funds in cases of theft	up to € 700
Legal assistance	up to € 3 000
Advance of bail money	up to € 7 000
Transport of body in cases of death	Actual costs (funeral costs limited to € 1 500)
LUGGAGE INSURANCE	
During the outward / return journey	€ 1 150

(1) If the insured person benefits from the French Social Security or any other insurance organism, our reimbursements are complementary to the latter.

(2) Maximum benefit for a 12-months guarantee through one or several contracts.



15/ Appendix : Medical claim form

Complete this form and join the **original paid invoices**, copies of the prescriptions and full **medical report**, copy of your **passport** (identification + arrival stamp). The medical documents must always mention the patient's full name, the date of the medical treatment, the name, address and telephone number of the practitioner, the medical facility, the laboratory or the pharmacist. Simple receipts not providing all this information won't be sufficient (a detailed bill is required). Please, group your claims in order to avoid low amounts of reimbursements and make photocopies of all the documents before sending them to:

A.C.S. – Medical Service – To the attention of the Medical Advisor 153 Rue de l'Université 75007 Paris, France

Claims requests of less than € 500 can be sent via our secure platform <https://clems.acs-ami.com>

ATTENTION: The insurer reserves the right to request ORIGINALS at any time for a period of 2 years.

Certificate ID: G _____ Date of birth: _____

Family name: _____ Given name: _____

Complete address: _____

Telephone: _____ Personal E-mail: _____

The received treatment is related to:

☐ **Accident:** Circumstances (date, place, details): _____

☐ **Illness/ Diagnosis:** Pathology and date: *(Example: Otitis 12th Sept)* _____

☐ Medical or surgical history in direct or indirect relation to the medical condition concerned: _____

☐ Date of the first symptoms/signs: _____

Detail of the invoices related to medical expenses:

Date of treatment	Country	Currency and settled amount	Treatments
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Comments: _____

In case of reimbursement, I would like to receive:

- ☐ A wire transfer to a bank account in Euros (Indicate IBAN number and SWIFT or BIC code)
- ☐ A wire transfer to a bank account in a foreign currency (please join an official document indicating the complete banking details and notably the SWIFT Code) **(Note: International transfers subject to variable bank charges and accepted for a minimum reimbursement of 50 Euros)**
- ☐ A wire transfer to a third-party account: also forward the account holder's passport copy and a written authorization from the insured stating that he/she agrees to receive the reimbursement on the third-party's account.



Annex : Privacy notice ACS

Protecting data and the privacy of insured members is a top priority. This privacy notice explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed. Please read this notice carefully.

Processing of personal data

The information collected by ACS, insurance broker, simplified joint-stock company registered under number 317 218 188 RCS Paris, and located at 153, rue de l'Université – 75007 Paris, France, either directly from you or via your insurance intermediary, is subject to data processing for the sole purpose of:

- preparing, concluding, managing and executing your quote or contract (study of needs, underwriting, calculation and collect of premium, preparation of endorsements, claims management, treatment of complaints if any...),
- enforcing regulations related to anti-money laundering and terrorist financing prevention, fight against fraud,
- elaborating statistical and actuarial studies,
- redistributing risks via reinsurance or coinsurance.

The processing of such data is carried out in compliance with the requirements applying to the collection, processing, recording, organization, purpose limitation and data minimization, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transfer, dissemination, security of personal data.

The recipients of such data are, within the limits of their relevant assignments and according to applicable purposes, the insurers, reinsurers, insurance intermediaries (your direct broker, if applicable), and eventually their subcontractors, which intervene in the context of the execution or the management of your contract, third party administrators, the mediator if a case is submitted to him/her, authorities legally authorized to manage your complaints, Tracfin for the fight against terrorism and anti-money laundering. Your data may also be transmitted to any person benefiting from the contract (subscriber, insured, member, and beneficiary of the contract).

You expressly accept the collection and processing of data concerning your health. This information is necessary for the execution and the management of your contract and your benefits, which is the sole purpose of the processing, and made in accordance with the regulations of medical confidentiality. This information is exclusively intended for the medical advisors of ACS, its departments in charge of managing your benefits, its third-party administrators and assistance providers if applicable, as well as for the insurers and reinsurers of your contract.

Transfer of personal data :

In addition, we inform you that your personal data, or that of other parties concerned by or benefiting from the contract, may be transferred outside the European Union if necessary for the performance of your contract.

The sole purpose of such transfers is to allow the performance of insurance and assistance claims, and only the data necessary for the achievement of this purpose are transferred.

The recipients or categories of recipients authorized to receive the data are the accredited staff of the medical administrators and assistance companies as well as of the insurers, where appropriate.

These transfers are made according to the regulations relating to the protection of personal data applicable in the European Union.



Your rights :

In accordance with the French data protection law n° 78-17 of January 6 1978 as amended in 2004 and 2018 and to EU regulation 2016/679 of April 27th 2016, you have the right to Access, Rectify, Erase, and to the Portability of, any data concerning yourself, as well as the rights to the Restriction of and to Object to the processing of your personal data, which you can pursue by writing to our Data Protection Officer: dpo@acs-ami.com or by postal mail to « ACS, To the attention of the DPO, 153, rue de l'Université, 75007 Paris, France » (together with a copy of an official ID).

You may send a complaint:

- On the CNIL website by filling out the online form.
- By postal mail writing to CNIL - 3 Place de Fontenoy - TSA 80715 - 75334 PARIS CEDEX 07 FRANCE

Regarding your health data, these rights may also be exercised by writing to the ACS Medical Consultant (ACS, To the attention of the Medical Consultant, 153, rue de l'Université, 75007 Paris, France) together with of a copy of an official ID.

Data retention Duration :

Personal data will be retained in accordance with applicable laws and regulations, and specifically as follows :

Documents	Data Retention Duration
Proposal, quotations	3 years
Individual Enrollment Forms	<ul style="list-style-type: none"> • 5 years from the date of the termination of contract(if no claim) • 5 years from the date of the termination of the insurance coverage
Contributions and premiums	5 years
Healthcare claims (illness/ accident medical expenses)	3 years from the date the claim is closed
Claims files in the event of Death, Total and Irreversible Loss of Autonomy, Incapacity, Disability	<ul style="list-style-type: none"> • if the benefit has been paid: 10 years from the last date of payment • if the benefit has not been paid in totality or partially to the beneficiary(ies) in the event of death of the Insured: 30 years from the date of the recognition of the death of the Insured by the company • if the benefit could not be paid in total or partial due to the disappearance of absence of the Insured: 30 years from the date of recognition by the company of the determination of the disappearance or absence of the Insured
Permanent Partial Disability Due to Illness (PPDI)- Permanent Partial Disability Due to Accident Disability (PPDA)	<ul style="list-style-type: none"> • if the benefit has been paid: 10 years from the last date of payment • if not paid: 30 years

