



START' EXPAT
MEMBER'S GUIDE



MSH INTERNATIONAL

on behalf of



INFORMATION BOOKLET AND GENERAL TERMS AND CONDITIONS

Keep this guide in a safe place!

**You benefit from health insurance under the ASFE Start'Expat plan.
The first part of this guide describes the procedure for claiming reimbursements and provides clear
and practical answers to any questions you may have.
The second part contains the General Terms and Conditions of your plan.**

USEFUL TIPS

- Try, where possible, to use public sector or state-approved healthcare providers.
- Avoid giving any information in advance about the plan's level of coverage to avoid rates being automatically adjusted to the upper limit.
- Get a health check-up before you go abroad (make sure your vaccinations are up to date and get your teeth checked as a priority) and take a first aid kit with you. This type of preventive care is at your own expense.

Remember: treatments which have already started, pre-existing medical conditions, health check-ups and vaccines are not covered under your plan.

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START'EXPAT

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1 / ONLINE SERVICES TO MAKE YOUR LIFE EASIER

We provide you with a personalized and secure area on our website www.asfe-expat.com. You can access this area at any time to:

- View and update your personal details (address, email, password, etc.)
- Print out your personalized insurance card
- Complete and print out your claims for the reimbursement of medical expenses
- Request precertification in case of hospitalization to avoid the need for a cash advance
- Review all the claims you have made during the life of your plan
- Print out your members' guide
- Visit the "Your Healthcare" section to:
 - Get travel information and healthcare advice: detailed health information for the country you're going to, essential vaccinations, etc.
 - Search for local doctors, hospitals, etc. anywhere in the world: get contact details for doctors and healthcare facilities, the languages spoken and the services available in the hospitals in the country and specialist field you're looking for.
- Access our quarterly newsletters
- Get contact details for our claims departments in your expatriation zone.
- Leave us a message

When you log in for the first time, go to www.asfe-expat.com, Members' Area/"Get your login details".

Enter the required information and click on "send". Your login and password will be emailed directly to you. (The email address must be the one you provided when you purchased the insurance).

Once you have logged in, we strongly recommended you change your password in the "Your details" section.

USEFUL TIP

Remember to add or update your email address to the section « Your details» to sign up for:

- An email alert when we receive your online claim for reimbursement and when a new reimbursement has been processed
- An email when new services are introduced
- Quarterly newsletters for all the latest healthcare information

2 / YOUR HEALTHCARE REIMBURSEMENTS

The ASFE will cover your medical and hospital expenses up to €250,000 during your stay abroad in the event of an unforeseen illness or an accident.

An “**accident**” is any bodily injury not intended by the member, resulting exclusively from sudden and unexpected action by an external cause (sprains, fractures, etc.)

An “**unforeseen illness**” is any medically-certified deterioration in the state of health which is sudden and unexpected and requires surgery or medical treatment which cannot wait until you have returned or been repatriated to your country of origin.

We must receive your claims for reimbursement no later than 90 days following the date of your treatment.

① First pay for your treatment

All the claims for reimbursement you submit are stored online and can be viewed during your stay abroad in the Members’ Area /”Your Reimbursements” /”Your Claims”.

Please note: if you are hospitalized for more than 24 hours or if the cost of your treatment exceeds €/USD 400, please refer to the chapter "Avoiding the need for cash advances".

② Fill out your claim for reimbursement

Fill out the claim form directly on our site www.asfe-expat.com in the “Your Reimbursements” / “Fill out a Claim Form” section of the Members’ Area.

Check your personal details (address and e-mail) and update them if necessary.

For each healthcare expense, you must provide:

- The date of treatment
- A description of the illness, injury and the treatment provided. A medical report is required to confirm it was a medical emergency.
- The country in which the treatment was provided
- The amount paid and the currency
- The name of the practitioner or facility

After completing this form, simply print it out and sign it.

③ Send us your claim for reimbursement

Don’t forget to enclose:

- The originals of the paid invoices
- The medical prescriptions

- The medical certificate issued by the doctor who treated you specifying the condition or the reason for the emergency consultation

These documents must show the patient's full name, the date of treatment and the name, address and telephone number of the practitioner, hospital, laboratory or pharmacist. Cash receipts are not sufficient and invoices that do not show all this information will not be accepted.

The list of documents required if the treatment was provided in France:

- for consultations: the original treatment form ("*feuille de soins*") together with the corresponding medical report
- for hospital treatment: the original invoice together with the receipt and corresponding medical report
- for pharmacy items: a prescription for the treatment or procedure together with the pharmacy price labels

If these are not provided, we will request additional documents which will delay the processing of your claim.

Send all the documents to the claims department for your geographical zone (addresses on page 16 of this guide).

To find out which claims department you should use, log on to www.asfe-expat.com in the "Contact us" / "Our contact details" section of the members' area.

SOME PRACTICAL ADVICE

- Keep photocopies of all your documents and be sure to send us the originals
- Try to group your claims to avoid reimbursements of small amounts
- You have 90 days to submit your claims for the reimbursement of medical expenses

④ We process your reimbursement

You will receive your reimbursement via bank transfer in the currency and to the bank account of your choice. To avoid any transfers being rejected, it's important to provide us with your new details if you change your bank account.

USEFUL TIP

Send us your email address to receive an alert when a new reimbursement statement is available online: it's important to send us any updates or changes to your email address.

To see a breakdown of your reimbursement notices

Go to www.asfe-expat.com/Members' Area/"Your Reimbursements"/"Your Reimbursement Notices". These statements are available for the entire duration of your stay abroad.

USEFUL TIP

If the currency of your bank account is different from the local currency where your account is held, you will have no bank charges to pay other than the usual account maintenance fees and any fees charged by intermediary banks.

If the currency of your account is different from the one in which you paid for your treatment, the exchange rate used to calculate your reimbursement is the rate issued by the Compagnie Edmond de Rothschild on the last day of the month preceding the date of your treatment.

3 / AVOIDING THE NEED FOR CASH ADVANCES

To avoid the need for a cash advance, the ASFE offers a precertification service **if you are hospitalized for more than 24 hours or if the cost of your treatment exceeds €/USD 400**. This service is available worldwide provided it is accepted by the healthcare professional.

If you are hospitalized

We will settle your hospital charges directly with the hospital under the terms and conditions of your healthcare coverage. You will pay only the costs which are not covered by the insurance such as telephone and television. This procedure is very common in the United States and Asia where it is known as “precertification”.

USEFUL TIP

Be sure to show your ASFE card at the hospital. It will facilitate administrative procedures. It can also be downloaded in the members’ area.

Planned hospitalization

Contact us at least 10 days before your admission to hospital. We will make the necessary arrangements with the hospital and issue your precertification agreement under the terms of your plan.

USEFUL TIP

Fill out your precertification request directly in the members’ area in the “Your Reimbursements”/ “Precertification and Direct Payment Request” section.

In an emergency

- Go directly to the hospital.
- Show your ASFE card at the hospital admissions desk and ask them to contact the ASFE by telephone or email: precert@msh-intl.com within 72 hours of your admission. We will then issue them with your precertification agreement under the terms of your plan.
- **For treatment costs exceeding €/USD 400**

You must first request prior approval from the ASFE teams. If it is accepted under the terms of your plan, we will settle your treatment costs directly. Please refer to page 9 of the following chapter for details of the procedure for requesting prior agreement.

Send all the documents to the claims department for your geographical zone (addresses on the last page of this brochure). To find out which claims department you should use, log on to www.asfe-expat.com in the “Contact us”/“Our contact details” section of the members’ area.

4 / ENSURING YOUR CLAIMS ARE ACCEPTED

Our cost-checking service

Medical expenses are reimbursed within the limits of “Usual, customary and reasonable costs”.

This is because not only do healthcare rates vary from one country to another but also between two practitioners or facilities in the same country! For example, we know that some facilities can charge fees of up to 10 times more than other hospitals in the same town, while offering the same quality of service.

We have therefore produced a comparative chart of “Usual, customary and reasonable costs” based on the type of medical care and the country. On this basis and to help combat this type of practice, your reimbursements are therefore limited to “Usual, customary and reasonable costs” for the country in which the care was provided while maintaining the same quality of service. If you need assistance to ensure you don’t exceed these limits, please feel free to contact us.

USEFUL TIP

Our team is available to provide you with medical advice. They can also advise you on a less expensive facility offering the same quality of service.

Details of the practitioners and hospitals in the country where you are located can be found in the members’ area in the “Your Healthcare”/ “Find a Facility” section.

Prior approval

You must obtain prior approval from the ASFE before starting any treatment costing more than €/USD 400 or for the types of treatment listed below depending on the terms of your plan:

- Hospitalization (of any duration)
- Dental surgery (in the event of an accident or infection of the root)
- Stays in a medical facility following hospitalization
- Series of medical treatments involving more than 3 sessions

Obtaining prior approval is simple. Send us your treatment plan by mail, fax or email including the medical report from the prescribing doctor, any x-rays where required and/or an itemized estimate of costs.

- Once we have received your request, we will reply as quickly as possible with details of your conditions of reimbursement.
- If you wish, we can then make a direct payment to the hospital or practitioners where possible.

Further details can be found in the chapter “Avoiding the need for cash advances” on page 12.

You should send all the documents to the claims department for your geographical zone (addresses on the last page of this brochure).

USEFUL TIP

Written prior approval only covers treatment which starts within the following month and within the limits specified in the agreement.

Remember: If you do not request prior approval, coverage of your treatment under the plan may be denied.

5 / USING THE:

- MEDICAL ASSISTANCE/REPATRIATION SERVICE
 - PERSONAL THIRD-PARTY LIABILITY
 - TENANT'S LIABILITY
 - PERSONAL ACCIDENT
-

Before taking any initiative or incurring any expense in the event of assistance or repatriation, you must contact Europ Assistance to request prior approval. They are available 24 hours a day:

- By telephone:
 - In France : +33 (0)1 41 85 87 45
 - In Australia: 1 800 327 913
- By fax on +33 (0)1 41 85 85 71
- By email: service-medical@europ-assistance.fr

And provide them with:

- Your full name
- The name of your ASFE Start'Expat plan n° 58.662.562
- The ASFE plan number shown on your ASFE card
- The telephone number you are calling from or where you can be reached
- The name, address and telephone number of the medical facility in which you are located and the name of the doctor who is treating you

6 / IF YOUR LUGGAGE IS LOST, DAMAGED OR STOLEN

Send the claim form as soon as possible:

- by mail to:
EUROP ASSISTANCE SA
Service Sinistres Voyages
1 promenade de la bonnette
92 633 GENNEVILLIERS Cedex France
- or by email to slv@europ-assistance.fr:

Your claim must include the following documents:

- declaration of loss or theft made within 48 hours to a competent authority (police, gendarmerie, carrier, purser, etc.) if the luggage is lost or stolen,
- property irregularity reports obtained from the carrier (sea, air, rail or road) if your luggage or items were lost while legally in the care of the carrier,
- invoices for the lost, damaged or stolen items.

Remember: If you do not provide these documents, Europ Assistance will be entitled to claim compensation from you equal to the resulting prejudice suffered by them. The insured amounts cannot be considered as proof of the value of the items for which you are claiming compensation, nor as proof of their existence.

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

7 / USING THE “123 CLASSEZ” SERVICE

With “123Classez” you can file, store and access your important documents at any time!

The “123Classez” data vault provided by our partner, Europ Assistance, is the leading comprehensive online archiving solution ensuring your documents are safe and can be retrieved at any time, anywhere in the world, using just an Internet connection.

How to set up your “123Classez” account

- Go to: <http://www.123classez.com/classic/>
- Enter the code: “multi123”, follow the instructions from our partner, Europ Assistance and enter the required information!
- You will be sent a confirmation email. Then simply click on the link in this email to confirm your registration. You will then be asked to enter some additional information and change your password. You will then be sent another email confirming that your account has been activated.

You can now begin to store your documents!

8 / STAYING ABROAD AND PURCHASING A NEW PLAN

Simply log in to our site:

www.asfe-expat.com, then click on Our solutions/ Stays abroad of up to 12 months/Purchase insurance

If you are aged between 16 and 30, you can enroll in the plan up to 3 times. From age 31, you can only enroll once.

All new enrollments are subject to the agreement of the insurer.

If, for example, you decide to stay abroad for a period of more than a year, we have solutions tailored to suit your circumstances. Our sales team would be pleased to discuss this with you:

- By email: contact@asfe-expat.com
- By telephone: +33 (0)1 44 20 48 77
- Or by visiting our website: www.asfe-expat.com

9 / QUESTIONS YOU MAY HAVE BEFORE GOING ABROAD

Is there anything I can do to put my mind at rest before I go abroad?

To make sure everything goes smoothly, it's advisable to have a health check-up before you leave (make sure your vaccinations are up to date and get your teeth checked as a priority) and, if appropriate, have a medical examination where a certificate is issued to be sure of being able to practice all kinds of sports once you're abroad.

It's also advisable to give a friend or relative your insurance policy number and our contact details as well as your own address and phone number abroad.

What is my login/password for the website?

When you log in for the first time, go to www.asfe-expat.com, Members' Area/"Get your login details".

Enter the required information and click on "send". Your login and password will be emailed directly to you.

Once you have logged in, we strongly recommended you change your password in the "Your Enrollment"/"Your Details" section.

10 / QUESTIONS YOU MAY HAVE ONCE YOU'RE ABROAD

I've lost my personal insurance card. How do I get a new one?

You can print out a personalized copy from our website www.asfe-expat.com in the "Your Enrollment"/"Insurance ID card" section of the members' area.

What sports are excluded from coverage?

Some high-risk sports (air sports, combat sports, etc.) may be excluded from your Start'Expat plan, as well as any sports which you practice on a professional basis or as part of a sports federation or club or competitions, championships or record attempts (see the health information booklet for your plan).

If I took out my Start'Expat plan for 12 months and come home after six months can I get a refund of my premium for the period of coverage I didn't use?

No, you signed up for coverage for a fixed period so you can't cut short your plan or claim a refund of the premium.

What is the annual cap on my healthcare coverage?

The total reimbursement amount is capped at €250,000 for the duration of your stay abroad (up to 12 months) for all medical care combined. (Medical assistance/repatriation is covered directly by the assistance provider and is unlimited).

Where can I find the names of qualified doctors, clinics and hospitals around the world?

Visit our website, www.asfe-expat.com in the "Your Healthcare"/"Find a facility" section of your members' area: there you will find contact details for doctors and healthcare facilities and the languages spoken and services available in the hospitals in the country and specialist field you're looking for. This information is also available from our claims departments.

I'm not sure about the diagnosis or treatment I was given by my doctor or the hospital where I'm having my surgery. What should I do?

We have doctors working as part of our teams which means we can provide you with medical advice or refer you to a hospital or another practitioner. Simply send an email to medical@msh-intl.com, or contact your claims department.

If I need to go to the emergency department in my country of expatriation or in another country, what should I do?

You are covered worldwide and are free to choose the practitioner and medical facility you want. Your personalized insurance card contains all the numbers you'll need to contact us 24/7. Keep your card in a safe place and show it to the admissions department at the hospital. It will facilitate your administrative procedures.

Remember: this card is not a guarantee of direct payment, nor proof of insurance. For confirmation that your treatment is covered, you must contact us.

Can you make direct payments to a hospital or practitioner?

Yes, of course. Direct payments can be made for expenses exceeding €/USD 400 under the terms of your plan. To arrange this, contact our teams by phone (contact details on your ASFE card) or by email or fax stating the name of the hospital or practitioner, their address and telephone number or fill out our request for precertification form at <http://www.asfe-expat.com> in the "Your Reimbursements"/ "Precertification and Direct Payment Request" section of your members' area. We will take the necessary steps to pay your expenses directly, subject to this procedure being accepted by the service provider and under the terms of your plan.

What is the difference between prior approval and precertification?

Prior approval confirms our acceptance of your request for the reimbursement of the treatment even if it's not enough to go ahead with the treatment. Precertification is a commitment from us to make a direct payment to the service provider.

When must I apply for prior approval?

The circumstances where prior approval is required are listed in the chapter "Ensuring your claim is accepted". You should also feel free to contact us if you have any doubts about the coverage of particular types of treatment (see section: My claims department). Our teams will give you a clear answer and let you know in advance if and to what extent the costs you are planning will be covered under your plan.

What happens if I didn't request prior approval for medical care over €/USD 400 or series of treatments?

In this case we may refuse to reimburse any of your costs so it's important to request prior approval. We'll reply within 72 hours of receipt of your fully-completed request.

What is the deadline for submitting a claim for reimbursement?

Claims for reimbursement must be received within a maximum of 90 days from the date of treatment. However, we strongly recommend you send us your claims within 3 months of the date of treatment and especially not to wait until you return home. If any documents are missing from your claim, it will be more difficult to get hold of them once you're back home.

If I submit a claim for reimbursement in a currency other than the currency of my bank account, what exchange rate will be applied?

If the currency of your bank account is different from the one used to pay your medical expenses, the exchange rate used to calculate your reimbursements is the one issued by the Compagnie Financière Edmond de Rothschild on the last day of the month preceding the date of your treatment.

Do I need to translate my documents into English/French or convert the currency for my claim to be processed?

No. We can process claims written in any language and manage your medical expenses in more than 150 currencies.

I don't understand or don't agree with the reimbursement I've received. Who should I contact?

We are here to answer your questions! Simply contact the claims department for your geographical zone (addresses on the last page of this brochure) and we'll provide you with all the details you need to settle any misunderstanding. You can also use the "Submit an inquiry" section in the members' area.

Do I need to submit a medical report every time I make a claim for treatment?

Yes. The medical report is required to process your claim.

More generally speaking, the medical report is also an official document which provides an overview of your medical care if any follow-up care is required from your usual doctor in your country of origin. If there are any after-effects of the treatment, the report constitutes proof of the medical treatment you received and is dated and signed by the practitioner in the country where it was carried out. If you're seeking compensation or if the practitioner has been negligent, the medical report enables you to take action.

For even more answers to your questions, visit our website www.asfe-expat.com.

11 / INSURANCE CLAIM FORM FOR THE “ASFE START’EXPAT ASSISTANCE” PLAN n°58 662 562

Please write in capital letters.

Mrs. Ms. Mr.

Last name: _____

First name: _____

Address: _____

Zip code: _____ Country: _____

Start date of plan (day/month/year): __/__/____

End date of plan (day/month/year): __/__/____

Date of the loss (day/month/year): __/__/____

Reason for the claim: _____

Circumstances: _____

Comments: _____

The claim form should be sent to the Europ Assistance Travel Claims Department:

EUROP ASSISTANCE SA
Service Sinistres Voyages
1 promenade de la bonnette
92 633 GENNEVILLIERS Cedex
FRANCE

Signed in: _____

Date: __/__/____

Signature of the member

(preceded by the words "read and approved")

12 / OUR CLAIMS DEPARTMENTS

NORTH AMERICA

ASFE/MSH
Suite 300, 999 - 8th Street S.W. Calgary, Alberta T2R 1N7 CANADA
Tel: +1 403 232 8545
Fax: +1 403 265 9425
adminamerica@asfe-expat.com

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1 / HEALTHCARE GENERAL TERMS AND CONDITIONS

Plan No. 900859 purchased by the ASFE (Association of Services for Expatriates – head office: Immeuble SEASON, 39 rue Mstislav Rostropovitch, 75815 Paris cedex 17) from AXA France Vie (a French limited company - société anonyme - with a capital of €487,725,073.50 - Paris Trade and Companies Register 310 499 959 – head office: 26, rue Drouot 75009 Paris – company governed by the French Insurance Code)

1.1 / BASIS AND PURPOSE OF THE PLAN

The purpose of this group insurance plan, which is governed by the French Insurance Code, is to provide ASFE members who are not covered by a Social Security scheme in France with coverage of medical expenses incurred as the result of an accident or unforeseen illness. The statements made by the ASFE and their Members form the basis of the plan which is purchased for a period of 1 to 12 months (or 24 months under certain conditions).

1.2 / INSURED CATEGORY, CONDITIONS OF MEMBERSHIP AND ENROLLMENT PROCEDURES

You belong to the insurable group if you are an ASFE member aged between 16 and 65 at the time of enrollment and if you are living abroad for a period equal to or less than 1 year, or 24 months in the exclusive case of a Working Holiday Program in Canada.

In order for your application for membership to be considered, it must include:

- A completed and signed **application form**, by which you consent to the insurance, showing the requested effective date of the insurance - at the earliest the day following the online application for membership or receipt of your documents, and no later than 2 months following your application,
- The completed **health questionnaire** signed by the person to be insured,
- **A check in euros or authorization to take payment from a bank card** for the total amount of your premium,
- A copy of your **identity card or passport**,

to be sent to the Insurer via the ASFE.

The Insurer may request any additional medical evidence, consultations or examinations, at their own expense, to enable them to assess your state of health.

You have 45 days from receipt of the Insurer's request to provide the additional documents. On expiration of this period, the application for membership will be deemed to be null and void.

Certain professional activities (see current list below) are subject to prior approval from the insurer:

- occupations involving personal protection,
- occupations involving the protection of property,
- occupations with the purpose of teaching or practicing sports,
- any occupation requiring the use of weapons of any kind whatsoever,
- occupations requiring underground or underwater activity,
- occupations requiring the handling of explosives (including demining) or radioactive substances,
- occupations which lead to the taking part in a conflict (war, civil war, insurrection or riots), regardless of who is involved,
- occupations the purpose of which is to conduct public or private police investigations or gather confidential information,
- embassy staff.

IMPORTANT

The Insurer may deny membership, accept it subject to restrictions on benefits or with an additional premium. Your written agreement to the specific conditions of your membership is required for the implementation of the benefits. The specific conditions of membership are then listed on your certificate of enrollment. Details of the restrictions on benefits will be sent to you directly by registered letter from the Insurer's medical advisor.

1.3 / CANCELLATION PERIOD

Even if you have signed the membership application form and paid the premium, you have the right to cancel your membership by registered letter with proof of delivery sent to the ASFE within 30 days of payment of this premium (article L 132.5.1 of the French Insurance Code).

If you cancel during the 14 days following payment of the premium, the Insurer will refund you the full amount of the premium within a maximum period of 30 days of receipt of the registered letter.

After this period of 14 days, the Insurer will retain the portion of the premium corresponding to the period during which any coverage was in place.

1.4 / MISREPRESENTATION (Article L113.8 of the French Insurance Code)

Irrespective of the ordinary causes of nullity of the plan and the causes of reductions in compensation (article L113.9 of the French Insurance Code) and subject to the provisions of **article L132-26 of the French Insurance Code (incorrect age), the insurance plan is null and void in the event of concealment or intentional misrepresentation on the part of the Member, when such concealment or misrepresentation changes the subject of the risk or decreases the insurer's assessment of that risk, even if the risk which the Member concealed or distorted has no impact on the claim.** The Insurer is then entitled to retain the Premiums paid and to payment of all due Premiums by way of damages.

1.5 / MEMBERS

Once your enrollment in the plan has been accepted by the Insurer, you become a Member.

Membership is evidenced by a certificate of enrollment issued by the ASFE and specifying:

- the effective date of enrollment and the end date of the plan,
- where applicable, a statement that you have been informed of the exclusions or restrictions on benefits.

1.6 / EFFECTIVE DATE – DURATION – RENEWAL OF MEMBERSHIP

If the application for membership is complete and has been accepted by the Insurer, membership takes effect on the later of the following two dates:

- on the date specified on the application form,
- on the day following receipt of the application form.

This effective date is specified on the certificate of enrollment.

IMPORTANT

The insurance is taken out for a fixed period specified on the application form when the plan is purchased. This period cannot be interrupted for any reason whatsoever.

This period must be 1 month, 2 months, 3 months, 4 months, 5 months, 6 months, 7 months, 8 months, 9

months, 10 months, 11 months or 12 months, or 24 months in the exclusive case of a Working Holiday Program in Canada.

At the end of this period, you may reapply for membership, subject to acceptance by the insurer, and up to a maximum of:

- 2 additional periods of membership for persons aged between 16 and 30 on the effective date of each additional period of membership,
- 1 additional period of membership for persons aged 31 and over on the effective date of the new period of membership.

Your benefits come to an end:

- on the day on which you cease to belong to the insurable group,
- if the premium is not paid in accordance with the procedure described below,
- on the date on which your membership comes to an end (set when the plan is purchased) and
- specified on the application form,
- on the date on which the contract between the ASFE and the Insurer is terminated.

In all cases, premiums must be paid in full up to the date of cessation of benefits and the period of membership cannot be reduced.

Once the plan has been terminated, it cannot under any circumstances continue to operate with respect to Members.

1.7 / DEFINITION OF GEOGRAPHICAL ZONES

Benefits apply in the countries of the coverage zone of the internship, assignment, study program or stay specified on the membership application form:

- **Zone A:** worldwide excluding the United States of America;
- **Zone B:** worldwide including the United States of America.

Benefits also apply to Zone A members during trips to the United States of America of less than thirty days in total, only in respect of expenses incurred following an accident during this trip or an unforeseen illness which begins during this trip. In this case supporting documentation such as travel tickets proving the length of your stay in the USA will be required.

Insurance purchased for travel to the United States of America is valid worldwide.

1.8 / CALCULATING THE PREMIUMS

Premium amounts are expressed in Euros and are based on the location of the stay, the duration of membership and the age of the member.

1.9 / PAYING THE PREMIUM

The premium is payable in full on enrollment in the plan by bank card or check.

In accordance with article L.141-3 of the French Insurance Code, the Policyholder may exclude a Member from the group insurance plan if the member has not paid the premium.

Failure to pay the premium, in accordance with the French Insurance Code, will therefore result in exclusion from and non-implementation of the plan.

1.10 / ARBITRATION

In the event of any disagreements arising from the plan, the policyholder and the insurer agree, before resorting to the arbitration procedure described below, to put their case in writing and meet together in an attempt to settle the dispute amicably.

Any dispute which is not settled amicably within thirty days of the day when the first party to act puts its case in writing will be settled by an arbitration tribunal sitting in PARIS, composed of three arbitrators appointed as follows:

- the policyholder and the insurer each appoint an arbitrator within thirty days of the deadline specified above,
- the third arbitrator is appointed by the first two within thirty days of the appointment of the last one.

If an arbitrator is not appointed within the set timescales, the appointment will be made by the president of the Tribunal de Commerce in PARIS, in summary proceedings, as instructed by the first party to act. The arbitration tribunal rules by a majority vote of its members, stating its reasons for the decision. The ruling is final and binding.

1.11 / LIMITATION PERIOD

Any legal action arising from the insurance plan is barred for the period following the loss which is specified under articles L 114-1 and L 114-2 of the French Insurance Code.

On expiration of the period set by the French Insurance Code, the Contracting party, the Members, the beneficiaries and the Insurer no longer have any rights or obligations.

1.12 / COMPLAINTS

For information regarding the plan or any events arising from its application, the main point of contact is the agent, the ASFE, who should be approached in the first instance.

In the event of a dispute, it will be possible to send a letter to the AXA Customer Service Manager at the following address:

**Direction Clientèle AXA
TSA 46 307
95901 Cergy Pontoise Cedex 9
France**

If, following their intervention, the disagreement persists, it will be possible to request the opinion of the Ombudsman whose details will then be provided. Consulting the Ombudsman, who is independent of the Insurer, is free of charge. The Ombudsman will offer a reasoned view within 3 months of the day on which their opinion was sought. Their opinion is not binding on either the Insurer or the ASFE and each party retains the right to apply to the competent court.

1.13 / SCOPE OF BENEFITS

The plan provides coverage of the following costs:

// HOSPITAL MEDICINE

- room and board (including, where applicable, the cost of a standard semi-private room),
- surgical procedures, anesthesia – intensive care,
- operating room, where applicable,
- consultations,
- paramedical services,
- bio-medical procedures,
- procedures using ionizing radiation,
- pharmaceutical costs,
- post-operative costs as specified above prescribed by the practitioner who performed the surgery and incurred within 30 DAYS of leaving hospital,
- fixed hospital charge in case of hospitalization,

- cost of transportation by ambulance in connection with a hospital stay covered under this plan.

// HOSPITALIZATION OF LESS THAN 24 HOURS

Hospital stays of less than 24 hours with surgery are classed as hospitalization of at least 24 hours. Chemotherapy is classed as hospitalization of less than 24 hours.

// ROUTINE OUTPATIENT MEDICINE

- consultations, home visits (excluding dentists),
- minor surgery and specialist procedures,
- paramedical services,
- diagnostic tests and laboratory work,
- radiology, medical imaging (MRI) and scans,
- prescription drugs.

// DENTAL – AS THE RESULT OF AN ACCIDENT OR A DENTAL EMERGENCY NOT CAUSED BY THE POOR PRIOR CONDITION OF THE TEETH OR GUMS

A “**dental emergency**” is any infection of the roots which is likely to cause complications if not treated within 48 hours:

- consultations with and home visits from dentists
- dental treatment, excluding dentures and dental implants

// DENTURES AND OTHER PROSTHESES: FOLLOWING A REPORTED ACCIDENT ONLY

// VISION: LENSES AND FRAMES: FOLLOWING A REPORTED ACCIDENT ONLY

A “**reported accident**” is an accident for which a certificate has been issued by an authority that was present at the scene (police, fire service or ambulance/emergency rapid response unit). This certificate must include the following information: location, date, type of injury and the exact circumstances of the accident.

Medical procedures which are not listed in the French Social Security nomenclature are never covered.

Medical expenses which qualify for coverage must have been incurred:

- in the geographical zone of the country specified in the application form as defined under “Definition of geographical zones”;
- for zone A members traveling to the United States of America for periods of less than thirty days in total, only expenses resulting from an accident or unforeseen illness occurring during this trip.

NB: Insurance purchased for travel to the United States of America is valid worldwide.

IMPORTANT

If hospitalization is not required, the only medical expenses to be reimbursed are those incurred in an emergency following an accident or unforeseen illness requiring surgery or medical treatment which cannot wait until the member has returned or has been repatriated to their country of origin.

If you are admitted to hospital, costs will be covered if the hospitalization is the result of:

- an accident,
- an unforeseen illness requiring medical or surgical treatment which cannot wait until you have returned or been repatriated to your country of origin.

An “unforeseen illness” is any deterioration in the state of health certified by a competent medical authority which is sudden and unexpected.

An “accident” is any bodily injury not intended by the Member, resulting exclusively from sudden and

unexpected action by an external cause. Therefore, for the purposes of this plan, events which are wholly or partially caused by an illness (pathological cause) are not accidents.

The following expenses are never reimbursed: pregnancy and maternity-related expenses, spa therapies, and preventive medical procedures or check-ups (such as contraceptive monitoring, cholesterol screening, etc.), and any nervous or mental disorders.

Benefits will only be paid by the Insurer insofar as the expenses are reasonable and customary.

Pre-existing illnesses, meaning medical conditions which developed before you signed the Application form, will not be covered under the plan.

1.14 / CONDITIONS OF COVERAGE

The following expenses require prior approval:

- Series of medical treatments or procedures following an accident or an unforeseen illness where the number of sessions is greater than 3,
- Hospital stays of any duration,
- Dental surgery (in cases of accident or infection of the root),
- Stays in a medical center following a stay in hospital.

The ASFE must have received the request for prior approval 10 days before the treatment or procedure is carried out.

1.15 / SUPPORTING DOCUMENTS FOR THE PAYMENT OF CLAIMS

Within 90 days of the date of treatment, the Member must send all of the following documents to the Insurer:

- **the completed CLAIM FORM** (or the completed French Social Security treatment form, “FEUILLE DE SOINS” if the treatment was dispensed in France),
- **a medical certificate issued by the doctor**, specifying the condition or the reason for the emergency consultation,
- **the ORIGINALS of the PRACTITIONER’S FEES and PRESCRIPTIONS**, dated and paid and showing the first and last names of the person receiving the treatment, the type of illness, the nature and date of the visits and the treatment given. The prescriptions must clearly show the name and price of the drugs and specify the local currency,
- **the original statements** from any scheme from which the Insured member has received benefits, where applicable.

1.16 / AMOUNT OF BENEFITS

// HEALTHCARE BENEFITS SCHEDULE

You are reminded that the only medical expenses to be reimbursed are those incurred in an emergency following an accident or an unforeseen illness requiring surgery or medical treatment which cannot wait until you have returned or been repatriated to your country of origin. You will be asked to provide evidence of the emergency or the accident.

HEALTHCARE BENEFITS	Maximum amount (including taxes) per person, for the duration of the plan
AGGREGATE LIMIT ON HEALTHCARE BENEFITS (€)	€250,000
HOSPITAL MEDICINE	
Room and board (including, where applicable, the cost of a standard semi-private room)	Semi-private room: up to €100/day
Surgical procedures, anesthesia – intensive care	100% of actual costs
Operating room, where applicable	100% of actual costs
Consultations	100% of actual costs
Paramedical services	100% of actual costs
Bio-medical procedures	100% of actual costs
Procedures using ionizing radiation,	100% of actual costs
Pharmaceutical costs,	100% of actual costs
Post-operative costs, as specified above, prescribed by the practitioner who performed the surgery and incurred within 30 DAYS of leaving hospital,	100% of actual costs
Fixed hospital charge in case of hospitalization,	100% of actual costs
Cost of transportation by ambulance in connection with a hospital stay covered under this plan.	100% of actual costs
HOSPITALISATION OF LESS THAN 24 HOURS	
Hospital stays of less than 24 hours with surgery are classed as hospitalization of at least 24 hours. Chemotherapy is classed as hospitalization of less than 24 hours.	100% of actual costs
ROUTINE OUTPATIENT MEDICINE	
Consultations and home visits (excluding dentists),	100% of actual costs (limited to €80/consultation from the 3rd visit)
Minor surgery and specialist procedures,	100% of actual costs
Paramedical services	100% of actual costs
Diagnostic tests and laboratory work,	100% of actual costs
Radiology, medical imaging (MRI) and scans if reimbursable,	100% of actual costs
Prescription drugs if reimbursable by French Social Security (excluding non-medicinal products).	100% of actual costs, up to €3,000

DENTAL (a “dental emergency” is any infection of the roots which is likely to cause complications if not treated within 48 hours)

Consultations with and home visits from dentists and dental treatment, which are not required due to the poor prior condition of the teeth or gums	100% of actual costs up to €350
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DENTAL – ONLY FOLLOWING A REPORTED ACCIDENT

Dentures and other prostheses	100% of actual costs up to €200
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VISION – ONLY FOLLOWING A REPORTED ACCIDENT

Lenses and frames	100% of actual costs up to €150
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The Insurer reserves the right to request any additional supporting documents at the time of the insured event and during payment of the benefits.

The Member must also respond to any requests regarding the accident or unforeseen illness and, in particular, specify its nature, the date of its first medical diagnosis, etc.

Medical expenses deemed to be excessive, unreasonable or unusual considering the country in which they were incurred, will not be covered or the amount of benefits paid will be restricted.

In order to ensure the sustainability of your plan and to better control increases in healthcare expenditure, we strive to make our Members aware of the value of controlling medical expenses.

// PREVENTIVE MEASURES

- Make sure you get all the vaccinations recommended for your country of destination before you leave.
- Take a look at the medical information we provide at: www.asfe-expat.com, Members’ Area, Your Healthcare, including recommendations for preventing certain illnesses (malaria, etc.).
- Get a pre-expatriation check-up for the whole family before you leave, as well as regular Health check-ups; some health concerns can be incompatible with certain climates. Remember, this benefit is not available under the plan.

// USEFUL TIPS TO HELP YOU CONTROL COSTS

- Try, where possible, to use public sector or state-approved healthcare providers.
- Avoid giving any information in advance about the plan’s level of coverage, especially to dentists and opticians, in order to avoid rates being automatically adjusted to the upper limit.
- Limit the number of visits to different practitioners for the same health concern.

// TOP-QUALITY MEDICAL SERVICES AT A “USUAL, CUSTOMARY AND REASONABLE COST”

- Healthcare costs vary greatly from country to country, and even between practitioners or medical facilities in the same town: some of them can charge up to 10 times more than others, while offering the same quality of Service.
- To help combat this type of practice, and based on our in-depth knowledge of local healthcare systems, we have produced a comparative chart of “Usual, customary and reasonable costs”. This is a scale of charges which we consider to be reasonable according to the type of medical care and the countries in question.
- Before seeking treatment, please feel free to contact our medical teams for details of “Usual, customary and reasonable costs” for a particular medical Service.

// USE THE MSH INTERNATIONAL MEDICAL NETWORK AS FAR AS POSSIBLE (PARTICULARLY IN THE UNITED STATES)

You are free to choose your healthcare provider but, by opting for the MSH INTERNATIONAL Medical network (accessible in the Members’ Area/‘Your Healthcare/Find a facility’), you can geo-locate the healthcare providers nearest to you and receive top-quality care anywhere in the world at reasonable rates. That way, you will benefit from the best quality of care possible while minimizing the risk of exceeding the upper limits of your benefits.

1.17 / UPPER LIMITS OF BENEFITS

The reimbursement of or compensation for costs incurred as the result of an unforeseen illness or accident cannot exceed the level of costs payable by the Member following reimbursements of any kind to which they are entitled.

Benefits of the same type purchased from several insurers operate within the limits of each individual benefit, regardless of the date of purchase. Within these limits, the beneficiary of the plan or agreement may obtain compensation by contacting the organization of their choice.

1.18 / SUBROGATION

The insurer is subrogated, in respect of medical expenses and up to the level of the amounts they paid out, to the rights and actions which you may have or take against any third parties liable for the loss as specified under article L122-12 of the French Insurance Code.

1.19 / COVERED AND EXCLUDED RISKS

In addition to the medical treatments which are not covered under the plan, the following are excluded from coverage:

- Treatments and procedures which are not listed in the French Common Classification of Medical Treatments and Procedures (CCAM) as well as treatments and procedures which are not covered or for which this Classification does not specify a rate, with the exception of treatments and procedures which are covered under this plan,
- The portion of costs reimbursed or reimbursable by any benefits provider (e.g. Social Security) or under any other insurance plan,
- Treatment dispensed in a public hospital or medical facility which would be delivered free of charge if there were no plan in place,
- Treatment and hospitalization related to nervous breakdowns and more generally to psychic or neurotic disorders,
- The treatment of psychomotor disorders,
- Treatments or procedures performed by a person without the required qualifications,
- Any treatment which is not prescribed by a doctor or which has no value from a strictly medical point of view,
- Any medical or dental treatment which does not meet professional standards, and temporary dentures,
- Treatment for which the Member or the insured has not sought the required prior approval or where prior approval has been denied,
- Any surgical procedure which is not necessitated by a medical emergency, unless prior approval has been obtained from the Insurer,
- Costs relating to cosmetic treatments (or equivalent) of any origin and of any kind, except in special cases (following an accident occurring during the period of insurance under this plan) for which prior approval has been issued in writing by the Insurer and subject to the conditions and limits stipulated by them,
- Costs incurred before the effective date of the plan and once it has come to an end,
- All commonly used non-medicinal products such as cotton wool, alcohol, sunscreen, toothpaste, dressings, soap, perfume, shampoo, etc.,
- Ancillary costs such as telephone and television during stays in hospital,
- The cost of accommodation and treatment in a rest home or convalescent home unless the stay follows a period of hospitalization of more than 30 days or a major surgical procedure (limited to 30 days),
- The cost of accommodation and treatment during a stay in a vocational rehabilitation center (or similar facility), when a state of temporary or permanent disability has been diagnosed. Such services are classed as home care even if they are prescribed by a doctor and delivered by providers with medical or paramedical status,
- Treatments in respect of obesity, weight loss and anti-aging or any cosmetic treatments,
- Travel and hotel accommodation costs incurred in connection with treatment,
- Transportation costs other than by ambulance,

- Treatments deemed to be experimental,
- Podiatric treatment which is not required as the result of an accident or illness,
- Spa therapies or thalassotherapy,
- Detoxification therapies (alcoholism, drug dependency or similar),
- The cost of voluntary termination of pregnancy,
- Costs incurred as the result of accidents or illnesses caused intentionally by the Insured member or the dependent, and those resulting from suicide attempts or intentional self-inflicted injuries,
- Treatment relating to accidents or illnesses occurring prior to enrollment in the plan and/or not declared to the Insurer,
- Treatment relating to specific exclusions of which you were notified in the certificate of enrollment,
- Care provided in a nursing facility or retirement home and the costs resulting from personal assistance with daily activities, even if that person has been declared as being in a state of temporary or permanent disability. Such services are classed as home care even if they are prescribed by a doctor and delivered by providers with medical or paramedical status,
- Any pre-existing illnesses, meaning a medical condition which developed before the date of signature of your Application form of which you were aware, or of which you could have been aware before signing the Application form.
- Medical expenses deemed to be excessive, unreasonable or unusual considering the country in which they were incurred may not be covered or the amount of benefits paid will be restricted.

The consequences of participation in any sporting competitions and training sessions as well as the practice of sports in a club or federation in a professional capacity are also excluded from all coverage.

SPECIAL CASES RELATING TO THE PRACTICE OF SPORTS

The practice of the sports listed below is wholly excluded from coverage:

- **Extreme sports:** bungee jumping, caving, extreme canoeing and kayaking (in rapids greater than Class V, rivers greater than Class II, on seas and oceans more than two nautical miles from land), sailing (transoceanic and single-handed navigation more than 20 nautical miles from shelter), base jumping and kite surfing

The practice of the sports listed below is wholly excluded from coverage except introductions to these sports, for leisure purposes by way of "initiation", if it is supervised by a professional with the qualifications and skills required by the State, are covered with the exception of "extreme" sports.

- **Mountain sports:** mountaineering, climbing (excluding artificial holds without a safety rope), rock climbing, solo hiking above 3,000 meters, ski jumping, bobsleigh, skeleton, skiing (alpine, cross-country and snowboarding) off marked trails which are open to the public and canyoning
- **Air sports:** aerobatics, gliding, parachuting, microlighting, hang gliding, paragliding and skysurfing,
- **Water sports:** scuba diving, surfing and hydrospeeding
- **Motor sports:** motor racing, motorcycle racing or kart racing
- **Self-defense and combat sports.**

2 / ASSISTANCE, LIABILITY AND DEATH & DISABILITY GENERAL TERMS AND CONDITIONS

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SOME HELPFUL TIPS...

// BEFORE YOU LEAVE

- Check that your plan covers you in the country you are traveling to and for the entire duration of your trip.
- Make sure you have the right forms for the duration and nature of your trip as well as the country you are traveling to (there is specific legislation for the European Economic Area). These different forms are issued by your public health insurance provider (Caisse d'Assurance Maladie) so that this organization can settle your medical expenses directly in the event of illness or accident.
- To benefit from the "advance of hospital charges" service, you will need to provide our teams with a certificate from an insurance to cover your medical expenses.
- If you are on medication, don't forget to take it with you and check if any conditions apply to carrying this type of medicine depending on your means of transport and your destination.
- As we are unable to replace local emergency services, we recommend, particularly if you are involved in a high-risk physical or motor activity, or if you are traveling in a remote area, that you first ensure emergency services are provided by the competent authorities in the relevant country to respond to any requests for assistance.
- If your keys are lost or stolen, it may be useful to know their numbers. Take the precaution of making a note of these codes.
- Similarly, if your ID documents or means of payment are lost or stolen it will be easier to replace them if you have made photocopies and noted down your passport, ID card and bank card numbers and kept them separate.

// DURING YOUR TIME ABROAD

- If you become ill or are injured, get in touch with us as soon as possible. However, we are unable to replace local emergency services (ambulance, fire service, etc.) who should be contacted in the first instance.

// PLEASE NOTE

- Some illnesses may be outside the scope of the plan. We recommend reading the plan General Provisions carefully, in particular Chapter III.E. "What are the general exclusions applicable to the plan?".

Your ASFE START' EXPAT ASSISTANCE plan is made up of the following 2 parts:

- these General Provisions: they are intended to define the terms and conditions of implementation of the assistance services and insurance coverage and their exclusions, with respect to the beneficiaries of the START'EXPAT ASSISTANCE plan purchased on their behalf by the Policyholder,
- the Schedule: this document contains the statements made by the Policyholder, the benefits and the zones selected and the amounts of benefits applicable to the Insured members.

For further details, contact the Policyholder who is responsible for providing you with this information.

In order to be implemented, the services and benefits described below must have been purchased and listed in the Schedule.

2.1 / GENERAL

2.1.1 / Purpose of the plan

The purpose of these General Provisions of the insurance and assistance plan, **ASFE START' EXPAT ASSISTANCE**, contracted between EUROP ASSISTANCE, a company governed by the French Insurance Code, and the ASFE (ASSOCIATION OF SERVICES FOR EXPATRIATES), is to provide Insured members who meet the conditions of coverage with the assistance services and/or insurance coverage purchased on their behalf by the Policyholder of this plan.

2.1.2 / Definitions

// DEFINITIONS COMMON TO ALL ASSISTANCE SERVICES AND INSURANCE COVERAGE

For the purposes of this plan, the following definitions apply:

Accident (Personal): A sudden and fortuitous event affecting the Insured member, not intended by them and resulting from sudden action with an external cause.

Assault: Any physical injury not intended by the insured person, resulting from a deliberate, sudden and violent action on the part of another person or group of persons.

Insured member (You): In respect of the assistance services described in chapter 2.2.1 and in respect of the insurance coverage described in chapter 2.2.2.:

- Members of the ASFE aged between 16 and 65 who are enrolled in the "START'EXPAT" plan.
- In this plan, Insured members are also referred to as "you".

Insurer/Assistance provider: In this plan, the company Europ Assistance is referred to as "we" or "us". The insurance coverage and assistance services are provided and implemented by Europ Assistance, a company regulated by the French Insurance Code, a French limited company ("société anonyme") with a capital of 35,402,786 euros, registered with the French "Registre du Commerce et des Sociétés" in Nanterre under number 451 366 405. Its registered office is located at 1 Promenade de la Bonnette - 92230 GENNEVILLIERS, France.

Attack: Any act of violence constituting a criminal or illegal action committed against persons and/or property in the country in which you are traveling and with the aim of seriously disrupting public order by means of intimidation and terror and which has received media coverage.

The Attack must be identified as such by the French Ministry of Foreign and European Affairs.

Natural disaster: A natural phenomenon, such as an earthquake, volcanic eruption, tidal wave, flood, or natural cataclysm caused by the abnormal intensity of a natural agent and acknowledged as such by the public authorities in the country where the disaster occurred.

Trip: All of your trips, both in and outside your Country of expatriation, which do not exceed 12 consecutive months.

Home: Home is your main and usual place of residence specified as your home on your income tax assessment notice before your date of departure abroad. It can be located anywhere in the world.

Insured members are required to reside outside their Home country during the period of validity of the plan.

Abroad: The term "Abroad" means any country outside your Home country.

Event: Any situation provided for under these General Provisions which triggers a request for assistance from the Insurer/Assistance provider.

France: The term "France" means mainland France, Guadeloupe, Guyana, Martinique, Mayotte and Reunion Island.

Deductible: The portion of costs payable by you.

Hospitalization: The admission of an Insured member, supported by a patient status report, to a hospital facility (hospital or clinic) prescribed by a doctor, following an Illness or Accident and including at least one overnight stay.

Place of residence: Your main and usual place of residence in your Country of residence is deemed to be your Place of residence.

Illness: Pathological condition duly confirmed by a medical doctor, of a sudden and unpredictable nature and requiring medical care.

Family member: Family member means the Insured member's spouse, civil partner or de facto spouse living under the same roof, his or her legitimate, natural or adopted children, his or her father and mother, a brother or sister and one of his or her parents-in-law.

Country of residence: Your Country of residence is the country in which you are working as an intern, studying or staying whether on a Working Holiday Visa or other program. It cannot be the same as the Country of origin.

Country of origin: Your Country of origin is your country of citizenship as shown on your ID document, or the usual country of residence prior to the Beneficiary going abroad as specified on the certificate of enrollment in this plan and for which the Beneficiary holds a passport.

Stay: A Stay is any stay Abroad on a Working Holiday Visa, internship, study program or business or personal trip for a maximum period of 12 months, during the Beneficiary's period of coverage.

Loss or damage to the Place of residence: Fire, burglary or water damage occurring in your absence at your Place of residence while you are on a Trip, and supported by the documents specified for the benefit "EARLY RETURN IN THE EVENT OF LOSS OR DAMAGE TO YOUR PLACE OF RESIDENCE DURING A TRIP"

Policyholder: The Policyholder is the ASFE on behalf of its Insured members covered under this Plan.

// DEFINITIONS SPECIFIC TO THE INSURANCE COVERAGE

Serious accident: A sudden and fortuitous event affecting any individual, not intended by them and resulting from sudden action with an external cause and preventing them from traveling by their own means

Material damage: Any total or partial damage, deterioration, destruction or loss of an object.

Bodily injury: Any physical harm (trauma, death) suffered unintentionally by an individual.

Consequential financial loss: Any financial loss resulting from the deprivation of enjoyment of a right, interruption of a service rendered by a person or property or loss of a benefit which is caused by a bodily injury or material damage covered under the present policy.

Cumulative event: A single insured event with the same original cause (same place and date) giving rise to multiple claims from Insured members of the same Policyholder.

Loss: A Loss is any unforeseeable event triggering coverage of an Insured member under this plan. With respect to Personal third-party liability, all claims relating to the same event or resulting from the same original technical cause, including cases where several third parties are involved, are considered to be one and the same.

Wear and tear: Depreciation of the value of goods through usage or maintenance conditions on the day of the Loss.

Dilapidation: Depreciation of the value of goods caused by time on the day of the Loss.

2.1.3 / What types of trip are covered under the plan?

The assistance services and insurance coverage provided under the plan described in chapter II. apply to all stays Abroad on a Working Holiday Visa, internship, study program or business or personal trip, for a maximum duration of 12 months during the Beneficiary's period of coverage.

The Policyholder is responsible for ensuring that Insured members meet the conditions of membership set out in these General Provisions.

2.1.4 / What is the geographical coverage of the plan?

The assistance services described in chapter II.A and the insurance coverage described in chapter II.B apply Worldwide.

2.1.5 / Conditions of coverage

We will use every possible and necessary means to assist you wherever you are in the zone specified in the Schedule and in accordance with the terms of these General Provisions.

However, we will be able to intervene only under the following conditions:

- if there are no restrictions on the free movement of persons and goods, whether by land, sea or air, for any reason whatsoever, including following a decision or recommendation by local, national or international authorities or the occurrence of a Natural disaster or a situation of war,
- if, as a minimum, the international airport nearest to your location is open,
- if the safety of the persons who will carry out the assistance services is guaranteed, it being understood that it is not within our remit to conduct military-style operations.

2.1.6 / Using our services

// IF YOU REQUIRE ASSISTANCE

In an emergency, it is essential to contact the local first response services for problems falling within their remit.

Under no circumstances can our intervention replace local public services or those of any service provider which we would be obliged to use under local and/or international regulations.

To enable us to provide a response:

① We recommend you prepare your call.

② We will ask you for the following information:

- your full name,
- your precise location and the address and telephone number where you can be reached,
- your plan number.

③ You must:

- call us (in France) without delay on: 01 41 85 87 45 (from abroad call 33 1 41 85 87 45), or in Australia call 1 800 327 913
- email: service-medical@europ-assistance.fr
- fax: 01 41 85 85 71 (33 1 41 85 85 71 from abroad),
- obtain our prior approval before taking any initiative or incurring any expense,
- comply with the solutions we recommend,
- provide us with details of your plan,
- provide us with all original supporting documentation for the expenses you are claiming.

// WHAT ARE THE CONDITIONS OF IMPLEMENTATION OF THE ASSISTANCE SERVICES AND THE INSURANCE COVERAGE?

We reserve the right to request any documentation required in support of requests for assistance or insurance (death certificate, proof of family relationship, proof of family members' age, proof of Home address or Place of residence, proof of expenses or a tax assessment notice on which all details have been obscured other than your name, address and the persons declared as members of your household for tax purposes).

For the "ADVANCE OF HOSPITAL CHARGES" benefit, certain documents and certificates must be provided before any advance is made.

We operate on the express condition that the Event which prompts us to provide the service was uncertain at the time of enrollment in the plan and at the time of departure.

It follows therefore that the plan cannot cover an event whose origins lie in an illness and/or injury which was pre-existing, diagnosed and/or treated or which required continuous hospitalization, day hospitalization or outpatient hospitalization in the 6 months preceding the request for assistance. This applies equally to the manifestation and the deterioration of the condition.

In the event that EUROP ASSISTANCE provides a response without proper checks having been made or on the basis of insufficient or inaccurate data with respect to the information which must be provided to EUROP ASSISTANCE, the cost of the intervention by EUROP ASSISTANCE will be charged to the Policyholder and will be payable on receipt of invoice. The Policyholder may, if they wish, recover the amount from the party who requested the assistance if this party is not the Insured member.

// MAKING A CLAIM UNDER THE INSURANCE COVERAGE

You, or any person acting on your behalf, must make the claim within 2 working days from the time you become aware of the Loss in cases of theft, and within 5 days in all other cases. Claims should be sent to:

EUROP ASSISTANCE
Service Indemnisations
1, promenade de la Bonnette
92633 Gennevilliers cedex
Fax: 01 41 85 85 61
Tel: 01 41 85 90 72
Email: slv@europ-assistance.fr

Or submitted online via our website: <https://sinistre.europ-assistance.fr/>

// CUMULATIVE INSURANCE

If the risks insured under this plan are covered by another insurance policy, you must provide us with the name of the insurer from whom the other insurance was purchased (French Insurance Code L121-4) as soon as you become aware of this information and at the latest when making the claim.

// MISREPRESENTATION

When it changes the subject of the risk or decreases our assessment of that risk:

- any concealment or intentional misrepresentation on the part of the Policyholder or on your part, with respect to the composition of the risk, renders the plan null and void. We are then entitled to retain the premiums paid and to payment of all due premiums in accordance with the French Insurance code, article L113-8,
- any omission or inaccurate statements on the part of the Policyholder or on your part, the bad faith of which has not been established, will result in termination of the plan 10 days after you have been notified by registered mail and/or application of the reduction in compensation specified in the French Insurance Code, article L113-9.

// FORFEITURE OF SERVICES AND COVERAGE DUE TO FRAUDULENT STATEMENTS

In the event of a Loss or a request for the provision of assistance services and/or insurance coverage (as provided for in these General Provisions) if you have used supporting documentation which you know to be inaccurate, or used fraudulent means, or if you have made inaccurate or incomplete statements, you will forfeit any right to the assistance services and insurance coverage provided for in these General Provisions, for which these statements are required.

2.1.6 / What to do with your travel tickets

When transportation is organized and covered under the terms of the plan, you agree either to allow us to use the travel tickets in your possession or to refund us the amount reimbursed by the organization which issued your tickets.

2.2 / DESCRIPTION OF OUR SERVICES AND BENEFITS

2.2.1 / Assistance services

Scope of services when you are in your Country of residence or on a Trip.

// DESCRIPTION OF OUR SERVICES

/ PERSONAL ASSISTANCE IN THE EVENT OF ILLNESS OR INJURY

▪ TRANSPORTATION/RAPATRIATION

If you become ill or are injured, our doctors will contact the local doctor you consulted following the Illness or Accident.

The information we obtain from the local doctor, and your usual doctor where required, enables us to activate and organize the following, subject to our doctors' decision and based on medical requirements:

- either your return to your Place of residence,
- or your transportation, under medical supervision where required, to a suitable nearby hospital in your Country of expatriation or in a neighboring country or in your Home country,
- by light medical vehicle, ambulance, train (first-class seat, first-class berth or sleeper) or by airline or air ambulance.

In some cases, your medical condition may require preliminary transportation to a nearby care center before a return to a facility close to your Place of residence can be considered.

Only your medical condition and compliance with the health regulations in force are taken into consideration with respect to the decision to transfer you, the choice of means to be used for this transfer and the place of hospitalization where required.

IMPORTANT

In this respect, it is expressly agreed that the final decision to be implemented will be taken by our doctors to avoid any conflict between medical authorities.

Furthermore, should you refuse to follow the decision deemed the most appropriate by our doctors, you release us of all liability, particularly if you choose to return by your own means or if your medical condition deteriorates.

▪ EXTENSION OF STAY OF THE INSURED MEMBER OR AN INSURED COMPANION

If you are hospitalized during a Trip and, based on the information provided by the local doctors, our doctors consider that this Hospitalization needs to be extended beyond your original date of return to your Place of

residence, we will cover accommodation costs for an insured companion **up to a maximum of 150 euros per night and a total of 1,500 euros** to enable them to stay with you until you are in a position to return to your Place of residence.

If, during a Trip, you are unable to travel and are obliged to extend your stay and, based on the information provided by the local doctors, our doctors consider that your condition does not require Hospitalization, we will cover the cost of your extended stay **up to a maximum of 150 euros per night and a total of 1,500 euros**.

We will cease to cover your costs from the day on which our doctors decide, based on the information provided by the local doctors, that you are in a position to return to your Home country.

This benefit cannot be combined with the “Return of an insured companion” benefit.

▪ **RETURN OF AN INSURED COMPANION**

If we organize your repatriation based on the opinion of our Medical Department, we will also arrange for an insured person who was traveling with you, where possible, to accompany you on your return journey.

This person may travel:

- with you
- independently.

We will cover the cost of this insured person traveling by train in 1st class or by air in economy class.

This benefit cannot be combined with the “HOSPITAL VISIT” benefit.

▪ **HOSPITAL VISIT**

If you are hospitalized in the place where you became ill or had your accident and if, based on the information provided by the local doctors, our doctors consider your return trip cannot be made for a further five days, we will organize and cover the cost of a round trip from your Home country or your Country of expatriation by train in 1st class or by air in economy class to enable a person of your choice to be with you.

We will also cover hotel expenses for this person (room and breakfast) **up to a maximum of 150 euros per night and a total of 1,500 euros**.

This benefit cannot be combined with the “Return of an insured companion” benefit.

▪ **ACCOMPANYING YOUR CHILDREN**

If you become ill or are injured and are unable to care for your insured children under the age of 18 who are living with you, we will organize and cover the cost of a round trip by train in 1st class or by air in economy class from your Country of expatriation or your Home country to enable a person of your choice or one of our hostesses to take your children to your Place of residence in your Country of expatriation or to the home of a person chosen by you in your Home country by train in 1st class or by air in economy class.

You will need to cover the cost of the children’s tickets.

We will also cover hotel expenses (room and breakfast) for this person, **up to a maximum of 150 euros per night and a total of 2 nights**.

▪ **EARLY RETURN IN THE EVENT OF HOSPITALIZATION OF A FAMILY MEMBER**

If you learn of the serious and unforeseen hospitalization for a minimum period of 10 days of a Family member in your Country of expatriation or your Home country we will organize your round trip (limited to one round trip per insured person) to enable you to visit the hospitalized person in your Country of expatriation or your Home country.

If you do not provide supporting documents (patient status report, proof of family relationship) within 30 days of the hospitalization, we reserve the right to charge you the full cost of the trip.

The date of admission to hospital of the Family member must be later than the effective date of your

enrollment in this Plan.

- **RETURN TO THE PLACE OF RESIDENCE**

If you have been transported under the conditions specified in the chapter “TRANSPORTATION/REPATRIATION” and your medical condition allows you to travel alone under normal transportation conditions with the full agreement of the treating doctors and our medical team, we will organize and cover the cost of your return trip by train in 1st class or by air in economy class to your Place of residence.

The return trip must be made within 2 months of the date of the “TRANSPORTATION/REPATRIATION”.

- **SECOND MEDICAL OPINION**

If, during your expatriation, you develop a medical condition that may require specialist medical treatment and/or surgery and, following an initial consultation, you wish to seek a second medical opinion, our assistance team is available to help you arrange a second consultation with a specialist in your Country of expatriation (or in a neighboring country).

It is agreed that, for both the pre-expatriation medical check-up and the second opinion, the choice of practitioner and the final decision is yours; you are free to accept or reject the opinion of the practitioner you consulted.

- **PSYCHOLOGICAL SUPPORT**

In the event of an Accident (including in a vehicle), an Assault or attempted Assault, the death of a Family member or an Attack or Natural Disaster causing psychological trauma, we will provide a Listening and Support helpline which puts you in touch with clinical psychologists by telephone. This service is available 24 hours a day, 7 days a week and 356 days a year.

The helpline is manned by professionals who will listen carefully while remaining neutral. You will be able to confide in them and clarify the situation you are facing following this event.

Psychologists operate in strict compliance with the Code of Ethics applicable to the psychology profession, and will under no circumstances initiate psychotherapy by telephone.

We will arrange and cover the cost of three telephone conversations.

Please be advised that these telephone conversations can only be conducted in French and that you are responsible for the cost of the calls.

Depending on your circumstances and your wishes, an appointment may be arranged with a nearby qualified psychologist chosen by you from 3 names provided by us.

We will arrange this appointment after having offered you a choice of several practitioners close to your Home in France.

The choice of practitioner is yours alone and you are responsible for the cost of the consultation.

It should be noted that these appointments can only take place in France during the period of validity of the plan.

- **ADVANCE OF HOSPITAL CHARGES**

If necessary, and with the prior agreement of the ASFE, EUROP ASSISTANCE will make an advance payment of your hospital charges or make a direct payment to the hospital abroad, up to the maximum level of the benefits purchased by the Insured member from the ASFE.

The amounts advanced by EUROP ASSISTANCE, in the name and on behalf of the ASFE, will be billed to the ASFE, in accordance with the procedure for the “Advance of hospital charges” specified in the Appendix to this Plan.

/ ASSISTANCE ON RETURNING HOME FOLLOWING REPATRIATION (FRANCE ONLY)

▪ CHILDCARE

If you are confined to your Home for more than 8 days and/or are hospitalized for more than 8 days, we will arrange and cover the cost of one of the following services:

- Either the care of a sick child under the age of 18 at their Home for a maximum of 20 hours by a competent person sourced by us.
- The person we send to the insured child's Home will take up and relinquish their duties while a parent is present. This service is available Monday to Friday between 8am and 7pm, excluding public holidays, for a minimum of 4 hours and a maximum of 10 hours per day;
- Or we will cover the cost for your children to travel to and from the home of one of your close friends or relatives chosen by the Insured member and residing in mainland France.

They will be accompanied by a hostess appointed by our team.

▪ HOME HELP

We will arrange for a home help to carry out household tasks at your Home either on your return Home from hospital or from the date of your Hospitalization or while you are confined to the Home.

We will cover the cost of the home help for up to 10 hours at times of your choosing during the month following the date of your Hospitalization or your return Home or while you are confined to the home (at a minimum of 2 hours at a time).

If you do not provide supporting documents (hospital certificate, medical certificate), we reserve the right to charge you the full cost of the service.

▪ CARE OF PETS

We will arrange the transportation of your pets (dogs or cats) to an appropriate care facility close to your Home or to a place of your choice in France and less than 50km from your place of Hospitalization.

We will cover the cost of transporting your pets and the cost of boarding them in the care facility **up to a maximum of 155 euros** for the duration of your stay in hospital or while you are confined to the Home.

This benefit is subject to the conditions of transportation, reception and boarding specified by the service providers and care facilities (up-to-date vaccinations, payment of any deposit required, etc.).

This service can only be provided if you, or a person authorized by you, can meet with the service provider to hand over the animals.

▪ HOSPITAL COMFORTS

If you are hospitalized under the conditions specified above, we will cover the cost of renting a television **up to a maximum of 80 euros** for the duration of your stay in hospital.

/ ASSISTANCE IN THE EVENT OF DEATH

▪ TRANSPORTATION OF THE BODY AND COST OF A COFFIN IN THE EVENT OF AN INSURED MEMBER'S DEATH

If the Insured member dies, we will arrange and cover the cost of transporting the deceased member to the place of funeral in their Home country.

We will also cover all the costs involved in preparatory care and specific transportation arrangements, to the exclusion of all other expenses. In addition, we will contribute to the cost of a coffin or urn purchased by the family from the funeral director of their choice, **up to a maximum of 2,000 euros**, and on presentation of the original invoice.

Other costs (such as those related to the ceremony, local transportation, burial, cremation and burial plots) are

the responsibility of the family. Family members are also responsible for arranging the funeral.

- **RETURN OF AN INSURED COMPANION**

Where applicable, we will arrange and cover the cost of the return trip for an insured companion to the place of funeral by train in 1st class or by air in economy class.

- **IDENTIFICATION OF THE BODY AND DEATH FORMALITIES**

If the Insured dies while alone abroad and if the presence of 2 Family members or 2 close friends is required to identify the body and arrange the repatriation or cremation at the place of death, we will arrange and cover the cost of the round trip by train in 1st class or by air in economy class for these 2 persons from their Country of residence or from the deceased Member's Home country to the place of death. We will also cover their accommodation costs **up to a maximum of 150 euros per night per person and for a total of 2 nights**.

- **EARLY RETURN IN THE EVENT OF A FAMILY MEMBER'S DEATH**

If you learn of the death of a Family member in your Country of expatriation or in your Home country we will arrange your round trip and cover the cost of your 1st class train ticket(s) or economy class airline ticket(s) to enable you to attend the funeral of the deceased in your Country of expatriation or in your Home country.

If you do not provide supporting documentation (death certificate, proof of family relationship) within 30 days of the death, we reserve the right to charge you the full cost of the trip.

This benefit is provided if the date of the funeral is earlier than the date originally scheduled for your return.

/ TRAVEL ASSISTANCE

- **TRANSPORTATION OF BAIL AND ADVANCE AND COVERAGE OF LEGAL FEES (ABROAD ONLY)**

If you are Abroad and are imprisoned or threatened with imprisonment we will advance bail **up to a maximum of 15,000 euros**. You agree to reimburse us this advance within 30 days of receipt of our invoice or as soon as the bail is returned by the authorities if it is returned before the expiration of that period.

If you fail to appear in court, the advanced bail which you will not recover due to your failure to appear becomes payable immediately. Provision of the advance is subject to the completion of a form confirming the amounts to be repaid.

In addition, if legal action is taken against you, we will advance and cover the legal fees which you incurred abroad **up to a maximum of 3,000 euros** (on presentation of supporting documentation) provided the allegations are not subject to criminal sanctions under the country's legislation. Your claim for coverage must be accompanied by the legally enforceable court decision.

This benefit does not cover legal proceedings instigated in your Home country following a road traffic accident Abroad.

- **EARLY RETURN IN THE EVENT OF LOSS OR DAMAGE TO YOUR PLACE OF RESIDENCE DURING A TRIP**

If, during a Trip, you learn of Loss or damage to your Place of residence and your presence there is essential to complete administrative procedures, we will arrange and cover the cost of your return journey, by train in 1st class or by air in economy class from the place where you are staying abroad to your Place of residence.

If you do not provide supporting documentation (insurance claim, expert report, police report, etc.) within a maximum period of 30 days following the loss or damage, we reserve the right to charge you the full cost of the trip.

This benefit is extended to Business premises if the Insured person making the Trip is the manager of the

company.

- **EARLY RETURN OR TRANSPORTATION TO A SECURE ZONE IN THE EVENT OF AN ATTACK**

If, during your Trip, an Attack occurs within a maximum radius of 100km around your location, and if you wish to curtail your Trip, we will arrange and cover the cost of your journey by train in 1st class or by air in economy class from your location abroad to your Home or to a secure zone if the reception and security conditions there are deemed to be satisfactory. The request for an early return Home must be made within a maximum period of 72 hours following the Attack.

If you opt for transportation to a secure zone, we will arrange and cover the cost of your return journey to your place of residence once it has become safer, provided this request is made within a maximum period of 8 days following the Attack.

A “secure zone” is the part of the territory defined by the authorities in the country where you are located or defined by the diplomatic services of your Home country, located within a radius of 100km around the place where you are staying.

- **EARLY RETURN OR TRANSPORTATION TO A SECURE ZONE IN THE EVENT OF A NATURAL DISASTER**

If, during your Trip, a Natural disaster occurs in the place where you are staying and you are not injured but want to curtail your Trip, we will arrange and cover the cost of your journey by train in 1st class or by air in economy class from the place where you are staying to your Home or to a secure zone if the reception and security conditions there are deemed satisfactory. This request for an early return must be made within a maximum period of 72 hours following the occurrence of the Natural disaster.

If you opt for transportation to a secure zone, we will arrange and cover the cost of your return journey to the place where you are staying abroad once it has become safer, provided this request is made within a maximum period of 15 days following the Natural disaster.

A “secure zone” is the part of the territory defined by the authorities in the country where you are staying abroad or defined by the diplomatic services of your Home country, located within a radius of 100km around the place where you are staying.

- **TRANSMISSION OF URGENT MESSAGES**

If, during your Trip, you are unable to contact a person in your Home country, we will pass on the message you gave us by phone at the time and on the day of your choice.

NB: This service does not accept collect calls. Moreover, we will not under any circumstances be held liable for the content of your messages which are subject to French law, including criminal and administrative legislation. Failure to comply with this legislation may result in our refusal to pass on the message.

- **DELIVERY OF MEDICATION ABROAD**

If you are in your Country of expatriation or on a Trip Abroad and drugs which are essential to the continuation of your treatment, the interruption of which would, in the opinion of our doctors, be detrimental to your health, are lost or stolen, we will source equivalent drugs locally and, in this case, arrange an appointment with a local doctor who can prescribe them for you. You will be responsible for the medical expenses and the cost of the medication.

If there is no equivalent medication available locally, we will arrange for the medicines prescribed by your usual doctor to be sent (from France only) provided they send our doctors a copy of the prescription issued to you and if this medication is available in retail pharmacies.

We will cover shipping costs and you will be billed for customs duties and the cost of the medication. You agree to reimburse us on receipt of invoice.

These shipments are subject to the terms and conditions of the carriers we use. In all cases they are subject to the regulations and conditions in force in France and the national legislation of each country in respect of the import and export of medicines.

We will not be held liable for the loss or theft of the medication or for any regulatory restrictions which may delay or prevent its shipment, or for any consequences thereof. Under no circumstances will the following be shipped: blood products and derivatives, products restricted to hospital use or products requiring special storage conditions, including refrigeration, and more generally products which are not available in pharmacies in France.

Moreover, if the medication is no longer in production or has been withdrawn from the market or is unavailable in France this will constitute force majeure which may delay or prevent the service from being delivered.

▪ **ASSISTANCE IN THE EVENT OF THE THEFT, LOSS OR DESTRUCTION OF YOUR IDENTITY DOCUMENTS OR MEANS OF PAYMENT**

Information on formalities

If your identity documents are lost or stolen, you can call our Information service every day between 8am and 7.30pm (French time), excluding Sundays and public holidays, for information on the formalities to be completed (declaring the loss or theft, replacing your identity documents, etc.).

This information is provided for reference only, as defined under article 66.1 of the amended French legislative Act of 12.31.71, and in no circumstances should be construed as legal advice. Based on each individual case, we will refer you to organizations or groups of professionals who may be able to assist you. Under no circumstances shall we be held liable for either the interpretation or the use you may make of the information provided to you.

Provision of funds

If your means of payment, credit card(s) or checkbook(s) are lost or stolen and on presentation of the declaration of loss or theft issued by the local authorities, we will provide you with an advance of funds **up to a maximum of 2,300 euros** to enable you to cover the purchase of essential items. This advance is subject to the following conditions:

- either a credit card payment by a third party of the corresponding amount,
- or a payment from your bank of the corresponding amount.

You will be required to sign a receipt when the funds are issued.

Extension of stay

If, during a Trip, your identity documents are lost or stolen and you are unable to leave the territory of the country where you are located on the original date scheduled for your return, we will cover the cost of your accommodation until the date on which your new identity documents are issued and in all **cases up to a maximum of 150 euros per night and a total of 1,500 euros.**

In this case accommodation costs are taken to mean hotel expenses incurred following an insured event, excluding the cost of food and drinks. You will need to submit original receipts for accommodation costs actually incurred along with your claim as well as the declaration of loss or theft.

▪ **TRAVEL INFORMATION (*) (EVERY DAY FROM 8AM TO 7.30PM, FRENCH TIME, EXCLUDING SUNDAYS AND PUBLIC HOLIDAYS) – SERVICE PROVIDED IN FRENCH ONLY**

At your request, we can provide you with information on:

- the medical precautions to take before going on a trip (vaccinations, medication, etc.),
- the administrative formalities to be completed before or during a trip (visas, etc.),
- travel conditions (transportation options, flight times, etc.),
- local living conditions (temperature, climate, food, etc.).

() This service is also available before you go abroad as an expatriate or on a Trip.*

- **HEALTH INFORMATION**

This service is designed to listen to you and offer you guidance and information. In a medical emergency, your first priority should be to call the local emergency services.

By calling us at any time 24/7 we will make every effort to provide you with the healthcare information you need. This information is provided for reference purposes only.

If we cannot give you an immediate response, we will make the necessary enquiries and call you back as soon as possible. Information is provided in compliance with medical ethics.

Under no circumstances is the purpose of the service to deliver a personalized telephone consultation or prescription, to promote self-medication or to question your doctors' treatment choices. If you are seeking this type of advice, you should consult a local doctor or your general practitioner.

We will answer your questions objectively on the basis of established facts and will not be held liable for your interpretation or any consequences of our answers.

- **ASSISTANCE IN THE EVENT OF CHANGES TO TRAVEL PLANS**

If, during a Trip, your travel plans are affected by one of the following unforeseen events: strike, hijack, accident or illness which does not require your "TRANSPORTATION/ REPATRIATION" under Chapter 2.1.1. above, we may, at your request and in accordance with your instructions, make changes to your airline and hotel reservations.

You are responsible for covering any change fees or additional expenses incurred at your request.

- **MOUNTAIN, SEA AND DESERT SEARCH AND RESCUE COSTS**

We will cover the cost of search and rescue missions at sea, in the mountains (including off-piste ski slopes) and in the desert in order to locate you following an event occurring during your Trip, **up to a maximum of 15,000 euros.**

Only costs charged by a company duly authorized to carry out these missions will be reimbursed.

Under no circumstances shall we be responsible for the organization of rescue services.

You or your dependents should send us:

- the detailed insurance claim,
- the paid invoice issued by the organization which carried out the rescue mission, showing the date, nature and
- reasons for the intervention,
- the medical certificate, police report or death certificate as appropriate.

- **ACCESS TO A CLASSIC SUBSCRIPTION TO "123CLASSEZ" (THE EUROP ASSISTANCE ELECTRONIC DATA VAULTING SERVICE)**

You may only use the CLASSIC version of the "123Classez" service offered by EUROP ASSISTANCE while you are covered under the "Start'Expat" plan and if you comply with the following conditions.

EUROP ASSISTANCE provides this service free of charge.

To access this service, you will need the code which Europ Assistance issued to you in order to register online on the website www.123classez.com/classic. You will also need to accept the General Terms & Conditions of Use which are available on the site. You will then be provided with a user's account accessible from this site which allows you to store, view and manage your documents for the duration of your subscription.

The CLASSIC version of the "123Classez" service is provided subject to the conditions and limits set out in the General Terms and Conditions of Use of the "CLASSIC" subscription which are available on the website.

Please note that electronic storage of documents is not a substitute for retaining a paper version of the original document which has greater probative value than copied documents and which may need to be produced. Accordingly, you accept that the purpose of **the CLASSIC version of the “123Classez” service** is not to enable you to destroy your paper documents.

// WHAT IS EXCLUDED

Under no circumstances can we replace local emergency rescue organizations.

In addition to the general exclusions listed in chapter III.E., coverage excludes:

- **the consequences of infectious risk situations in an epidemic context, exposure to infectious biological agents whether dispersed intentionally or accidentally, exposure to chemical agents such as combat gas, exposure to incapacitating agents, exposure to neurotoxic agents or those with latent neurotoxic effects,**
- **the consequences of intentional acts carried out by you or the consequences of fraudulent acts, suicide attempts or suicide,**
- **illnesses and/or injuries which were pre-existing, diagnosed and/or treated or which required continuous hospitalization or day hospitalization or outpatient hospitalization in the 6 months preceding the request for assistance. This applies equally to the manifestation and the deterioration of the condition,**
- **expenses incurred without our approval or not expressly specified in these General Provisions of the plan,**
- **expenses not supported by original documents,**
- **losses occurring in countries excluded from coverage or outside the validity dates of the plan, and in particular those occurring beyond the scheduled duration of the trip Abroad,**
- **the consequences of incidents occurring during motor trials, races or competitions (or their test runs) subject, in accordance with current regulations, to prior authorization from the local authorities when you are taking part as a competitor or during test runs on a track which is subject to prior authorization from the local authorities, even if you are using your own vehicle,**
- **trips undertaken for the purpose of medical diagnosis and/or treatment or for cosmetic surgery procedures, their consequences and the resulting costs,**
- **the organization and coverage of transportation specified in chapter II.A.1.1.1. “transportation/ repatriation” for benign conditions which can be treated locally and do not prevent you from continuing with your journey or your stay,**
- **requests for assistance relating to medically assisted reproduction or voluntary termination of pregnancy, their consequences and the resulting costs,**
- **requests for assistance relating to reproduction or gestational surrogacy, its consequences and the resulting costs,**
- **medical equipment and prostheses (dentures, hearing aids and medical prostheses),**
- **spa cures, their consequences and the resulting costs,**
- **hospitalization costs, medical costs (consultations, pharmacy items and other treatments and procedures) and dental treatment,**
- **scheduled hospitalization, its consequences and the resulting costs,**
- **the cost of vision care (glasses and contact lenses for example),**
- **vaccines and vaccination costs,**
- **medical checks, their consequences and related costs,**
- **cosmetic procedures, their consequences and the resulting costs,**
- **stays in rest homes, their consequences and the resulting costs,**
- **rehabilitation, physical therapy, chiropractic, their consequences and the resulting costs,**
- **medical or paramedical services and the purchase of products whose therapeutic value is not recognized under French legislation, and related costs,**
- **health checks for preventive screening, regular treatments or laboratory tests, their consequences and the resulting costs,**
- **organization of search and rescue missions, particularly in the mountains and at sea,**
- **organization of search and rescue missions in the desert,**
- **costs related to excess luggage when traveling by air and the cost of forwarding the bags if they cannot travel with you,**

- trip cancelation costs,
- restaurant costs,
- customs duties.

2.2.2 / Insurance coverage

// LUGGAGE AND PERSONAL EFFECTS

/ WHAT WE WILL COVER

▪ LOSS AND/OR ACCIDENTAL DAMAGE TO LUGGAGE AND PERSONAL ITEMS AND EFFECTS

During a Trip, we will cover up to a maximum of 2,000 euros the luggage, personal items and effects that you took with you on the trip, against:

- theft,
- total or partial destruction,
- loss during transportation by a carrier.

IMPORTANT

REIMBURSEMENT LIMITS FOR CERTAIN ITEMS

For valuables, pearls, jewelry and watches when being worn, furs and laptop computers, the reimbursement value will not under any circumstances exceed 50% of the insured amount shown in the Benefits Schedule. Furthermore, the items listed above are only insured against theft.

If you are using a private car, the risks of theft are covered provided the luggage and personal effects are stored in the locked trunk of the vehicle and out of sight. Only forced entry to the vehicle is covered.

If the vehicle is parked on the public road, the coverage will apply only between 7am and 10pm (local time).

▪ DELAY IN DELIVERY OF LUGGAGE

If, during a trip, your personal luggage which was checked in with the carrier is not delivered to you at the destination airport of your outward journey and if it is delivered with a delay of more than 12 hours, you will receive a lump sum of **300 euros** to contribute to the reimbursement of the costs you incurred for the purchase of essential items.

This benefit cannot be combined with the main benefit of 2,000 euros.

▪ THEFT OF IDENTITY DOCUMENTS

If your passports, identity card (or residence permit), vehicle registration documents or driver's license are stolen during the trip, we will reimburse the cost of replacing these documents, on submission of supporting documents, **up to a maximum of 150 euros.**

/ EXCLUSIONS FROM COVERAGE

In addition to the general exclusions listed in chapter III.E., the following are excluded:

- theft of luggage, personal effects and items left unattended in a public place or stored on premises accessible by several people,
- forgotten or lost items (unless by a carrier) and misidentified luggage,
- theft without forced entry which has been documented and for which a report has been drawn up by an authority (police, gendarmerie, carrier, purser, etc.),
- theft committed by your staff in the course of their professional duties,
- accidental damage due to the leakage of liquids, oils, colorants or corrosive materials stored in your luggage,
- confiscation of property by the authorities (customs or police),

- damage caused by mites and/or rodents and burns from cigarettes or from a non-incandescent source of heat,
- theft from a convertible vehicle and/or station wagon or any other vehicle which does not have a trunk; coverage is granted if the cargo cover provided with the vehicle had been used,
- trade collections and samples,
- stolen, lost, forgotten or damaged cash, documents, books, travel tickets and credit cards,
- theft of jewelry not stored in a locked strongbox or when not being worn,
- breakage of fragile items such as items made of porcelain, glass, ivory, pottery or marble,
- indirect damage such as depreciation or loss of use,
- the following items: all prostheses, appliances of any kind, bicycles, trailers, negotiable securities,
- paintings, spectacles and contact lenses,
- keys of any kind (other than keys to the Home), documents stored on tape or film and professional equipment (other than laptop computers), cellphones, CDs, DVDs, all kinds of multimedia equipment (MP3, MP4, PDA, etc.), GPS devices, sports equipment, musical instruments, food products, lighters, pens, cigarettes, liquors, art objects, fishing rods, cosmetics, photographic film and items purchased during your trip.

/ HOW MUCH WILL WE PAY?

The amount shown in the **Benefits** Schedule is the maximum reimbursement in respect of all Losses occurring during the period of coverage.

A Deductible of 25 euros (in respect of damage to luggage only: suitcases, bags, etc.) will be applied to each Claim.

/ HOW IS YOUR COMPENSATION CALCULATED?

Your compensation will be based on the replacement value of equivalent items of the same type with deductions made for Dilapidation, Wear and tear and the Deductible. Under no circumstances will the proportional rule provided for under article L 121-5 of the French Insurance Code be applied.

/ DOCUMENTS REQUIRED WHEN MAKING A CLAIM

Your claim must be accompanied by the following documents:

- declaration of loss or theft made within 48 hours to an authority (police, gendarmerie, carrier, purser, etc.) in the event of theft or loss,
- property irregularity reports obtained from the carrier (sea, air, rail or road) if your luggage or items were lost while legally in the care of the carrier,
- receipt for checked-in luggage which was delivered late by the carrier and proof of late delivery.

If you do not provide these documents we will be entitled to claim compensation from you equal to the resulting prejudice suffered by us. The insured amounts cannot be considered as proof of the value of the goods for which you are claiming compensation, nor as proof of the existence of these goods.

You are required to provide proof, by all means in your power and by any documents in your possession, of the existence and value of these goods at the time of the Loss, and the extent of the damage. With regard to business equipment, such as laptop computers, your company may be asked to attest to their value and confirm that you had these items with you when you left on the trip.

If you have also claimed compensation from the carrier, you must notify us of this when declaring the loss.

Forfeiture of coverage due to a fraudulent claim:

If you knowingly submit supporting documents which are inaccurate or use fraudulent means or make inaccurate or incomplete statements, you will forfeit all rights to compensation.

/ WHAT HAPPENS IF YOU RECOVER ALL OR SOME OF THE STOLEN ITEMS COVERED UNDER THE LUGGAGE INSURANCE?

You must notify us immediately by registered letter as soon as you receive this information.

- If we have not yet settled the claim, you must recover your property. We will then be liable for payment only in respect of any damaged or missing items.
- If we have already settled the claim, you have 15 days to choose between these two options:
 - o relinquish the items,
 - o take back the items and return the compensation you received less any payments due in respect of damaged or missing items.

If you have not chosen one of the options within 15 days, we will assume you are opting to relinquish the items.

// PERSONAL TRAVEL ACCIDENTS

/ WHAT WE WILL COVER

We will cover the payment of the compensation **specified in the Benefits Schedule** in the event of Accidental bodily injury to the Insured member during the period of validity of their plan.

Definition of accidental bodily injury: Physical injury not intended by you and resulting from sudden, violent action with an external cause.

/ HOW MUCH WILL WE PAY?

We will pay the amounts **specified in the Benefits Schedule** in the following cases:

- **death:** the lump sum specified in the Benefits Schedule is payable to your dependents,
- **permanent total disability:** you will receive a lump sum of the amount specified in the Benefits Schedule,
- **permanent partial disability:** you will receive a lump sum which is calculated by applying your degree of partial permanent incapacity based on the European Physical and Mental Disability Rating Scale to the amount **specified in the Benefits Schedule** for cases of permanent total disability. The claimant's professional activity will not be taken into account.

The amount of compensation can only be set following stabilization, meaning after the date on which the after-effects of the Accident have stabilized.

Increases in the lump sum:

In certain cases the lump sum specified in the Benefits Schedule may be increased:

- in case of death, the lump sum is increased at the fixed rate of €5,000 per child under the age of 25 who was dependent on the insured for tax purposes with the maximum amount specified in the Benefits Schedule,
- in case of death or total or partial permanent disability, the lump sum is increased by 50% if the death or disability results from an attack or act of terrorism, unless you played an active part in the event in question,
- in case of death or total or partial permanent disability, the lump sum is increased by 50% if the death or disability is the result of an air accident.

These last two increases cannot be combined.

Non cumulation of compensation:

Death and permanent total disability benefits cannot be combined if they are the result of the consequences of the same insured Event.

If, having received compensation resulting from partial disability following an insured Event, you were to die as a result of the same Event, we will pay your dependents the lump sum provided in case of death up to the limit

of the amount **specified in the Benefits Schedule** less the compensation we have already paid in respect of partial permanent disability.

If the combined compensation payable exceeds the **limits specified in the Benefits Schedule**, the insurer's liability will be limited to this amount and the compensation paid to the victims of the same event will be reduced and paid in proportion to the number of victims as a pro rata of the benefit which would have been due to them had there been no cap on benefits.

Maximum insured amount per Cumulative event:

In the event of an insured loss caused by the same Cumulative event leading to death, permanent disability or coma or which requires adjustments to be made to the homes of several Insured members, we will limit the maximum insured amount per Cumulative event to the amount specified in the Benefits Schedule.

Definition of a Cumulative event: a single insured event with the same original cause (same place and date) giving rise to multiple claims from Insured members of the same Policyholder.

/ EXCLUSIONS FROM COVERAGE

In addition to the general exclusions listed in chapter 2.3.5., the following are excluded:

- accidents caused by blindness, paralysis, mental illness and all illnesses or infirmities existing at the time of purchasing this plan,
- the consequences of intentional acts carried out by you or the consequences of fraudulent acts, suicide attempts or suicide,
- accidents resulting from the practice of certain sports such as rock climbing, mountaineering, competitive luge, scuba diving with or without self-contained breathing apparatus, parachuting and all air sports, including kite-surfing or any similar device and caving as well as accidents resulting from training for or participation in sporting competitions,
- accidents caused by the use of a motorcycle with a cylinder capacity exceeding 125 cm³ whether as the driver or a passenger,
- accidents caused by the practice or teaching by the insured of a sport in a professional capacity,
- accidents caused by a transportation company which is not approved for the public transportation of passengers.

/ HOW IS YOUR COMPENSATION CALCULATED?

For cases of disability which are not provided for in the European Physical and Mental Disability Rating Scale, the rates are set by comparing their severity with cases which are listed in the scale. The claimant's professional activity is not taken into account in determining the severity of the infirmity.

Injuries to limbs or organs which were already infirm prior to the Accident are only compensated with respect to the difference between their condition before and after the Accident.

The assessment of injuries to a limb or organ cannot be influenced by the pre-existing disability of another limb or organ.

If it is medically established that you are left-handed, the rate of incapacity set for the right arm will apply to the left arm and vice versa.

If the Accident causes several injuries, the disability rates are combined but may not exceed 100%.

In all cases the application of the European Physical and Mental Disability Rating Scale assumes that the consequences of the Accident have not been aggravated by an illness or previous infirmity and that the claimant has followed appropriate medical treatment.

/ HOW TO MAKE A CLAIM

To make a claim under the plan, you or your dependents must provide the following supporting documents along with the claim form:

- for a death, a death certificate stating the nature of the death, the legal documents establishing the capacity of the beneficiary or beneficiaries and the contact details for the solicitor handling the estate,
- supporting documentation for dependent children (copy of birth certificate(s) and tax return stating that the children are dependent),
- for disability, a medical certificate of stabilization,
- any witness statements establishing the materiality or severity of the Accident.

During the period of treatment, the Insured member must allow the medical advisor appointed by us free access to their medical file so that the consequences of the Accident can be assessed.

If there is a disagreement over the causes or consequences of the Accident, we will refer the dispute to two experts with one being chosen by the Insured or their dependents and the other by us, subject to our respective rights.

If no agreement can be reached, a third expert will be appointed either by mutual agreement or by the President of the *Tribunal de Grande Instance* of your Home.

// PERSONAL THIRD-PARTY LIABILITY ABROAD

/ PERSONAL THIRD-PARTY LIABILITY AND INTERSHIPS ABROAD: WHAT WE WILL COVER

The financial consequences you may face and following an out-of-court or legal claim against you by the injured third party, as a result of any bodily injury or material damage caused to them by an accident, fire or explosion occurring abroad during your trip as well as any material damage caused to property provided by your internship supervisor and used during the internship up to the maximum amounts specified in the Benefits Schedule.

/ TENANT'S LIABILITY: WHAT WE WILL COVER

The financial consequences you may face in your capacity as a tenant of a property (apartment or house) due to any bodily injury or material damage caused to others by an accident, fire or explosion originating in premises occupied on a temporary basis during the Stay, up to the maximum amounts specified in the Benefits Schedule.

Coverage applies under the following conditions:

- if you have caused damage to a third party who makes a liability claim against you,
- and if the event causing liability occurred between the original effective date of coverage and the date of termination or expiration, regardless of the date of the other components of the Loss.

This amount represents the limit of the Insurer's liability for all damage arising from the same initial cause, regardless of the number of injured third parties. If the damage is spread over more than one policy year, the loss is allocated to the insurance year in which the first damage occurred.

/ EXCLUSIONS FROM COVERAGE

In addition to the general exclusions listed in chapter III.E, the following are excluded:

- **damage which you deliberately caused or brought about as an individual, or as a business leader in law or in fact if you are a company,**
- **damage resulting from the use of motor vehicles, sailboats and motorboats, or the practice of air sports,**
- **material damage occurring on any land vehicle propelled by sail or engine (motorcycles, boats, rental cars or other),**
- **damage resulting from any professional activity,**
- **the consequences of any material damage or bodily injury affecting you and your spouse or your ascendants or descendants,**
- **financial loss unless it is the result of covered material damage or bodily injury, in which case it is**

- covered within the limits specified in the Benefits Schedule,
- all action taken on your initiative without our prior approval,
 - accidents resulting from the practice of the following sports: bobsleigh, rock climbing, skeleton, mountaineering, competitive luge and any air sports, as well as accidents resulting from participation in or training for games or competitions.

/ SETTLEMENTS – ADMISSION OF LIABILITY

Admissions of liability or settlements which you agreed to without our approval are not enforceable against us. However, acceptance of the facts is not deemed to be an admission of liability, nor the mere fact of having obtained emergency aid for a victim when this is an act of assistance which any person has the right to perform.

/ PROCEDURE

If action is taken against you, we will handle your defense and direct legal proceedings in respect of the facts and damage falling within the scope of this plan.

However, you may be represented jointly with us provided you can demonstrate a personal interest which is not covered under this plan.

The fact of providing your defense as an interim measure should not be regarded as an acceptance of the claim and in no way implies that we agree to pay for damage which would not be covered under this plan.

However, in this case, we reserve the right to take action against you to obtain the reimbursement of all sums which we have paid or set aside on your behalf.

/ REMEDY

With regard to remedies:

- we have free exercise before civil, commercial or administrative jurisdictions in respect of coverage under this plan,
- before criminal jurisdictions, remedies may only be sought with your agreement,
- if the dispute involves only civil interests, refusal to give your consent to the exercise of remedy gives us the right to claim compensation from you equal to the resulting prejudice we suffer.

You cannot oppose the exercise of our remedy against a liable third party if this party is covered by another insurance policy.

/ NON-ENFORCEABLE FORFEITURE

Even if you fail in your obligations following a Loss, we are bound to compensate the persons to whom you are liable.

However, in this case, we reserve the right to take action against you to obtain reimbursement of all sums which we have paid or set aside on your behalf.

/ LEGAL COSTS

We will cover legal costs, discharge fees and other payment charges. However, if you are found liable for an amount higher than the amount of the coverage, we will each bear these costs in proportion to the respective share apportioned under the ruling.

// TRAVEL INCIDENTS

/ WHAT WE WILL COVER

This coverage applies to:

- Scheduled outbound or inbound airline flights whose flight times are published,
- Outbound or inbound charter flights whose flight times are shown on the outbound airline ticket.

If the arrival of the Insured's aircraft is delayed for more than four hours after the original scheduled time resulting in a missed connection, we will pay you compensation up to the maximum amount shown in the Benefits Schedule.

For the calculation of compensation, the delay on the outbound flight cannot be added to the delay on the inbound flight; only one leg of the journey is taken into account. However, the coverage may apply to both the outbound and the inbound flight if on each leg of the journey the delay exceeds four hours and results in a missed connection. Coverage comes into force on the date and time shown on the airline ticket and expires on arrival at the destination airport.

This coverage does not apply if you are transferred to another airline for travel at the original flight times.

/ EXCLUSIONS FROM COVERAGE

- civil or foreign war, riots, civil unrest, strikes, acts of terrorism, hostage-taking or sabotage, any manifestation whatsoever of radioactivity, any effect of nuclear origin or caused by any source of ionizing radiation in the country of departure, transfer or destination,
- any event threatening the security of your journey where travel to your destination has been discouraged by the French Ministry of Foreign Affairs,
- a decision by the airport authorities, civil aviation authorities or any other authority where the announcement was made 24 hours prior to your departure date,
- events that occurred between the date of booking your trip and the date of taking out this insurance,
- failure to travel on the flight on which your booking was confirmed for any reason whatsoever,
- denial of boarding due to failure to meet the deadline for luggage check-in and/or presentation for boarding.

/ HOW TO MAKE A CLAIM

You must:

- complete and/or have a flight delay statement stamped by an authorized person from the airline with which you are traveling or from an authorized person from the airport,
- on your return and within the following 156 days send us the duly completed flight delay statement, a photocopy of your airline ticket, the purchase invoice for the covered ticket and the stub of your boarding pass.

2.3 / FRAMEWORK OF THE PLAN

This plan is subject to French law.

2.3.1 / Effective date and duration of the plan

The Start'Expat plan takes effect on the date specified in the Schedule, which cannot be earlier than the date on which the plan was purchased.

Unless otherwise specified in the Schedule, the plan is valid for a period of one year from the effective date

specified in the Schedule. When it expires, it is automatically renewed from year to year unless terminated by the Insurer or by the Policyholder under the conditions specified in the Schedule.

2.3.2 / Cessation of benefits

Your coverage comes to an end:

- on the day on which you no longer belong to the insurable group insofar as you no longer meet the conditions of membership (see definition of Insured member),
- in the event of non-payment of the premiums by the Policyholder,
- on the date of termination of the contract between the Policyholder and us,
- at the end of the year during which you reach the age of 65.

Once the plan has been terminated or suspended, it will cease to apply to Insured members.

2.3.3 / What are the restrictions in cases of force majeure or other similar events?

Under no circumstances can we replace local organizations in an emergency.

We cannot be held responsible for failures or delays in the fulfillment of services resulting from cases of force majeure or events such as:

- **civil or foreign war, manifest political instability, civil unrest, riots, acts of terrorism and reprisals,**
- **recommendations from WHO or national or international authorities or restrictions on the free movement of persons and goods, irrespective of the cause but in particular for reasons of health, safety, weather or restrictions or bans on air traffic,**
- **strikes, explosions, natural disasters, nuclear disintegration or radiation from a source of radioactive energy,**
- **delays in and/or impossibility of obtaining administrative documents such as exit and entry visas, passports, etc. required for travel within or outside the country where you are located or on arrival in the country, as recommended by our doctors, for hospitalization,**
- **the use of local public services or those of any service provider which we are obliged to use under local and/or international regulations,**
- **lack or unavailability of the appropriate technical and human means to enable travel (including denial of service).**

2.3.4 / Exceptional circumstances

Passenger transportation operators (including airlines) may place restrictions on persons suffering from certain medical conditions or women who are pregnant. These restrictions apply until the journey begins and are subject to change without notice (for airlines: medical examination, medical certificate, etc.).

Consequently, the repatriation of these persons can only be carried out if the operator does not deny them travel and, of course, in the absence of an unfavorable medical opinion (as specified in and in accordance with the terms set out in chapter 2.2.1. "transportation/repatriation") with respect to the health of the Insured or an unborn child.

2.3.5 / What are the general exclusions applicable to the plan?

The general exclusions under the plan are the exclusions common to all the assistance services and insurance coverage described in these General Provisions.

The following are excluded:

- **civil or foreign war, riots and civil unrest,**
- **the consequences of attacks or acts of terrorism directly or indirectly using any weapon or any substance, whether radioactive or chemical or of a bacteriological or viral origin,**
- **a trip to or stay in a region or a country to which travel has been formally discouraged under any circumstances by the French Ministry of Foreign Affairs. For persons already present in the region on the date on which this zone is included in the list of this Ministry, the exclusion does not apply until the 14th**

- day following its inclusion,
- voluntary participation by an Insured member in riots or strikes, brawls or unlawful acts,
 - the consequences of nuclear disintegration or radiation from a source of radioactive energy,
 - unless otherwise stated in the plan (in respect of “early return in the event of a natural disaster”), earthquakes, volcanic eruptions, tidal waves, floods or natural cataclysms except under the provisions arising from the French legislative Act No 82-600 of July 13, 1982 regarding the compensation of victims of natural disasters (in respect of insurance coverage),
 - the consequences of the use of medication, drugs, narcotics and similar products which are not medically prescribed, and alcohol abuse,
 - any intentional act on your part which may give rise to a claim under the plan.

2.3.6 / What is the procedure for assessing material damage covered by the insurance?

If the damage cannot be determined by mutual agreement, it is evaluated by means of a mandatory, jointly-agreed expert assessment, subject to our respective rights.

Each of us appoints an expert. If these experts do not agree, they appoint a third expert: the three experts work together and rule by majority vote.

If one of us fails to appoint an expert or if the two experts are unable to agree on the selection of a third expert, the appointment will be made by the President of the Tribunal de Grande Instance under whose jurisdiction the Loss occurred. This appointment is made by written request signed by at least one of us, with the other party being summoned by registered letter.

Each party pays the fees and expenses of its own expert and half of the fees of the third expert, if appointed.

2.3.7 / Insurance coverage: when will you receive your compensation?

In respect of insurance coverage, payment will be made within 5 days of an agreement being made between us or of the enforceable court decision.

2.3.8 / Subrogation

Having incurred costs in respect of our insurance coverage and/or assistance services, other than payments made under “personal travel accidents”, if this coverage has been purchased, we are subrogated to the rights and actions which you may have or take against the third parties liable for the Loss as specified under article L121-12 of the French Insurance Code.

Our subrogation is limited to the amount of the costs we incurred in fulfillment of this plan.

2.3.9 / What are the limitation periods?

In accordance with the provisions of article L114-1 of the French Insurance Code:

“All legal actions arising from an insurance contract are barred two years from the event that gave rise to them. However, this time limit runs:

1. In the event of non-disclosure, omission, fraudulent representation or misrepresentation of the risk incurred, only from the day on which the insurer became aware of it;
2. In the event of a loss, only from the day on which the relevant parties became aware of it, if they can prove they were unaware of such facts until then.

If the action taken by the insured against the insurer arises from a claim made by a third party, the limitation period shall run only from the day on which this third party brings a legal action against the insured or has received compensation from him or her.”

In accordance with article L114-2 of the French Insurance Code:

“The limitation period is interrupted by one of the ordinary causes of interruption and by the appointment of experts following an insured loss. The interruption of the limitation period may also be initiated by the dispatch of a registered letter with proof of delivery from the insurer to the insured regarding action for payment of the

premium and by the insured to the insurer regarding payment of the compensation.”

The ordinary causes of interruption of the limitation period are described under articles 2240 to 2246 of the French Civil Code: the acknowledgement by the debtor of the right of the party against whom they were prescribing (article 2240 of the French Civil Code), a legal claim (articles 2241 to 2243 of the French Civil Code) or an act of enforcement (article 2244 to 2246 of the French Civil Code).

In accordance with article L114-3 of the French Insurance Code:

“Notwithstanding article 2254 of the French Civil Code, the parties to the insurance contract cannot, even by mutual agreement, modify the duration of the limitation period, nor add to the motives for its suspension or interruption.”

2.3.10 / Complaints

EUROP ASSISTANCE’s address for service is the address of its registered office.

In the event of a complaint or dispute, you can write to their Customer Feedback department at: Europ Assistance, Service “Remontée Clients”, 1 Promenade de la Bonnette, 92633 Gennevilliers Cedex, France.

If the time required to handle the complaint or dispute is to exceed ten working days, you will be sent an acknowledgement within that period. A written response to the complaint will be sent within a maximum period of two months from the date of receipt of the initial complaint.

2.3.11 / Supervisory authority

The supervisory authority is the *Autorité de Contrôle Prudenciel et de Résolution* – A.C.P.R. (French Prudential Supervision and Resolution Authority) – 61, rue Taitbout – 75436 Paris Cedex 09 – France.

2.3.12 / Data protection and freedom of information

All the information collected by EUROP ASSISTANCE FRANCE, 1 Promenade de la Bonnette, 92633 Gennevilliers Cedex, France during the process of application for one of its services and/or during the provision of the services is required for the fulfillment of our obligations to you. If you do not respond to the request for information, EUROP ASSISTANCE FRANCE will be unable to provide you with the service you wish to purchase.

This information is reserved solely for the EUROP ASSISTANCE FRANCE departments in charge of your insurance plan and may be passed on, for the sole purpose of fulfillment of service, to service providers or partners of EUROP ASSISTANCE FRANCE.

EUROP ASSISTANCE FRANCE also has the option of using your personal data for the purposes of quality control or statistical analysis.

EUROP ASSISTANCE FRANCE may pass on some of your data to the partners providing these assistance services or insurance coverage.

You have the right to access, amend, rectify and remove information concerning you by writing to the Customer Feedback department: EUROP ASSISTANCE FRANCE, Service “Remontée Clients”, 1, Promenade de la Bonnette, 92633 Gennevilliers Cedex, France.

If, for the purposes of fulfilling the requested service, information about you is transferred outside the European Union, EUROP ASSISTANCE FRANCE will take contractual measures with the recipients to ensure this transfer is secure.

Moreover, Insured members are informed that telephone conversations with EUROP ASSISTANCE FRANCE may be recorded for the purposes of quality control and staff training. These recordings will be kept for a period of two months. Insured members may object to this by informing the agent handling the call.

Prior approval procedure for the “Advance of hospital charges” service with assistance

/ BENEFICIARY

Any member enrolled in this plan

/ THE ADMINISTRATOR:

MSH INTERNATIONAL

ASFE Prise en charge

ASFE Gestion

23, allées de l'Europe
92587 CLICHY Cedex - France
Tel: +33 (0)1 44 20 48 07
Fax: +33 (0)1 44 20 48 79
Email: admineurope@asfe-expat.com

/ THE ASSISTANCE PROVIDER:

EUROP ASSISTANCE

1 promenade de la Bonnette
92633 GENNEVILLIERS
Tel: +33 (0)1 41 85 84 46
Fax: +33 (0)1 41 85 85 71

OPERATING PROCEDURE BETWEEN THE PARTIES:

① THE BENEFICIARY

The Beneficiary contacts EUROP ASSISTANCE on + 33 1 41 85 87 45 or 1 800 327 913 (from Australia) to request prior approval for the advance of hospital charges (at least one night in hospital). They should provide the full name of and contact details for the care facility and, if possible, their admission date.

② EUROP ASSISTANCE

For all requests for the advance of hospital charges combined with assistance, EUROP ASSISTANCE will email the completed prior approval form to the ASFE at: admineurope@asfe-expat.com or by fax to +33 (0) 1 44 20 48 79.

Requests for prior approval are valid for 10 days. When this 10-day period has expired, a new request for prior approval must be submitted.

A new agreement must also be obtained if the Beneficiary is transferred to a different medical department or hospital or if any changes are made to their diagnosis.

③ MSH INTERNATIONAL / ASFE Prise en charge

On receipt of this information, MSH INTERNATIONAL / ASFE PEC send their agreement and the amount of coverage being granted to EUROP ASSISTANCE by faxing the completed request for prior approval to 01 41 85 85 71.

This agreement is only valid for 10 days and must be renewed once this 10-day period has expired.

In cases where agreement from MSH INTERNATIONAL / ASFE Prise en charge cannot be sought given the urgency of the request, MSH INTERNATIONAL / ASFE Prise en charge will authorize EUROP ASSISTANCE to make the necessary advances in their name and on their behalf, subject to subsequent checks on the applicant's entitlement to the service.

④ EUROP ASSISTANCE

EUROP ASSISTANCE may then settle the medical bill within the limits of the benefits set by MSH INTERNATIONAL / ASFE Prise en charge.

Medical bills settled by EUROP ASSISTANCE are re-invoiced and sent to MSH INTERNATIONAL / ASFE Prise en charge as follows:

- **one bill per file,**
- **original medical bills enclosed marked "payé/paid" without the EUROP ASSISTANCE stamp.**

⑤ REIMBURSEMENT PROCEDURES FOR THE ADVANCE OF HOSPITAL CHARGES

MSH INTERNATIONAL / ASFE Prise en charge agree to reimburse advances of hospital charges made in their name and on their behalf to EUROP ASSISTANCE within one month, on receipt of the corresponding invoice. The exchange rate used for the billing of medical expenses will be the one in force on the day on which payment is made to the hospital.

ANNEXE 2

// BENEFIT SCHEDULE

ASSISTANCE SERVICES	Maximum amounts per person (including taxes) for the entire duration of the plan
PERSONAL ASSISTANCE IN THE EVENT OF ILLNESS OR INJURY	
Medical information and emergency recommendations (hospitals, clinics, etc.)	Information
Medical liaison	Liaising with the local doctor
Transportation/repatriation	Actual costs
Extension of stay of the Insured member or an insured companion	Hotel €150/night (max €1,500)
Return of an insured companion	Return ticket
OU Hospital visit	Round-trip ticket + €150/night (max €1,500)
Accompanying children under the age of 18	Round-trip ticket
- Organization and coverage of the trip for a family member or a hoste	Hotel €150/night (max 2 nights)
- Accommodation	Return ticket
Return to the place of residence (within two months of repatriation)	
Early return in the event of Hospitalization of a family member	Round-trip ticket (max 1 per year /insured member)
Second medical opinion	Assistance with organization
Psychological support	
- Accident, Assault or attempted assault or death of a family member, Attack or Natural disaster	3 telephone conversations
- Assault on the Insured causing bodily injuries	Consultations €1,500
- Death of the Insured: consultations for dependents or companions	Consultations €3,000/event
Assistance on returning home following repatriation (France only)	
- Childcare	Round-trip tickets
- Home help	10 hours
- Care of pets (dogs/cats)	Transportation + boarding €155
- Hospital comforts: television rental	€80
Advance of hospital charges	Within the limits of the healthcare plan provided by the ASFE
ASSISTANCE IN THE EVENT OF DEATH	
Transportation of the body	Actual costs
Cost of a coffin or urn	€2,000
Identification of the body and death formalities	2 round-trip tickets and hotel €150/night/person (max 2 nights)
Early return in the event of a family member's death	Round-trip ticket
Return of an insured companion	Return ticket
TRAVEL ASSISTANCE	
Advance of bail Abroad	€15,000
Advance and coverage of legal fees Abroad	€3,000
Early return in the event of loss or damage to your Place of residence	Return ticket
Early return or transportation to a secure zone in the event of an Attack	Return ticket or round-trip ticket to/from a secure zone

Early return or transportation to a secure zone in the event of a Natural Disaster	Return ticket Return ticket or round-trip ticket to/from a secure zone
Transmission of urgent messages	Delivery charges
Delivery of medication	Delivery charges
Assistance in the event of the theft, loss or destruction of identity documents or means of payment:	
- Information on formalities	Information
- Advance of funds	€2,300
- Accommodation	€150/night (max €1,500)
Health and travel information	Information
Assistance with unplanned changes to travel plans	Organization
Mountain, sea and desert search and rescue costs	€15,000
Access to "123 Classez", the Europ Assistance data vaulting service	Included
Aggregate limit on assistance services in the event of attacks or acts of terrorism.	€700,000/event/for all Insured members

INSURANCE COVERAGE	Maximum amounts per person (including taxes) for the entire duration of the plan
LUGGAGE AND PERSONAL EFFECTS	
Theft or total or partial destruction or loss during transportation by a car	€2,000
- Limits for certain items (see General Provisions)	50% of the benefit amount
- <i>Deductible for damage to suitcases</i>	€25 per claim
- <i>Deductible applicable to laptop computers</i>	10%
Compensation for delays in delivery of luggage	Fixed amount of €300
Cost of replacing identity documents only in case of theft	€150
PERSONAL TRAVEL ACCIDENT	
Death lump sum	€10,000
Permanent total disability	€50,000
Maximum insured amount per Cumulative event	€15,000,000
PERSONAL THIRD-PARTY LIABILITY AND INTERNSHIPS ABROAD	
Aggregate limit on benefits	€4,000,000 (per event)
Including bodily injuries and financial loss resulting from insured bodily injuries	€4,000,000 (per event)
Including material damage and financial loss resulting from insured material damage	€450,000 (per event)
Damage caused to property provided during an internship	€12,000 (per event)
<i>Deductible</i>	€80 (per event)
TENANT'S LIABILITY ABROAD	
Aggregate limit on benefits	€100,000 (per event)
<i>Deductible</i>	€80 (per event)
TRAVEL INCIDENTS	
Flight delay leading to a missed connection, for technical reasons or due to weather conditions	Payment of a fixed amount of €300