CONDITIONS 2024

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Optional Membership Group Insurance Plan
1st Euro: AQ001939
CFE: AQ001938

Expatriate Health insurance

Information Document

Expatriate Health Insurance
L'ÉQUITÉ ASPI 0422
Ref.: EQC 1052 - NI 04/2022

Your Application is constituted by these Terms & Conditions which shall be considered the same as the Information Documentation and your Policy Certificate.

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This Information Document contains the general conditions for the L'ÉQUITÉ optional membership group insurance plan, nos. AQ001938 and AQ001939, subscribed by Association Santé Prévoyance Internationale ("ASPI").

CONTENTS

The Information Document defines the coverage and its entry into force, as well as the formalities that must be followed in the event of a claim. This document must be drawn up by the Insurer, then provided to the Policy Holders by the Subscribing Association (Article L.141-4 of the French Insurance Code).

The **"Expatriate Health Insurance"** Policy has been subscribed by:

Association Santé Prévoyance Internationale
Zone Actiburo - 99 rue Parmentier - 59650 Villeneuve d'Ascq - France

(the **"Association"**)

It has been underwritten by:

L'ÉQUITÉ
SA, a public limited company with a capital of 22,469,320 euros. The company is governed by the French Insurance Code - 572 084 697 Paris Trade and Company Register. Head Office: 2 rue Pillet-Will 75009 Paris, France. Company belonging to the Generali Group, registered in the Italian register of insurance groups under number 026.

L'Équité

GENERALI

Authority regulating the insurance Policy:

Autorité de Contrôle Prudentiel et de Résolution, ACPR (French Prudential Supervision and Resolution Authority)
4 place de Budapest CS 92459 75436 Paris cedex 09 - FRANCE

DEFINITIONS OF THE HEALTH POLICY

Accident:

All bodily injury that occurs against the will of the Insured Party and resulting from a sudden and unforeseen event with an external cause.

Annual excess:

The annual amount of your expenses that is your responsibility.

Association:

"Association Santé Prévoyance Internationale" (ASPI) is the association (under the law of 1901) who has underwritten the Contract which allows its Policy Holders to enjoy the coverage described in the Healthcare Coverage table (Article 2-II).

CFE:

Caisse des Français de l'Etranger ("the Fund for French Nationals Abroad").

Civil partnership agreement:

Civil partnership in accordance with the definition given in Articles 515-1 et seq of the French Civil Code.

Country of expatriation:

Country appearing in one of the geographic coverage areas in which You and your Beneficiaries must reside in accordance with the definition for expatriate. Your country of nationality cannot be the same as your country of expatriation.

Coverage period:

Period during which the Insurer is contractually obliged to bear the risks associated to the execution of the Policy. A risk coverage period begins at latest on the date appearing on the Policy Certificate, and ends at latest on the date that the Policy ends.

Daily flat fee for hospital visits:

When receiving care in France, this represents the accommodation and maintenance expenses incurred during your hospitalisation that are not covered by French Social Security or CFE, if applicable, in compliance with Article L.174-4 of the French Social Security Code.

Delegate:

Third party mandated by the Association to undertake the various management tasks entrusted to it. Within the framework of the Policy, the Delegate of the Underwriter is GAPI, sub-delegate of ASSUR-TRAVEL: 16 rue de la Fontaine au Roi - 75011 Paris - France, a simplified joint-stock company with a capital €55,000 - Paris Trade and Companies Register no. 490 676 228, ORIAS no. 10056960.

Dependent children:

Your children and/or those of your spouse that are the financial responsibility of you and/or your spouse until their 16th birthday in all cases, and until their 26th birthday if they continue to study a secondary education (subject to the provision of a certificate of enrolment or a photocopy of their student card which must be valid at the moment of their registration and updated annually) or if they do not have a full-time job. Your children and/or those of your spouse who are disabled and hold the disability certificate provided for in Article L.241-1 of the French Family and Social Action Code.

Direct payment of hospital fees:

With the prior authorisation of the Insurer, the Policy Holder (or a Beneficiary) who is hospitalised for a minimum of 24 hours may immediately have their hospitalisation costs covered by following the conditions specified in Chapter II Article 7 "Direct payment of hospital fees".

Eligible healthcare establishment:

Public or private healthcare establishment (hospital or clinic) which i) is qualified to practice medical procedures and dispense medicinal treatment for people who are injured or sick, and ii) has been granted all administrative authorisation required for these purposes.

Expatriate:

You, a Policy Holder of the Association who resides outside of your country of nationality, whether alone or with your Beneficiaries (excluding private or professional trips of less than 90 consecutive days in a country other than the one where you are expatriated). When your country of expatriation is France, you are an impatriate.

Geographical coverage area:

The geographical coverage area (zone A, B, C, D) is determined by your country of expatriation and is detailed in Chapter II Article 5. The coverage applies to the reimbursement of healthcare expenses incurred in the geographical coverage area that corresponds to you.

Hospitalisation:

A stay in an eligible healthcare establishment as a patient on the recommendation of a doctor with the aim of providing medical treatment or surgery for an illness or following an accident.

Illness:

All health impairments acknowledged by a competent medical authority.

Unexpected illness:

When the Insured Party suffers a mycotic neurological attack or contracts one of the following infectious diseases: cholera, whooping cough, diphtheria, amoebic or bacillary dysentery, bird flu, cerebrospinal meningitis, mumps, malaria, polio, measles, scarlet fever, tetanus, typhoid, typhus, chickenpox, smallpox, shingles or any other health impairment which the Delegate's Medical Examiner recognises as being sudden and unexpected.

Insured Party:

An individual named on the Policy Certificate, for whom the Policy Holder pays a premium and assumes all the risk. This is You and your Beneficiaries (spouse and children, as defined in Article 3-I).

Maternity:

Natural pregnancy, delivery and the follow-up and first costs of care provided to the child excluding complications. Maternity is not considered as an illness or an accident.

Medical prosthesis:

Internal prosthesis which requires a surgical procedure (stent, pacemaker, orthopaedic implants, for example).

Medical questionnaire:

Document containing your medical history and those of your Beneficiaries, allowing the Delegate's Medical Examiner to evaluate the health risk that each of you pose. It must have been issued a maximum of 90 days before the date that the Policy was taken out or the registration was completed.

Pharmacy:

Pharmaceutical products, on the condition that the purchase or renewal has been the subject of a prescription, written by a qualified doctor or surgeon, and that the sale was made by a qualified pharmacist or a person legally authorised to sell pharmaceutical items. Medications or drugs qualifying as a service provision can be viewed on the website www.vidal.fr.

Policy:

This is the Optional Membership Group Insurance Plan, nos. AQ001938 and AQ001939, underwritten by Association Santé Prévoyance Internationale ("ASPI") and governed by French law and by the General and Particular Conditions.

Policy Certificate:

This document details the coverage agreed by the Delegate, the Excess, if applicable, the CFE membership status, if applicable, the effective date as well as your personal details and those of any Beneficiaries mentioned.

Premiums:

The amount paid by the Policy Holder as compensation for the coverage provided by the Insurer.

Prior authorisation:

Before paying some healthcare expenses mentioned in Article 6, the Policy Holder must first request the authorisation of the Insurer via their delegate in order to obtain their effective payment.

Online consultation:

Contact a general or specialist doctor in writing, by telephone or by video 24 hours a day, 7 days a week.
See the appendix "Online consultation".

Rehabilitation:

The Insured Party, once recovered from a surgical procedure and discharged from hospital, may benefit from rehabilitation sessions in a rehabilitation centre.

Spouse:

Your non-legally separated spouse (subject to the provision of a sworn statement of non-separation), your civil partner (subject to the provision of a copy of the agreement registered with the County Court registry of the place of your registered address), or your de facto spouse (subject to the provision of proof of your shared home and a sworn statement regarding their status as de facto spouse), who must under 65 years of age on the date they are registered.

Unusual or unreasonable fees:

Medical expenses that do not correspond to fees that are commonly paid for a similar service and which exceed the normal expenses for said service in the best conditions possible in the place where the service is provided.

Waiting period:

The amount of time an insured must wait before some or all of their coverage comes into effect. The waiting period of the different coverages is defined in Article 8-II.

You/Policy Holder:

An individual holder of a Policy with the Association who is covered by the Policy, who pays the premium and benefits from the coverage.

I. THE HEALTH POLICY

ARTICLE 1 - PURPOSE OF THE POLICY

The purpose of the "**Assur Travel Healthcare**" Policy is to pay for services provided by reimbursing healthcare expenses incurred during the coverage period by You and your Beneficiaries that reside in the same country as You, as long as they are named in the Policy. These services are paid for in addition to reimbursements made by CFE or French Social Security, or under first euro insurance.

ARTICLE 2 - CHOICE OF COVERAGE LEVELS

The healthcare coverage may be provided within the limits of the guarantee level that You choose from the five plans below. The number of services included in the coverage level increases according to the plan you choose. The availability of these plans varies according to your geographical coverage area. This choice applies to both You and your Beneficiaries.

Expatriated in zone A, B or C:
- **BASIC plan**
- **STARTER plan**
- **PREMIUM (ACCESS) plan**
- **CONFORT (ACCESS) plan**
- **SUMMUM (ACCESS) plan**

Expatriated in zone D:
- **CONFORT plan**
- **SUMMUM plan**

N.B.: the healthcare you receive under the coverage you have contracted must be carried out in the **geographical coverage area** that corresponds to You (zone A, B, C or D).

ARTICLE 3 - TAKING OUT THE POLICY - PEOPLE COVERED

You, the Policy Holder

In order to take out the Policy underwritten by the Association, you must meet all of the following conditions:
- be aged between 18 and 65 years old on the date you take out the Policy;
- have a nationality other than that of your country of expatriation;
- not be required to pay a premium to the Association to be a Policy Holder.

Your Beneficiaries

The following people shall be considered as your Beneficiaries and therefore enjoy the coverage of the Policy that you have taken out:

- **Your spouse:** your non-legally separated spouse (subject to the provision of a sworn statement of non-separation), your civil partner (subject to the provision of a copy of the agreement registered with the County Court registry of the place of your registered address), or your de facto spouse (subject to the provision of proof of your shared home and a sworn statement regarding their status as de facto spouse), who must under 65 years of age on the date they are registered.
N.B.: when you take out the Policy as a complement to French social security or CFE and your spouse is not recognised as your dependant by one of these bodies, they may enjoy coverage provided that they are personally affiliated to one of these base bodies.

- **Dependent children:** your children and/or those of your spouse that are the financial responsibility of you and/or your spouse until their 16th birthday in all cases, and until their 26th birthday if they continue to study a secondary education (subject to the provision of a certificate of enrolment or a photocopy of their student card which must be valid at the moment of their registration and updated annually) or if they do not have a full-time job. Your children and/or those of your spouse who are disabled and hold the disability certificate provided for in Article L.241-1 of the French Family and Social Action Code.

N.B.: when you take out the Policy as a complement to French social security or CFE, your dependent children may benefit from coverage beyond their 20th birthday only if they are personally affiliated to one of these base bodies.

Your Beneficiaries must live in the same geographical coverage area as you in order to enjoy the chosen coverage contract.

ARTICLE 4 - ACCEPTANCE TO THE INSURANCE POLICY

4.1 When you take out the Policy, you must send the following to the Delegate:
- an **application form,** which You must fill in and sign;
- a **medical questionnaire** dated less than 90 days before the desired effective date, which You and your Beneficiaries must fill in and sign. It must be sent confidentially to the Delegate's Medical Examiner;
- your **CFE affiliation certificate** if the coverage is a complement to the services provided by this body;
- **documents serving as proof that your Beneficiaries meet the definition given in Article 3-I.**

The Delegate may also request that You send any complementary information that may help with the study of your file and the risk assessment. Likewise, they reserve the right to request that your Beneficiaries send any other documents required to prove their status as Beneficiary.

All of these documents provided to the Delegate make up your Policy Application File.

4.2 You shall undertake to inform the Delegate in writing of any changes to your address, country of expatriation and/or status, and of any modifications to your family situation. **The statements made and communications sent during the process of taking out the Policy will only be valid if received by the Delegate.**

4.3 After evaluating your Policy Application File, the Delegate shall inform you of your acceptance by issuing a **Policy Certificate** which contains the effective date of the Policy and coverage, your name and surname and those of your Beneficiaries, the coverage level chosen, your country of expatriation and the geographical coverage area that corresponds to You, in addition to the amount of your premium.

Depending on the results of the medical examination, the Delegate reserves the right to:
- apply an excess to your premium, if necessary;
- accept an Insured Party while excluding all fees linked to an illness indicated on your Policy Certificate;
- refuse your Policy application or the addition of a Beneficiary. In this case, the Delegate shall inform You of your refusal by sending a registered letter with acknowledgement of receipt within one month of receiving your Policy Application File.

ARTICLE 5 - EFFECTIVITY, DURATION AND RENEWAL OF YOUR POLICY - EFFECTIVITY OF YOUR COVERAGE

5.1 Taking out the Policy and registering your Beneficiaries

You, the Policy Holder

Your Policy shall be valid from the date indicated on your Policy Certificate. It shall begin as soon as the first day after the Delegate receives your completed Policy Application File, subject to:

- the acceptance of your Policy following the medical examination;
- the full payment of your first premium;
- the acceptance of the additional premium that has been proposed by the Delegate, if applicable;
- the application of laws regarding CFE, if applicable.

Your Beneficiaries

The registration of your Beneficiaries shall take effect on the same date and under the same conditions as the contracting of your Policy.

In the event of the modification of your family situation (marriage, dissolution of a civil partnership agreement, birth or adoption of a child), the registration of your Beneficiaries shall take effect on the first day following the express acceptance of their registration by the Delegate and under the same conditions as the contracting of your Policy.

Any children born within one (1) month of the acceptance of your Policy shall be accepted without the need for medical formalities, provided that their birth is declared to the Delegate within one month. In this case, their registration shall take effect on the day of their birth. If this one-month period has passed, their registration shall take effect the day after the Delegate receives notification of their birth.

Your Policy and the registration of your Beneficiaries are valid until December 31 of the current year. They are then automatically renewed on 1 January of each year for successive periods of one (1) year. unless terminated by the policy holder by registered letter with acknowledgement of receipt at least 2 months prior to the end of the year in progress.
In all cases, they may be terminated at any moment once a year has passed since the Policy was taken out. Termination shall take effect one month after the Insurer receives notification to this effect from the Policy Holder (L.113-15-2 of the Insurance Code).

5.2 Chosen coverage

The coverage provided by the Policy that You have chosen takes effect on the date that You took out the Policy (and, in the case of your Beneficiaries, on the date of their registration), subject to the waiting period. **The Delegate shall only be responsible for expenses incurred after the effective date of the coverage and for the duration of the coverage period.**

ARTICLE 6 - MODIFICATION OF THE CHARACTERISTICS OF YOUR COVERAGE

6.1 In the event that your country of expatriation changes, You must inform the Delegate **in writing** one (1) month before the date that the change takes effect. If this modification results in a change to your geographical coverage area, the coverage in the new area and its price shall apply to You from the first day of the month following the date that the change takes effect.

6.2 You shall choose the coverage level for Yourself and your Beneficiaries on the day that you take out your Policy. In any case, you may modify the previously chosen coverage level in the circumstances given below in paragraph 6.3. You must inform the Delegate of your desire to change coverage level **in writing**.
The new coverage level and its price shall apply to You from the first day of the month following the reception of a letter from the Delegate expressly indicating their acceptance of the new coverage level

6.3 Circumstances for modifying coverage level

You may modify the previously chosen coverage level:

- **when completing the annual renewal of your Policy** (1 January). You must inform the Delegate at least one (1) month before the date of modification;
- in the event of a **change to your family situation** (marriage, end of a civil partnership agreement, widowhood, birth or adoption of a child, divorce or legal separation, dissolution of a civil partnership, end of a common-law marriage). You must inform the Delegate within one (1) month of any changes to your family situation; the addition of a new Beneficiary requires a new completed application form and medical questionnaire for the new Beneficiary in question (except in the case of children born after the Policy is taken out and who are declared within thirty (30) calendar days of their birth).
In the event that the addition of a Beneficiary modifies the original structure of the Policy, the premiums shall be re-evaluated.
- in the event of a **change to your country of expatriation resulting in a modification to the geographical coverage area;** You must inform the Delegate at least one (1) month before the date that the change to your country of expatriation takes effect.

6.3.1 In the event of an increase in your coverage level

You must complete a new application form and medical questionnaire for You and Your Beneficiaries. The Delegate reserves the right to refuse this increase in coverage. The waiting periods indicated in Article 8-II apply to the change in the service you will receive from the date that the new coverage level takes effect.

6.3.2 The event of a decrease in your coverage level

In the event that you choose to decrease your coverage level, the new coverage will take effect on the first day of the quarter following the reception of the new application form (without a medical questionnaire).

6.4 Change in the coverage type (as a complement to CFE or French social security, or to first euro)

In the event that your circumstances with CFE or French social security change, resulting in the start or end of your coverage by one of these systems, during the application process you may change your coverage type. You must inform the Delegate of the change to your situation and of your affiliation to one of these systems, if applicable, by sending a registered letter with acknowledgement of receipt, as well as any complementary documents. The change to your coverage type and its price shall take effect on the first day of the month following the express acceptance by the Delegate, subject to any legislation that may apply to the new system.

ARTICLE 7 - TERMINATION OF YOUR POLICY AND COVERAGE

You, the Policy Holder
Your Policy and coverage shall end:

- **on 31 December in the event of the termination of your contract by the company;**
- **on 31 December if you decide to terminate your contract when completing the annual renewal (Article 5.1-1);**
- **on the day of your permanent return to your country of origin;**
- **in the event of non-payment of premiums (Article 9.1-I), in accordance with Article L.141-3 of the French Insurance Code. All premiums paid during the year in course shall belong to the company and shall not be reimbursed;**
- **on the day that the Delegate receives a letter indicating that You wish to cancel your Policy, in accordance with your right of renunciation (Article 11-I);**
- **on the date of your death;**
- **when you fail to comply with any of the conditions detailed in the Policy (Article 3-I);**
- **on the date of your affiliation to a mandatory scheme in your country of expatriation (Article 5-1) or to a mandatory professional mutual fund. The request must be addressed to the Delegate and accompanied by proof of your affiliation to this scheme.**

Your Beneficiaries
The registration and coverage of your Beneficiaries shall end:

- **the same time that your Policy ends, in accordance with the conditions detailed above;**
- **when they no longer meet the definition of spouse or dependent child (Article 3-I).**

ARTICLE 8 - CALCULATION OF YOUR PREMIUM

8.1 If You and/or your Beneficiaries are only Policy Holders or registered temporarily, or in the event of absence during the year, the amount of your premium shall be adjusted on a pro rata temporis basis and the premium corresponding to the last month of your Policy/registration shall be the full amount for the whole month

8.2 The conditions of the applicable tariff are established depending on:
- the chosen coverage type: as a complement to CFE or French social security, or to the first euro.
- the chosen cost sharing level (Basic, Starter, Premium Access, Premium, Confort Access, Confort, Summum Access, Summum).
- the payment coverage level: 100% of actual expenses, 90% of actual expenses, 80% of actual expenses.
- the geographical coverage area (A, B, C or D).
- the age of the insured parties and the application of an additional premium, if applicable, following the medical examination.
- no charge for children from the third one.

8.3 The age used to calculate the premium shall be the age on the date the Policy takes effect by calculating the difference between that year and the year of birth of the Policy Holder and any Beneficiaries.

The Insurer reserves the right to adjust the amount of your premium on 1 April of each year based on the evolution of the medical costs of healthcare services in each country, and on modifications to local legislations and the income statement for the Policy that you have taken out with the Insurer.
If the rate changes, You shall be informed of the new premium amount with at least ONE (1) MONTH in advance and it shall apply at the next payment date, whether 1 January of year N+1 in the case of annual premium payments, 1 July of year N in the case of six-monthly premium payments, and 1 April of year N in the case of quarterly premium payments.

ARTICLE 9 - PAYMENT OF YOUR PREMIUM

9.1 You are responsible for paying your premium to the Association or to its Delegate. The premium is payable in advance, only in euros (€) and by cheque, bank transfer, credit or debit card on the secure web page indicated by the Delegate, or by direct debit from your bank or postal account, either quarterly, six-monthly or annually depending on the chosen payment schedule and methods selected in your application form. **You shall be solely responsible for paying any bank fees.**
The payment schedule may be changed on 1 January of each year.

In compliance with Article L.141-3 of the French Insurance Code, the Association or its Delegate may freeze your Policy if you fail to pay your premium. This will take effect 40 days after the Association sends a registered letter giving You formal notice. This letter may only be sent 10 days after the date that the amount due should have been paid.

Following this formal notice, the Association shall inform you that once the 40 days have elapsed, failure to pay the amount due may result in your Policy being terminated. This termination does not free You from the obligation to pay for any services provided to You that You have not yet paid for.

9.2 You shall be responsible for paying all present and future taxes, fees and charges that apply to your premium, as well as any amounts due or owed.

9.3 Premiums corresponding to your CFE affiliation must be paid directly to CFE.

9.4 Your premiums must be paid up until the date that your Policy ends. Once your Policy ends, any full or partial payment shall not constitute the settlement of your customer account and, unless You send a written express request to the Delegate, it shall not constitute the automatic reinstatement of the coverage provided by the Policy.

ARTICLE 10 - DECLARATIONS AND COMMUNICATION

10.1 In compliance with Article L.113-8 of the French Insurance Code, your Policy or the inclusion of your Beneficiaries in the Policy shall be become void in the event of non-disclosure or false claims when these change the subject of the risk or reduce the Insurer's assessment of the risk, even when the omitted or falsified risk would have not been affected by the claim.

10.2 In compliance with Article L.113-9 of the French Insurance Code:

- **the omission of information or the non-intentional filing of a false claim by the Insured Party before the incident occurs shall result in either the coverage or registration continuing with an increase in the premium, or the termination of the Policy or registration ten (10) days after receiving a registered letter from the Delegate;**
- **the omission of information or the non-intentional filing of a false claim by the Insured Party after the incident occurs shall result in a reduction of the compensation by the difference between the amount of premium paid and the premium that would have been due if the risks had been correctly declared.**

10.3 In the event of non-disclosure or the intentional filing of a false claim by You or your Beneficiaries, the premium that You have paid shall be retained by the Insurer as damage and interest, in accordance with Article L.113-8 paragraph 2 of the French Insurance Code.

ARTICLE 11 - WAIVER OF THE POLICY

You may end the Policy by exercising your right of renunciation in accordance with the provisions of the following articles:

11.1 Article L.112-9 paragraph 1 of the French Insurance Code provides that: *"All individuals who are subject to door-to-door solicitation at their address, place of residence or place of work, even at their request, and who accordingly sign an insurance proposal or a Policy for this purpose, which does not form part of the framework of their commercial or professional activity, have the right to renounce it in writing by sending a registered letter with acknowledgement of receipt within fourteen (14) calendar days of the signature of the Policy, without having to justify their reasons and without being penalised. (…) As soon as they become aware of an incident that enforces the guarantee of the Policy, the Policy Holder may no longer exercise this right of renunciation."*.

If You wish to exercise your right of renunciation, it is recommended to use the following format:

I the undersigned (name and surname(s) of the Policy Holder), residing at (main address), hereby renounce my **Assur Travel Santé Policy**, nos. AQ001938 and AQ001939 (add your Policy number), which I have signed on (DD/MM/YYYY). (If You have paid your premium) I request that you reimburse the premium that I have paid, in accordance with the provisions of Article L.112-9 of the French Insurance Code, deducting the pro rata premium which applies to the coverage period.
Done in ……, on…… Signature of the Policy Holder

Consequences of exercising the right of renunciation in accordance with Article L.112-9 of the French Insurance Code:
Exercising the right of renunciation results in the termination of the Policy from the date of reception of the registered letter. However, as soon as You become aware of an incident that is covered by the Policy, You may no longer exercise this right of renunciation.
In the case of renunciation, the Delegate shall reimburse the premiums paid within thirty (30) days of the date of termination, deducting the amount corresponding to the period that the Policy remains valid. The premium shall be the responsibility of the Delegate if you exercise your right of renunciation while an incident that is covered by the Policy occurs which it is not aware of during the renunciation period.

11.2 In the case of exercising the right of renunciation in accordance with Articles L.112-2-1 of the French Insurance Code and L.121-20-8 of the French Consumer Code (distance sale or service provision):

As compensation for the immediate and full execution of the Policy before the renunciation period has elapsed, the premium that you are liable to pay is equal to the pro rata of the annual premium for the period elapsed between the date that the Policy effectively ended and the date that the renunciation is received.
If services have been provided during this time, you undertake to reimburse the Delegate the amounts received within 30 days.
If you have paid a premium during this time, the Delegate will reimburse you this amount, minus the pro rata corresponding to the guarantee period, within 30 days.

ARTICLE 12 - LEGAL LIMITATION PERIOD

In compliance with the provisions of Articles L.114-1, L.114-2 and L.114-3 of the French Insurance Code:
Article L 114-1:
Any action deriving from an insurance Policy is limited to two years from the event giving rise to the action.
However, in the following circumstances, this time period continues to elapse:
1. In the case of reluctance, omission, and false or inexact claims regarding the risk, only from the date that the Insurer becomes aware of them;
2. In the case of incidents, only from the day the Policy Holder becomes aware of them, if they are able to prove that they were unaware until then.
When legal action by the Insured Party against the Insurer arises from a third party's recourse, the limitation period runs only from the date on which that third party brought proceedings against the Insured Party or was compensated by the latter.
The limitation period is extended to ten years for life insurance policies when the recipient is someone other than the signatory, and in personal accident insurance policies when the recipients are the deceased party's beneficiaries.
For life insurance policies, notwithstanding the foregoing, the actions of the Beneficiary are limited to, at most, thirty years following the death of the Insured Party.
Article L 114-2:
The limitation period is interrupted by one of the ordinary causes of interruption of a limitation period and by the appointment of experts following a claim.
The interruption of the limitation period of the action may, in addition, be caused by the sending of a registered letter with acknowledgement of receipt by the Insurer to the Policy Holder as regards the action for payment of the premium, and by the Policy Holder to the Insurer as regards the settlement of the compensation.
Article L 114-3:
As derogation from Article 2254 of the French Civil Code, the parties acting in the insurance Policy can not, even by mutual agreement, modify the duration of the limitation period or add to the causes of suspension or interruption thereof.

In compliance with the French Civil Code:
"Section 3: Causes of interruption of the limitation period.
Article 2240
The acknowledgement of indebtedness of the Insured Party to the Insurer shall interrupt the limitation period.
Article 2241
Bringing legal proceedings, even interim proceedings, shall interrupt the limitation period and the limit for foreclosure.
The same applies when the action is brought before a court with insufficient jurisdiction or when the seisin of the court is annulled due to a breach of procedure.
Article 2242
The interruption resulting from the commencement of legal proceedings remains in effect until the proceedings come to a close.
Article 2243
The interruption is void if the claimant withdraws their claim or allows the proceedings to lapse, or if their claim is definitively rejected.
Article 2244
The limitation period and the limit for foreclosure may also be interrupted as a precautionary measure taken under the French Civil Procedure Code or an act of compulsory enforcement.
Article 2245
The summons of one of the joint debtors by legal proceedings or by enforcement measures or the acknowledgement of their indebtedness to the Insurer interrupts the limitation period for all other parties, including their heirs.
On the other hand, the summons of one of the heirs of a joint debtor or the acknowledgement of that heir's indebtedness does not interrupt the limitation period for the other co-heirs, even in the case of a mortgage debt, if the obligation is divisible.
This summons or acknowledgement interrupts the limitation period, with respect to other co-debtors, only for the part owed by that heir.
To interrupt the limitation period for all parties, with respect to the other co-debtors, the summons must be made to all the heirs of the deceased debtor or all these heirs must be acknowledged.
Article 2246
The summons made to the principal debtor or their acknowledgement interrupts the limitation period against the surety."

ARTICLE 13 - EXAMINATIONS OF CLAIMS – MEDIATION

• **Examinations of complaints**

For any question relating to the management of your Policy, GAPI is able to supply you with all information and explanations that you require.
If your request is not resolved, you can send your **written complaint** (outlining the case reference in question, accompanied by a copy of any supporting documents) to L'EQUITE - Quality Department - 2 rue Pillet-Will 75009 Paris, France - qualite@generali.fr
We will confirm receipt of your request within 10 days of receiving it.
If you have taken out your Policy through an intermediary and your request falls under the intermediary's duty of advice or information, or if it falls under the sales conditions of your Policy, your complaint must be sent exclusively to this intermediary.
The above procedure does not apply if a court has been notified of the dispute, whether by You or by us.

• **Mediation**

As a member of the French Insurance Federation (Fédération Française de l'Assurance, FFA), L'Equité applies this Federation's Mediation Charter.
If a dispute persists between the Policy Holder and the Insurer following examination of the request by the Insurer's Claims Department, the Policy Holder may refer the case to the Médiation de l'Assurance, an insurance mediation service.
- This can be done by post by writing to the following address:
La Médiation de l'Assurance
TSA 50110 – 75441 PARIS Cedex 09, France.
- Alternatively, it can be done digitally by completing the claims form on the Médiation de l'Assurance website, http://www.mediation-assurance.org/, by expanding the "Saisir le médiateur" drop-down menu and clicking on "Je saisis le médiateur".

ARTICLE 14 - PERSONAL DATA PROTECTION

• **Identification of the data**

L'EQUITÉ is the data controller of all the operations described above, except for those listed below, for which it defines the purpose.
GAPI, as the management delegate, is responsible for the technical and essential methods used to process the information in order to manage insurance policies, and is the data controller for the following operations:
- Signing contracts;
- Managing contracts;
- Collecting and recovering premiums;
- Managing and resolving claims;
- Managing complaints;
- Filing management documents.

• **The purposes and legal bases of the processing**

The purpose of the personal data processing is to respond to your request and enable the fulfilment of pre-contractual measures, underwriting and management procedures and the subsequent execution of the Policy. To this end, they may be used for data collection, statistical and actuarial studies, exercising recourses and managing claims and disputes; examining, assessing, controlling and monitoring the risk and fulfilling legal, regulatory and administrative obligations, as well as for combating insurance fraud.

Below you will find the legal bases that correspond to the purposes of the processing:

Legal bases	Purposes of the processing
Executing the Policy or pre-contractual measures. Consent for health data (other than those required to reimburse healthcare costs).	- Performing pre-contractual measures, in particular the provision of advice and quotations. - Performing underwriting and management procedures and the subsequent execution of the Policy. - Recovery. - Exercising recourses and applying agreements between Insurers. - Managing complaints and disputes. - Combating fraud. - Taking automatic decisions related to underwriting or executing the Policy. - Certain data may be used to underwrite and execute the Policy, in particular to establish the price and adjust the coverage. - Evaluating, assessing, controlling and monitoring the risk. - Statistical and actuarial studies.
Legal obligations.	- Combating money laundering and financing terrorism. - Continuously improving our offers and processes. - Fulfilling legal, regulatory and administrative obligations.
Legitimate interest	Combating fraud In order to protect the interests of the Policy's non-fraudulent parties.
Processing health data for social protection purposes	Paying for the services provided as part of a Policy with the purpose of reimbursing healthcare costs.

• **Complementary information regarding your personal data not collected from you.**

Category of data likely to be transferred to us:
- civil status, identity, identification data
- biometric data in order to uniquely identify an individual
- location data (in particular movement, and GPS and GSM data)
- information regarding money and finances (income, financial situation, tax situation, etc.)
- unique national identification number
- healthcare data resulting from the CCAM code.

Where the personal data are collected from:
These data may come from your employer, basic or complementary social bodies, professional bodies that contribute to the management of insurance policies, and any administrative authority permitted to provide data.

• **Specific clause relating to fraud**

You are also hereby informed that the Insurer implements a device for combating insurance fraud which may result in You being added to a list of people who present a fraud risk. This may result in an extension of the study of your file, or the reduction or refusal of the enjoyment of a right, service, Policy or benefit offered by AssurTravel. Accordingly, your personal data (or that of any other parties in the Policy) may be processed by any authorised person as part of the services provided by the Insurer or AssurTravel. The data may also be sent to authorised staff of organisations directly involved in fraud (other insurance bodies or intermediaries, social or professional bodies, judicial authorities, mediators, arbitrators, legal assistants, ministry officials, third-party bodies authorised by a legal provision and, where appropriate, victims of fraud or their representatives).

• **Specific clause relating to regulatory and public interest obligations**

During the application of monetary and financial provisions, certain information must be gathered in order to combat money laundering and terrorist financing.

In addition, Article 43 of Directive (EU) 2015/849 of the European Parliament and of the Council of 20 May 2015, amended by Directive (EU) 2018/843 of 30 May 2018, provides that the prevention of money laundering and terrorist financing shall also be considered to be a matter of public interest under Regulation (EU) 2016/679 (GDPR).

In this sense, you may exercise your right of access by contacting the French data protection agency, Commission Nationale de l'Informatique et des Libertés, at 3 Place de Fontenoy – TSA 80715 – 75334 PARIS CEDEX 07, France.

• **Recipients and categories of recipients**

Your personal data may be disclosed, either as a requirement or for the purposes mentioned above, to other entities in the Generali group, as well as any partners, intermediaries, reinsurers and Insurers involved, professional and social bodies of the data subjects, sub-processors and service providers, within the necessary limits of the tasks entrusted to them.

In addition, in order to fulfil legal and regulatory obligations, L'EQUITÉ may disclose personal data to any legally authorised administrative and judicial authority.

In an effort to combat money laundering and terrorist financing, these data may also be shared between the Group's legal entities, which may be based outside of the European Union, in order to facilitate their local filtering processes and implement a shared approach to classify client risks for the Group as a whole.

• **Location of the processing of your personal data**

The Generali France Group has adopted internal data protection and information security measures in order to guarantee that your data are protected and secure.

Generali France Group's data centres are currently located in France, Italy and Germany, which is where your data are stored.

Regarding any processing that occurs outside of the Generali France Group by external partners, strict monitoring of the location of the processing, their security level (operational and technical) and the level of personal data protection in the country where they are being processed is undertaken in order to guarantee optimal levels of protection.

The processing that currently takes place outside of the European Economic Area concerns processing linked to certain types of management activities, the sending of one-off emails or SMS, the supervision of infrastructures and the maintenance of certain applications. These processing activities carried out in third countries are subject to a legal framework (specific contractual clauses, restrictive business rules).

These documents are available upon written request to the Generali France Group's Data Protection Officer by emailing droitdacces@generali.fr

• **Storage periods**

Your personal data can be stored for as long as necessary to execute the insurance Policy, in accordance with the legally established periods and subject to legal and regulatory storage obligations.

• **Exercising rights**

Regarding the processing that we carry out, in accordance with the conditions provided for in applicable regulations, you may exercise:
- the **right of access:** you have the right to right to obtain a copy of all of the personal data that we have stored on you.

- the **right to rectification:** you can request to correct your personal data in circumstances such as when your situation changes.

- the **right to erasure:** you can request that we erase all of your personal data, in particular when they are no longer necessary or when you withdraw your consent to the processing of certain data, except when there is a legal basis for their processing.

- the **right to set guidelines** regarding the fate of your personal data after your death.

- the **right to restrict processing:** you can ask us to limit the processing of your personal data.

- the **right to data portability:** you can receive the data that you have provided to us in a structured format when they are necessary for a Policy or when you have given your consent for the use of these data.

- These data can be transferred directly to the data controller of your choice when technologically possible.

- the **right to withdrawal:** you have the right to withdraw your consent for processing carried out in accordance with this basis. This withdrawal only affects future processing and does not impact the lawfulness of any processing that has already occurred up to that point. This may make it impossible to execute a Policy, with this not being cause for termination under insurance law.

However, the withdrawal of the data necessary to execute a Policy and in particular to manage each party's responsibilities may make it impossible to execute the Policy as these data form the consent of the parties to enter into the Policy.
In such an occurrence, the impossibility of executing the Policy may constitute a contractually defined cause of the forfeiture of coverage.

- the **right to object:** you can object to the processing of your data by contacting the address given below.

You may exercise your rights by sending a written request and a copy of your national identification card to the following address:
GAPI, for the attention of the DPO, Parc ACTIBURO, 99 Rue Parmentier, 59650 Villeneuve d'Ascq, France, or by sending an email to dpo@gapigestion.com.
You may also exercise these right by sending a request and proof of your identification to droitdacces@generali.fr or by post to Generali – Compliance Department - TSA 70100 75309 Paris Cedex 09, France.

• **Right to file a complaint**

In addition, you may file a complaint by contacting the French data protection agency, Commission Nationale de l'Informatique et des Libertés, at 3 Place de Fontenoy – TSA 80715 – 75334 PARIS CEDEX 7, France.

• **Details of the Data Protection Officer**

For any questions or issues you may have, you can send a letter to GAPI, for the attention of the DPO, Parc ACTIBURO, 99 Rue Parmentier, 59650 Villeneuve d'Ascq, France, or an email to dpo@gapigestion.com.
To contact the Insurer, write to Generali - Compliance - Data Protection Officer - TSA 70100 75309 Paris Cedex 9, France, or send an email to droitdacces@generali.fr.

ARTICLE 15 - SUBROGATION

As regards compensatory provisions which have been paid as a reimbursement of costs paid by the Policy Holder, where necessary, the provisions of Article L.121-12 of the French Insurance Code can be applied: THE COMPANY is subrogated, up to a limit of the amounts it has paid, assuming the rights and actions of the Policy Holder, against any third party responsible for the claim.

ARTICLE 16 - VARIOUS PROVISIONS

Applicable law - competent courts: Pre-contractual and contractual relationship are governed by French law.
All legal action relating to this Policy shall be under the sole competence of the Courts of France.

Language used: The language used in the context of pre-contractual and contractual relations is French.

ARTICLE 17 - ARBITRATION

All disputes that may arise as a result of this Policy shall be resolved through arbitration. Both parties shall name an arbiter and the two arbiters together shall appoint a third arbiter. If either of the parties fails to name an arbiter within one month of receiving notification from the other party of the implementation of the arbitration clause, or if the two arbiters fail to rule on the appointment of a third within the same time frame, it shall be chosen by the Chief Justice of the High Court, who shall rule in favour of the more diligent party. The arbiters shall be excused from following regular procedure and their decisions shall not give way to a right of appeal - the arbiters' decision is enforceable and definitive. It must be made within 6 months of the arbitration tribunal being summoned. The arbiters shall also rule on which party or parties are responsible for paying for the costs of arbitration.

ARTICLE 18 - INTERNATIONAL PENALTIES

The Insurer shall not be bound by any guarantee, nor shall it provide any service or be obliged to pay any amount of money for this Policy as the implementation of such a guarantee, the provision of such a service or any such payment will expose it to a penalty, prohibition or restriction in accordance with a resolution of the United Nations and/or to financial or commercial sanctions provided by laws and/or regulations decreed by the European Union, France, the United States of America, and by any other corresponding national law that applies to this contract. This contract shall not cover or require the Insurer to provide a guarantee, pay a claim*, or agree to any coverage or service with respect to risks in Crimea, the Democratic People's Republic of Korea (North Korea), Iran and/or Syria.

II. HEALTHCARE COVERAGE: HOSPITALISATION, MEDICAL EXPENSES, MATERNITY

ARTICLE 1 - SERVICES COVERED

1.1 The purpose of the healthcare coverage is to reimburse all or part of your expenses, and those of your Beneficiaries, relating to medical, surgical, optical and dental care, as well as those arising from maternity. Only the expenses included in the healthcare coverage table (Article 2-II) and/or defined by the nomenclature of professional French social security documents or by the Fund for French Nationals Abroad (CFE) shall be considered.

1.2 You and your Beneficiaries have the right to receive the reimbursement of any healthcare expenses that are incurred from the moment your Policy takes effect and until your coverage (or registration) ends, provided that the medical care corresponding to these expenses has been prescribed and provided by authorised and licensed doctors, or by an eligible healthcare establishment.

1.3 When the reimbursement of these expenses is made in addition to reimbursements from CFE or French social security:

- the reimbursement made by the Delegate is subordinated to that made by these bodies, with any contribution from any of these systems resulting in a deduction of the amounts covered by the guarantee provided by this Policy, in compliance with paragraph 1.4 below;
- only expenses that are incurred from the moment your Policy takes effect and until your Policy (or registration) ends, such as those that appear on the CFE or French social security price lists, may be reimbursed.

1.4 Multiple insurance

The services covered by this Policy complement the similar services that may be provided by both CFE and French social security, as well as by any other complementary coverage that You or your Beneficiaries may enjoy, without any of you being able to receive a total amount greater than that of the expenses actually incurred.
You must inform the Delegate if You and/or your Beneficiaries are insured with one or several other Insurers for the same purpose and against the same risk as that which is guaranteed by this Policy with Assur Travel Santé.

ARTICLE 2 - TABLE OF BENEFITS

HEALTHCARE PLANS
MODULE 1

BENEFITS LEVELS DEPENDING ON THE CHOSEN PLAN

The benefits below are limited to the difference between the expenses actually incurred and the corresponding benefits of any other company from which the person in question may be covered by.

The limits appearing in this table are used for all benefits received by the Policy Holder and the Insured Party, including those from other third parties that they may be covered by. The annual limits represent levels which cannot be exceeded or transferred.

PLANS	STARTER	PREMIUM	CONFORT	SUMMUM
ANNUAL LIMIT	€ 750,000	€1,500,000	€2,000,000	UNLIMITED
MODULE 1: HOSPITALISATION (1) and (3)				
Surgical hospitalisation	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Medical hospitalisation	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Day hospitalisation	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Hospitalisation at home	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Psychiatric hospitalisation	NO	NO	Maximum 15 days/year	Maximum 30 days/year
Medical and surgical expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Examinations, analyses and pharmacy	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Medical procedures	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
2-bed room	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Supplement for private room	NO	€70/day	€130/day	€190/day
Companion bed	NO	€30/day	€40/day	€60/day
Daily flat fee	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
External consultations related to the hospitalisation	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Outpatient day surgery	100% of actual expenses	100%of actual expenses	100% of actual expenses	100% of actual expenses
Immediate rehabilitation following hospitalisation	100% of actual expenses maximum €500/year	100% of actual expenses maximum €1000/year	100% of actual expenses maximum €2000/year	100% of actual expenses maximum €2500/year
Emergency dental surgery following an accident	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Cancer treatment	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
AIDS treatment	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Kidney dialysis	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Organ transplant	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Medical prosthesis	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Emergency treatment anywhere in the world (outside of the expatriation area for a trip of less than 60 consecutive days)	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Ambulance transportation	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
MODULE 1: MEDICAL REPATRIATION				
Hospital medical referral	Included	Included	Included	Included
Advance payment of hospitalisation costs				
Monitoring of hospitalisation abroad lasting over 3 days				
Medical evacuation				
Transfer due to insufficiency of technical facilities				

(1) Prior authorisation required.
(2) Prior authorisation required for procedures costing more than €2000.
(3) Third-party payment if hospitalisation is longer than 24 hours.
*100% of actual expenses, or 90% or 80% of actual expenses depending on the level of cost share chosen and as indicated on your Policy Certificate.

MODULES 1+2

BENEFITS LEVELS DEPENDING ON THE CHOSEN PLAN

The benefits below are limited to the difference between the expenses actually incurred and the corresponding benefits of any other company from which the person in question may be covered by.

The limits appearing in this table are used for all benefits received by the Policy Holder and the Insured Party, including those from other third parties that they may be covered by. The annual limits represent levels which cannot be exceeded or transferred.

COVERAGE	BASIC	PREMIUM ACCESS	CONFORT ACCESS	SUMMUM ACCESS
ANNUAL LIMIT	€750,000	€1,500,000	€2,000,000	UNLIMITED
MODULE 2: OUTPATIENT SERVICES				
Doctor's fees	NO	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
-General consultation	NO	maximum €40/consultation	maximum €100/consultation	maximum €150/consultation
-Specialist consultation	NO	maximum €60/consultation	maximum €130/consultation	maximum €170/consultation
-Psychological, psychiatric or psychotherapeutic consultation	NO	NO	5 consultations a year, maximum €130/consultation	5 consultations a year, maximum €170/consultation
Pharmacy	NO	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
Auxiliary medical procedures (Nursing care, kinesitherapy, speech therapy, orthoptics, ergotherapy)	NO	100%* of actual expenses maximum €80/procedure	100%* of actual expenses maximum €150/procedure	100%* of actual expenses maximum €200/procedure
MédecinDirect online consultation	NO	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
Clinical laboratory services (2)	NO	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
Radiology (including MRI) (2)	NO	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
Technical medical procedures (outside of the hospital) (2)	NO	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
Health check-up (every 2 years)	NO	NO	maximum €300/year	maximum €400/year
Preventive procedures	NO	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
Vaccines	NO	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
Cancer screening	NO	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
Alternative medicine: Osteopathy, chiropractic, acupuncture, homeopathy, traditional Chinese medicine	NO	100%* of actual expenses €30/procedure, maximum €240/year	100%* of actual expenses €50/procedure, maximum €1000/year	100%* of actual expenses €70/procedure, maximum €1600/year

(1) Prior authorisation required.
(2) Prior authorisation required for procedures costing more than €2000.
(3) Third-party payment if hospitalisation is longer than 24 hours.
*100% of actual expenses, or 90% or 80% of actual expenses depending on the level of cost share chosen and as indicated on your Policy Certificate.

MODULES 1+2+3+4 / 1st PART

BENEFITS LEVELS DEPENDING ON THE CHOSEN PLAN

The benefits below are limited to the difference between the expenses actually incurred and the corresponding benefits of any other company from which the person in question may be covered by.

The limits appearing in this table are used for all benefits received by the Policy Holder and the Insured Party, including those from other third parties that they may be covered by. The annual limits represent levels which cannot be exceeded or transferred.

COVERAGE	BASIC	PREMIUM ACCESS	CONFORT ACCESS	SUMMUM ACCESS
ANNUAL LIMIT	€750,000	€1,500,000	€2,000,000	UNLIMITED
MODULE 1: HOSPITALISATION (1) and (3)				
Surgical hospitalisation	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Medical hospitalisation	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Day hospitalisation	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Hospitalisation at home	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Psychiatric hospitalisation	NO	NO	Maximum 15 days/year	Maximum 30 days/year
Medical and surgical expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Examinations, analyses and pharmacy	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Medical procedures	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
2-bed room	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Supplement for private room	€60/day	€70/day	€130/day	€190/day
Companion bed	NO	€30/day	€40/day	€60/day
Daily flat fee	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
External consultations related to the hospitalisation	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Outpatient day surgery	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Immediate rehabilitation following hospitalisation	100% of actual expenses maximum €500/year	100% of actual expenses maximum €1000/year	100% of actual expenses maximum €2000/year	100% of actual expenses maximum €2500/year
Emergency dental surgery following an accident	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Cancer treatment	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
AIDS treatment	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Kidney dialysis	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Organ transplant	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Medical prosthesis	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Emergency treatment anywhere in the world (outside of the expatriation area for a trip of less than 60 consecutive days)	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Ambulance transportation	100% of actual expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
MODULE 1: MEDICAL REPATRIATION				
Hospital medical referral	Included	Included	Included	Included
Advance payment of hospitalisation costs				
Monitoring of hospitalisation abroad lasting over 3 days				
Medical evacuation				
Transfer due to insufficiency of technical facilities				

(1) Prior authorisation required.
(2) Prior authorisation required for procedures costing more than €2000.
(3) Third-party payment if hospitalisation is longer than 24 hours.
*100% of actual expenses, or 90% or 80% of actual expenses depending on the level of cost share chosen and as indicated on your Policy Certificate.

MODULES 1+2+3+4 / 2nd PART

PLANS	STARTER	PREMIUM	CONFORT	SUMMUM
ANNUAL LIMIT	€ 750,000	€1,500,000	€2,000,000	UNLIMITED
MODULE 2 : OUTPATIENT SERVICES				
Doctor's fees	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
-General consultation	maximum €40/consultation	maximum €40/consultation	maximum €100/consultation	maximum €150/consultation
-Specialist consultation	maximum €60/consultation	maximum €60/consultation	maximum €130/consultation	maximum €170/consultation
-Psychological, psychiatric or psychotherapeutic consultation	NO	NO	5 consultations a year, maximum €130/consultation	5 consultations a year, maximum €170/consultation
Pharmacy	100%* of actual expenses maximum €3000/year	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
Auxiliary medical procedures (Nursing care, physiotherapy, speech therapy, orthoptics, ergotherapy)	100%* of actual expenses maximum €40/procedure	100%* of actual expenses maximum €80/procedure	100%* of actual expenses maximum €150/procedure	100%* of actual expenses maximum €200/procedure
MédecinDirect online consultation	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
Clinical laboratory services (2)	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
Radiology (including MRI) (2)	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
Technical medical procedures (outside of the hospital) (2)	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
Health check-up (every 2 years)	NO	NO	maxi 300 € /an	maxi 400 €/ an
Preventive procedures	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
Vaccines	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
Cancer screening	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
Alternative medicine: Osteopathy, chiropractic, acupuncture, homeopathy, traditional Chinese medicine,	NO	100%* of actual expenses €30/procedure, maximum €240/year	100%* of actual expenses €50/procedure, maximum €1000/year	100%* of actual expenses €70/procedure, maximum €1600/year
MODULE 3: OPTICAL AND DENTAL EQUIPMENT , MEDICAL GEAR				
OPTICAL	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
Lenses + frames (maximum one pair every 2 years)	maximum €200	maximum €300	maximum €500	maximum €700
Contact lenses (including disposables)	maximum €100/year	maximum €200/year	maximum €300/year	maximum €400/year
Refractive eye surgery (1)	NO	NO	100%* of actual expenses maximum €500/year	100%* of actual expenses maximum €700/year
DENTAL Limit set at 50% for first year	100%* of actual expenses maximum €600/year	100%* of actual expenses maximum €1000/year	100%* of actual expenses maximum €2000/year	100%* of actual expenses maximum €3000/year
Dental care (2)	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
Dental prostheses, including implants (1)	100%* of actual expenses maximum €150/tooth	100%* of actual expenses maximum €200/tooth	100%* of actual expenses maximum €400/tooth	100%* of actual expenses maximum €600/tooth
Children's orthodontics between 3 and 16 years old and for maximum of 3 years	NO	100%* of actual expenses maximum €600/year	100%* of actual expenses maximum €1000/year	100%* of actual expenses maximum €1200/year
MEDICAL EQUIPMENT AND DEVICES Orthoses, hearing aid, orthotic insoles, materials, small equipment and treatment accessories	NO	100%* of actual expenses maximum €300/year	100%* of actual expenses maximum €600/year	100%* of actual expenses maximum €1000/year
MODULE 4 (OPTIONAL): MATERNITY (1) and (3)				
Pregnancy monitoring, consultations, pharmacy, examinations and antenatal and postpartum care (main annual limit applies)	NO	100%* of actual expenses Limitation from module 2	100%* of actual expenses Limitation from module 2	100%* of actual expenses Limitation from module 2
Maternity	NO	100%* of actual expenses maximum €2500/year	100%* of actual expenses maximum €5000/year, with maximum €3000/year in zone A	100%* of actual expenses maximum €7500/year, with maximum €4000/year in zone A
Delivery with surgery	NO	100%* of actual expenses maximum €5000/year	100%* of actual expenses maximum €10,000/year, with maximum €6000/year in zone A	100%* of actual expenses maximum €15,000/year, with maximum €6000/year in zone A
including costs of delivery and aftermath	NO	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
including antenatal classes	NO	maximum €125	maximum €200	maximum €300
including HIV screening test	NO	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
including diagnosis of chromosome abnormalities	NO	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses
including ambulance transportation	NO	100%* of actual expenses	100%* of actual expenses	100%* of actual expenses

(1) Prior authorisation required.
(2) Prior authorisation required for procedures costing more than €2000.
(3) Third-party payment if hospitalisation is longer than 24 hours.
*100% of actual expenses, or 90% or 80% of actual expenses depending on the level of cost share chosen and as indicated on your Policy Certificate.

ARTICLE 3 - LIMITATIONS OF REFUNDABLE FEES

3.1 Clearly unusual or unreasonable costs may not be covered, or the amount covered by the Delegate may be limited. In order to determine whether the healthcare expenses are "unusual or unreasonable", as well as to decide whether to refuse or limit the amount covered, the Delegate shall consider the fees that ordinarily apply for a similar service or provision in the best possible conditions in the place where the service has been provided.

3.2 The healthcare expenses incurred in an eligible healthcare establishment can only be reimbursed if this establishment has been duly and previously authorised by the country's competent authorities.

3.3 The Delegate reserves the right to undertake all medical and administrative checks it deems necessary in the case of unusual or unreasonable expenses. It may subject You or your Beneficiaries to checks except when your/their health status is incompatible. You shall be solely responsible for paying for any transportation expenses.

3.4 Expenses that the Delegate refuses to cover shall be your sole responsibility.

ARTICLE 4 - MAXIMUM BENEFIT

The coverage of the Policy is provided until the following amounts are incurred per Insured Party and per calendar year of coverage, including the services provided by CFE or French social security:

- € 750,000 for the BASIC plan;
- € 750,000 for the STARTER plan;
- € 1,500,000 for the PREMIUM ACCESS plan;
- € 1,500,000 for the PREMIUM plan;
- € 2,000,000 for the CONFORT ACCESS plan;
- € 2,000,000 for the CONFORT plan;
- Unlimited for the SUMMUM plan;
- Unlimited for the SUMMUM ACCESS plan;

ARTICLE 5 - TERRITORIAL SCOPE OF THE POLICY

ZONE A	ZONE B	ZONE C	ZONE D
Worldwide, except for the countries listed in B, C and D zones.	Australia, Bahrain, Chile, China, Germany, Israel, Italy, Mexico, Qatar, Russia, Saudi Arabia, Spain.	Brazil, Canada, Hong Kong, Lebanon, Singapore, United Arab Emirates, United Kingdom.	Japan, Switzerland, USA.

The geographical coverage area is determined by your country of expatriation.
Excluded country of expatriation : France

The coverage applies to the reimbursement of expenses incurred in the geographical coverage area that corresponds to you. However, your coverage shall also be valid:

- in zones A, B and C if your geographical coverage area is zone D;
- in zones A and B if your geographical coverage area is zone C;
- in zone A if your geographical coverage area is zone B.

5.2 In case of emergency, following an accident or an unexpected illness, the emergency healthcare expenses incurred in countries outside of your corresponding geographical coverage area shall be covered if they are incurred by You or your Beneficiaries during a private or professional trip of a maximum of 60 if the accident or illness was not foreseeable before the trip. You shall be solely responsible for paying for any transportation expenses.

ARTICLE 6 - REQUEST FOR PRIOR AUTHORISATION

6.1 For all of the procedures listed below in paragraph 6.2, you must request the prior authorisation of the Delegate regarding the method of healthcare to receive. The request for prior authorisation must be accompanied by the prescription of the prescribing doctor and it must include the pathology and the expected duration of the treatment.

The request for prior authorisation, completed and signed by the doctor, must reach the Delegate's Medical Advisor in a confidential manner at least two weeks before the start of the procedures. The Medical Advisor reserves the right to request any complementary documents necessary in order to fulfil the request.

6.2 It is necessary to request the prior authorisation of the Delegate for all of the expenses listed below.

Hospitalisation
- all expenses associated with this coverage.

In case of emergency (accident or unexpected illness), the request for prior authorisation must be addressed to the Delegate within 5 days of being admitted to an eligible healthcare establishment (whether a hospital or clinic), expressly mentioning the emergency nature of your hospitalisation.
In exceptional circumstances, this period may be extended if the Delegate claims that the emergency situation that You currently find yourself in made it impossible for You to send a request for prior authorisation in the established period.

For hospitalisations lasting more than 10 consecutive days, the authorisation must be renewed every 10 days. The request must reach the Delegate within 48 hours of the end of this period.

Private room
- if no double room is available in the chosen hospital, we shall bear the cost of the private room supplement and provide you with a standard room for the Premium (Access), Confort (Access) and Summum (Access) contract.
In order to limit the amount you have to pay, we recommend checking this information when choosing the hospital. GAPI's medical service can recommend you a hospital in your country of expatriation.

Maternity
- the expenses associated with delivery;
- the expenses associated with surgical delivery;

In case of emergency (complications linked to maternity or delivery at an unexpected date), the prior authorisation must be requested in the same conditions as the emergency hospitalisation.

Standard medical expenses
- the expenses for technical medical procedures when their cost is greater than €2000;
- the expenses for radiology, medical imaging and medical analysis procedures when their cost is greater than €2000.

Dental
- dental expenses when the cost is greater than €2000;
- dental prostheses and implants (including inlays and onlays);
- orthodontic treatments (children under 16 years of age, maximum of 3 years for the duration of Policy);
- periodontics expenses.

Optical
- the expenses for refractive eye surgery.

6.3 In case of non-compliance with the prior authorization procedure, an excess of 20% will be applied by the delegate on the reimbursement. it being understood that the medical fees were contractually guaranteed and medically necessary.

ARTICLE 7 - DIRECT PAYMENT OF HOSPITAL FEES

7.1 Direct hospital payment is when the Delegate directly pays the healthcare costs incurred to the eligible healthcare establishment.

7.2 Subject to the procedure requiring prior authorisation (Article 6-II), the Delegate shall directly cover the following expenses:

Hospitalisation
Direct hospital payment is reserved for the expenses for healthcare as a complement to CFE or the first euro. Direct hospital payment does not apply to healthcare as a complement to CPAM.
- all expenses relating to hospitalisation **except external consultation directly linked to the hospitalisation (post- and pre-hospitalisation), ground ambulance transport and hospitalisations lasting less than 24 hours.**

Maternity
- costs associated with delivery;
- costs associated with surgical delivery.

ARTICLE 8 - WAITING PERIOD

Waiting period, except for those for maternity and infertility treatments, **can be eliminated** if the Policy Holder has already benefited from similar coverage from another Insurer, without any stoppage to their coverage for more than 30 days, and if they supply the Policy Certificate from their previous Insurer; in this case, during the waiting period, the Insurer can choose to limit the amount it reimburses in line with the previous coverage whenever this amount is lower.

The Policy Holder and any Beneficiaries will effectively receive the service once the waiting period, which vary depending on the nature of the expenses involved, expire:

- Hospitalisation, except in the case of accident or unexpected illness:	3 months
- Dental prostheses:	9 months
- Dental implants:	9 months
- Equipment:	9 months
- Orthodontic treatment:	9 months
- Optical:	9 months
- Maternity (costs associated with maternity: pregnancy, delivery and aftermath):	10 months

The waiting period of 3 months for hospitalisation expenses does not apply in the event of an accident or unexpected illness.

ARTICLE 9 - PAYMENT FOR SERVICES

9.1 In order to be reimbursed for the services received, you must send the Delegate a reimbursement request accompanied by **original copies** of the following documents:

- The **medical prescription**;
- The **detailed and fully paid invoice**, as well as a list of the fees of all doctors and eligible healthcare establishments used;
- Your **itemised statement of medical benefits** from CFE or French social security if the coverage is a complement to the services provided by one of these bodies;
- **For healthcare received in France**: a **CERFA form** filled in by the doctor, pharmacist or eligible healthcare establishment;
- **Pharmacy receipts** for the corresponding prescription;
- The **Delegate's prior authorisation** for care for which it is required (Article 6-II);
- If the expenses were incurred outside of the geographical coverage area that corresponds to you, proof that the expenses are covered by the Policy is required.

For invoices of care costing less than € 1000, a scanned copy or photograph of the invoices for care and prescriptions is accepted.
The Delegate or the Company reserve the right to request original copies of the aforementioned documents, in addition to any complementary documents, in order to proceed with the reimbursement of the expenses.

9.2 Reimbursement requests must be submitted to the Delegate, subject to forfeiture, within two years of the date that the care was received.

9.3 Payment must either be made by you or by a representative that you have expressly designated

9.4 If your country of expatriation is located outside of the Eurozone, you may pay for the services by bank transfer from a foreign account and in the currency of your choice, with the exchange rate on the date that your reimbursement request is processed being used, as established by the financial newspaper chosen by the Insurer or its Delegate.

ARTICLE 10 - EXCLUDED RISKS

The following risks are excluded from the coverage:

- Expenses incurred following the consumption of drugs, narcotics, or similar products, in particular medication including these substances in doses not prescribed by a doctor,
- Expenses relating to pathological states following alcohol consumption,
- Expenses incurred following a trip made contrary to medical advice,
- Transport expenses relating to a service that is not covered,
- Expenses relating to a pathological state or injuries which occurred prior to the Policy, except when approval is obtained from the Insurer,
- Preventive medicine expenses, except for those covered by the Policy,
- Accommodation and treatment expenses relating to a stay in a care or convalescent home following medical hospitalisation,
- Accommodation and treatment expenses relating to a stay in an aftercare setting or similar establishment,
- Accommodation and treatment expenses relating to a stay in rehabilitation, professional rehabilitation or similar establishment, except for rehabilitation centres immediately following hospitalisation that are eligible for coverage,
- Expenses resulting from a stay or treatment performed in a hydrotherapy or spa establishment or a naturopathy clinic or similar establishment, even if it appears to be or is registered as a hospital,
- Expenses resulting from pathologies connected to the professional practice of sports,
- Expenses resulting from a suicide attempt or injuries and harm caused voluntarily by the person in question,
- Expenses resulting from taking part in wars, fights, riots, popular movements or imprisonment, except in the case of self-defence or assisting a person in danger,
- Expenses resulting from the active participation in police or military forces,
- Expenses relating to medical or paramedical services or products with a therapeutic value not recognised by the official medical professional association of the country in which the expenses are incurred,
- Expenses for which the procedures and time periods for requesting a reimbursement have not been adhered to,
- Expenses not mentioned in this agreement,
- Care relating to illnesses mentioned on the Policy Certificate,
- Expenses relating to infertility treatment,
- Care relating to a plastic surgery treatment or an operation that is not as a result of an accident,
- Detoxification, rejuvenation and weight loss treatment, including the aftermath,
- Stays in care homes, weight loss centres, convalescent homes and thalassotherapy centres,
- Hospitalisations related to psychiatric illnesses after the 30th day of hospitalisation,
- Costs of care received before the coverage takes effect or after it ends, or after the Policy is terminated,
- Non-medically justified expenses (in particular, non-medical pharmaceutical products, and treatments and surgery for aesthetic purposes, etc.),
- Expenses relating to non-prescribed care or care not provided by a legally authorised practitioner,
- Expenses relating to procedures for which the prior authorisation has not been requested or it has been refused,
- All expenses resulting from:

- The consequences of atomic nucleus decay,
- Ionising radiation or contamination due to the radioactivity of nuclear waste as a result of the combustion of nuclear fuel or of the radioactive, toxic, explosive or any other dangerous property of a nuclear explosive device or a nuclear component in this device,
- Chemical contamination, war, invasion, the actions of a foreign enemy, hostility (whether a military uprising, a coup d'état or a declaration of war), terrorist activities, civil war, rebellion, revolution, insurrection, popular revolts or a riot of any kind,
- Natural disasters or the deliberate exposure to an extreme danger,
- The consequences of practising dangerous sports, in particular, air sports, combat sports, ascending tall mountains and sports that require the use of aircraft,

- Expenses relating to tropical diseases contracted without preventive treatment if they were contracted outside of your country of expatriation, and within three months of the start of your Policy if they were contracted in your country of expatriation.

L'Équité GENERALI

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Partenaire de votre mobilité

INTRODUCING médecindirect

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Do you have any questions about your healthcare? Contact a general or specialist doctor in writing, by telephone or by video, 24 hours a day, 7 days a week.

Online medical consultations with MédecinDirect are covered 100% by your Insurer.

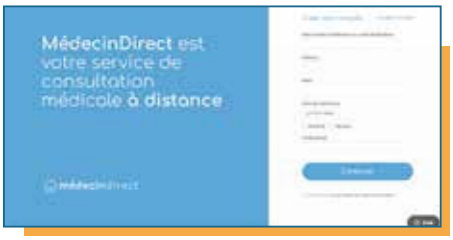
HOW DOES IT WORK?

To find out how to take advantage of MédecinDirect's online consultation services:

1

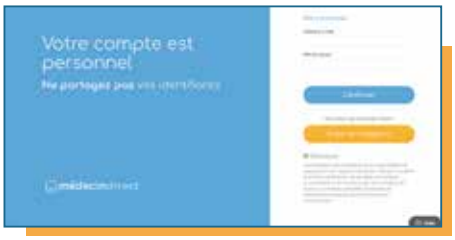
Visit www.medecindirect.fr or download the MédecinDirect app free of charge (available on iOS and Android).

2



Fill in the registration form and enter your GAPI membership number. Registration is free of charge and you can start using the service straight away.

3

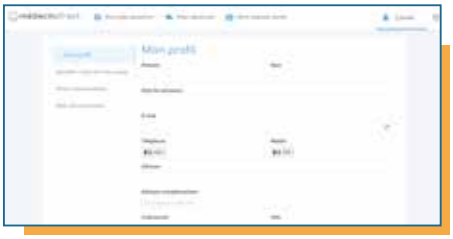


Log in with your email address (your identifier) and the password that you chose when registering.

4

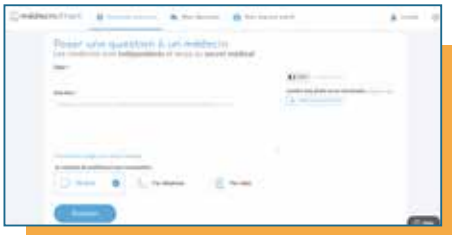
Enter the validation code (do not confuse this with your password) which you will be asked to enter each time you log in, guaranteeing the complete security of your personal data. You can choose to receive the code by email or SMS.

5



Once you have created an account, validate your identity. This is compulsory if you want to receive a prescription.

6



Click on "New Consultation" to be put in touch with a doctor.

A service that is always available:

24/7 — By mail — Par telephone — By video

MédecinDirect is not an emergency service. In the event of a doubt or an emergency, contact your GP or call 112. MédecinDirect is designed to complement in-person healthcare received as part of your treatment pathway..

III. REPATRIATION ASSISTANCE COVERAGE

CONTENTS

Repatriation Assistance Coverage

NOI21_004-02AF_2104_OAE2

ARTICLE 1. DEFINITIONS RELATING TO ASSISTANCE COVERAGE

Abroad:

A country other than that in which you live.

Accommodation expenses:

Expenses of overnight accommodation at a hotel, including breakfast.

Ambulatory care:

Any medical examination or surgical procedure (including procedures performed under general anaesthesia, day hospitalisation, recovery room, chemotherapy, radiotherapy, dialysis) not including a night in a private or public hospital.

Assister:

In this Policy, ASSUR TRAVEL ASSISTANCE is replaced by the word «we». The services are guaranteed by RESSOURCES MUTUELLE ASSISTANCE and implemented by LLT CONSULTING, both of whom comprise VYV INTERNATIONAL ASSISTANCE, hereinafter "**VYV IA**".

Case of force majeure:

Unforeseeable and unavoidable exceptional events that cannot be dealt with.

Claim:

All the harmful consequences of an event resulting in the application of the coverage of the Policy. All damages relating to a covered event are considered to be one single claim. All damages resulting from the same initial cause are considered to be one single claim.

Country of expatriation:

The country of expatriation is the country in which you reside. It must be different from your country of origin.

Country of origin:

The country of origin is considered to be the one of which you are a national.

Definition of personal assistance:

Personal assistance includes all the services provided in the event of the illness, injury or death of the Insured Party in their country of residence.

Delegate:

A third party authorised by the Insurer or association to manage the various management tasks entrusted to it. For this Policy, the Delegate of the Insurer is GAPI, whose address is 99 rue Parmentier - Parc Actiburo - 59650 Villeneuve d'Ascq, France - Orias no. 10056960.

Doctor:

Anyone with a legally recognised medical degree in the country where they usually work.

Epidemic:

The appearance and spread of an infectious and contagious disease, declared as such by the WHO, which infects a large number of people in the same place and at the same time.

Excess:

The part of the costs incurred remaining at your expense.

External care:

All consultations, examinations and curative or preventive care carried out in a consulting room or in a private or public hospital that do not justify any specific monitoring measures or overnight stays in a private or public hospital after the day of the medical procedure.

Family member:

Family member means the spouse or cohabiting partner living under the same roof as the Insured Party, or their children, father or mother.

France:

«France» refers to metropolitan France and the Principality of Monaco.

Hospital medical expenses:

All costs associated with consultations, complementary examinations, medical procedures, pharmacy and associated accommodation expenses incurred during the treatment of a pathology in a hospital that requires a stay of at least 24 hours. The amounts and the procedures covered are contractually defined.

Hospitalisation:

Any stay of at least one night in a public or private hospital for reasons other than convalescence.

Metropolitan France:

European territory of France (including the islands in the Atlantic Ocean, the English Channel and the Mediterranean Sea), with the exception of overseas territories.

Home:

Your home is your main and usual place of residence, as indicated on your income tax return.

Illness:

Sudden and unforeseeable alteration of health not caused by a bodily injury, which has not resulted in continuous hospitalisation, day hospitalisation or outpatient hospitalisation in the six months prior to the event, as duly certified by a competent medical authority.

Injury:

Unexpected, sudden and unintentional deterioration in the victim's health, certified by a competent medical authority.

Insured Party and/or Beneficiary:

The individual who has taken out an underwritten Policy with the association to receive international mobility insurance.

Journey:

Route taken to the destination indicated on the ticket for a trip, regardless of the number of flights, whether outbound or return.

Limit per event:

Maximum amount covered for one event giving rise to claims, regardless of the number of Policy Holders in the contract.

Luggage:

Personal belongings carried by the Beneficiary, up to a limit of 23 kg, not including all methods of payment, perishable goods, jewellery and other valuables, except for the clothing that you are wearing.

Major political risk:

Tout événement lié à la situation politique d'un pays ou d'une partie d'un pays pouvant mettre en péril la sécurité du Bénéficiaire, reconnu comme tel par le Ministère des Affaires étrangères.

Maximum per event:

In the event that coverage is granted to several insured persons who are victims of the same event, the Insurer's coverage is in any event limited to the maximum amount provided by this coverage.

Medical emergency:

Emergency hospitalisation, i.e. a stay of more than twenty-four (24) consecutive hours in a public or private hospital for emergency intervention that is unscheduled and that cannot be postponed.

Medical transportation:

Operation consisting of transporting a patient or an injured person whose condition justifies the use of a suitable and assisted method of transportation to a suitable place of hospitalisation or to their home.

Natural disaster:

Abnormal intensity of a natural factor not caused by human intervention. A phenomenon, such as a tremor, earthquake, volcanic eruption, tidal wave, avalanche, storm, cyclone, flood, forest fire, landslide or natural cataclysm, caused by the abnormal intensity of a natural factor, and recognised as such by the public authorities.

Nullity:

Any fraud, falsification or misrepresentation and false testimony likely to implement the coverage provided for in the agreement that results in the nullity of our commitments and the forfeiture of the rights provided for in said agreement.

Pandemic:

Appearance and global spread of a new contagious and infectious illness, declared as such by the WHO.

Performance of the services:

The services covered by this Policy can only be activated with the prior authorisation of VYV IA. As a result, any expenditure incurred by the Insured Party without prior authorisation shall not be reimbursed by VYV IA.

Personal injury:

Sudden and fortuitous event resulting from a cause external to the human body that is unrelated to an acute or chronic disease and which results in physical damage, as certified by a doctor.

Place of residence:

Your place of residence is your main and usual home address, as listed on your income tax return.

Policy Holder:

All persons declared by the Policy Holder or Insured Party who are covered by the insurance Policy and identified in the Special Conditions of this Policy.

Pre-existing conditions:

Any pathologies suffered by the Insured Party prior to taking out the Policy and which require continuous treatment or result in hospitalisations.

Quarantine:

Isolation of a person in the event they have a suspected or known illness, as decided by a competent local authority, in order to prevent the risk of spread of the illness in the context of an epidemic or pandemic.

Relative:

PSpouse or cohabiting partner living under the same roof as the Insured Party, or their child, father or mother. Otherwise, by way of derogation and according to the conditions in question, VYV IA may accept the appointment of a third person.

Recurrent care:

Following an initial medical procedure, all care or examinations that must be performed periodically in line with the medical procedure. The Insurer does not cover any travel relating to recurrent care beyond the first event.

Serious accident:

Any non-intentional bodily damage of the victim, caused suddenly and unexpectedly by an external source, certified by a doctor and requiring the victim to end all professional or other activity and forbidding them to move by their own means.

Spouse:

Husband/wife, de facto spouse or civil partner (subject to a civil partnership agreement).

Terrorist attack:

Any act of violence that constitutes a criminal or illegal attack against people and/or property in the country in which the Insured Party is travelling, with the aim of seriously disturbing public order through intimidation and terror. This attack must be viewed and considered as such by France's Ministry for Europe and Foreign Affairs or the Ministry of the Interior, particularly after a claim is made by the presumed authors of the attack. If several attacks occur on the same day in the same country, and if the authorities consider it to be one coordinated action, this event will be considered as the same event.

Subrogation:

Process by which we assume your rights and take legal action against any party liable for your damage in order to obtain repayment of the sums which we have paid to You following a claim.

Third party:

Any individual or legal entity, excluding the Insured Party, their family members, persons accompanying them and their representative, whether or not they are paid for the performance of their duties.

Underwriter:

The association which underwrites the optional or compulsory membership group insurance plan taken out by the Policy Holder, also called the Insured Party.

Voluntary infringement:

Any act that may be associated with its perpetrator which harms or endangers society and is punishable by criminal penalties.

We:

VYV International Assistance, hereinafter referred to by its trade name «VYV IA».

You:

The Insured Party.

ARTICLE 2. SCOPE

2.1 BENEFICIARIES

The following are considered as Policy Holders/Insured Parties/Beneficiaries:
- All persons classed as holders of an international mobility assistance Policy with the underwriting association and who have paid their assistance premium,
- The individual(s) indicated by the underwriting association who are residents abroad, as stated on the Policy application form.

2.2 VALIDITY OF THE COVERAGE

The coverage applies for the duration of the expatriation in one of the countries in the corresponding geographical coverage area for which the Policy Holders indicated in this Policy are covered.

2.3 TERRITORIALITY

The coverage applies worldwide.

2.4 OPERATIVE EVENTS

The operative events are detailed in the description of each of the coverage guarantees defined below and apply to the following events, such as bodily injury, illness and death.

2.5 INTERVENTION

Exceptional situations in connection with an emergency

The assistance guarantees may be implemented by beneficiaries 24/7 by calling VYV IA at the following number:

(+33) 86 85 00 51 from abroad.

Calls to the assistance service must be made prior to taking any action, except in cases of force majeure. Requests for assistance must be made within 48 hours following the occurrence of the operative event that has resulted in this request. After 48 hours have passed, VYV IA may offer the Beneficiary support and advice but it may not cover the expenses associated with the request.

All expenditure incurred without prior authorisation from VYV IA shall not result in any reimbursement or payment a posteriori.

Non-emergency situations

Beneficiaries can contact VYV International Assistance by email at the following address:

authorization@vyv-ia.com

In their first email, Beneficiaries must provide their identity, location and a telephone number at which they can be contacted. They must outline the difficulties that have given rise to their request.
In case of a medical problem, they must state the phone number of the doctor present on-site or at the hospital, as well as when it is possible to contact them.

2.6 IMPLEMENTATION OF THE COVERAGE

The implementation of the coverage depends on the geographical, climatic, economic, political, health and legal characteristics of the place where the covered event occurs and they must be verified whenever an operative event occurs.

The coverage is provided by VYV IA; expenses directly incurred by a Beneficiary may, however, be reimbursed by VYV IA upon presentation of supporting documents and subject to the prior authorisation for said expenses to be incurred.

Whenever VYV IA takes on the cost of the medical transportation of a Beneficiary or the transportation of a companion, the Beneficiary or the companion authorise VYV IA to modify the date of the return ticket, in accordance with transportation arrangements, with the fees corresponding to the modification being borne by VYV IA.

Otherwise, the transport ticket holder is personally liable to compensate VYV IA the amount they would have obtained had they exercised their right to reimbursement.

The reimbursement or, where applicable, the compensation is due within three (3) months following the claim date. The reimbursement is not due when the ticket holder has been prevented from exercising their right to reimbursement.

Services not covered by the Policy that VYV IA agrees to provide at the request of a Beneficiary are considered as an advance payment of the coverage, repayable by the Beneficiary within one month of the provision of the coverage. To this effect, the Beneficiary undertakes to transfer a monetary guarantee to VYV IA, which must be acknowledged and recorded by the latter, of at least the amount incurred in providing the advance payment.

The "Hospital Medical Fees Advance Payment" coverage applies to insured parties who have taken out a healthcare Policy. As such, it is not paid for by VYV IA. Conversely, VYV IA guarantees that it will be implemented through ASSUR TRAVEL, the delegate of the health Insurer. The maximum amount per commitment is defined in the general conditions of the health insurance Policy.
In the framework of providing assistance coverage, the Insured Party expressly authorises VYV IA to access and gather the information contained on their Policy Certificate when managing a health incident.
On the other hand, if an incident or operative event (illness, accident) that affects the Insured Party is not covered by the health Insurer, VYV IA may not provide its assistance service.
Finally, the implementation of the coverage of healthcare fees by the health Insurer does not systematically result in the provision of assistance coverage services by VYV IA, with coverage of the expenses by the health Insurer not being a sufficient basis for this.

2.7 LIMITATION CLAUSE

VYV IA shall not be held accountable for the coverage of an assistance service, nor for the payment of an incident or the provision of services for the purposes of this Policy if these coverage, payment or provisions expose it to any penalty, prohibition or restriction according to United Nations resolutions on economic or commercial sanctions, or by virtue of the laws and regulations of the European Union, the United States of America or of any other jurisdiction.

VYV IA shall not be held responsible in the case of non-fulfilment or of the partial or delayed fulfilment of the coverage if the latter are due to cases of force majeure or events such as civil or foreign war, sequestration of a Beneficiary, revolution, popular movement, riot, terrorist attack, strike, seizure or coercion by public force, official prohibition, piracy, explosion of machinery, nuclear or radioactive effects, climate impediments, or refusal of attending doctors or local healthcare professionals to cooperate with VYV IA. However, VYV IA shall undertake to do all it can to assist the Beneficiary.

VYV IA is not liable for the consequences of a deliberate violation of local law.

VYV IA is no longer bound to the fulfilment of its coverage if a Beneficiary refuses care or examinations prior to medical transportation, in a public or private hospital or by a doctor requested by the VYV IA medical team, or if an Insured Party, in the case of medical transportation, refuses repatriation, the place of hospitalisation proposed by the VYV IA doctors, or if a Beneficiary refuses to disclose all of their medical data to the VYV IA medical team.

VYV IA cannot be held responsible for any damage resulting from the provision or lack of provision of medical transportation or the hospital chosen as a result of erroneous medical information, opinions or diagnoses received from local medical teams that would not be detected by due diligence, as defined according to the standard practices of emergency unit dispatchers.

VYV IA is no longer required to fulfil its coverage in situations of infectious risk within the framework of an epidemic and/or pandemic that requires the implementation of a quarantine, or preventive measures or specific surveillance by local, national and/or international health authorities.

VYV IA can only intervene within the limits of the authorisation granted by local, medical and/or administrative authorities, and can in no case replace local emergency organisations or cover the costs incurred by a public authority.

ARTICLE 3. VALIDITY OF THE COVERAGE

The coverage is valid for each Insured Party upon implementation of the health insurance Policy (excluding any waiting period) taken out with L'Equité under references AQ0019 or 001939, including assistance coverage.

ARTICLE 4. TERMINATION OF COVERAGE OF INSURED PARTIES

Once the Policy is taken out, and subject to any penalties provided for by the French Health Insurance Code as a result of false claims, the Insured Party belonging to the international mobility assistance category may not be excluded from coverage as long as they fulfil the conditions that allow them to benefit from the coverage.

The coverage is terminated in the following circumstances:

1. For each Insured Party:
- From the moment they no longer belong to the international mobility category to which this Policy applies,
- In the event of non-payment of premiums and in accordance with the relevant provisions of the French Health Insurance Code,
- In the event of a false claim,
- In the event of the death of the Insured Party,
- In the event of the termination of their group Policy,
- In the event of the termination of the group insurance Policy to which this Information Document is associated.

2. 2. For all Insured Parties (aforementioned category of expatriates):
- On the date of termination of the group insurance Policy,
- On the date of termination of the Insured Party's insurance Policy.

Premiums must be paid within ten (10) days of each payment deadline. If the premiums are not paid, the coverage may be suspended and the Policy may eventually be terminated.
The coverage shall be automatically suspended thirty (30) days after a registered letter is sent to ASSUR-TRAVEL serving as formal payment notice. It is ASSUR-TRAVEL's responsibility to immediately inform the Insured Parties of this payment notice. Once the Policy is suspended, the Insured Party must pay the unpaid premiums and the recovery costs. If a claim occurs during this period, its expenses must be borne by the Insured Party, regardless of the severity.
In fact, the formal payment notice letter requires that the full amount of the annual premium be paid, even in the case of payment in instalments. In addition, it shall be valid from the moment it is sent to the last known address of ASSUR-TRAVEL. Furthermore, by means of this procedure of suspending the coverage, the Policy may be terminated ten (10) days after the suspension takes effect, while the termination will take effect forty (40) days after the formal payment notice letter is sent. The Policy will retake effect at midday on the day after the payment is made, provided that ASSUR-TRAVEL pays the full amount of the premium and the fees due before we proceed to terminate the Policy.

ARTICLE 5. ASSISTANCE COVERAGE

5.1 NATURE OF THE COVERAGE

The guarantee consists of organising, paying for, progressing, monitoring and informing the Insured Parties in the event of unexpected events, within the specific limit for each covered event. The Insured Party understands that each covered event only entails an obligation of means and not an obligation of result.

When the covered events require healthcare (accident or unexpected illness), they must be acknowledged by the local medical authorities and treated by doctors practising in the field for which they are authorised (regarding legal, regulatory and other dispositions concerning practising the profession in the country in question).

If the Insured Party is covered by another assister, Insurer or equivalent, the services that apply to them shall be deducted from the services received by this organisation. For each hospitalisation, the prior authorisation of VYV IA is required.

5.2 TABLE OF COVERAGE

Insured Parties are covered by the guarantees described in Article 6, in accordance with the information that they will be provided by the Underwriter when taking out the Policy. In addition, Insured Parties are covered for all of the services listed in Article 6. They shall not be covered for services that are not indicated in the table.

The guarantees and limits mentioned in Article 6 are expressed in actual expenses and as a complement to services provided by third parties (the Insurer), per Insured Party and per event.

Actual costs:
Actual costs means the regular and reasonable expenses determined based on the rates currently used in the country or state in question.
The reasonable and regular nature of the costs is established in accordance with the prevailing practice in the country where the expenses are incurred. As a consequence, if the costs are deemed to be irregular and unreasonable, they may be refused coverage or the amount covered or reimbursed may be limited.

If the expenses incurred are clearly irregular and unreasonable compared to the commonly used rates (particularly those used by healthcare establishments and practitioners) in the country or state in question, VYV IA may deduct the amount covered on a pro rata basis in accordance with the prevailing regular and reasonable rates.

Maximum benefit:
- **The maximum benefit, which applies to certain covered events, is the maximum amount that VYV IA shall pay for the coverage of an Insured Party, and it may apply either "per insurance year" or "per event".**

5.3 COVERAGE AREA

The coverage must have been requested during the insurance period in one of the countries in the corresponding geographical coverage area for which the Insured Parties defined in this Policy are covered, i.e. in their country of expatriation.

5.4 PAYMENT AMOUNTS

When the Insured Party pays in the expenses of a guarantee covered by this Policy in advance, subject to prior authorisation from VYV IA before the payment is made, they shall be reimbursed in EUROS (EUR), in accordance with the exchange rate of the date on the invoice and within the limits per Insured Party, per event and in line with the actual cost limits established below in Article 6.

5.5 LIMITATION OF REIMBURSEMENTS TO ACTUAL EXPENSES

The reimbursements or compensation of the expenses incurred as a result of an eligible event may not exceed the expenses that remain the responsibility of the Insured Party after receiving all the reimbursements to which they are eligible.
Coverage for the same risk taken out with several insurance organisations shall only take effect within the limits of each guarantee, regardless of the date that the Policy was taken out. Within these limits, the Beneficiary of the Policy may receive complementary compensation by sending a breakdown of the reimbursement(s) made by the other organisation(s).
VYV IA reserves the right to request justification of the expenses, and it may also request a copy of all payments made for the same risk by all insurance policies by which the Beneficiary is also covered.
The Beneficiary of the coverage undertakes to return any overpayments to VYV IA as soon as possible. The latter may offset the debts between the amounts due and other services due to the Insured Party.

ARTICLE 6. ASSISTANCE COVERAGE

6.1 HOSPITAL MEDICAL REFERRAL

VYV IA provides, either by telephone or by mail, a choice of hospitals that it has approved. VYV IA has agreements with selected hospitals in the country (or cities) where the technical platform is compatible with the medical requirements, and whose costs have been previously validated or checked by specialised services. In all cases, the network selected by VYV IA endeavours to meet the highest standards of technical and financial competence, taking into account the cultural, geographical, political, social and economic situation of the country concerned. **In the end, the Beneficiary chooses the healthcare facility.**

This assistance coverage commits us to advise you in accordance with the conditions as described.

6.2 ADVANCE PAYMENT OF HOSPITAL MEDICAL EXPENSES

This does not cover the reimbursement of healthcare expenses during the coverage period. The advance payment of hospital medical expenses only allows you to make use of third-party payment after prior authorisation from the health Insurer that you have chosen. As such, VYV IA can make advance medical expenses payments up to the limit indicated in Article 2.6.

This is limited to Insured Parties covered by health insurance coverage taken out with a health Insurer recognised by VYV IA.

To this effect, the Insured Party undertakes to transfer a monetary guarantee to VYV IA, which must be acknowledged and recorded by the latter, of at least the amount incurred in providing the advance payment for the medical expenses.

A prior call to VYV IA, whether by the hospital, the Beneficiary or anyone willing to help and assist them, **is necessary.**

For scheduled healthcare, a notice period of 5 working days is mandatory. If the Beneficiary is affiliated to a programme covering their health expenses (French social security, the Fund for French Nationals Abroad (CFE), health insurance, mutual health) as part of a planned hospitalisation, provided that a request for prior authorisation is made, VYV IA may advance the cost of the medical expenses, within the indicated limit. This procedure is conditional on the Insured Party's acceptance of subrogation to VYV IA for the recovery of the amounts due.
When a Beneficiary who is the victim of an accident or illness makes use of VYV IA and is hospitalised, VYV IA, after issuing a care agreement, makes an advance payment of the hospital medical expenses within the limits of the agreement established in accordance with and on behalf of the health Insurer or its delegate.
When VYV IA is required to transfer a Beneficiary to another country for medical reasons, the medical expenses are covered in the country in question, under the same conditions as described above. The advance payment of hospital medical expenses, excluding medical emergencies, is subject to the use of the VYV IA network or the opinion of its doctors.
The advance payment of hospital medical expenses is not guaranteed by VYV IA when the underwriting of the assistance contract granted by RMA is delegated. The intervention of VYV IA is not automatic and it must be triggered by the Beneficiary or a third party willing to help and assist the Beneficiary. In the event that the latter has not considered it necessary to inform VYV IA, the Beneficiary shall send their medical expenses directly to the health Insurer.

This commits us to make an advance payment of the necessary expenses within the limit indicated in the Table of Coverage.

6.3 MONITORING OF HOSPITALISATION ABROAD EXPECTED TO LAST OVER 3 DAYS AND COST CONTROL

The VYV IA team must have free access to the patient and their medical file, while strictly respecting the professional rules of conduct. In all cases of hospitalisation abroad declared to VYV IA, its medical team undertakes a regular medical monitoring procedure that enables it to:
- monitor the quality of the healthcare and recommended services being provided;
- ontrol the duration and conditions of the hospitalisation.

VYV IA can thus contain the expenses associated to the hospitalisation within the usual and reasonable limits for the country in question, considering the pathology and medical capabilities of the hospital. The Beneficiary shall accept any change of hospital recommended by the VYV IA team.

This commits us to monitor the information related to your course of medical treatment, in the conditions described.

6.4 MEDICAL TRANSPORTATION

VYV IA organises medical transportation, as soon as possible and in accordance with the local attending doctors, by the most suitable means and taking into consideration the medical condition of the Beneficiary. VYV IA covers the cost of healthcare transportation once it has been validated by the VYV IA doctors. The VYV IA doctors define the level of medical support needed.
- The means of transport is decided by the VYV IA doctors according to the condition of the patient (regular airline with any necessary special arrangements, special medical aircraft or any other most suitable means with or without medical assistance).
- The medical infrastructure of the destination is chosen by the VVY IA doctors based on the needs associated with the condition of the patient.

VYV IA covers all the costs related to the transport of the patient. If VYV IA has organised the outbound transport, VYV IA will organise the return transport following the validation by the VYV IA doctors that the patient's condition is stable.
If recurrent travel (for specific care or consultations) is required following an emergency transportation organised by VYV IA, this travel is not covered by the assistance guarantee.

This commits us to organise and cover the real costs of transportation, in accordance with the conditions described.

6.5 TRANSFER DUE TO INSUFFICIENCY OF TECHNICAL FACILITIES

VYV IA organises the transportation of the Beneficiary by the most suitable means for medical or technical procedures that cannot be performed in situ (country of residence), and it covers the cost of this transportation, after validation by the VYV IA doctors, with the agreement of the local attending doctors.
If the VYV IA doctors believe that the presence of a companion is medically necessary, VYV IA shall also cover the cost of their transportation.
- The means of transport is decided by the VYV IA doctors according to the condition of the patient.
- The medical infrastructure of the destination is chosen by the VVY IA doctors based on the needs of the patient in line with their pathology.

If VYV IA has organised the outbound transport, VYV IA will organise the return transport following the validation by the VYV IA doctors that the patient's condition is stable.
If recurrent travel (for specific care or consultations) is required following transportation due to technical insufficiency organised by VYV IA, this travel is not covered by the assistance guarantee.

This commits us to organise and cover the real costs of transportation, in accordance with the conditions described.

ARTICLE 7. EXCLUSIONS

The following services are not covered by this Policy, unless indicated as such:

- Convalescences and conditions (illness, accident) currently being treated and that have resulted in hospitalisation in the six months prior to the request for assistance;
- Pre-existing illnesses that have been diagnosed and/or treated and that result in hospitalisation in the six months prior to the request for assistance;
- An illness or accident that is the result of a voluntary act by the Insured Party, or that is the result of voluntary mutilations;
- Travel undertaken for the purpose of diagnosis and/or treatment;
- Pregnancy, except for unforeseeable complications, and in all cases, from the thirty-sixth week of pregnancy;
- Damage caused intentionally by a Beneficiary or that results from their participation in a crime, offence or fight, except in the case of self-defence;
- Events arising as a result of the practice of dangerous sports, such as:

- Aviation: hang gliding, flying wing, parachuting, paragliding, ultralight flying, base jumping, wingsuit flying, bungee jumping.

- Combat: boxing, MMA, American boxing, full contact karate, kick boxing, capoeira, jujitsu, wrestling.

- Equestrian: horse riding, horse racing, rodeo, obstacle jumping.

- Climbing, rock climbing, mountaineering, potholing.

- Mechanical: rally, motorbike racing, karting.

- Mountain: skiing, snowboarding, freeriding, lugeing, tobogganing, off-piste skiing.

- Nautical: scuba diving with or without autonomous equipment, canyoning, rafting, cliff diving, jet skiing, speed boating.

- Hiking: long-distance hiking, trekking, altitude hiking.

- Safaris and hunting, weightlifting, hockey, roller skating.

- The Beneficiary's participation as a competitor in sporting events, bets, matches, events, rallies or preparatory trials,

- as well as the organisation and cover of all rescue expenses associated with the practice of these dangerous sports,

- In the case of a high-risk sporting activity not included in this list, the Insured Party undertakes to contact VYV IA to request authorisation;

- The consequences of voluntary non-compliance with the regulations of the countries visited, or practices not authorised by the local authorities;
- The consequences of ionising radiation emitted by nuclear fuels or by radioactive products or waste, or caused by weapons or devices intended to explode due to the modification of the structure of the atomic nucleus; a claim resulting directly or indirectly from the disintegration of the atomic nucleus;
- The consequences of civil or foreign war, official prohibitions, seizures and restrictions imposed by law enforcement authorities;
- The consequences of civil or foreign war, terrorist attacks, riots, insurrections, popular movements, strikes and piracy when the Beneficiary takes an active part in them;
- The consequences of climate impediments such as storms and hurricanes;
- Accidents caused or intentionally provoked by the Beneficiary of the Policy;
- The consequences of the Beneficiary's suicide or attempted suicide;
- The consumption of drugs, narcotics, alcohol, similar substances and medication not prescribed by an authorised medical authority and their consequences;
- Neurological or mental illnesses, except those specifically provided for in this Policy;
- Accidents that occur when the Beneficiary practices a sport in a professional or practical capacity or takes part in an amateur sporting activity for leisure or competition requiring the use of a motor vehicle (whether on land, in the air or on water), as well as preparatory training;
- Accidents that occur when the Beneficiary participates in fights (except in cases of self-defence), crimes and betting of any kind;
- Recurrent travel (for specific care or consultations) required following emergency transportation organised by VYV IA;
- Expenses incurred following a trip made contrary to medical advice;
- Expenses resulting from care or treatment that is not due to a medical emergency;
- Expenses resulting from an accident or illness that is medically diagnosed before taking out the Policy;
- Benign conditions or injuries that can be treated in situ (only for the assistance and repatriation coverage);
- Burial, exhumation, embalming and ceremonial expenses, unless compulsory under local law;
- Expenses incurred by the Beneficiary without the prior authorisation of VYV IA;
- Catering, hotel, road, toll, fuel, taxi and customs expenses;
- Expenses resulting from care or treatment whose therapeutic nature is not recognised by French law;
- Acts punishable as indictable offences under the laws of the country in which the Beneficiary is located;
- Expenses and treatments not prescribed by an authorised medical authority;
- Care relating to illnesses mentioned on the Policy Certificate;
- The consequences of an illness in the process of being treated and which the Beneficiary has yet to fully recover from, as well as illnesses that occur during a trip made for diagnostic and/or treatment purposes;
- Any consequences (examination, additional treatment, recurrence) of an illness that has previously led to repatriation;
- The voluntary termination of pregnancy, childbirth, in vitro fertilisation and their consequences, as well as a pregnancy leading to hospitalisation in the 6 months prior to the request for assistance;
- Expenses relating to infertility treatment;
- The consequences of:

- situations presenting a risk of infection during an epidemic or pandemic,

- exposure to infective biological agents, chemical agents such as chemical weapons, incapacitating agents, neurotoxic agents or agents with persistent neurotoxic effects which require quarantine or preventative measures or specific monitoring by the local and/or national health authorities of the country in which the Beneficiary is staying;

- The non-observance by the Beneficiary of official prohibitions, as well as their non-compliance with official safety rules, such as those decreed by French law, in particular those relating to all kinds of transportation;
- Expenses not expressly mentioned as giving rise to reimbursement, as well as catering expenses and any expenses for which the Beneficiary cannot produce documentary evidence.

ARTICLE 8. GENERAL PROVISIONS

Your Policy is valid until December 31 of the current year. It is then automatically renewed on 1 January of each year for successive periods of one (1) year. However, you may terminate your Policy during its renewal by sending a registered letter to the delegate at least two months before the due date.

8.1 CALCULATION OF THE PREMIUM

Rates are calculated on the basis of the country of expatriation. The amount of the premium is indicated on the Policy Certificate given to the Policy Holder.

8.2 TERMS OF PREMIUM PAYMENT BY THE POLICY HOLDER

The Policy Holder/Beneficiary must pay premiums, due in euros (€) and in advance for the whole duration of the total coverage period chosen by the Policy Holder according to the terms and conditions defined by the latter.
The amount of the premium is calculated for the period between the effective date of the Policy and the effective date of termination. This period cannot be less than one month.

8.3 ANNUAL REVIEW AND INDEXING OF PREMIUMS

Premiums may be changed periodically on April 1 of each annual due date based on demographic changes, changes in legislation and regulations, and the results of the Policy.

In case of disagreement, the Policy Holder/Beneficiary may request the termination of their contract by sending a registered letter within two (2) months of receiving notification of the changes from the delegate. The termination will take effect on the first day of the month following receipt of the registered letter by the delegate.

8.4 FAILURE TO PAY PREMIUMS

In the event of non-payment or partial payment of the premiums, a registered letter shall be sent to the Policy Holder/Beneficiary of the Policy at least ten (10) days after the due date, informing them that once forty (40) days have elapsed since the letter is sent, non-payment of the premium shall, without further notice, incur the cancellation of this Policy in accordance with the procedure described in the Article L.221-7 of the French Mutual Benefit Insurance Code. Any claim for services occurring during the non-payment period will be refused.

8.5 IMPROPER BEHAVIOUR

VYV IA shall not be held liable to intervene in the event that the Beneficiary has voluntarily committed an infraction of local laws, or following an accident caused or intentionally provoked by the Beneficiary of the Policy. If applicable, VYV IA shall demand the repayment of all or part of the expenses incurred as a result of what may be considered the direct consequence of this behaviour.
All fraud, falsification and false claim or testimony shall result in the automatic termination of the right to receive the assistance coverage.
In the case of a misleading statement from the Beneficiary or the non-repayment of an expenses covered in advance, if applicable, VYV IA shall demand that the Beneficiary repay all or part of the expenses incurred as a result of what may be considered the direct consequence of this behaviour

8.6 FALSE STATEMENTS

When changing the purpose of the risk or diminishing our estimate of it, any reluctance or intentionally false statement from You will render the Policy null and void. The premiums paid shall belong to VYV IA, who also has the right to demand the payment of any overdue premiums. All omissions or inexact statements by the Insured Party shall result in the termination of the Policy ten (10) days after they receive notification thereof by registered letter.

8.7 SUBROGATION

VYV IA is subrogated up to the cost of the assistance provided, to the rights and actions of Beneficiaries against third parties who, by their fault, caused the damage which resulted in VYV IA having to cover such costs; that is, VYV IA will take action against the responsible party in the name and on behalf of the Beneficiary if it deems such action to be appropriate.

This subrogation is exercised within the expenditure limits established by VYV IA, according to the part of the compensation covered by the third party relating to the remedying of the attack on the physical integrity of the victim.

8.8 LIMITATION PERIOD

Any action deriving from the execution of this Information Document is limited to two years from the event giving rise to the action.
However, in the following circumstances, this time period continues to elapse:
- in the event of reluctance, omission, and false or inexact claims regarding the risk, only from the date that the VYV IA becomes aware of them;
- in the case of claims, only from the day the Policy Holder becomes aware of them, if they are able to prove that they were unaware until then.

When the action of the Beneficiaries against VYV IA is caused by the recourse of a third party, the limitation period shall only elapse from the day on which the third party takes legal action against the Beneficiaries or is compensated by the latter.

The limitation period is interrupted by one of the ordinary causes of interruption provided for in Articles 2240 and 2246 of the French Civil Code:
- The unequivocal acknowledgement by VYV IA of the Beneficiaries' right to indemnification;
- Legal proceedings, even interim proceedings;
- A precautionary measure taken under the French Civil Procedure Code or an act of compulsory enforcement.

The interruption of the limitation period of the action may, in addition, result from the designation of experts following a claim or the sending of a registered letter with acknowledgement of receipt by VYV IA.

A new limitation period of two (2) years from the date of the interruption of the limitation period. This new period may be suspended or interrupted in the same conditions as the first.

As derogation from Article 2254 of the French Civil Code, VYV IA and the Beneficiaries cannot, even by mutual agreement, modify the duration of the limitation period or add to the causes of suspension or interruption thereof.

8.9 PERSONAL DATA PROTECTION

The personal data of the Beneficiary collected by VYV IA shall be subject to automated processing. All of the data are compulsory for managing the Beneficiaries' requests. If the Beneficiary fails to provide their data, VYV IA shall be unable to process the requests of the former.

During the execution of the Policy, the personal data of the Beneficiary shall be used to manage and execute the assistance guarantees, exercise recourse and manage claims and disputes, manage requests linked to exercising right and prepare actuarial and commercial statistics and studies.

The personal data of the Beneficiary shall also be processed in order to ensure compliance with current legal, regulatory and administrative provisions. For this purpose, and in order to fulfil its legal obligations, VYV IA monitors the processing to combat money laundering and the financing of terrorism, and to apply financial sanctions.

Different processing activities undertaken by VYV IA are based on their legitimate interest, which is to provide the Beneficiary with the best possible products and services, to improve their quality and to personalise the services offered and adapt them to their needs. These correspond to managing the relationship with the Beneficiary, in particular through actions such as satisfaction surveys, polls and telephone records.

As part of its legitimate interest, VYV IA also implements a device to combat insurance fraud which, in particular, may lead to the Beneficiary being added to a list of people who present a fraud risk, which may result in the reduction or refusal of the enjoyment of a right, service, Policy or benefit offered. The health data of the Beneficiary are processed in strict confidentiality and they are transferred exclusively to internal or external staff who have been specifically authorised by VYV IA.

The processing of the personal data of the Beneficiary is reserved to the use of the services provided by VYV IA and the data shall only be disclosed to service providers, partners and sub-processors of VYV IA.

In order to manage and execute the assistance guarantees, the Beneficiary is hereby informed that their personal data may be subject to occasional transfers to countries located outside of the European Economic Area.

The personal data of the Beneficiaries shall be stored as long as there is a contractual relationship and until the legal limitation periods have expired, or as long as necessary to fulfil a regulatory obligation.

In compliance with current data protection regulations, the Beneficiary can exercise their right of access to their personal data, rectification in the case of incorrect data, erasure in certain cases, limitation of the processing and the portability of their data. The right of portability allows them to transfer their data directly to another data controller to undertake the automated processing of their personal data. This right only applies when the personal data are provided by the Beneficiary and processed on the basis of their consent or the execution of the Policy. In addition, the Beneficiary is able to define general and specific directives to establish the way in which these right are exercised following their death and to withdraw their consent if the processing of their data is based solely on their consent.

The Beneficiary can also, at any moment, oppose the processing of their data without having to specify the reason.

The right to access processing activities regarding the fight against money laundering and the financing of terrorism can be exercised by contacting the French data protection agency (CNIL) via its right of indirect access procedure. Nevertheless, the right of access regarding processing activities that allow the identification of persons subject to an asset freezing measure or a financial sanction can be exercised by contacting VYV IA.

The Beneficiary may exercise their rights by contacting the Data Protection Officer (DPO) by email at contact@vyv-ia.com or by post at VYV International Assistance, 3 Passage de la Corvette, 17000 La Rochelle - France.

In the event of a claim relating the processing of their personal data, the Beneficiary may refer the case to the French data protection agency (CNIL).

Finally, in compliance with Law 2014-344 of 17 March 2014, if the Beneficiary does not wish to be subject to telephone sales prospecting by a professional with whom they do not have a pre-existing commercial relationship, they may add their telephone number to the do-not-call list free of charge by writing to OPPOSETEL - Service Bloctel - 06 rue Nicolas Siret - 10000 Troyes, France, or by visiting the website http://www.bloctel.gouv.fr.

8.10 COMPLAINTS AND MEDIATION

In the event of a disagreement regarding the application of the Policy, the Beneficiaries can contact the Consumer Department of VYV IA by sending a letter addressed to the Mediator at 3 Passage Corvette - 17 000 La Rochelle, France, or by emailing contact@vyv-ia.com.
If, following examination of the claim, the disagreement persists, the Beneficiary may request the advice of the Mediator without prejudice to other legal courses of action by sending an email to mediation@mutualite.fr or by writing to The Mediator, Mutualité Française, FNMF, 255 rue de Vaugirard, 75719 PARIS Cedex 15, France.

ARTICLE 9. OBLIGATIONS FOR ASSISTANCE COVERAGE

VYV IA may not, in any case, be substituted by local emergency services bodies or cover the expenses incurred by them.
It is imperative to contact the help desk before any medical consultation or hospitalisation. The assistance service can only be provided following a telephone call from the Beneficiary when the event occurs. Services which have not been organised or authorised by VYV IA will not entitle the Beneficiary to a reimbursement.

ARTICLE 10. HOW TO CONTACT OUR ASSISTANCE DEPARTMENT

24 hours day, 7 days a week
VYV International Assistance
- by telephone from abroad: **(+33) 5 86 85 00 51**
- preceded by the local access code for the international network

To allow us to intervene in optimal conditions, please remember to have the following information available that will be requested during your call:
The name and number of the Policy by which you are covered:
- Your name and surname,
- Your home address,
- The country, city or town where you are at the time of the call
- Specify the exact address (street no., hotel if any, etc.),
- The telephone number where we can reach you,
- The nature of your problem.

During the first call, a support file number will be given to you. Remember to give this number during any subsequent calls to our Assistance Service.
Requests for assistance must be made within 48 hours following the occurrence of the operative event that has resulted in this request. After 48 hours have passed, VYV IA may offer the Beneficiary support and advice but it may not cover the expenses associated with the request.

THE ASSISTANCE SERVICE CAN ONLY BE PROVIDED FOLLOWING A TELEPHONE CALL FROM THE BENEFICIARY WHEN THE EVENT OCCURS.

ARTICLE 11. TABLE OF ASSISTANCE COVERAGE

COVERAGE	COMMITMENTS	LIMITS
HEALTH DURING EXPATRIATION		
Hospital medical referral Advance payment of hospital medical	Connection	Actual costs
Inpatient third-party payment	Care	See the general conditions of the Health Policy
Followup of abroad hospitalisation expected to last more than 3 days and Cost control	Care	Actual costs
REPATRIATION		
Medical transportation	Care	Actual costs
Transfer due to weakness of local facilities	Care	Actual costs

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vyv international assistance

The assistance guarantees are provided by LLT CONSULTING SAS,
A simplified joint-stock company with a capital of 100,000 euros, having its registered office at 3 Passage Corvette 17000 La Rochelle, France, registered with the La Rochelle Trade and Companies Register under number 828 002 188 and with ORIAS under the number 17004577, duly represented for the purposes hereof by Mr Jérémy Thiriot, acting herein as Managing Director and duly authorised for this purpose, who declares that he is fully entitled to enter into the present contract.
Herein referred to as «VYV IA»
Acting in the name and on behalf of: RESSOURCES MUTUELLES ASSISTANCE, herein referred to as «RMA» - a technical assistance union governed by Book II of the Mutual Benefit Insurance Code, having its registered office at 46 rue du Moulin - BP 62127 - 44121 VERTOU cedex, France, registered with the Vertou Trade and Companies Register under number 444 269 682 00027 and in the National Register of Mutual Insurance Companies under number 444 269 682

CONTACT OUR SALES DEPARTMENT

For additional information:

By telephone:

+33 (0)3 28 4 69 85 from 9:00 am to 6:00 pm.

By email:

contact@assur-travel.fr

To receive an online quote or take out a Policy on our website:

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Head Office: ACTIBURO BUSINESS AREA – 99 Rue Parmentier - 59650 VILLENEUVE D'ASCQ - France - Tel.: (+33) 03 20 34 67 48 - Fax: (+33) 03 20 64 29 17
Simplified Joint-Stock Company with a capital of €100,000 - Lille Trade and Company Register No. 451 947 378
Company governed by the French Insurance Code under the French Prudential Supervision and Resolution Authority (ACPR), 4 Rue Taitbout Place de Budapest CS92459 - 75436 Paris cedex 09, France, underwriter of a Civil Liability and Financial Cover insurance AMLIN INSURANCE SE N°2021MGARC001-10022
Under the provisions of Article L.520-1-IIb of the French Insurance Code, ASSUR TRAVEL operates as an insurance broker.
The list of insurance companies with which we work is available to you upon request.
Claims department: ASSUR TRAVEL - Claims Department - ACTIBURO BUSINESS AREA – 99 Rue Parmentier - 59650 VILLENEUVE D'ASCQ, France - Tel.: (+33) 03 20 34 67 48 Time frames for processing claims: 10 working days from reception of the claim.
If our claims department does not resolve your case, you can refer it to Médiateur de l'Assurance
by post at LA MEDIATION de L'ASSURANCE - POLE PLANETE CSCA -TSA 50110 - 75441 PARIS cedex 09, France,
by email at le-mediateur@mediation-assurance.org or on its website https://www.mediation-assurance.org/