

[LA MOBILITÉ]
INDIVIDUALS

Visit'Assur

General conditions 2012

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Changing the face of insurance.

TABLE OF CONTENTS

1. SERVICES AVAILABLE UNDER YOUR POLICY	p.3
1.1. DIRECT PAYMENT OF HOSPITAL CHARGES FOR STAYS OF MORE THAN 24 HOURS	p.3
1.2. REPATRIATION ASSISTANCE	p.3
1.3. ONLINE SERVICES	p.3
1.4. WHERE TO SEND YOUR CLAIM FOR REIMBURSEMENT OR YOUR REQUEST FOR PRIOR AGREEMENT.....	p.3
2. DEFINITIONS	p.4
3. POLICY BENEFITS AND TERRITORIALITY	p.5
3.1. WHAT IS COVERED BY YOUR POLICY?	p.5
3.2. WHERE ARE YOU COVERED?.....	p.5
4. WHO IS COVERED BY THE POLICY?	p.5
5. EFFECTIVE DATE, DURATION AND CANCELLATION OF THE POLICY	p.6
5.1. WHEN DOES YOUR POLICY TAKE EFFECT?	p.6
5.2. DURATION OF COVER	p.6
5.3. YOUR COVER COMES TO AN END	p.6
5.4. HOW TO CANCEL YOUR POLICY	p.6
5.5. DIFFICULTY IN OBTAINING A VISA?	p.7
6. PREMIUMS	p.7
6.1. HOW IS YOUR PREMIUM CALCULATED?.....	p.7
6.2. PAYMENT METHODS.....	p.7
6.3. WHAT HAPPENS IF THE PREMIUM IS NOT PAID?	p.7
7. WHAT IS COVERED AND HOW TO ACCESS THE SERVICES	p.8
7.1. MEDICAL EXPENSES	p.8
7.2. REPATRIATION ASSISTANCE	p.10
8. WHAT IS NOT COVERED BY YOUR POLICY	p.11
9. GENERAL PROVISIONS	p.13
9.1. WHO INSURES YOUR POLICY?	p.13
9.2. LEGAL	p.14
9.3. LIMITATIONS	p.14
9.4. SUBROGATION.....	p.14
9.5. AUDIT.....	p.14
9.6. CONCILIATION	p.14
9.7. DATA PROTECTION AND FREEDOM OF INFORMATION	p.15

NB:

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

1. SERVICES AVAILABLE UNDER YOUR POLICY

1.1. DIRECT PAYMENT OF HOSPITAL CHARGES FOR STAYS OF MORE THAN 24 HOURS:

With this service *You* have no *Hospitalisation* charges to pay. Simply ask *Us* to contact the hospital or clinic to which *You* have been admitted and *We* will settle your hospital bill on your behalf.

To ensure that your stay in hospital is covered, please ask your doctor to complete a "*Confidential medical certificate*" giving the reason for your *Hospitalisation*. This form should then be sent to our Medical Examiner. For further details, see paragraph 7.1.2.

To request *Direct payment of hospital charges for stays of more than 24 hours*, call +33 (0)1 73 02 93 99.

1.2. REPATRIATION ASSISTANCE:

To request repatriation assistance:

You must obtain prior approval from APRIL International Assistance (see paragraph 7.2). To request assistance, *You* can contact APRIL International Assistance:

- **by making a reverse charge call to France** on +33 (0)1 41 61 23 25,
- **by fax** on +33 (0)1 44 51 51 15.

1.3. ONLINE SERVICES:

At www.april-international.fr (using the "Individuals" link), *You* can access your personal space using a secure access code and password.

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

- your reimbursement statements, 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 paragraph 7.1):

- *Confidential medical certificate* (to be completed by your doctor in the event of *Hospitalisation*),
- *Request for prior agreement* (to be completed by your doctor before commencing certain types of medical care or treatment),
- 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 CLAIM FOR REIMBURSEMENT OR YOUR REQUEST FOR PRIOR AGREEMENT:

To apply for reimbursement:

Fill in the claim for reimbursement, **enclose your original invoices and medical prescriptions** (see paragraph 7.1.4) and send them to:

APRIL International Expat

Service Remboursements - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE

To make a *Request for prior agreement*:

Certain medical treatments and procedures require the *Prior agreement* of our Medical Examiner. *You* should therefore ask the doctor prescribing the procedure or treatment to complete a form called "*Request for prior agreement*" before commencing any treatment and send it to *Us* along with an itemised estimate at the above address or by e-mail to prestation@aprilmobile.com (see paragraph 7.1.3).

2. DEFINITIONS

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

- A 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: total medical expenses charged to *You*.
- C CLAIM:** event, *Illness* or *Accident* which gives rise to compensation when the policy is in effect.
CONFIDENTIAL MEDICAL CERTIFICATE: medical questionnaire supplied by our medical department in the event of *Hospitalisation* and completed by a doctor who has carried out an examination of your state of health.
COUNTRY OF DESTINATION: the main country of residence where *You* will be staying during your trip to metropolitan France or the *D.R.O.M.*
COUNTRY OF NATIONALITY: the country shown on the Application form or, in the absence of the Application form, the country shown on your passport or on any other official identity document under the heading "nationality".
- D DIRECT PAYMENT OF HOSPITAL CHARGES:** if *You* are hospitalised for more than 24 hours, *You* may be eligible for direct payment of your hospital charges with no upfront payment, subject to the review of your *Confidential medical certificate*. *You* can activate this service by calling the emergency contact number shown in paragraph 1.1.
D.R.O.M. (French Overseas Departments and Regions): French Guyana, Guadeloupe, Martinique and Reunion Island.
- E EFFECTIVE DATE:** date on which cover under the contract takes effect. It is specified on the *Policyholder certificate*.
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.
- F FAMILY MEMBER:** your father, mother, sister, brother, child or legal guardian residing in your *Country of nationality*.
FRENCH SOCIAL SECURITY REIMBURSEMENT RATE: reimbursement basis used by the French Social Security scheme for procedures or prescriptions performed or issued by health professionals. It varies depending on the sector to which the healthcare professional or hospital belongs. Where generic medicines exist, the reimbursement basis shall be the flat rate corresponding to the price of a generic medicine.
FRIEND: any person named by yourself or by one of your dependents, residing in your *Country of nationality*.
- H HOSPITALISATION:** stay of more than 24 hours (with or without surgery) in a public or private hospital as a result of *Illness* or *Accident*.
- I ILLNESS:** any sudden and unexpected alteration of your state of health certified by a competent *Medical authority*.
INSURED, "YOU": individual accepted by the insurer and to whom cover under the policy applies.
- M MEDICAL AUTHORITY:** person holding a medical or surgical diploma which is valid in the country where *You* are staying.
MEDICAL TEAM: structure adapted to each individual case and defined by APRIL International Assistance's liaison doctor.
- P PERIOD OF COVER:** period beginning on the *Effective 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 serving as proof of insurance which *We* issue to the *Policyholder*, confirming cover under the Visit'Assur policy and showing the policy *Effective date* and the benefits 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 our Medical Examiner. Before starting any treatment, *You* should ask the doctor prescribing the treatment to fill in a form called *Request for prior agreement* along with an itemised estimate of costs.

- R REPORTED ACCIDENT:** an *Accident* recorded by a competent authority present at the scene (police, firefighters or paramedics) where a certificate was issued specifying the circumstances of the incident, the nature of the injury and the date of the *Accident*.
REQUEST FOR PRIOR AGREEMENT: form completed by a competent *Medical authority* allowing *You* to obtain our prior agreement before commencing certain procedures or treatments.
- S STABILISATION:** stabilisation of the state of health of a victim of an *Accident* or person suffering from an *Illness*.
- T TERMINATION:** final and early cancellation of the policy.
- U US/WE:** APRIL International Expat.
- W WAITING PERIOD:** period defined under the policy during which no *Claims* will be paid. The *Waiting period* begins on the *Effective date* of the policy, mentioned on the *Policyholder certificate*.

3. POLICY BENEFITS AND TERRITORIALITY

3.1. WHAT IS COVERED BY YOUR POLICY?

Subscription of the plan provides *You* with the following cover:

- reimbursement of medical expenses;
- repatriation assistance.

3.2. WHERE ARE YOU COVERED?

Cover is valid in France and the D.R.O.M. Cover is extended to the Schengen countries, Andorra and Monaco for a period of not more than 30 consecutive days between two stays in France or the *D.R.O.M.* and during visits to your *Country of nationality* of not more than 30 consecutive days (except countries excluded from the policy).

Member countries of the Schengen Agreement at 30/11/2011: Austria, Belgium, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxemburg, Malta, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, The Czech Republic, The Netherlands.

As a result of heightened tension in certain countries, prior confirmation must be obtained from Us that the cover is valid there. The complete list of excluded countries is available at www.april-international.fr and by calling +33 (0)1 73 02 93 93 or by e-mail at info@aprilmobile.com. This list is subject to change.

4. WHO IS COVERED BY THE POLICY?

To be covered by the insurance, *You* must:

- travel to metropolitan France or the *D.R.O.M.* (outside your *Country of nationality*) for the purposes of tourism, study or training, in a business or private capacity, for a maximum duration of 3 months;
- be under the age of 80 on the *Effective date* of the policy;
- have completed and signed the Application form;
- have completed and signed the Simplified health questionnaire a maximum of 6 months before the desired *Effective date*;
- have paid the *Premium* in full.

Cover is subject to our medical approval. *We* reserve the right to request additional medical information based on the responses given in the Simplified health questionnaire.

If *You* present an aggravated risk, *We* can either accept your application under special conditions or reject it.

Applying for cover rests on your declarations and those of the *Policyholder* and on the good faith of all parties.

5. EFFECTIVE DATE, DURATION AND CANCELLATION OF THE POLICY

5.1. WHEN DOES YOUR POLICY TAKE EFFECT?

On the date specified on the *Policyholder certificate* and, at the earliest, on the day following receipt of the application (including the Application form and the Simplified health questionnaire, both completed and signed), subject to the suspensory condition of full payment of the *Premium* due and our acceptance evidenced by the issuing of the *Policyholder certificate* summarising the cover selected.

The cover takes effect on the *Effective 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.

The *Waiting periods* begin on the *Effective date* of the policy shown on the *Policyholder certificate*.

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

5.2. DURATION OF COVER:

Cover is acquired for a minimum period of 1 month and a maximum period of 3 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 [see paragraph 6];
- b) if the agreement is cancelled by the insurer at the annual renewal date (in which case, *We* will inform the *Policyholder*);
- c) once *You* cease to meet the conditions of insurance [see paragraph 4];
- d) on the day of final return to your *Country of nationality*;
- e) on the last day stated on your *Policyholder certificate*.

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 the *Insured* and the *Policyholder* at risk of withdrawal of cover and *Termination* of the policy.

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 their home or residence or place of work, even if this visit was at their own request, and who signs an insurance proposal or contract for a purpose which is not related to their 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 they become 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 *We* 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. *We* will refund to the *Policyholder* within 30 days any monies paid under the policy. However, *We* 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 International Expat - 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....."
Signed in on Signature"

5.5. DIFFICULTY IN OBTAINING A VISA?

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

To change the *Effective date*: *You* must send *Us*, **before the *Effective date***, 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 *Effective date***, enclosing the *Policyholder certificate* which was issued. Suspending the policy allows *You* to change the *Effective date* over a period of a maximum of 6 months from the date of issue of the policy.

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

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

There is a €35 charge for all policies cancelled before or after the *Effective 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 *Insured's* state of health and their level of medical expenditure are not taken into account for the calculation of the *Premium*.

The *Premium* is determined by the *Insured's* age and the duration of cover selected.

The age used to calculate the *Premium* is the age of the *Insured* on the *Effective date* of the policy.

Taxes currently payable by the *Policyholder* are included in the *Premium*. Any change in the level of these taxes will be reflected in the amount of the *Premium*.

6.2. PAYMENT METHODS:

Premiums are payable in advance in euros.

If payment cannot be made in euros, the *Policyholder* should make a bank transfer to our account, details of which *We* will provide on request. 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, *We* will serve the *Policyholder* with formal notice of suspension of cover. The policy will then be suspended 30 days later. Following a further period of 10 days, *We* will terminate the policy. 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 of cover* is immediately payable under the French Insurance Code.

Please note that failure to pay the *Premium* and the subsequent *Termination* of the policy do not cancel the debt. *We* will take appropriate action to obtain payment of the *Premium* due and will have recourse to a debt recovery firm specialising in international debts. The *Policyholder* is liable for any administration charges incurred as a result of any action taken by *Us* or by our service providers.

If the amount stated on the letter of formal notice is paid after suspension of the policy but before *Termination*, 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* is made if the trip is cut short.

7. WHAT IS COVERED AND HOW TO ACCESS THE SERVICES

7.1. MEDICAL EXPENSES:

7.1.1. TYPE AND LEVEL OF REIMBURSEMENTS

The reimbursement of all medical expenses is guaranteed for all treatments listed in the benefits schedule prescribed by a qualified *Medical authority* and which would be covered by the French Social Security.

For treatment dispensed in France, the conditions required to implement the benefits are defined with reference to the general classification of treatments dispensed by the French Social Security scheme.

If the French Social Security rate of reimbursement is adjusted during the course of the year, *We* reserve the right to maintain the rate of reimbursement which *We* applied before this adjustment came into effect.

Only expenses incurred in connection with treatment received during the *Period of cover* will be reimbursed.

For medical expenses invoiced in a currency other than the euro, the exchange rate applied will be the one in force on the date when the treatment was received.

Expenses are reimbursed item by item, in accordance with the benefits schedule.

Ceilings:

The cumulative amount of reimbursements made by the insurer is limited to €30,000 per *Insured* and per *Period of cover*, less any compensation or benefits 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 and the *D.R.O.M.*), Andorra, Monaco or in your *Country of nationality*, the maximum daily reimbursement is €550.

MEDICAL EXPENSES

**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> with or without surgery	100% of the <i>French Social Security reimbursement rate</i>
<i>Direct payment of hospital charges</i> during approved <i>Hospitalisation</i> of more than 24h	provided on request 24 hours a day, if prior agreement has been obtained
Procedures carried out by GP's or specialists	
Diagnostic tests, laboratory tests, X-rays, drugs and nursing*	100% of the <i>French Social Security reimbursement rate</i> Excess: €30 per item
Physiotherapy (following a <i>Reported accident</i> and surgery covered by APRIL International)*	
Dental treatment (following a <i>Reported accident</i>)	100% of <i>Actual costs</i> , up to €150 per <i>Period of cover</i>
Dentures (following a <i>Reported accident</i>)	100% of <i>Actual costs</i> , up to €300 per <i>Period of cover</i>
Eye care: lenses, frame or contact lenses (following a <i>Reported accident</i>)	100% of <i>Actual costs</i> , up to €150 per <i>Period of cover</i>

* Prior agreement must be obtained (see paragraph 7.1.3.)

7.1.2. HOW TO REQUEST DIRECT PAYMENT OF HOSPITAL CHARGES IN THE EVENT OF HOSPITALISATION OF MORE THAN 24 HOURS

We can make a *Direct payment of your hospital charges* to the hospital where *You* are being treated. We will liaise directly with the hospital.

To ensure that your stay in hospital is covered, please ask your doctor to complete a form called "Confidential medical certificate" providing the reason for your admission to hospital and specifying the cost of the private or semi-private room. This form should be sent to our Medical Examiner.

To obtain this form, or any other information *You* may require prior to your admission to hospital, *You* can:

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

To help *Us* process your application for emergency *Hospitalisation*, please contact *Us* 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 REQUEST PRIOR AGREEMENT BEFORE STARTING CERTAIN PROCEDURES OR TREATMENTS

Certain medical procedures and treatments require the *Prior agreement* of our Medical Examiner. Before starting any treatment, *You* should ask the doctor prescribing the treatment to complete the form *Request for prior agreement* and provide *You* with an itemised estimate. The form *Request for prior agreement* is available on your insurance website at www.april-international.fr or by calling +33 (0)1 73 02 93 93 or by e-mail at info@aprilmobile.com.

Prior agreement must be obtained for treatment by medical auxiliaries (physiotherapy following a *Reported accident* and surgery covered under the policy and nursing care) if the number of sessions per *Period of cover* exceeds 20.

Your *Request for prior agreement* should be sent to *Us* at the following address:

APRIL International Expat

Service Remboursements - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE

E-mail: prestation@aprilmobile.com

7.1.4. HOW TO CLAIM REIMBURSEMENT OF COSTS



Documents to enclose with your claim for reimbursement

Please complete the **reimbursement claim form** available on your insurance website at www.april-international.fr, by calling +33 (0)1 73 02 93 93 or by e-mail at info@aprilmobile.com and send it to *Us* no later than 3 months following the date of treatment, along with the following documents:

- a medical certificate issued by the healthcare professional *You* consulted specifying the type of treatment *You* received;
- the original copies of paid medical bills and dated medical prescriptions showing your surname, first name and date of birth, the type of *Illness*, type and date of visit and treatment received. The prescriptions must clearly show the name and price of the drug and indicate the currency;
- if treatment was dispensed in France, *You* must attach the original of the form *You* were given by the doctor called "Feuille de Soins" and any prescriptions and pharmacy price labels;
- for reimbursement of dental care, dentures, optical costs and physiotherapy, *You* must also send along with your claim proof that the treatment was given as a direct consequence of a *Reported accident*, as defined in paragraph 2;
- for treatment or procedures requiring *Prior agreement*, the *Request for prior agreement* form approved by our medical department.

To claim the reimbursement of your *Hospitalisation* costs, you should:

(if *You* have not used the direct payment service for hospital charges outlined in paragraph 7.1.2.):

- ask your doctor to complete the “*Confidential medical certificate*” form 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 it along with the hospital report to our Medical Examiner:
 - by fax: + 33 (0)1 73 02 93 60,
 - by e-mail: hospitalisation@aprilmobile.com,
 - by post: 110 avenue de la République, CS 51108, 75127 Paris Cedex 11, FRANCE,
- send *Us* a bill showing the cost of the private or semi-private room.

The “*Confidential medical certificate*” form is available on your insurance website at www.april-international.fr, by calling +33 (0)1 73 02 93 93 or by e-mail at info@aprilmobile.com.

Your applications for reimbursement should be sent to *Us* at the following address:

APRIL International Expat - Service Remboursements - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE.

We reserve the right to request any other supporting documentation We consider necessary.

In the event of a dispute regarding the amount of payment, please notify *Us* within 3 months following the date on the reimbursement advice note.

You can be reimbursed:

- by cheque in euros,
- by bank transfer to a bank account in France (send *Us* details of your bank account),
- by bank transfer to a bank in the USA. International bank details are required including the IBAN number, SWIFT code, your bank's address and an ABA routing number,
- by bank transfer to an account in another country. International bank details are required including the IBAN number, SWIFT code and your bank's address.
- reimbursements can be made to a third party by sending a letter to our Customer Service department showing the surname, first names, postal address and bank details of the beneficiary.

Bank charges will be deducted from any payment over the equivalent of €75. Bank charges are shared for all transfers (of any amount) carried out within the Euro zone.

Reimbursements will only be made if the procedures outlined in paragraph 7.1 are followed.

Double insurance:

Reimbursements received from the insurer, from any national health service scheme and from any other organisation 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 commencement of cover. Within these limits *You* can claim reimbursement from the provider of your choice.

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

The limits of reimbursement of *Actual costs* incurred are determined by the insurer for each service or treatment covered.

7.2. REPATRIATION ASSISTANCE:

How to benefit from repatriation assistance cover:

You must obtain **prior agreement from APRIL International Assistance** in order to benefit from the following cover:

- by calling France on +33 (0)1 41 61 23 25,
- or by fax +33 (0)1 44 51 51 15.

APRIL International Assistance only intervenes after the organisation of emergency aid on the orders of a competent *Medical authority*.

From the first phone call, the *Medical team* contacts the local doctor in order to best meet the needs of the sick or injured person.

7.2.1. RULES GOVERNING THE APPLICATION OF THE INSURANCE

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

APRIL International Assistance cannot be held responsible for any delays or failures in the provision of their services in the event of industrial action, riots, popular uprisings, reprisals, restrictions on the free movement of goods and people, acts of terrorism or sabotage, state of war, civil war, acts of a foreign enemy whether war is declared or not, nuclear explosion, exposure to ionizing radiation and other fortuitous events or acts of God.

7.2.2. MEDICAL TRANSPORT, REPATRIATION FOR MEDICAL REASONS

In the event of *Accident* or *Illness*, the APRIL International Assistance doctors will contact on-site doctors and take the decisions best suited to your condition, based on the information gathered and medical requirements. If the APRIL International 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 *Country of nationality* or primary residence in your *Country of destination*,
- or the residence in your *Country of nationality* or in your *Country of destination*.

If *You* are hospitalised in a health centre outside the hospital district of your residence in your *Country of nationality* or primary place of residence in your *Country of destination*, APRIL International Assistance will organise your return after it has been established that your condition is stable, and *You* will be transferred to your residence in your *Country of destination* or in your *Country of nationality*. 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 International Assistance may require that *You* use your own transport ticket, if this can be used or changed.

7.2.3. REPATRIATION OF THE BODY IN THE EVENT OF DEATH AND COST OF THE COFFIN

In the event of your death, APRIL International Assistance organises and pays for the repatriation of the body or ashes from the place of death until burial in your *Country of nationality*. APRIL International Assistance will cover any post mortem care, casketing and transportation requirements.

The expenses for the coffin related to transportation organised by the assistance service are covered **up to a maximum of €1,500**. The funeral, ceremony, local transportation and burial or cremation expenses remain at the expense of your family. The choice of companies involved in the repatriation process is exclusively that of the assistance service.

7.2.4. PRESENCE OF A FAMILY MEMBER OR FRIEND TO ACCOMPANY THE DECEASED

If the presence of a *Family member* or a *Friend* is indispensable to identify the body of the deceased *Insured* and for the formalities of repatriation or cremation, APRIL International Assistance provides a **return economy class airline ticket or 1st class railway ticket**. This benefit can only be implemented if the *Insured* was alone on site at the time of their death.

7.2.5. LIMITATIONS ON COVER

When APRIL International Assistance organises and pays for repatriation or transportation, *You* can first be requested to first use your own travel ticket.

When APRIL International Assistance pays for your return expenses, *You* must return the unused travel ticket to APRIL International Assistance.

8. WHAT IS NOT COVERED BY YOUR POLICY

8.1. EXCLUSIONS FROM MEDICAL EXPENSES COVER:

In addition to the *Exclusions* listed in paragraph 8.3. below, the following are excluded from cover:

- any medical or surgical expenses not prescribed by a qualified *Medical authority* that would not be covered by the French Social Security scheme;
- 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 of mental illness, depression, nervous disorder (hospitalisation, consultations, medication, diagnostic and other tests);
- alternative or complementary medicine;
- vaccination, dermatology, medical check-ups and tropical diseases;
- costs that could have been incurred when *You* returned to your *Country of nationality*;
- related costs, such as telephone and private room charges in the event of *Hospitalisation*, or excessive, unreasonable or unusual costs 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 etc.) and the daily hospital charge;
- supplies that are not indispensable to the diagnosis or treatment of the *Illness*;
- dental treatment, dentures, optical expenses unless following a *Reported accident*;
- prostheses (unless dentures 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 (other than nursing and physiotherapy following a *Reported accident* and surgery covered by *Us*);
- 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 in the 12 months following the *Effective date* of the policy;
- medication or treatment related to smoking cessation;
- treatment requiring *Prior agreement* and for which *Prior agreement* was not obtained;
- the treatment of alcoholism, drug addiction or any other addiction or illness linked to such dependency;
- any expenses not required medically.

8.2. EXCLUSIONS FROM REPATRIATION ASSISTANCE COVER:

In addition to the *Exclusions* common to all cover outlined in paragraph 8.3 below, the following facts or events, with respect to repatriation assistance, are not covered and will not give rise to compensation of any kind nor to any intervention on the part of APRIL International Assistance:

- any interventions and/or reimbursements related to medical visits, check-ups, or preventative screenings;
- infections or benign injuries that can be treated on site and that do not prevent the *Insured* from continuing their travel;
- convalescence, infections in the process of being treated and not yet cured and/or requiring further treatment;
- *Illnesses* which had been identified prior to departure and which were at risk of aggravation or relapse;
- infections requiring hospitalisation in the 6 months prior to departure;
- any consequences (check-ups, further treatment, recurrences) of an infection having caused repatriation;
- the consumption of alcohol and the consequences thereof under local legislation;
- pregnancy, childbirth and their consequences involving newborns, termination of pregnancy;
- cosmetic surgery, dermatological treatments, trips undertaken for diagnosis and/or treatment;
- the consequences of the failure of, unfeasibility of, or reaction to any vaccination or treatment desired or essential for travel;
- tropical diseases;
- congenital *Illnesses* or deformities;
- the consequences of a voluntary disregard for regulations in the visited country, or participation in activities not authorised by local authorities;
- the consequences of participation in a wager, challenge, duel or crime;
- the consequences of failing to respect recognised safety rules related to participation in sporting activities;
- living expenses (hotel, taxi, food, telephone) other than those approved in advance by 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;
- regular transportation required as a result of the *Insured's* health.

8.3. EXCLUSIONS COMMON TO ALL COVER:

All cover excludes the results and consequences of:

- intentional acts by the *Policyholder* or the *Insured* and/or infractions of the law of the country where the *Insured* is travelling;
- civil or foreign wars, riots, insurrections, strikes, piracy or sabotage, voluntary participation in fights or popular movements, acts of terrorism regardless of location and protagonists (except in the case of legitimate self-defence);
- suicide or suicide attempts the use of drugs or narcotics without a medical prescription;
- alcoholism or drunkenness by the *Insured* (alcohol level higher than that defined by the traffic law applicable on the day of the *Claim* in the country where the incident took place);
- direct or indirect effects of changing the structure of the atomic nucleus, climatic changes such as storms and hurricanes, earthquakes, floods, tidal waves or other disasters except in the case of indemnity for natural disasters;
- *Accidents* or illnesses, infections, deformations before the *Effective date* of cover subject to relapses or not stabilised, congenital illnesses or deformations not declared at the time of application;
- hunting;
- dangerous sports such as microlighting, hang-gliding, paragliding, driving cars, motorcycles or go-carts, parachuting, mountaineering, climbing (other than on artificial climbing walls), rock climbing, underwater diving except for free-diving up to 50 meters, caving, skeleton, ski jumps, bobsleighbing, bungee jumping, rafting, canyoning, kitesurfing, ballooning, jet-skiing, defence or combat sports and the following sports practised off piste: skiing, cross-country skiing, sledging, snowboarding;
- participation in any competitive sports or training, the practice of sports within a club or federation, either as a professional or an amateur;
- 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, horse riding competitions or bullfighting;
- any sport played as a professional;
- air navigation *Accidents* except if the *Insured* is an ordinary passenger and is on board a craft for which the owner and the pilot have all the appropriate authorisations and licenses;
- carrying out all professional activity on an oil rig.

Except in application of Articles L113.8 and L113.9 of the French Insurance Code, the cover applies to the consequences of medical conditions or illnesses which pre-existed the signing of the *Application form* if they were declared on the *Application form* and are not subject to a particular exclusion of which the *Insured* had been notified by registered letter and which has been accepted by the *Insured*.

9. GENERAL PROVISIONS

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 CORIS Assistance, a company regulated by the French Insurance Code. Head office: 100 Leadenhall Street, London EC3A3BP, UNITED KINGDOM, 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 International Expat, a public limited company with a 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 medical assistance cover: Prudential Supervision Authority (ACP) located at 61, rue Taitbout, 75436 Paris Cedex 09, FRANCE,
- for the repatriation assistance cover: Financial Services Authority, located at 25 The North Colonnade, Canary Wharf, London E14EHS, UNITED KINGDOM.

APRIL International Expat is regulated by the Prudential Supervision Authority (ACP), located at 61, rue Taitbout, 75436 Paris Cedex 09, FRANCE.

Subscription of the Visit'Assur plan is evidenced by the Application form, the current general conditions and the *Policyholder certificate*. It is subject to French legislation and in particular to its Insurance Code.

The benefits and levels of reimbursement provided under the policy will be automatically adjusted in accordance with amendments to legislation and regulations governing contracts under French Law.

9.3. LIMITATIONS:

Under articles L.114-1, L.114-2 and L.114-3 of the French Insurance Code, any legal action arising from this policy must be brought within 2 years of the event having given rise to said action.

However, this period shall run:

- in the event of non-disclosure, omission, fraudulent representation or misrepresentation of the risk incurred, only from the date on which the insurer becomes aware of it,
 - in the event of a *Claim*, only from the date on which *You* become aware of it and if *You* can prove that *You* were unaware of it until then.
- If your action against the insurer arises from a third party's recourse, the limitation period shall run only from the date on which said third party brings a legal action against *You* or *You* have paid them compensation.

The limitation period shall be interrupted by one of the ordinary causes that interrupt the limitation period, by the appointment of experts following a loss or if *You* or the *Beneficiary* send *Us* a registered letter with acknowledgement of receipt in respect of settlement of the claim or if *We* send *You* such a letter in respect of payment of the *Premium*.

Under no circumstances shall the limitation period be amended or further causes of suspension or interruption be added, even if agreed between the *Member* and the insurer.

9.4. SUBROGATION:

It is stipulated that the insurer does not waive the rights and actions that he possesses 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 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:

If *You* experience any difficulties in the application of your policy, please contact *Us* (APRIL International Expat, 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 contained in any file used by *Us*, our representatives or insurers. The right to access and correct information may be exercised at our headquarters (French Law 78.17 of 6th January, 1978, amended).

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APRIL INTERNATIONAL EXPAT A MEMBER OF APRIL

Headquarters:

110, avenue de la République - CS 51108 - 75127 Paris Cedex 11- FRANCE

Tel: +33 (0)1 73 02 93 93 - Fax: +33 (0)1 73 02 93 90

E-mail: info@aprilmobile.com - www.april-international.fr

Public limited company with capital of €200,000 - Registered with Companies House in Paris under number 309 707 727 - Insurance broker - Registered with ORIAS (Organisation for the registration of insurance brokers) under number 07 008 000 (www.orias.fr)
Prudential Supervision Authority - 61, rue Taitbout 75436 Paris Cedex 09 - FRANCE



Changing the face of insurance.