



General Conditions 2010

Visit'Assur

[Insurance solutions] for **short-term impatriates** in France



*Personal insurance
for short-term impatriates
in France up to age 79*

General Conditions

Booklet - To be retained by the insured

For further information about your policy, APRIL Mobilité's customer service team is available
Monday to Thursday from 8.30 to 18.00 (8.30 to 17.30 on Friday) - Paris time.
Tel: +33 (0)1 73 02 93 93 - Fax: +33 (0)1 73 02 93 90 - E-mail: info@aprilmobilite.com

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Notes

The original version of this document is in French. In the event of a dispute, the French version shall prevail over any translation into other languages.

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1. Services available under your policy

1.1 Direct payment of hospital fees for stays of more than 24 hours

This service is subject to an assessment by the APRIL Mobilité Medical Examiner following a review of the *Confidential Medical Certificate* (see page 6).

To request Direct payment of hospital fees for stays of more than 24 hours:

- Call + 33 (0)1 73 02 93 99.

1.2 Repatriation assistance

To request repatriation assistance:

In order to benefit from repatriation assistance (see page 7), *You* must obtain prior approval from APRIL Mobilité Assistance. To request assistance, *You* can contact us :

- **By making a reverse charge call to France**
on +33 (0)1 55 92 23 09,
- **By fax** on +33 (0)1 55 92 40 50.

1.3 Online services

At www.aprilmobilité.com (using the “particulier” link), *You* can access your extranet service using a secure access code and password.

If *You* are Insured, *You* can view:

- your reimbursement advice notes, details of cover and current general conditions,
- your personal and bank details.

***You* can download the forms *You* will need to use the services or make a Claim** (see pages 6 and 7):

- *Confidential Medical Certificate* (to be completed by your doctor in the event of *Hospitalisation*),
- *Request for prior agreement* (to be completed by your doctor if prescribing treatment to be delivered by medical auxiliaries),
- Claim for reimbursement (to be enclosed with your medical bills and prescriptions).

If *You* are the Policyholder, *You* can:

- view your personal details and those of your insurance consultant,
- view your payment method.

1.4 Where to send your claims for reimbursement

Send your claims for reimbursement (enclosing your original bills and prescriptions) to:

APRIL Mobilité

Service Adhésions Remboursements
110, avenue de la République
CS 51108
75127 Paris Cedex 11, FRANCE
Telephone: +33 (0)1 73 02 93 93

2. Definitions

Each term defined below, when written in italics and spelled with a capital letter, has the following meaning:

2.1 Definitions which apply specifically to repatriation assistance cover

Family member: your parents, sister, brother, child or legal guardian who reside in your *Home Country*.

Friend: any individual designated by *You* or by one of your beneficiaries living in your *Home Country*.

Medical authority: person holding a medical or surgical diploma which is valid in your country of residence.

Medical team: structure adapted to each individual case and defined by APRIL Mobilité Assistance's liaison doctor.

Personal accident: any sudden, unexpected and violent event from an external source not intended by the victim and resulting in grievous bodily harm.

Stabilisation: stabilisation of the state of health of a victim of an *Accident* or person suffering from an *Illness*.

Territorial limits: cover applies in France and in the French Overseas Departments and Regions. Cover also applies to the Schengen countries, Andorra, Switzerland and Monaco for a period of not more than 30 days between two stays in France and in the French Overseas Departments and Regions and during visits to your *Home country* of not more than 30 days.

You: any person who is not a citizen of France or the French Overseas Countries and Territories, under the age of 80, travelling to France or to the French Overseas Departments and Regions (excluding the *Home country*), for a maximum of three months, for the purpose of tourism, studies, internships, in a professional or private capacity.

2.2 Definitions which apply to all cover under the policy

Accident: any physical injury not intended by the victim, which is the result of a sudden action with an external cause. Pursuant to Article L.1315 of the French Civil Code, *You* are responsible for providing proof of the *Accident* and of the direct cause-and-effect relationship between the *Accident* and the costs incurred.

Actual costs: all medical expenses charged to *You*.

Cancellation: final and early cancellation of the contract.

Claim: event, *Illness* or *Accident* which gives rise to compensation when the policy is in effect.

Confidential Medical Certificate: medical questionnaire supplied by APRIL Mobilité and completed by a doctor who has carried out an examination of your state of health.

Country of destination: your main country of residence during your stay abroad.

Direct payment of hospital fees: If *You* are hospitalised for more than 24 hours, *You* may be eligible for direct payment of your hospital fees with no upfront payment, subject to the review of your *Confidential Medical Certificate*, by calling the emergency contact number mentioned in paragraph 1.1.

Excess: sum for which *You* are responsible in the settlement of a *Claim*.

Exclusions: that which is not covered by the insurance policy. All policies include *Exclusions* from cover.

French Social security reimbursement rate: reimbursement basis used by the French Social security scheme for procedures or prescriptions performed or issued by health professionals. Where generic medicines exist, the reimbursement basis shall be the flat rate corresponding to the price of a generic medicine.

Home country: the country shown on your Application form or, in the

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absence of the Application form, the country shown on the passport or on any other official identity document under the heading "nationality".

Hospitalisation: stay (with or without surgery) of more than 24 hours in a public or private hospital during which a bed has been allocated to *You*.

Illness: any sudden and unforeseen alteration of your state of health confirmed by a qualified *Medical Authority*.

Insured: see definition of « *You* ».

Period of cover: period beginning on the *Start date* and ending on the end date of the policy in accordance with the dates shown on the *Policyholder certificate*.

Policyholder: person who subscribes to the policy and pays the *Premium*.

Policyholder certificate: document issued to the *Policyholder* by APRIL Mobilité confirming his or her cover under the Visit'Assur plan and specifically mentioning the *Start date* of cover, the benefits and options selected. The *Policyholder certificate* reflects the special conditions of the policy.

Premium: sum paid by the *Policyholder* in exchange for the cover granted by the insurer.

Prior agreement: certain medical treatments and procedures require the prior agreement of APRIL Mobilité's Medical Examiner. The practitioner prescribing these treatments or procedures must provide *You* with a *Request for prior agreement* and an itemised breakdown of costs.

Reported accident: an *Accident* recorded by a competent authority (police force, fire fighters, medical authority, etc.) and where a certificate has been obtained specifying the circumstances, type of injury and date of the *Accident*.

Request for prior agreement: form completed by a competent medical authority allowing the patient to obtain prior agreement from APRIL Mobilité for certain procedures or treatments.

Start date: date from which cover under the policy takes effect. It is shown on the *Policyholder certificate*.

Waiting period: period defined under the policy during which no claims will be paid. The *Waiting period* begins on the *Start date* specified on the *Policyholder certificate*.

You: an individual accepted by the insurer and to whom cover under this policy applies.

3. Benefits and territoriality

3.1 What is covered by your policy?

The insurance guarantees *You* the following cover:

- reimbursement of medical expenses;
- repatriation assistance.

3.2 Where are you covered?

Cover is acquired in France and the French Overseas Departments and Regions.

Cover is extended to the Schengen countries, Andorra, Switzerland, and Monaco for a period of not more than 30 days between two stays in France or the French Overseas Departments and Regions and during visits to your *Home country* of not more than 30 days.

Member countries of the Schengen Agreement as of 01/11/2009: Austria, Belgium, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxemburg, Malta, the Netherlands, Norway, Poland, Portugal, The Czech Republic, Slovakia, Slovenia, Spain and Sweden.

4. Who is covered by the policy?

To be eligible for insurance, *You* must:

- travel to Metropolitan France or the French Overseas Departments and Regions (outside your *Home Country*) for the purposes of tourism, study or internships in a business or private capacity for a minimum duration of 1 month and a maximum of 3 months;
- be under the age of 80, on the *Start date* of the policy;
- have completed and signed the Application form;
- have completed and signed the simplified health questionnaire a maximum of six months before the desired *Start date*.

Cover is subject to medical approval by APRIL Mobilité who reserves the right to request additional medical information based on the responses given in the simplified health questionnaire.

Cover is formalised by the issuing of a *Policyholder certificate* stating the value of the cover and the *Start date*.

5. Start date, duration and cancellation of the policy

5.1 When does your policy take effect?

On the date shown on the *Policyholder certificate* and no earlier than the day after APRIL Mobilité receives the completed application (including the Application form and the simplified health questionnaire, both completed and signed) subject to the suspensive condition of payment of the whole *Premium* due and to acceptance by APRIL Mobilité in the form of an issued *Policyholder certificate* summarising the selected cover and the amounts insured for each risk covered.

The insurer shall be responsible only for expenses incurred as a result of treatment prescribed on or after the *Start date* of cover.

Any treatment or procedures prescribed before the *Start date* of cover or during the *Waiting periods* are excluded from cover and will not be reimbursed.

The cover takes effect for each of the Insured on the Start date of the policy subject to the application of the following Waiting periods for medical expenses cover:

- None in the event of an *Accident*;
- Otherwise :
 - a) 15 days for *Hospitalisation*,
 - b) 8 days in other cases.

5.2 Duration of cover

Cover is acquired for a minimum period of one month and a maximum period of three months. The duration of cover under the policy is shown on the *Policyholder certificate*.

The policy cannot be renewed.

5.3 Your cover comes to an end

- a) if the *Premium* is not paid;
- b) if the agreement is cancelled by the insurer at the annual renewal date (in which case, APRIL Mobilité will inform the *Policyholder*);

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- c) once *You* cease to meet the eligibility requirements outlined in paragraph 4;
- d) on the day of final return to the *Home country*, and at the latest, on the last day stated on the *Policyholder certificate*.

In the event of *Cancellation* by the insurer in the circumstances described in paragraph b) above, the insurer agrees to maintain, at the *Policyholder's* request and within the limits of the initial cover, medical expenses cover equal to that in place on the date of *Cancellation* until the last day shown on your *Policyholder certificate* in return for payment of a *Premium* indicated by the insurer.

Penalties for false declarations

Whether in respect of declarations made at the time of application or those made during the life of the policy, any intentional concealment or false declaration and any omission from or misrepresentation of the risk, will, depending on the circumstances, invoke the application of articles L.113-8 and L.113-9 of the French Insurance Code.

In addition, any omission, concealment, false declaration, intentional or not, in making a *Claim*, failure to declare other concurrent insurance cover, the submission of inaccurate supporting documentation or the use of any fraudulent means puts *You* at risk of withdrawal of cover and the *Cancellation* of cover.

5.4 How to cancel your policy

Signing the Application form does not constitute a binding agreement for the *Policyholder*.

If the *Policyholder* signed the insurance contract as a result of door-to-door canvassing:

The following provisions under article L112-9-I of the French Insurance Code apply: "Any person who is canvassed at his or her home or residence or place of work, even if this visit was at his or her own request, and who signs an insurance proposal or contract for a purpose which is not related to his or her commercial or professional activity, may cancel this agreement by sending a letter by recorded delivery with proof of receipt during a period of 14 days from the day of signature of the agreement without requiring to specify the reason for the cancellation or being subject to penalties. (...) As soon as he or she becomes aware of any circumstances which give rise to a claim under the policy, the policyholder loses this right to cancel."

Cover ceases on the date of receipt of the letter of cancellation and APRIL Mobilité will refund to the *Policyholder* any *Premium* already paid with the exception of the *Premium* corresponding to the period of cover already passed.

If the *Policyholder* has entered into a distance contract:

The *Policyholder* may cancel the contract within 14 days of receipt of the *Policyholder certificate*. The cancellation is backdated so that the policy is considered never to have existed. The insurer will refund to the *Policyholder* within 30 days any monies paid. However, the insurer will retain the entire *Premium* if the *Policyholder* cancels the policy when a *Claim* has arisen during the period of consideration.

In both cases, in order to exercise this right to cancel:

The *Policyholder* should send a letter by recorded delivery with proof of receipt to: APRIL Mobilité - Service Suivi Client - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE.

The *Policyholder* may word this letter as follows:

« I, the undersigned (first name, surname, address)
wish to cancel my Visit'Assur policy number
which I took out on
Signed at on

Signature.....»

5.5 Difficulty in obtaining a visa?

Should *You* have difficulty obtaining a visa, *You* can change the *Start date*, suspend or cancel the policy before its *Start date*.

To change the *Start date*: *You* must send us a request in writing accompanied by the *Policyholder certificate* which was issued, detailing the new dates of cover.

To suspend the policy: send us a written request, before the *Start date*, enclosing the *Policyholder certificate* which was issued. Suspending the policy allows you to change the *Start date* over a period of maximum of six months from the date of issue of the policy.

To cancel the policy before the *Start date*: *You* should make your request in writing (by recorded delivery) before the *Start date*, enclosing your *Policyholder certificate*.

To cancel the policy after the *Start date*: due to the rejection of your visa application: *You* should make your request in writing (by recorded delivery), enclosing your *Policyholder certificate* and proof of unsuccessful visa application.

There is a € 35 charge for all policies cancelled before or after the *Start date* of cover.

6. Premiums

6.1 How is your *Premium* calculated?

The *Premium* may be increased from 1st January of each year depending on the *Claims* history of the policy.

The *Premium* is determined by the age group and the duration of cover selected.

The age used in the calculation of your *Premium* is your age on the *Start date* of the policy. Any taxes payable by *You* are included in the *Premium*. Any change to the rate of these taxes will therefore affect the amount of your *Premium*.

6.2 Payment methods

Premiums are payable in advance in euros.

If payment cannot be made in euros, the *Policyholder* must make a bank transfer to the account indicated by APRIL Mobilité. Bank charges for this transfer will be paid by the *Policyholder*.

6.3 What happens if the *Premium* is not paid?

If the *Premium* remains unpaid 10 days after its due date, APRIL Mobilité will serve formal notice with suspension of cover 30 days later. The policy will be cancelled 10 days after the expiry of this 30-day period. Legal action may be taken to secure payment of any unpaid *Premiums*. Once formal notice has been served, the *Premium* due for the entire period is immediately payable under the French Insurance Code. If the amount stated on the letter of formal notice is paid after suspension of the policy but before *Cancellation*, the policy will be revived at noon on the day after the *Premium* is paid.

No expenses incurred during the period of suspension of cover will be reimbursed under the policy, even once the *Premium* has been paid.

No refund of *Premium* will be made if the trip is cut short.

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7. What is covered and how to access the services

7.1 Medical expenses

7.1.1 Type and level of reimbursements

Reimbursement is guaranteed for all medical expenses for treatments listed in the benefits schedule prescribed by a qualified *Medical Authority* and which would be covered by French Social security. For treatment dispensed in France, the conditions required for cover to take effect are those defined in the general schedule of professional procedures of French Social security or the common classification of medical procedures or by any other similar body.

Costs are reimbursed following **the deduction of € 30 per item** (excluding *Hospitalisation*, dental care and dentures and eye care following a *Reported accident*) within the limits of *Actual costs* incurred, up to the ceiling shown on the benefits schedule and within the upper limits defined under the policy.

The maximum reimbursement made by the insurer under medical expenses cover is € 30,000 per Period of cover per Insured less any Compensation or benefit of the same type from Social Security or any other public or private organisation in France or abroad.

In the event of *Hospitalisation* in the Schengen zone (excluding France), Andorra, Switzerland, Monaco or in your *Home country*, the maximum daily reimbursement is € 550. Physiotherapy will only be reimbursed following surgery and a *Reported accident* and with *Prior agreement*.

The cost of stays in rest homes, approved by the French Social security scheme after surgery, is covered if the stay begins within 30 days following the covered *Hospitalisation* (subject to *Prior agreement*).

7.1.2 How to request *Direct payment of hospital fees* in the event of *Hospitalisation* of more than 24 hours

APRIL Mobilité will make a *Direct payment of your hospital fees* to the hospital where *You* are being treated if *You* are admitted for more than 24 hours. APRIL Mobilité will liaise directly with the hospital.

This service is subject to an assessment by APRIL Mobilité's Medical Examiner.

You must therefore provide a Confidential Medical Certificate form completed by your doctor. To obtain this form, or for any other information prior to your admission to hospital, You can:

- dial +33 (0)1 73 02 93 99,
- send an e-mail to hospitalisation@aprilmobilite.com.

To help us process your application:

- for scheduled *Hospitalisation*, please provide APRIL Mobilité with the medical documents mentioned above at least 5 days before your admission to hospital. This allows us to arrange for direct payment of your costs should your request be approved;
- for emergency *Hospitalisation*, please contact APRIL Mobilité as soon as possible. We will then send *You* a *Confidential Medical Certificate* form for your doctor to complete. This certificate is essential to the assessment of your application.

7.1.3 How to claim reimbursement of costs

To claim the reimbursement of your *Hospitalisation* costs (if *You* have not used the *Direct payment service for hospital fees* outlined in paragraph 7.1.2), *You* should:

Medical expenses benefits schedule:

The maximum amount of medical expenses is € 30,000 per Period of cover. Cover applies in the event of *Illness* or *Accident*.

<i>Hospitalisation</i> without surgery or for surgery	from the 1 st euro, up to 100 % of the <i>French Social Security</i> reimbursement rate
<i>Direct payment of hospital fees</i> during <i>Hospitalisation</i> for more than 24 hours	provided on request 24 hours a day, if prior agreement has been obtained
Consultations, visits, procedures carried out by GP's or specialists	from the 1 st euro, up to 100 % of the <i>French Social Security</i> reimbursement rate Excess: € 30 per medical care
Diagnostic tests, laboratory tests, x-rays, drugs and nursing*	
Physiotherapy (following a <i>Reported accident</i> and surgery covered by the policy)*	
Dental treatment (following a <i>Reported accident</i>)	100% of <i>Actual costs</i> , up to € 150 per year
Dentures (following a <i>Reported accident</i>)	100% of <i>Actual costs</i> , up to € 300 per year
Eye care: lenses and frames or contact lenses (following a <i>Reported accident</i>)	100% of <i>Actual costs</i> , up to € 150 per year

* Subject to *Prior agreement* if more than 20 sessions are prescribed per *Period of cover*.

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→ ask your doctor to complete the *Confidential Medical Certificate* showing the dates and nature of the complaint and the date of the first symptoms or the circumstances of the *Accident* including an *Accident* report.

→ send the certificate along with the hospital report to APRIL Mobilité's Medical Examiner:

- by fax: + 33 (0)1 73 02 93 90
- by email: hospitalisation@aprilmobilite.com
- by post: 110 avenue de la République, CS 51108, 75127 Paris Cedex 11, FRANCE.

The « *Confidential Medical Certificate* » form is available on the extranet at www.aprilmobilite.com or by calling +33 (0) 1 73 02 93 93.

Documentation to be provided if You are prescribed a course of treatment (physiotherapy following a Reported Accident and surgery covered under the policy and nursing care):

If You are prescribed more than 20 sessions per *Period of cover*: Before commencing any treatment, You must obtain *Prior agreement* from APRIL Mobilité's Medical Examiner. You should ask your doctor to fill in the **Request for prior agreement** which is available on the extranet at www.aprilmobilite.com or by calling +33 (0) 1 73 02 93 93.

Documentation to be provided (including for Hospitalisation):

Please complete the **reimbursement claim form** available on the extranet at www.aprilmobilite.com or by calling +33 (0) 1 73 02 93 93 and send it to APRIL Mobilité no later than 3 months following the date of treatment. You should also send us the following documents:

- original copies of medical bills, fees and prescriptions, paid and dated, proof of payment, medical prescriptions mentioning the surname, first name and date of birth of the patient, the type of *Illness*, and the nature and date of visits and treatments received. Prescriptions must clearly show the name and price of the drugs, and indicate the local currency;
- if treatment was dispensed in France, You should enclose the medical expenses claim form, prescriptions and pharmacy price labels as well as documentation of any medical expenses reimbursed by the French Social security or any other insurance providers. These documents must show your reference number;
- for reimbursement of dental care, optical costs and physiotherapy, You must attach proof that the treatment was given as a direct consequence of a *Reported accident*, as defined on page 3;
- for treatment or procedures requiring *Prior agreement*, a copy of APRIL Mobilité's agreement.

The insurer reserves the right to require any other proof deemed necessary.

In the event of a dispute over the amount of the settlement, You must notify APRIL Mobilité to this effect within three months of the date on the reimbursement advice note. No claim will be accepted after this date.

Payment methods:

You can be reimbursed:

- by cheque in euros sent to the address of your choice. You will have no bank charges to pay;
- by bank transfer to a bank account in France. You will have no bank charges to pay. In this case, please send us details of your bank account;
- by bank transfer to a foreign account in any country and in any currency

(international bank details are required including the IBAN number, SWIFT code, your bank's address, routing number or sort code and an ABA routing number for the US). Please specify your choice of currency. You will pay bank charges on any payment over € 75. The bank charges will be deducted from the reimbursed amount.

- reimbursements can be sent to a third party by making the request in writing to APRIL Mobilité showing the surname, first names, postal address and bank details of the beneficiary.

Reimbursements will only be made if the above procedures are followed.

Double insurance:

Reimbursements received from any National Health Service scheme, from the insurer and from any other organisation, public or private, cannot be higher than the amount of expenses actually incurred. Double insurance operates within the limits of each type of cover, regardless of the date of application.

Within these limits, You can claim reimbursement by applying to the provider of your choice.

YOU RISK THE CANCELLATION OF THE POLICY IF YOU DO NOT DECLARE ANY DOUBLE INSURANCE ARRANGEMENTS. THIS OBLIGATION REMAINS IN FORCE DURING THE ENTIRE PERIOD OF COVER.

The limit of reimbursement of Actual costs incurred is determined by the insurer for each service or treatment covered.

7.2 Repatriation assistance

7.2.1 Conditions for the implementation of cover

How to benefit from repatriation assistance

In the event of *Illness* or serious *Accident*, You must obtain **prior agreement from APRIL Mobilité Assistance:**

- by calling France on +33 (0)1 55 92 23 09,
- or by fax +33 (0)1 55 92 40 50.

APRIL Mobilité Assistance will intervene only after first aid has been given on the orders of a competent Medical authority.

After the initial call, the *Medical team* contacts the on-site doctor in order to take the action best suited to the condition of the sick or injured person.

If You or the persons accompanying You should take any of the actions listed below, this will only give rise to reimbursement if APRIL Mobilité Assistance have been notified and have given their express agreement by providing a reference number. In this case, costs will be reimbursed based on valid receipts, up to the amount that APRIL Mobilité Assistance would have spent if they had organised the service themselves.

APRIL Mobilité Assistance will not be held liable for any professional or commercial damage suffered by You following an incident requiring the intervention of assistance services. APRIL Mobilité Assistance does not replace local or national emergency or search and rescue agencies and shall not cover the costs of intervention by the same, unless contractual stipulations state otherwise.

APRIL Mobilité Assistance agrees to take all actions at its disposal to fulfil the cover stated herein. However, it is understood that the obligation

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of APRIL Mobilité Assistance is dependent on the provision of means, not results, considering the context in which the cover is implemented.

7.2.2 Medical transport, repatriation for health reasons

In the event of *Accident* or *Illness*, the APRIL Mobilité Assistance doctors will contact the on-site doctors and take the decisions best suited to your condition, based on the information gathered and medical requirements. If the APRIL Mobilité Assistance *Medical team* recommends that *You* are repatriated, this team will organise and carry this out, based on the medical requirements they deem appropriate.

Repatriation may be to:

- the hospital best suited to the situation,
- or the hospital nearest your home in your *Home country* or in your *Country of destination*,
- or your home in the *Home country* or in your *Country of destination*.

If *You* are hospitalised in a health centre outside the hospital district of your usual place of residence in your *Home country* or in your primary place of residence in your *Country of destination*, APRIL Mobilité Assistance will organise your return after it has been established that your condition is stable, and *You* will be transferred to your home in your *Home Country* or in your *Country of destination*. Repatriation may be carried out by light sanitary vehicle, ambulance, train, scheduled airline, or air ambulance.

The *Medical team* is solely responsible for the final choice of place and date of *Hospitalisation*, your need to be accompanied, and any means or resources to be used.

Any refusal of the solution proposed by the *Medical team* will result in the cancellation of personal assistance cover. APRIL Mobilité Assistance may require that *You* use your own transport ticket, if this can be changed.

7.2.3 Repatriation of body in case of death and provision of coffin

In the event of your death, APRIL Mobilité Assistance will organise and undertake repatriation of the body or ashes of the deceased until burial in the *Home country*. APRIL Mobilité Assistance will cover the costs of post-mortem treatment, casketing and necessary transport arrangements. APRIL Mobilité Assistance will organise and cover the cost of transporting the coffin **up to a limit of € 1,500** (all taxes included). Your family is responsible for the costs of the funeral, ceremony, procession, and burial or incineration. The choice of companies taking part in the repatriation process rests solely with APRIL Mobilité Assistance.

7.2.4 Presence of a *Family member* or *Friend* to accompany the deceased

In the event of your death, and if a *Family member* or *Friend* is required on site to identify your body and organise its repatriation or cremation, APRIL Mobilité Assistance provides him or her with a return economy class airline ticket or first-class railway ticket. **This benefit can only be implemented if *You* were alone on site at the time of your death.**

7.2.5 Limitations on cover

When APRIL Mobilité Assistance organises and pays for repatriation or transport, *You* may be asked to first use your own travel ticket. When APRIL Mobilité Assistance has, at its own cost, arranged your return, *You* must return the unused travel ticket to APRIL Mobilité Assistance.

8. What is not covered by your policy

8.1 Exclusions from medical expenses cover

Apart from the *Exclusions* stated in paragraph 8.3 below, the following are excluded from cover:

- costs that do not give rise to the right to health insurance cover under French Social security;
- all medical and surgical costs not prescribed by a qualified *Medical authority* and which would not be covered by French Social security;
- any cosmetic or anti-aging, weight loss or weight gain treatments, thermal cures and thalassotherapy;
- all sterility and fertility treatments or contraception;
- psychiatric care, psychotherapy, psychoanalysis, treatment for mental *Illness*, depression, nervous disorders (consultations, medication, *Hospitalisation*...);
- alternative or complementary medicine;
- vaccination, dermatology, medical check-ups and consequences of tropical diseases;
- costs that could have been incurred when *You* returned to your *Home country*;
- related costs, such as telephone charges in the event of *Hospitalisation*, or costs deemed excessive, unreasonable or unusual in the country where they were incurred;
- *Hospitalisation* or stays in care centres not approved by the relevant public authorities in the country where the expenses were incurred;
- transportation (ambulance, taxi...) and the daily hospital charge;
- supplies that are not indispensable to the diagnosis or treatment of the *Illness*;
- dental treatment, dentures, optical expenses, and physiotherapy unless following a *Reported accident*;
- non-surgical *Hospitalisation* or a stay in a sanatorium or home if these establishments are not approved by the public authorities;
- medical auxiliary services unless nursing and physiotherapy following a *Reported accident*;
- prostheses (unless dentures following a *Reported accident*);
- stays in rest homes situated in the countryside, at the seaside, in the mountains;
- *Hospitalisation*, for any cause whatsoever, already scheduled at the time of application for insurance or in the 12 months following the *Start date* of the insurance;
- medication or treatment related to smoking cessation;
- treatment requiring *Prior agreement* and for which *Prior agreement* was not obtained.

8.2 Exclusions from repatriation assistance cover

In addition to the *Exclusions* stated in paragraph 8.3 below, cover does not cover costs resulting from the following situations or events (which shall not give rise to compensation of any kind nor to any action on the part of APRIL Mobilité Assistance):

- any action and/or reimbursement relating to medical check-ups or preventative screenings;
- benign ailments or injuries that may be treated on site and which do not prevent *You* from travelling;
- convalescences, ailments currently under treatment and not yet stabilised and/or needing further scheduled care;
- *Illnesses* already existing before departure and involving a risk of deterioration or relapse;
- ailments that have led to *Hospitalisation* in the six months prior to departure;
- possible consequences (follow-up, additional treatments, relapses)

- of an ailment that has led to repatriation;
- fertility treatments;
- pregnancy, childbirth and their consequences involving newborns, termination of pregnancy;
- cosmetic surgery, dermatological treatments, travel for the purpose of diagnosis and/or treatment;
- the results of a failure or inability to receive a vaccination, or the consequences of a vaccination or other treatment needed or mandatory for travel;
- tropical diseases, congenital diseases or deformities;
- the result of a voluntary disregard for regulations in the visited country, or the practice of activities not authorised by local authorities;
- the results of participation in a wager, challenge, duel or crime;
- the results of failing to respect recognised safety rules related to the practice of sports activities;
- the costs of a stay (hotel, taxi, telephone..), except those agreed to in advance with the assistance service;
- the cost of fuel, tolls, or ferries;
- costs not supported by original documents;
- all other costs not stipulated in the agreed cover;
- any action initiated and/or organised at state level by any authority or body whether governmental or non governmental.

Under repatriation assistance the following are not covered and will not give rise to reimbursement:

- medical costs, treatments, stays in rest homes, rehabilitation costs, contraception and fertility treatment costs, the cost of glasses, contact lenses, or cosmetic, dental or acoustic prostheses;
- repeated transport required by your state of health.

Medical exclusions from repatriation assistance cover may be included in medical expenses cover under the policy.

8.3 Exclusions common to all cover

All cover excludes the results and consequences of:

- your intentional or fraudulent acts and/or violations of the law of the country in which *You* are staying;
- voluntary participation in fights, popular movements wherever they may take place and whoever those involved may be, except in legitimate self-defence;
- any sport played as a professional and self-defence or combat sports practised as an amateur;
- civil or foreign war, riots, strikes, acts of terrorism, piracy or sabotage;
- your suicide or attempted suicide, use of non-therapeutic drugs or narcotics, alcoholism or drunkenness (blood alcohol concentration above that stipulated by vehicle traffic laws in force on the day of the loss in the country where the loss occurred);
- the direct or indirect effects of changes in atomic structure, climatic events such as storms or hurricanes, earthquakes, flooding, tsunami or other cataclysms, unless included in compensation for natural disaster;
- *Accidents or Illnesses*, ailments, deformations prior to the *Start date* of cover that are liable to recur or progress, and congenital *Illnesses* or deformations not declared at the time of application;
- sailing or pleasure boating on the high seas;
- the practice of dangerous sports such as: ULM, hang gliding, paragliding, auto racing, motorcycle racing or karting, parachuting, mountain climbing, rock climbing, underwater diving except to a depth of less than 50 metres, spelunking, skeleton, ski jumping, bobsledding, bungee jumping, rafting, canyoning, hot air ballooning, jet skiing, kitesurfing and the following sports practised off piste: downhill skiing, crosscountry skiing, sledding and snowboarding;

- participation in any competitive sports or training, the practice of sports within a club or federation, either as a professional or an amateur, and any sport requiring the use of any kind of land, sea or air motor or engine;
- any sporting activity involving the use or presence of an animal such as horse riding competitions or bullfighting;
- air navigation *Accidents* unless *You* are simply a passenger aboard an aircraft for which the owner and the pilot have all required permits and licenses.

Except in application of Articles L.113-8 and L.113-9 of the French Insurance Code, the benefits apply as a consequence of diseases or medical illnesses which occurred before the date of signing the policy Application form if they were declared on the said Application form and are not subject to a particular exclusion, of which the *Policyholder* has been notified by letter and which has been accepted by the *Policyholder*.

9. General conditions

9.1 Who insures your policy?

The insurance policy is insured:

For medical expenses cover:

by Axéria Prévoyance (plan number APRMOB0107), a French Endowment Life Insurance company regulated by the French Insurance Code. A public limited company with fully paid capital of € 31,000,000, registered with Companies House in Lyon under number 350 261 129, located at 83-85, boulevard Vivier Merle, 69003 Lyon, FRANCE;

For repatriation assistance cover:

by ACE EUROPE (plan number FR32022526) with assistance services provided by AXA Assistance (contract number 7203173), a company regulated by the French Insurance Code. Head office: 100 Leadenhall Street, London EC3A 3BP, UNITED KINGDOM. Company registered abroad with Companies House in England and Wales under number 1112892. General Management in France based at Le Colisée 8 avenue de l'Arche, 92419 Courbevoie Cedex, FRANCE. Registered with Companies House in Nanterre under number 450 327 374 (APE code: 660 E).

The administration of these plans has been delegated to APRIL Mobilité, a public limited company with capital of € 200,000, an insurance broker and administration company registered with Companies House in Paris under number 309 707 727, and with ORIAS under number 07 008 000 (www.orias.fr), located at 110, avenue de la République, CS 51108, 75127 Paris Cedex 11, FRANCE.

9.2 Legal

The bodies responsible for regulating insurance activities are:

- for the insurance plan: Regulatory Body for Insurance Activities (ACAM) located at 61, rue Taitbout, 75436 Paris Cedex 09, FRANCE,
- for the assistance plan: Financial Services Authority, located at 25 The North Colonnade, Canary Wharf, London E14EHS, UNITED KINGDOM.

APRIL Mobilité is regulated by the Regulatory Body for Insurance Activities (ACAM), located at 61, rue Taitbout, 75436 Paris Cedex 09, FRANCE.

General Conditions

The benefits and levels of reimbursement provided under this contract will be automatically adjusted in line with the legislative and regulatory developments governing contracts under French law.

These plans are regulated by:

- the French Insurance Code,
- the current general conditions,
- the *Policyholder certificates* issued to the *Policyholders*.

9.3 Limitations

All action deriving from this contract is limited to a period of 2 years from the date of the event giving rise to the same, pursuant to articles L.114-1 and following of the French Insurance code.

9.4 Subrogation

It is stipulated that the insurer shall not renounce the rights and actions pertaining to it by virtue of Article L.121-12 of the French Insurance code, relating to the summary remedy it may seek for third party liability. If *You* are involved in a road traffic *Accident* (involving a motorised vehicle), *You* must communicate to the insurance provider of the person having caused the *Accident*, when requested, the name of your third party healthcare provider. Failure to do so may invalidate your insurance cover.

9.5 Audit

The insurer reserves the right to challenge the grounds of certain decisions and to demand that *You* provide any proof necessary to determine exact cover, particularly by forwarding medical certificates, operative reports and/or reassessment by the insurer's medical examiner.

9.6 Conciliation/Jurisdiction

If *You* require clarification of any aspect of the policy, *You* should contact APRIL Mobilité (110, avenue de la République, CS 51108, 75127 Paris Cedex 11, FRANCE).

If *You* are not satisfied with the response given, *You* may request the opinion of a mediator. Details on how to contact the mediator are available from the address above.

9.7 Data Protection and Freedom of Information

You have the right to receive and correct any information on *You* contained in any file used by APRIL Mobilité, its representatives or insurers. The right to access and correct information may be exercised at APRIL Mobilité's headquarters (Law 78.17 of 6th January, 1978, amended).

APRIL Mobilité by your side

Specialising in insurance for people living outside their home country, APRIL Mobilité provides simple and innovative healthcare and life insurance products for individuals, businesses and the self-employed. Our products meet the needs of travellers, expatriates, impatriates, employees on assignment abroad and students. For more than 30 years, APRIL Mobilité (formerly AIPS) has been wholly committed to total client satisfaction by means of our clear and easy to understand products supported by a range of services and top quality management of your insurance choices.



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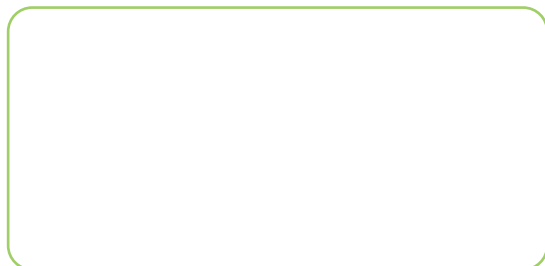
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Today, more than **3 million people** know they can count on our **3,500 employees** and **72 companies** to protect their goods and families day after day.

For more information, contact your insurance consultant:



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Insurance broker - Registered with ORIAS (Organisation for the registration of insurance brokers) under number 07 008 000 (www.orias.fr)
Regulatory body for Insurance Activities - 61, rue Taitbout 75436 Paris cedex 09

