

Experience
Freedom

EXPAT & Co

International mobility insurances



Europat Local Plus

flexible and fully comprehensive
insurance for expats and employers



Contents

Why choose Expat & Co?	3
Good to Know	4
Europat Local Plus explained	4
Set to Save	5
About Europat Local Plus - ELP	5
6 x 4 x 3 x 4 Possibilities	6
Coverage & Benefits	7 - 19
Single Point of Contact	20
How to take out your policy	20
How to make adjustments to your policy	20
Glossary & General Conditions	21 - 47
What to do if you need to claim	48
In case of emergency	48

EXPAT & Co



International mobility insurances

Why choose Expat & Co?

Expat & Co is the specialist underwriter of insurance for expats, international students and other globally mobile people. We offer some of the best terms on the market at competitive prices and have experience on our side.

Expat & Co insures private individuals as well as multinationals, universities and (non) governmental organisations. We have lived the expat life ourselves and know how different you are, how individual your needs can be. So why not find out what makes Expat & Co your perfect match?

Good to Know

A considerable number of our clients have managed to save up to 60% on their annual insurance bill by choosing a Chameleon Principle[®] package without losing any quality of cover.

If this sounds good to you, then you might like to find out exactly how Expat & Co's unique Chameleon Principle[®] works:

www.expatinsurance.eu/chameleon_principle.html



insurance as colourful as you are



enjoy the freedom of flexibility...

...wherever you go

€uropat Local Plus explained

As an internationally mobile person or employer you are probably well versed with the red tape and paperwork that comes with each new assignment.

Labour law, social security and health care differ from one country to another. Relocating usually means cancelling your current contracts and starting all over again in your new host country with ensuing qualifying periods.

What makes us so very different from the rest you might ask? Expat & Co's insurance policies have been developed to travel with you, wherever you go. Health care, with or without social security, expat assistance, private liability, life insurance, household goods and more.

Our guaranties are designed to fit your personal and professional needs. And best of all, your policy comes with you when you relocate and adapts to the new environment and social security. So there's no need to start the whole administrative process all over again in your new country of residence.

So although we can't help you find your new home or decide on the best school for the kids, we can help you ensure your insurance is always set for premium coverage at the best possible price, wherever you go.

Discover insurance as colourful as you are.

About Europat Local Plus

The 'Local Plus' system of using local payroll and adding extra benefits to make up the compensation package for expats has been a popular choice with employers for over a decade. Finding the perfect balance of continuity and level of coverage between different countries and insurers has traditionally been a time consuming problem to solve.

Expat & Co's Europat Local Plus offers the perfect solution: by offering continuity in coverage (no matter what the local standards are or where the expat is transferred to) and by being transferable to any country in the world, our policy is a cost effective and timesaving part of any remuneration scheme.

Our only requirement is that you have a link to Europe. So whether you're a European national, live as a non-European in Europe, or work for a European company in- or outside of Europe, €LP was designed for you.

Experience true freedom and flexibility; no matter where you go or how your situation may change, you will enjoy the benefits of private insurance coverage.



it's a colourful world...

...and there's no one else quite like you

€LP - Set to Save

The Expat & Co Chameleon Principle[©] is based on a very simple premise: we all like to get the most out of our money, so why pay for double coverage? Most European countries have a national health system in place. €uropat Local Plus is designed to work as a **Top-Up** to local reimbursement systems which means you enjoy all the benefits of private insurance without paying the price.

Should you relocate to a country without a national reimbursement system, you can simply upgrade your coverage to **Full Plan**. Equally, relocate to a country with an excellent employer health insurance and set your €LP plan to **Sleeper Mode**.

And our additional options such as Income Protection or Personal Belongings mean you and your family can enjoy a tailor-made package where you can pick and choose your guarantees, ensuring you are **Set to Save**.

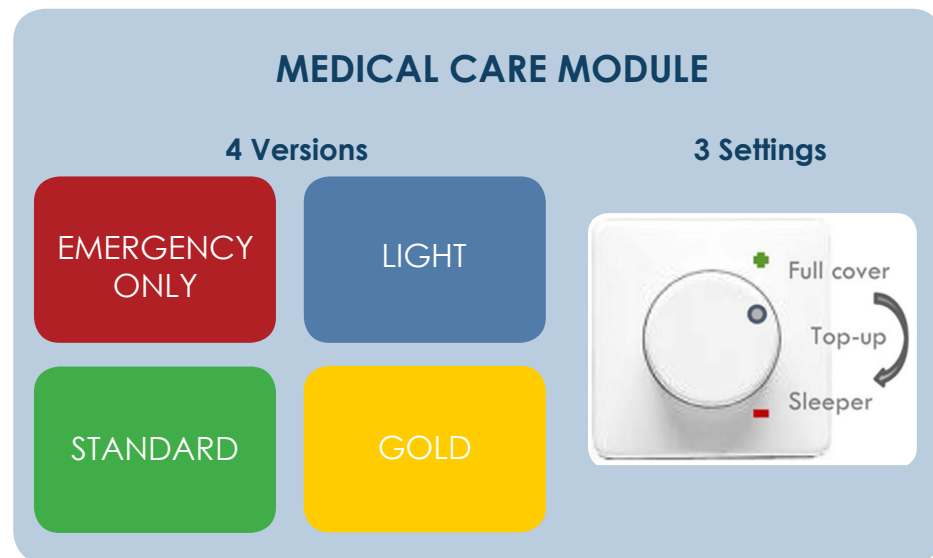
6 x 4 x 3 x 4 Possibilities[°]

€LP offers 6 modules under 4 versions in 3 settings in 4 geographic zones that cover all your needs without overlapping any other social security or health care plan you may already enjoy.

Now tell us we're not flexible!

[°] Special conditions for the US and Canada.

[°] Individual and collective policies available.



6 Modules



COVERAGE & BENEFITS of CORE PLAN MODULE 1: Medical Care

Inpatient & Daypatient Treatment	EMERGENCY	LIGHT	STANDARD	GOLD
OVERALL LIMITS PER PERSON PER YEAR	€ 250.000 only medically necessary costs	€ 500.000	€ 1.000.000	€ 2.000.000
hospital expenses (accommodation, specialist fees) - semi-private room - private room	100% -	100% 80%	100% ° 100% °	100% ° 100% °
other hospital expenses (operation theatre, intensive care room, diagnostic tests, nursing charges, medication, bandages,...)	100%	100%	100%	100%
bone marrow, tissue and organ transplant up to	€ 100.000	€ 125.000	€ 150.000	100%
reconstructive surgery following an accident or following an eligible medical condition	100%	100%	100%	100%
prostheses, artificial limbs, corrective devices and medical appliances, medically required and implanted during surgery as permanent part of the body	if needed as life-saving measure	100%	100%	100%
- normal pregnancy & childbirth, incl. maternity care, up to (elective caesarean will be reimbursed at the cost of normal delivery) - complicated pregnancy & childbirth - 1 polysomnographic registration (sudden infant death test) in first 6 months - subject to a waiting period of	X X X	€ 5.000** € 10.000** X 10 months	€ 7.500** 100% 100% 10 months	€ 10.000** 100% 100% 10 months
sterilisation for medical reasons	100%	100%	100%	100%
abortion after rape (reported at police station)	100%	100%	100%	100%
physiotherapy during hospital stay	100%	100%	100%	100%
medically prescribed physical rehabilitation in a rehabilitation centre following inpatient treatment, up to	X	X	€ 2.500	€ 5.000
psychiatric treatment in open hospital	X	€ 5.000	€ 10.000	100%
palliative care (if on a hospital bill) max of ... days/lifetime	X	X	15 days	30 days
mortuary care (if on a hospital bill)	X	X	100%	100%
emergency dental treatment due to accident or illness, up to:	€ 500	€ 1.000	€ 1.500	100%
accommodation expenses for 1 parent accompanying minor child - if accommodation at hotel, max. 30 days, limited per day	X	100% € 75	100% € 75	100% € 75
urgent transportation by ambulance	€ 500	€ 750	€ 1.000	100%
urgent transportation by helicopter from place of incidence to hospital	X	100%	100%	100%

° may include telephone connection (not call costs) and rental of TV set (not movies).

** doubled in zone 4

MODULE 1: Medical Care

Module 1 forms the core part of your €LP policy and covers you for any medical care you may need.

You can choose between our Emergency Only, Light, Standard and Gold packages. Each of which can be set to Full Cover, Top Up or Sleeper mode.

So long as you have a European link and are sound of mind and able-bodied at the inception date of the policy, anyone under the age of 70 is eligible for coverage under €LP.

Your Core Plan

Your Module 1 Core Plan includes:

- inpatient and day patient treatments;
- various ambulatory costs (relating to hospitalisation or prevention);
- critical illness outpatient treatment
- medical expenses outside the Area of Cover.

CORE PLAN MODULE 1: Medical Care continued...

Ambulatory Costs	EMERGENCY	LIGHT	STANDARD	GOLD
pre- / post hospital treatment and examinations - during no. of days	X	X	100% 30/60	100% 60/120
nursing at home or in convalescent home, up to - up to max. days	X	X	€ 2.500 30	€ 5.000 60
childbirth home delivery - subject to waiting period of	X	€ 500 10 months	€ 1.000 10 months	100% 10 months
annual medical check-up (general exams, cervix, breast, prostate cancer tests) - subject to waiting period of	X	€ 250 12 months	€ 500 12 months	€ 750 12 months
necessary vaccinations for travel - subject to waiting period of	100% 3 months	100% 3 months	100% 3 months	100% 3 months
Critical Illness Outpatient Treatment	EMERGENCY	LIGHT	STANDARD	GOLD
THE FOLLOWING CRITICAL ILLNESSES ARE COVERED:				
AIDS following blood transfusion, cancer, kidney dialysis	75%	100%	100%	100%
AIDS, Alzheimer, Amyotrophic Lateral Sclerosis, Anthrax, Brucellosis, Cholera, Cystic Fibrosis, Creutzfeld Jacob, Crohn, Diabetes type I & II, Diphtheria, Encephalitis, Lymphomas (Hodgkin and others), Leukae- mia, Malaria, Malignant Melanoma, Meningitis, Mucoviscidosis, Multiple Sclerosis, Para Typhus, Parkinson, Pocks, Poliomyelitis, Pompe, Progres- sive Muscular Dystrophy, Tetanus, Tuberculosis, Typhus, Viral Hepatitis	X	X	75%	100%
total disability caused by serious accident	X	X	X	100%
Medical Emergency Expenses outside Area of Cover	EMERGENCY	LIGHT	STANDARD	GOLD
during travel of max days/year	X	90 days	90 days	90 days
accidents or acute illness occurring during stay outside area of cover	X	✓	✓	✓
planned doctor visits or hospital admissions outside area of cover	X	X	X	X
medical follow-up expenses after repatriation/evacuation outside area of cover	X	✓	✓	✓

See option 1 overleaf for extension of home country treatment if home country is outside the area of cover. All limits stated are the combination of social security reimbursement (if any) + €LP reimbursement, except when explicitly mentioned otherwise.

Zone 1: EEA+CH
Zone 2: Worldwide (excl. USA, Canada, Hong Kong)
Zone 3: Worldwide (excl. USA, incl. Canada, Hong Kong)
Zone 4: Worldwide

Deductibles

In our Module 1 Core Plan you have the choice between the following deductibles:

- €0, 250 or 500 (zone 1 and 2)
- €0, 250, 500 or 1000 (in zone 3)
- €0, 250, 500, 1000 or 2000 (in zone 4)



Additional Options to Module 1: Medical Care

Option 1: Elective Home Country Treatment	EMERGENCY	LIGHT	STANDARD	GOLD
EXTRA EXPENSES IN ADDITION TO THE NORMAL EXPENSES OF AN IDENTICAL TREATMENT IN THE COUNTRY OF RESIDENCE OR COUNTRY ENTITLED FOR SOCIAL SECURITY				
max. intervention and within given limits of the Inpatient Plan transportation expenses (economy class ticket) > subject to Underwriter pre-approval	€ 25.000 X	€ 25.000 X	€ 37.500 X	€ 50.000 50%

Option 2: Outpatient Treatment	EMERGENCY	LIGHT	STANDARD	GOLD
with an overall limit per person per year of	€ 5.000 only medically necessary costs	€ 10.000	€ 15.000	€ 25.000
CO-INSURANCE (own share) possible co-insurances are	25%	0%, 10% or 25%	0%, 10% or 25%	0%, 10% or 25%
general practitioners & specialists fees	75%	100%	100%	100%
examinations (analysis, scans, lab tests, x-rays,...)	75%	100%	100%	100%
prescribed dietary guidance, speech therapy, stress counselling, per person per year, up to	X	X	€ 1.000	€ 1.500
prescribed physiotherapy (no sports massage) - up to a maximum of	75% 10 sessions	100% 15 sessions	100% 20 sessions	100% -
pre- / postnatal exercises, per pregnancy, up to - subject to a waiting period of	X	X	€ 500 10 months	€ 750 10 months
infertility treatment (overall limit per lifetime and limited to persons under the age of 40) OR in case of proven infertility of one or both parents, the following sum can be used, once per lifetime, for an official adoption through authorised institutions. - subject to Underwriter pre-approval - both partners have to be insured under this policy - subject to a waiting period of	X X	X X	€ 7.500 24 months	€ 10.000 24 months
psychotherapy after traumatic experience - subject to Underwriter pre-approval	3 visits	✓	✓	✓
other psychiatric care and prescribed psychotherapy, up to	X	X	€ 1.000	€ 2.500
prescribed medication (medication freely available without prescription is not covered)	75%	100%	100%	100%
...CONTINUED OVERLEAF....				

Additional Options to Module 1

These additional options are not part of the Core Plan, however you may wish to consider adding them to your €LP package.

Co-Pay

Under Option 2 Outpatient Treatment, you have the choice between the following co-pay options:

- 0% (which gives you 100% cover)
- 10% (which gives you 90% cover)
- 25% (which gives you 75% cover)



Option 2: Outpatient Treatment ...CONTINUED...	EMERGENCY	LIGHT	STANDARD	GOLD
plasters, bandages, slings for covered accident or illness	X	100%	100%	100%
prescribed arch supports (max 1 pair per year)	X	X	100%	100%
hire of medical appliances for covered accident or illness (e.g. wheelchairs, crutches,...) up to a maximum of	X	X	100% € 1.000	100% € 3.000
acupuncture, chiropractic, homeopathy, osteopathy, up to	X	X	€ 1.000	€ 1.500
prescribed herbal and homeopathic medication, up to	X	X	€ 1.000	€ 1.500
vaccinations (see art. 15.12)	X	100%	100%	100%

Option 3: Dental Cover, Optical & Hearing Aids	EMERGENCY	LIGHT	STANDARD	GOLD
emergency pain-stilling dental treatment (e.g. fillings, broken teeth, root canal treatment) and up to	75% € 500	100%	100%	100%
other, routine dental treatment - and up to	X	75% € 1.000	75% € 1.000	100% € 1.500
dental surgery - and up to	75% € 500 if medically necessary	75% € 1.000	100% € 1.000	100% € 1.500
special dental treatment - and up to - orthodontics: limited to minors or after deforming accident or disease - implants limited to (overall per lifetime) - subject to a waiting period of - subject to pre-approval by the Underwriter	X	50% € 1.500 4 24 months	75% € 2.500 8 24 months	75% € 3.000 10 12 months
absolute yearly limit dental care (all included)	€ 500	€ 2.000	€ 2.500	€ 3.500
replacement of accidentally broken glasses new glasses or contact lenses (excl. sunglasses and coloured lenses) - first pair always on prescription one pair per year, up to OR throw-away lenses per year, up to	75% X € 150 € 150	75% 75% € 150 € 150	75% 75% € 200 € 200	100% 100% € 250 € 250
frame - max. 1 per 3 years and up to a max. amount of	X	X	X	✓ € 300
absolute yearly limit optical care (all included)	€ 150	€ 150	€ 200	€ 550
prescribed hearing aids - max. 1 appliance per ear every 3 years and up to max	X	75% € 500	75% € 1.000	100% € 1.500



Collective Underwriting

€LP automatically includes attractive advantages for collective underwriting such as Acceptance of Pre-Existing Disorders.

FOR COLLECTIVE UNDERWRITING ONLY:

Advantage C1: Acceptance of Pre-Existing Disorders	EMERGENCY	LIGHT	STANDARD	GOLD
disregard of pre-existing disorders within the given limits only available for compulsory group schemes > 10 staff members	✓	✓	✓	✓

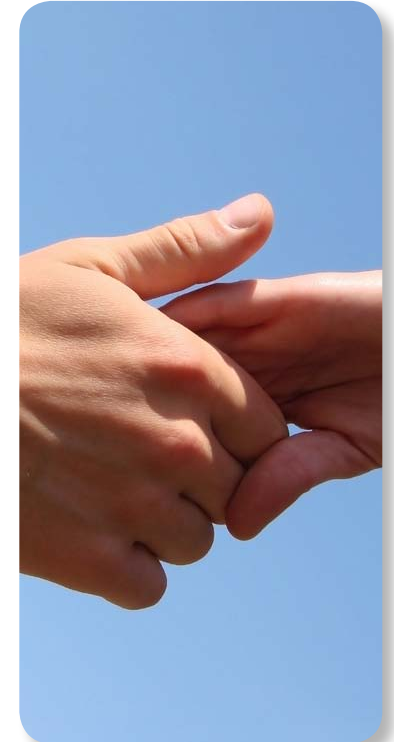


COVERAGE & BENEFITS of CORE PLAN MODULE 2: Assistance

Expat Assistance	EMERGENCY	LIGHT	STANDARD	GOLD
THIS GUARANTEE IS VALID IN YOUR COUNTRY OF RESIDENCE AND/OR COUNTRY OF SOCIAL SECURITY				
24h medical information and assistance - various information concerning medical services - 2nd opinion of Underwriter's physician	✓ ✗	✓ ✗	✓ ✓	✓ ✓
assistance in case of hospital admittance - administrative assistance - booking of hospital room	✓ ✓	✓ ✓	✓ ✓	✓ ✓
assistance in case of unexpected medical incident - sending of physician or medical team - forwarding urgent messages	✓ ✓	✓ ✓	✓ ✓	✓ ✓
evacuation to more appropriate place of treatment + return trip	✓ ✓	✓ ✓	✓ ✓	✓ ✓
assistance in case of death - transport of mortal remains to mortuary - administrative assistance	✗ ✗	✗ ✗	✓ ✓	✓ ✓
post-mortem treatment + repatriation of remains - cost of coffin limited to	✓ € 1.250	✓ € 1.250	✓ € 1.250	✓ € 1.250
repatriation of family members after repatriation of injured person	✗	✗	✓	✓
repatriation of family members after major damage to the residence	✗	✗	✓	✓
travel & accommodation expenses (incl. return ticket economy class) up to:	€ 5.000	€ 5.000	€ 7.500	€ 7.500
- for the insured persons in case of death or critical medical condition of a close relative in the Home Country	✓	✓	✓	✓
- for 1 close relative in case the insured person is hospitalised in a critical medical condition covered by this policy	✓	✓	✓	✓
- for 1 person when escorting or evacuating insured person	✓	✓	✓	✓
- for 1 insured person in case of major damage to real estate property in the Home Country	✗	✗	✓	✓
- accommodation expenses per person per day, up to > tickets should be bought with Underwriters' or Alarm Centre's pre-approval	€ 75	€ 75	€ 100	€ 100

MODULE 2: Assistance

Module 2 forms the other half of the core part of your €LP policy and covers you for any assistance you may need whilst travelling abroad.



CORE PLAN MODULE 2: Assistance continued...

Advantage C2: Sending a Substitute*	EMERGENCY	LIGHT	STANDARD	GOLD
travel and accommodation expenses up to sending a substitute to replace hospitalised, repatriated or deceased insured person (max 10 days)	- X	- X	€ 1.250 ✓	€ 1.250 ✓
- accommodation expenses per person per day, up to			€ 100	€ 100

Travel Assistance (Private and Business Travel)	EMERGENCY	LIGHT	STANDARD	GOLD
THIS GUARANTEE IS VALID WORLDWIDE				
preparatory travel information (visas, vaccinations,)	✓	✓	✓	✓
referral service concerning hospitals, doctors abroad	✓	✓	✓	✓
trace & rescue, up to	X	X	€ 5.000	€ 5.000
repatriation in case of medical incident	✓	✓	✓	✓
post-mortem treatment and repatriation of mortal remains - cost of coffin limited to	✓ € 1.250	✓ € 1.250	✓ € 1.250	✓ € 1.250
taking care of and repatriation of other insured persons	X	X	✓	✓
dispatching essential medication/medical appliances/urgent messages	✓	✓	✓	✓
assistance in case of breakage, loss or theft of prosthesis	X	X	✓	✓
assistance in case of loss/theft of travel documents, cheques, payment cards - travel costs to embassy limited to	X	X	✓ € 150	✓ € 150
cash advance, up to	X	X	€ 1.250	€ 1.250
advance of penal bail, up to	€ 12.500	€ 12.500	€ 25.000	€ 25.000
advance of solicitor's fees, up to	X	X	€ 2.500	€ 2.500
linguistic assistance	X	X	✓	✓
travel and accommodation expenses, up to	€ 5.000	€ 5.000	€ 7.500	€ 7.500
- for the insured person in case of death or serious illness of a close relative in the Home Country	✓	✓	✓	✓
- for the insured person in case of death or serious illness of a managing partner of the insured person	X	X	✓	✓
...CONTINUED OVERLEAF....				

Collective Underwriting

€LP automatically includes the advantage Sending a Substitute for collective policies and group schemes.



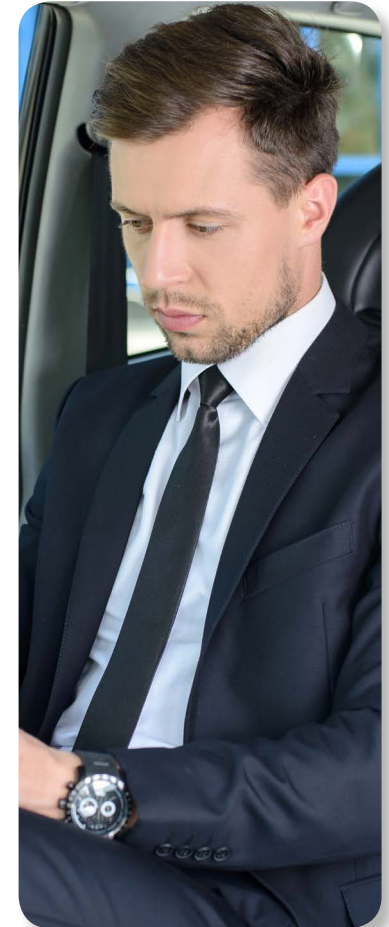
* for Collective Underwriting only

Travel Assistance ...CONTINUED...	EMERGENCY	LIGHT	STANDARD	GOLD
- for 1 close relative in case the insured person is hospitalized in a critical medical condition covered by this policy	✓	✓	✓	✓
- for 1 person when escorting an evacuated insured person	✓	✓	✓	✓
- for 1 insured person in case of an important damage to property in the Home or Residence Country	✗	✗	✓	✓
- in case of travel delay of more than 12 hours, up to	✗	✗	2 nights or substitute car*	2 nights or substitute car*
- extended stay due to illness/accident	✗	✗	5 nights	5 nights
- extended stay other insured persons, due to illness of insured	✗	✗	5 nights	5 nights
- accommodation expenses limited per person, per day, up to	€ 75	€ 75	€ 100	€ 100
repatriation of baggage	✗	✗	✓	✓
baggage theft, loss or delay: purchase of strictly necessary clothing items and toiletries:				
a. in the event of delay of at least 8 hours	€ 100	€ 100	€ 150	€ 150
b. in the event of loss, theft or delay of more than 48hrs (incl. a)	€ 100	€ 100	€ 250	€ 250
pro-rata reimbursement of non-used ski lift pass OR rental of skis following theft/loss of skis	✗	✗	€ 125	€ 125
pro-rata reimbursement of non-used lift pass following medical incident	✗	✗	€ 125	€ 125
maximum period of cover per trip is (in consecutive days)	90 days	90 days	90 days	90 days

*substitute car up to €300

Additional Option to Module 2: Assistance

Option 1: Travel Assistance - Cancellation / Travel Interruption	EMERGENCY	LIGHT	STANDARD	GOLD
reimbursements will not exceed the overall limit of (per person, per journey)	€ 1.500	€ 1.500	€ 2.500	€ 2.500
cancellation	✓	✓	✓	✓
interruption	✗	✗	✗	✓
deductible per event	€ 100	€ 100	€ 100	€ 100
max. period of cover per travel (in consecutive days)	90 days	90 days	90 days	90 days
absolute yearly limit per person (all included)	€ 3.000	€ 3.000	€ 5.000	€ 5.000



Travel Assistance / Travel Interruption

The optional module Travel Assistance / Travel Interruption can be taken out by any €LP policy holder.

COVERAGE & BENEFITS of OPTIONAL MODULE 3: Personal Protection

Personal Protection	all versions max. amounts
THIS GUARANTEE WILL PAY A SINGLE LUMP SUM IN CASE OF ANY OF THE STATED INCIDENTS. In case of disability and/or dependency of a third party, this guarantee will pay a percentage of the single lump sum according to the degree of invalidity.	
A. Insurable lump sum per person during the whole insurance period	
death by private accident - burial costs - lump sum (adults and children over 6 years)	€ 5.000 €500.000 (minors max. € 75.000)
permanent disability following a private accident - if leaves insured person dependent on day-to-day support by a third person	€ 100.000 € 100.000
critical and incurable illness	€ 75.000
kidnap, ransom, extortion or wrongful detention (ransom indemnification and expenses of crisis management) - subject to a ransom co-insurance of 10%, with a maximum of € 100.000	€ 10.000.000
B. Insurable lump sum per person with a professional income during the whole insurance period	
death lump sum (private or occupational accident) - burial costs (private or occupational accident)	€ 500.000 € 5.000
permanent disability (private or occupational accident) - if leaves insured person dependent on day-to-day support by a third person	€ 500.000 € 100.000
temporary disability (private and occupational accident, as from 8th day, during max. 2 years) (non-combinable with income protection "module 4")	€ 10.000 / month (max. 90% of gross income)
C. Term Life	€ 500.000

FOR COLLECTIVE UNDERWRITING ONLY:

Advantage C4	max. amounts
D. Insurable lump sum for key persons during the whole insurance period (beneficiary = employer)	
sudden and unforeseen death by accident or illness (max. 60% of turnover minus death lump sum insured in A and B)	€ 1.000.000
temporary (as from 61st day, max. 2 years) or permanent disability following an accident or illness (max. 60% of turnover minus the sum insured in A and B)	€ 1.000.000

Optional Module 3 is fully flexible and can be tailored to suit your personal requirements. It is designed to pay out a lump sum in case of a covered incident.

Personal Protection Coverage can be taken out for working individuals, employees, non-working family members as well as for Key Persons in a business.

Professional Categories

cat. 1: office work

cat. 2: mixed work (office work + working on yards, building sites or factories), representatives on the road

cat. 3: physical work, working with machinery, air crew

cat. 4: (contact Underwriter!)
ship's crew, working on level differences > 4m, extreme heat / cold, and other dangerous occupations

Insured Events (24hr cover)

Dangerous activities such as motorcycling (under age of 25) or dangerous sports are excluded.

Eligibility

Persons are eligible under the age of 60. The insurance ends automatically on the first renewal date after the 65th birthday.

COVERAGE & BENEFITS of OPTIONAL MODULE 4: Income Protection

Module 4 is optional and is available for working persons as well as temporarily non-working partners, who gave up their own career to follow their spouse or partner abroad. In case of (temporary or permanent) disability, this guarantee pays the insured pension according to the degree of disability of the insured person.

Income Protection	working	temp. non-working
degree of disability - 0 - 24% - 25 - 66% - 67 - 100%	0% 25 - 66% 100%	0% 25 - 66% 100%
insured events - private accidents - occupational accidents - illness - complicated pregnancy	✓ ✓ ✓ ✓	✓ ✗ ✓ ✗
types of pension - constant pension - increasing pension after incident - waiver of premium	✗ ✓ ✓	✓ ✗ ✓
type of disability covered - economic disability - physical disability	✓ ✓	only when legally allowed to work ✓
qualifying period - pension - waiver of premium	30 - 730 days 30 - 730 days	180 days 180 days
maximum pension insurable up to the first bracket of € 50.000 of the last 12 months gross income (fixed and/or variable) for the balance: - fixed income - variable part of income (average of last 3 years bonuses, premiums, commissions) - maximum yearly insurable pension	80% 60% 50% € 100.000	80% 60% 0% € 50.000

Eligibility

Persons are eligible for the Income Protection insurance module under the age of 55. The insurance ends automatically on the first renewal date after their 60th birthday.

In case of disability occurring before the renewal date following the 60th birthday, the Underwriter will continue to pay the pension until the end of the disability period, but at the latest on the last day of the insurance month in which the insured reaches the age of 65.

Non-working spouses or partners of expatriated persons are eligible under the same conditions as above, if they can prove they have worked up to 3 months before moving abroad.

Furthermore, to be eligible for compensation for economic disability they must reside in a country where they meet the requirements for a work permit.



COVERAGE & BENEFITS of OPTIONAL MODULE 5: Personal Belongings

Personal Belongings	ALL VERSIONS
GOODS AT RESIDENCE ABROAD	
contents & household furniture <ul style="list-style-type: none"> - fire - explosion - lightning strike, induction and overloading as a result of lightning - natural disaster - scorching, melting, charring and overheating - smoke and soot - impact by any vehicle or wild animal, aircraft crash and other devices or articles dropped thereof - storm or tempest with a wind velocity of 80km/h or more - flood caused by bursting or overflowing of water tanks, apparatus or pipes (rainfall, water, steam, fuel and oil) - damages caused by any person taking part in a riot or strike, or by any person of malicious intent - theft or attempted theft by house breaking - robbery and blackmail - breaking of glass plates as part of furniture and mirrors 	insured sum

Option 1: Tenant Liability	insured sum
- deductible per incident for content and tenant liability together	€ 200

Option 5: Personal Belongings

This optional module is designed to protect your most important and valuable objects, whether at home or during your travels for business or pleasure.



Additional Options to Module 5: Personal Belongings

Option 2: Baggage Insurance	ALL VERSIONS
reimbursements in baggage insurance will not exceed the overall limit of or following specific limits per object, per person, per incident	€ 2.000
only for professional/business travel:	
- commercial samples and specimens	€ 500
- professional equipment and instruments, including software	€ 1.000
for all travel:	
- reimbursement of all clothing and toiletries	€ 250
- audiovisual and computer equipment, including software	€ 500
- mobile phones, electronic diaries	€ 250
- photo and film cameras	€ 750
- jewellery and watches	€ 500
- sports equipment	€ 250
- musical instruments	€ 250
- tents	€ 250
- objects purchased during travel	€ 250
- travel documents	✓
deductible per incident	€ 100
maximum period of cover per travel (in consecutive days) is	90 days
maximum number of claims per policy year	3

Option 3: All Risk Personal Valuables Worldwide	Insured Sum
deductible per incident	€ 200



Additional Options

You may also want to consider adding any - or all - of the additional options such as tenant liability, baggage insurance and all-risk personal valuables.

COVERAGE & BENEFITS of OPTIONAL MODULE 6: Personal Liability

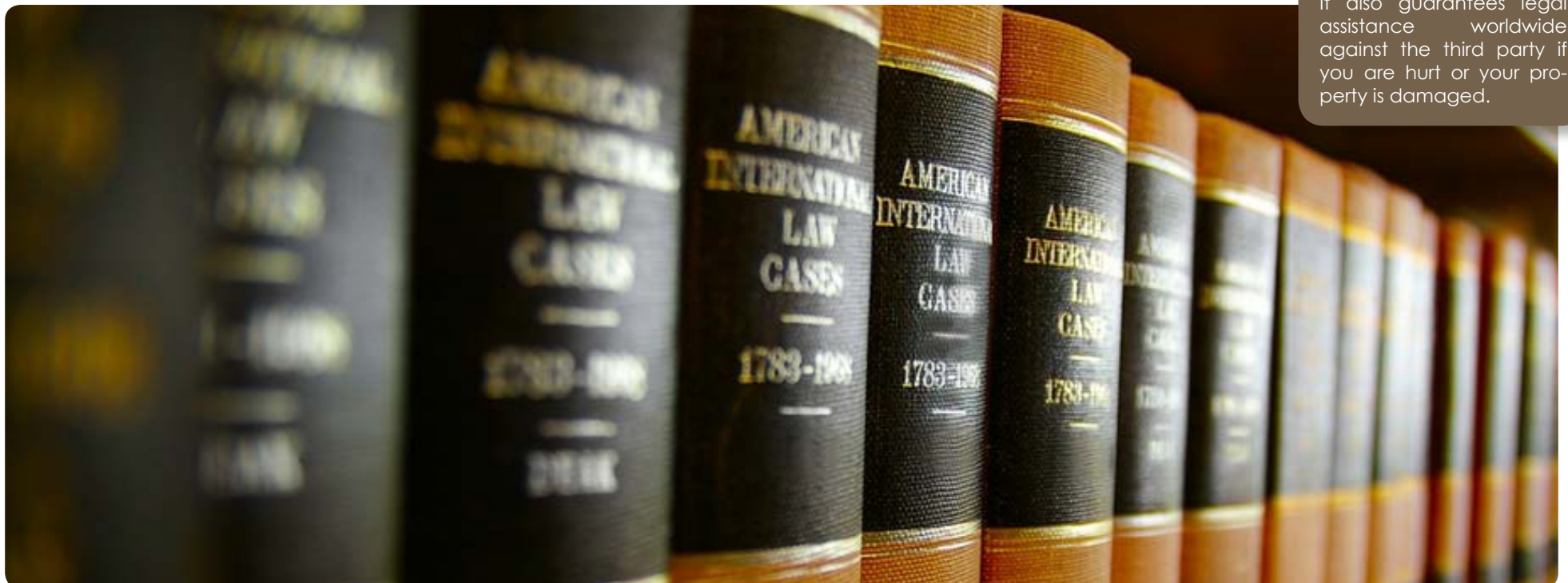
Module 6: Personal Liability	ALL VERSIONS
extra-contractual private liability reimbursements worldwide (excl. USA) will not exceed the overall limit of	€ 20.000.000
- bodily injuries	✓
- material damage, up to:	€ 1.000.000
- consequential immaterial damage resulting from covered bodily injuries or material damage	✓
reimbursements in USA will not exceed overall limit of	€ 1.500.000
- bodily injuries	✓
- material damage, up to:	€ 500.000
- consequential immaterial damage resulting from covered bodily injuries or material damage	✓
legal assistance	
- worldwide (excl. USA)	€ 125.000
- USA	€ 25.000
deductible per claim	€ 200

Option 6: Personal Liability

Our Personal Liability Coverage is the final option you may wish to consider for your €LP insurance policy.

It is designed to cover any accident you may have that causes damage or harm to a third party or their property.

It also guarantees legal assistance worldwide against the third party if you are hurt or your property is damaged.




Single Point of Contact

Expat & Co is your single point of contact for different social security and health care systems. No matter where you are, we will ensure you receive the best treatment and are on hand to offer you local advice and support.

Our multilingual alarm centre is available 24 hours a day, 7 days a week. Whether it's a medical emergency or a problem with your home, our representatives are on hand to offer all the support you need.

How to take out your policy

Taking out your Europat Local Plus policy couldn't be easier. Once you've decided which options you would like to include and which type of coverage you'd like to receive, fill out the form on our website and send it back to us by fax or e-mail.

 www.expatsinsurance.eu/PDF/application_form_Europat_Local_Plus_Individuals.pdf or
www.expatsinsurance.eu/PDF/application_form_Europat_Local_Plus_Corporate.pdf

To receive personal advice on our modules and options or for your made-to-measure quote, please don't hesitate to contact us; we look forward to hearing from you.

 info@expatsinsurance.eu

How to make adjustments to your policy

Should your situation have changed, or is it about to change and for any reason at all, €LP has been designed to adapt.

Simply let us know which adjustments you would like to make to your policy and we will do the necessary.



GLOSSARY & POLICY CONDITIONS

This glossary is a guide to your understanding of some of the used terminology.

1. Insurance

The Policy wording (including this Glossary) and the Policy Schedule (including the Benefits List) represent together the insurance contract with the Underwriter and set out the Terms of Insurance.

The application form is part of this insurance contract as well. These documents should be read together to avoid any misunderstanding. On the other hand, promotional brochures do not form part of the insurance contract.

2. Policy Schedule

In the Policy Schedule, you will find the specific details of the agreed insurance contract, such as the policy holder, the insured persons, insurance period, premium, deductible, inception date, etc... The Benefits List forms part of the Policy Schedule. A new Policy Schedule will be provided after each modification of the contract.

3. Underwriter / We / Our

Synonyms for the Insurer.

4. The Alarm Centre

International Assistance Group's alarm centre.

5. Network Manager

The Network Manager will negotiate with service providers networks and individual service providers to contain costs in favour of the insured person and the underwriter.

You can find the name and contact details of the Network Manager on your personal insurance card.

6. Policy Holder

The physical or legal person identified as the policy holder in the Policy Schedule.

7. Insured Person/You/Your

All persons listed in the Policy Schedule as being an Insured Person.

8. Beneficiary

The person to whom a benefit is payable on the strength of this insurance contract.

9. Family Members

Spouse/partner, children/parents (-in-law), other persons with whom the Insured Person lives at the same address on a permanent basis.

10. Close Relatives

Spouse/partner, children/parents (-in-law), brothers/sisters(-in-law), grandparents and grandchildren.

11. Minor Child

Child younger than 18 years of age.

12. Temporary Non-working Spouse

Spouse or partner, who has left his/her career temporarily, to follow the expatriated Insured Person abroad. He/she intends to work again as soon as allowed in the Host Country or upon return to the Home Country.

13. Inception Date/Effective Day

The date shown in the Policy Schedule on which the insurance starts, a new cover was entered into the policy or when a new Insured Person was included under this policy.

14. Renewal Date/Due Date

The date the premium is due, which in most cases coincides with the anniversary date of the Inception Date.

15. Waiting Period

A period of time, starting from the effective date the Insured Person entered in the insurance contract, during which the insurance provides no cover, unless specified otherwise.

16. Qualifying Period

A period of time, starting from the date of the claim, during which the insurance provides no cover, unless specified otherwise.

17. Deductible

The real out-of-pocket-expense, noted in the Policy Schedule, which will be deducted from the reimbursement to the Insured Person. For medical expenses this deductible will be applied annually. For other guarantees, this deductible will be applied per claim.

18. Co-Insurance

The percentage of the expense, noted in the Policy Schedule, which will be deducted from the reimbursement to the Insured Person. This co-insurance will be applied per claim.

19. Accident

An accident is any sudden, unexpected force from external origin, affecting or influencing the body of the Insured Person, and directly causing a medically diagnosable physical injury to the Insured Person.

An accident also includes the following events:

- acute poisoning caused by the sudden and involuntary inhaling of gases, vapours, liquid or solid substances, other than medicines, or allergens;
- illness or allergic reaction directly caused by an involuntary fall into the water or any other substance,
- or as a result of jumping in, in an attempt to save humans, animals or goods;
- the involuntary and sudden intake of substances or objects in the digestive system, respiratory system, the eyes or the ears, causing internal injury;
- spraining, dislocation and rupture of muscle and tendon tissues, provided these injuries have been caused suddenly and their nature and location may be diagnosed medically;
- suffocation, drowning, freezing, sunstroke, heat stroke;
- exhaustion, starvation, dehydration and sunburn as a result of unforeseen circumstances;
- complications or aggravation of the injury as a di-

rect result of first aid or medical treatment required after the accident:

- robbery, molestation without provocation of the insured;
- kidnap, hijack.

20. Hijack, Extortion, Kidnap, Wrongful Detention

Hijack is an unlawful seizure of an aircraft, land vehicle or vessel, either by an individual or by a group, to use the passengers as hostages.

Extortion is receiving threats to kill, injure or kidnap a covered person by persons who then demand a ransom as a condition of not carrying out such threats.

Kidnapping is the taking away or transportation of a person against the person's will, to hold the person for ransom.

Wrongful Detention or False Imprisonment is a restraint of a person in a bounded area without justification or consent, whether by legal authorities or by private persons.

21. Acute Illness

A medical condition that is temporary and is determined as curable by treatment.

22. Chronic Illness

A medical condition that is permanent and not determined as curable by treatment (yet).

23. Critical Illness

Following illnesses are considered critical illnesses: AIDS - Alzheimer - Amyotrophic Lateral Sclerosis - Anthrax - Brucellosis - Cancer - Cholera - Cystic Fibrosis (Mucoviscidose) - Creutzfeldt-Jacob - Crohn - Diabetes type I and II - Diphtheria - Encephalitis - Lymphomas (Hodgkin and others) - Kidney Dialysis - Leukaemia - Malaria - Malignant Melanoma - Meningitis - Multiple Sclerosis - Para Typhus - Parkinson - Pocks - Poliomyelitis - Pompe - Progressive Muscle Dystrophy - Tetanus - Tuberculosis - Typhus - Viral Hepatitis.

24. Critical Medical Condition

A medical condition requiring immediate transportation to a hospital.

25. Medically Necessary Treatment

The healthcare services, care, supplies and/or treatments which, according to the judgment of the treating doctor, are appropriate with the diagnosis and according to generally accepted medical standards, which could not have been omitted without seriously affecting the Insured Person's condition or quality of treatment rendered.

26. Permanent Invalidity/Disability

Total or partial reduction of physical integrity of the Insured Person's body that is considered permanent by medical consultants.

27. Economic Disability

The reduction of the earning capacity effectively suffered by the Insured Person caused by illness, accident or complicated pregnancy.

28. Physiological Disability

The reduction of the physical integrity of the Insured Person caused by illness, accident or complicated pregnancy.

29. Total Disability

Degree of disability equal to or higher than 67%.

30. Area of Cover

The well-defined geographical area where cover will be provided for claims occurring in that area.

31. EEA +CH

- all EU-member states (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and United Kingdom + eventual newly joining countries)
- all EFTA-member states (Iceland, Liechtenstein, Norway)

- Switzerland
- Overseas territories of EEA countries are not seen as EEA+CH.

32. Country of Residence

The country in which the Insured Person has his/her usual residence.

33. Home Country

The country that the Policy Holder has declared as such on the application form and of which he/she holds a passport and the nationality.

34. Country entitled for Social Security

The country where Insured's Social Security contributions are paid and where he/she can claim Social Security rights and apply for benefits.

35. Abroad

Every country outside the Country of Residence.

36. Health Fund

Mutual or private health insurer, licensed to provide the local governmental health insurance scheme, often called "Krankenkasse", "Mutuelle" or "Ziekenfonds". Is also considered as a Health Fund:

- the EU-Civil Servants Health Insurance Scheme,
- the Belgian Overseas Social Security Services (DOSZ/OSSOM)
- the French "Caisse de Sécurité Sociale des Français de l'étranger" (CFE).

Is not considered as a Health Fund: National Health Services (NHS), governmental or municipal institutions which provide care in kind.

37. Hospital

An establishment, which is legally licensed as a medical or surgical hospital/clinic.

38. Rehabilitation Centre

Every rehabilitation centre registered in accordance with the local authority's legislation that is not a hospital.

39. General Practitioner/Family Doctor

A person suitably qualified and legally licensed to practice general medicine in the country where treatment is provided. The general practitioner must be practicing within the scope of his/her license and training.

40. Specialist

A person suitably qualified and legally licensed to practice specialised medicine in the country where treatment is provided and who holds a certificate of specialist training. The specialist must be practicing within the scope of his/her license and training.

41. Dentist, Dental Practitioner, Dental Specialist

A person suitably qualified and legally licensed to practice dentistry in the country where treatment is provided. The dentist/dental specialist must be practicing within the scope of his/her license and training.

42. Obstetrician

A person suitably qualified and legally licensed to practice obstetrics in the country where treatment is provided. The obstetrician must be practicing within the scope of his/her license and training.

43. Therapist

A person suitably qualified and legally licensed to practice certain therapies in the country where treatment is provided. The therapist must be practicing within the scope of his/her license and training.

44. Inpatient Treatment/Hospitalization

Surgery or medical treatment in a hospital or clinic when it is medically necessary to occupy a bed at least for 1 night.

45. Day-Patient or Day Care Treatment

Surgery or medical treatment in a hospital or clinic where it is medically necessary to occupy a bed, but not to stay overnight.

46. Outpatient or Ambulatory Treatment

Surgery or medical treatment where it is not medically necessary to occupy a bed in a hospital or day clinic.

47. Alternative Medical Treatment

In- / day- or outpatient treatment given by a qualified and legally licensed acupuncturist, chiropractor, homeopath or osteopath, who practices within the scope of his/her license and training.

48. Special Dental Treatments

Treatment given by a qualified, legally licensed, and specialised dentist, who practices within the scope of his/her license and training, for:

- bridgework;
- crowns;
- periodontitis;
- orthodontics;
- dentures;
- implants;
- facets;
- inlays;
- onlays.

49. Nursing at Home or in a Convalescent Home

Medical services provided by a legally registered nurse in the Insured Person's home, prescribed by a Medical Practitioner and immediately following in-patient or day patient treatment.

50. Adoption

Adoption is the process whereby the insured couple assumes the parenting for a minor child who is not kin and, in so doing, permanently transfers all rights and responsibilities from the original parent(s).

51. Psychiatric Disorders

Psychoses, neuroses, temporary states of maladaptation, any other ailments or problems normally treated by psychiatrists.

52. Prescribed Medication

Medication of which the sale and use are legally restricted to the order of a doctor, general practitioner, physician, specialist or obstetrician's prescription. Not eligible for compensation are, for example:

- freely available medication (e.g. pain-killers, nose drops...)
- restorative and nutritional products;

- slimming products;
- tonics, medicinal wines, cod-liver and fish oil products;
- vitamin products;
- laxatives;
- cosmetics.

53. Expenses for Transport of Patients

The expenses of medically necessary and emergency transport of patients by ambulance, both to and from the hospital.

The expenses of emergency transport of patients by helicopter from the place of incident to the nearest and/or most appropriate hospital. This transport must be related to a medical treatment where the Underwriter is responsible for either in full or in part.

If the Insured Person is not in a critical medical condition, a right to reimbursement of the expenses of repeated ambulance transport will only exist if the Underwriter has given prior approval following a request for that specific purpose.

54. Evacuation/Repatriation Expenses

- the expenses for medically necessary transportation to another region or country where the Insured Person may receive an appropriate medical treatment;
- the expenses for repatriation of the mortal remains to the Home Country, and for statutory arrangements, embalment and coffin. The expenses for cremation or burial in the Home Country are not covered;
- the expenses of any other covered emergency return to the Home Country or Country of Residence.

55. Accommodation Expenses

The expenses for bed and breakfast in any hotel or boarding house.

56. Private Dwelling of Standard Construction

Dwelling which is constructed of hard materials as brick, stone or concrete (in case of wood a premium loading will be added) and the external surface of the roof constructed of slates, tiles, concrete, asphalt or of any entirely incombustible mineral ingredients.

57. Content, Household Effects

Household goods, furniture and all other personal property, tenant's fixtures and fittings, all of which are owned by or are the legal responsibility of the Insured Person or of any permanent member of his household.

58. Baggage

Goods and personal effects belonging to, or hired by, the Insured Person and accompanying the Insured Person on his/her journey.

59. Money/Values

Cash, bank notes, cheques, traveller cheques, vouchers and airport tax coupons.

60. Travel Documents

Passport, driver's license, tourist pass, tickets or other travel documents for which no duplicates can be issued.

61. Constant Pension

A "constant pension" is a pension that does not change during the course of the contract.

62. Increasing Pension after Incident

An "increasing pension after incident" is a pension that, during the right to benefit, increases with 2% of the initial pension, such as stated in the Policy Schedule, after each anniversary of the right to benefit.

63. Gross Income

Gross income is the total income of an Insured Person before taxes and/or social security contributions.

Gross income can be divided in fixed and variable income. Variable income are premiums, bonuses and commissions dependent on, or in proportion to, achieved results.

64. Key Person

A key person can be anyone directly associated with the business whose knowledge, work, or overall contribution is considered uniquely valuable to the Company-Policy Holder and whose loss can cause financial strain to the business.

65. Resident

A resident is a person who permanently resides in a given country.

66. International Commuter

An international commuter is a person who works in another country than his Country of Residence, and thus commutes on a regularly basis (daily, weekly...) between both countries.

67. Expatriate / Expat / Inpat / TCN

An expat is a person who lives, not permanently, and eventually works in another country than his/her Home Country.

68. Immigrant / Emigrant

An immigrant or emigrant is a person who lives, permanently, and eventually works in another country than his/her Home Country. Because of the permanent aspect, they will be regarded as Residents.

GENERAL CONDITIONS COMMON TO ALL MODULES

Article 1. Underwriting Insurer

Unless otherwise mentioned in the Policy schedule, the Underwriting Insurer is XL Catlin Belgium (a branch of XL Catlin SE).

Underwritten by XL Catlin Syndicate SJC2003 at Lloyd's, Uitbreidingstraat 10-16 B-2600 Berchem, BELGIUM further called "THE UNDERWRITER", Licensed for branch Accident, Health, Fire, Liability. License number FSMA 2405.

The assistance benefits are insured by XL Catlin Belgium. The organization and the execution of these services have been entrusted to a third party assistance company further called "THE ALARM CENTRE".

The policy and claims are administrated by:
Expat & Co BVBA Noordkustlaan 12, 1702 Groot-

Bijgaarden (Dilbeek) BELGIUM.

Licensed for all branches. License number FSMA 13.633A, and authorized to work in all countries of the European Economic Area (EEA).

Negotiations with service providers networks and individual service providers to contain costs in favour of the insured person and the underwriter, will be done by a Network Manager.

For the USA the Network Management has been entrusted to Olympus. For the rest of the world it is done by the Assistance Company.

Article 2. Description of the Insurance Contract

2.1. Modules and Options

The modules "Medical Care" and "Assistance" form the compulsory basis of this contract. It can be extended with other modules such as "Personal Protection" and/or "Disability Pension".

Both basic modules again offer a basic cover which can be extended with options. Options can only be taken out as a supplement of the compulsory basic cover.

2.2. Extent of Cover

This Insurance will provide cover to the Insured Person according to the conditions which are mentioned in the Policy Schedule, within the extent and limits described in the Benefits List.

2.3. Eligibility

To be eligible for this insurance package, at the effective day the Insured Person enters into the insurance contract, he/she must:

- be a member of the international staff of a Company, an Expat, an International Commuter, an International Student or Trainee, an Immigrant or Emigrant, or a Resident in a country which is not his/her home country AND
- have a European link, which means he/she holds a passport of EEA+CH, resides in EEA+CH, is employed by a EEA or Swiss company or is married/cohabiting

with a spouse/partner from EEA+CH.

2.4. Area of Cover

Unless otherwise stated the cover is limited to the chosen area of cover:

Zone 1: EEA+CH

Zone 2: Worldwide (excl. USA, Canada, Hong Kong)

Zone 3: Worldwide (excl. USA, incl. Canada, Hong Kong)

Zone 4: World wide

2.4.1. Top-Up Health Insurance

Top-Up Health Insurances will only provide cover in the Country of Residence as mentioned in the Policy Schedule. If the Country of Residence is different to the Country entitled for Social Security, (which can e.g. happen with International Commuters and posted personnel, the cover will be extended to both countries for the Insured Persons who have Social Security cover in both countries.

2.4.2. Travel Insurance

Travel Insurance is valid worldwide for a maximum 90 consecutive days. If a (temporary) stay Abroad is expected to last for more than 90 consecutive days, the Insured Person must report this to the Underwriter immediately.

2.5. Deductibles

The deductibles mentioned in the Policy Schedule shall apply per claim. Only for the Medical Care insurance will it apply once per insurance year and per Insured Person. In the event of a suspension or termination of the coverage, no reduction or pro rata adjustment of the deductible already applied will be made.

2.6. Co-Insurance

The co-insurance mentioned in the Policy Schedule shall apply per claim.

Article 3. Duration and End of the Insurance

3.1. Duration of the Insurance

The insurance will be effective from the Inception

Date mentioned in the Policy Schedule (but not before the date the first premium has been paid) for a 1 year period as a minimum and is renewable automatically for successive 1 year periods.

3.2. End of the Insurance

The policy can be cancelled by Registered written termination letter:

- on Due Date with at least 3 months prior notice;
- in connection with a claim, within 30 days after the Underwriter has taken a final position;
- in connection with a premium increase or alteration of conditions.

In case of death of the Policy Holder, the eventual other Insured Persons can terminate the contract, by sending a registered letter within 30 days after death.

3.3. Money Back Guarantee

If having purchased this insurance, you decide that it does not meet your requirements, please return this Policy together with written cancellation instructions to the Underwriter within 30 days of the date of issue stated in the Policy Schedule, and provided that no claim has been made, the premium will be refunded in full.

Article 4. Contract Modification

The Policy Holder can ask the Underwriter to change the Policy Schedule. If this modification leads to an increase of the covered risks, the acceptance will be subjected to the conditions applied at that moment. Every modification must be acted in an addendum to the policy or another equivalent document.

Article 5. Premium Payment

5.1. Premium payment in general

Premiums are determined by the Underwriter and will be payable, unless otherwise mentioned, in advance including eventual (local) premium taxes and contributions. The initial premium is due on the Date of Commencement as stipulated in the Policy Schedule.

The Policy Holder may choose between monthly, quarterly, bi-annual and annual payments. Monthly payments are 8,75% of the annual premiums (+5%). Quarterly premiums are 25,75% of the annual premiums (+3%). Bi-annual payments are 51% of the annual premiums (+2%). The premium must be paid within 30 days after its Due Date. Premium payment is possible by bank transfer, cheque, credit card or cash.

The Underwriter reserves the right to adjust the premiums once a year starting from the renewal date:

- based on eventual changes in cover;
- based on the loss experience during the previous year (e.g. because of the increased prices in medical care);
- in case of a fundamental modification in the legislation regarding one of the Social Security systems;
- in case of introduction or modification of legislation that influences this contract.

This in relation to the modification of the concerned legislation in question and its financial consequences for the Underwriter and after having notified the Policy Holder. The premium for medical care is also age related and will therefore be adjusted on the first premium due date after the Insured's following birthdays: 18, 25, 30, 35, 40, 45, 50, 55, 60, 65 and 70.

5.2. Non-Payment or Unpunctual Payment

The Policy Holder will be responsible for punctual payment of the premium to the Underwriter.

In the event that a premium is not received by the Underwriter on the Due Date, the Underwriter will send a registered letter. 15 (fifteen) days after sending this registered letter the Underwriter has the right to suspend or annul the contract if the premium has still not been received. Any policy suspension or annulment for non-payment will start after expiry of abovementioned period.

The Policy Holder maintains responsibility for any amount due (premiums, interests and costs). The cover of a suspended policy will only start again when all amounts due have been received and accept-

ed by the Underwriter, with respect of the provisions of eventual special clauses in the Policy wording or Policy Schedule. No right to any benefit will exist for reimbursement of any damage arising in the period the insurance is suspended.

Article 6. General Exclusions

The insurance will not cover damage or expenses caused by, or as a result of:

6.1. War Risk/Terrorism

Direct or indirect active engagement in (civil) war, invasion, riots, lock-outs, acts of a foreign enemy, hostilities (whether war be declared or not), civil commotion, rebellion, revolution, insurrection, terrorism, military or usurped power or any illegal act.

6.2. Criminal Acts

The committal of any criminal act, as perpetrator, co-perpetrator or accomplice, by the Insured or by the Beneficiary as interested party of the insurance benefits.

6.3. Weapons

The possession and/or the active use of weapons by an Insured Person or Beneficiary as interested party of the insurance benefits.

6.4. Nuclear Reactions

- nuclear accidents as described at the Paris Convention of July 29th, 1960;
- ionising radiations or contamination by radioisotopes.

An exception will apply when the Insured Person is exposed to nuclear reactions as result of any medical treatment.

6.5. Alcohol / Drugs

The use of alcohol, intoxicants, doping, drugs or medicines (except when the medicines are prescribed and used in accordance with prescription).

6.6. Sports

Unless otherwise stated, practicing following sports such as:

- speed races with motorized vehicles;
- amateur flying, delta flying, parachuting;
- rafting, deep sea diving;
- rugby;
- glacier trips without a guide, mountaineering;
- ski alpinism, ski jumping, ski bob;
- ski sailing; ice sailing, bobsledding, tobogganing, skeleton, swingbo;
- bodybuilding and weight lifting;
- all full contact box, hit, punch and kick sports, free fighting and wrestling. Judo, jiu jitsu, aikido, and semi-contact karate are accepted.

6.7. Other Exclusions

- intentional act or consent of the Insured or the Beneficiary as interested party of the insurance benefits;
- suicide or attempted suicide, unless otherwise stated;
- reckless act or severe negligence;
- active engagement in fights or risky ventures in which the Insured Person endangers his/her life or body.

Article 7. Claims

7.1. Reporting a Claim

Claims should be reported as soon as possible to the Underwriter. For this purpose a claim form should be completed according to the applicable instructions and returned together with the original and detailed bills and all supporting vouchers.

The right to compensation will expire if it is not reported within three (3) years after the date on which the damage occurred.

7.2. Complementary Intervention

In the event that the damage or expenses are also recoverable from other insurance companies, or a Social Security Institution, this insurance will only apply to complement the cover in the other policies or schemes up to the given limits in our Benefits List.

7.3. Subrogation

For any payment under this policy, the Underwriter will be subrogated to all rights and demands the Insured Person may claim concerning recovery against any third party or organization. The Insured will be obliged to give his/her full cooperation to secure such rights.

7.4. Dispute and Expertise

In case the Policy Holder or the Insured Person does not agree with a medical matter, then this should be reported to the Underwriter within 15 days after notification of the decision.

The dispute will be submitted on contradiction to a medical commission of 2 expert-doctors, one designated by the Policy Holder and/or the Insured, and one by the Underwriter.

If these doctors don't agree, they will designate a third expert doctor, whose role is to provide a decisive answer. If one of the parties does not designate an expert, or if both experts do not agree about the choice of the third expert, the designation will be done by the Court of First Instance from the head office of the Underwriter, on appeal of the plaintiff.

Every party carries the fees of his own expert; the fee of the third expert will be carried by both parties at equal share. The same principle will apply for the fees of doctors to whom they appeal.

Article 8. Exchange Rates

Premiums should always be paid in the currency mentioned in the Policy Schedule. All exchange and bank costs are at the expense of the Policy Holder. Claims will be reimbursed to the Insured Person in the currency mentioned in the Policy Schedule, or in the currency of his/her choice.

The date of the exchange will be the date of the invoice.

Article 9. Obligations of the Insured Person

The Insured Person is obliged to:

- report the event which may give rise to a claim to the Underwriter as soon as possible;
- supply the Underwriter with all particulars and documents as soon as possible;
- keep the Underwriter informed of new facts and developments in the case;
- take all reasonable measures and precautions to minimize the damage and the consequences for the Underwriter;
- lend his/her full cooperation to the claim settlement and withhold every action that may harm the Underwriter's interests.

If the Insured has not fulfilled these obligations, and this turns out to be a disadvantage to the Underwriter, the Underwriter will have the right to reduce the compensation amounting to this disadvantage.

The Insured Person loses any right to reimbursement, taking into account the circumstances under which the event occurred or with respect to any other component of the claim, when he/she:

- has given a misrepresentation of facts or has made an untrue statement;
- withholds information of which he/she could – or reasonably should - know that it might be important to the Underwriter in its assessment.

Article 10. Notifications

Notifications by the Underwriter to the Policy Holder will be made regularly to the Policy Holders' last address known to the Underwriter.

The Policy Holder and/or the Insured are obliged to notify the Underwriter of any changes of name or address mentioned in the Policy Schedule, changes in existing cover with third parties, changes in profession of the different Insured Persons or changes in family situation as soon as possible, or within 30 days of the change occurring.

The Underwriter must also be notified in the event of death of the Policy Holder or one of the Insured Persons. The Underwriter cannot be held responsible for

the consequences if the Policy Holder and/or the Insured fail to notify such events.

All notifications, claims, correspondence, physician's diagnosis and bills, etc... should be in one of the following languages: Dutch, English, French, or German.

All communications sent out by the Underwriter will be done in the contract language.

Article 11. Applicable Law, Disputes

The contract and the insurance relationship is subject to English law and practice and to exclusive jurisdiction of the English courts.

Article 12. Privacy Code

The personal data submitted to the Underwriter are intended only for the following purposes: evaluation of the insured risks, management of the commercial relationship, of the insurance contract and the claims covered by it, control of the portfolio and to prevent fraud or abuse.

Only for these purposes can this information be transferred to a reinsurer, expert or counsel. This information is only accessible to the underwriting and claims management services as part of their duties. All information will be handled with the greatest discretion. All involved persons have the right to look into their own particulars and have them corrected, if necessary.

GENERAL CONDITIONS SPECIFIC TO MODULE 1: MEDICAL CARE

Article 13. Extent of Cover – different possibilities

13.1. Full Cover Plan

(health insurance from the 1st euro)

This plan foresees a cover according to the Benefits List. If it should appear that the damage or expense covered by this insurance is also covered by (an)oth-

er policy or plan, of an older date or not, or would have been covered under it/them if this agreement had not existed, this insurance shall only run as a surplus on top of the cover that has been given on the other policy/policies or would have been given if this policy had not existed.

13.2. Top-Up Plan

(complementary health insurance)

People with a compulsory Health Fund cover based on reimbursement (no managed care in kind) can opt for a Top-Up Plan. This Top-Up Plan is available to following compulsory health insurance schemes in the EU:

- the Austrian health scheme ("Krankenkasse")
 - the Belgian RIZIV/INAMI scheme ("Ziekenfonds"/"Mutuelle")
 - the Czech health scheme
 - the Dutch indemnity health scheme ("Restitutiepolis")
 - the Estonian health scheme
 - the French health scheme (CMU & CPAM)
 - the German GKV scheme ("Krankenkasse")
 - the Luxembourg health scheme
- and is also available for:
- the Belgian Overseas Social Security scheme (DOSZ/OSSOM)
 - the EU-Officials health insurance scheme (RCAM)
 - the French Social Security scheme for Frenchmen abroad (CFE)
 - the Israeli health scheme
 - the Japanese health scheme
 - the Liechtenstein health scheme
 - the Swiss health scheme (LaMal)

This Top-Up Plan is an addition to the Social Security Scheme of the Insured Person. This means that the Social Security Scheme and the Top-Up Plan together insure a cover according to the Benefits List. The Insured Person will always inform the Underwriter, as soon as changes have been made in his/her Social Statute and/or the Health Funds cover.

13.3. Sleeper Plan

(suspended health cover)

When the Insured Person benefits from a compulsory group health policy from his/her employer he/she can opt for a Sleeper Plan. In this plan the medical cover is (in whole or in part) temporary suspended. During that period of suspended medical cover no reimbursements will be done by the Underwriter.

For the suspended part of the plan the Insured Person only pays a small part of the premium in order to preserve his/her future rights. The Insured Person must inform Us, within 30 days after leaving the collective employers' plan (e.g. in case of retirement), and has to change again into a Full Cover or Top-Up plan.

This way they are exempt from medical underwriting procedures and they avoid new waiting periods. The Insured Person must always inform the Underwriter, as soon as changes have been made to the Social Statute, the Health Funds cover and/or the employers' insurance cover.

13.4. Co-ordination of Benefits

If an Insured Person is covered by a Government program or another group health policy (employer, educational institution, professional association, etc.), the benefits of both plans will be coordinated in order that the combined payments do not exceed the actual covered expenses.

The general rule is that one policy pays first and the second policy pays the remaining eligible expenses up to the limits in the second plan. The Insurer of the second policy should receive original copy of the first policy's reimbursement statement and photocopies of all relevant bills. The following list identifies which policy should receive the original bills and act as the "First Policy" for:

1. All covered persons:
 - government programs (Social Security)
2. Employees and dependants
 - employer's policy
3. Dependant divorced children (in descending order):

- policy of divorced parent declared responsible by a court order;
- policy of divorced parent with custody;
- policy of step-parent (divorced parent with custody has remarried).

13.5. Changing from one plan to another

Changing to a Full Cover plan is always possible, except in countries where these kinds of plans are forbidden for persons with a Compulsory Health Fund cover (e.g. France).

In all other cases of change from one type of plan to another, the Underwriter needs proof, in the form of a certificate from the Health Fund or Social Security Institute (Eform), or a copy of the employers' policy, stating the cover details of the benefits.

In the event of a change to a Full Cover Plan, without any proof of change in the situation, the Underwriter reserves the right to demand a new medical underwriting procedure. In case of a change from one type of plan to another, the premium will be settled pro-rata.

It is the Insured Persons' obligation to inform the Underwriter within 30 days by written notice of all changes of the Social Statute, of Health Fund cover or of the employers' policy. Please also read Art. 9 and Art. 10 of the General Conditions.

13.6. Intellectual Property of the Concept

This concept of adapting the policy to the clients' situation of Social Security has been developed and worked out by Expat & Co BVBA – Noordkustlaan 12 - 1702 Dilbeek (Groot-Bijgaarden) - Belgium, and has been registered as a concept model at B.B.D.M (i-depot) N°3193/2005.

Article 14. Eligibility

The persons eligible for subscription to the insurance are the persons who:

- are sound of health and able-bodied at the Inception Date;

- are younger than 70 years old.

Article 15. Core Plan

The core plan must be taken out before any other supplementary option can be added. The insurance will cover the medical expenses incurred by the Insured Person according to the chosen type of plan, version and the applicable reimbursement rates and limits. Those are listed in the Benefits List.

15.1. Hospitalization, Inpatient Treatment

Refund for all Medically Necessary hospital accommodation, doctors' fees, medication, appliances and nursing charges provided to an Insured Person occupying a hospital bed. Suites are not covered. They will be reimbursed at the price of a normal private room. Supplementary costs of a Private Room are not covered at 100% in the Light and Emergency version, except:

- when medically necessary;
- in case of intensive care.

These exceptions must be stated by the Treating Specialist. Implanted prostheses, devices and appliances are covered if sufficiently tested and pre-approved by the Underwriter. Prostheses in experimental phase will not be subject for reimbursement. Palliative Care is limited to the number of days mentioned in the Benefits List. Palliative Care and Mortuary Costs are only covered when stated on the hospital invoice.

15.2. Bone Marrow, Tissue or Organ Transplants

The expenses for Medically Necessary hospital admission, pre- and post hospitalization treatment of the donor will be reimbursed in full on the basis of the chosen plan and version of the insured receiver. Under no circumstances will the amount of reimbursement for donor and receiver together exceed the given limits mentioned in the Benefits List.

15.3. Pregnancy & Childbirth

This guarantee includes normal childbirth, pregnancy complications, home delivery, pre- and postnatal

treatment by a doctor and/or obstetrician. It will not include pre- and postnatal exercises. The maternity costs will only be reimbursed, within the given limits in the Benefits List, on the condition that the date of delivery has passed the applicable waiting period of the Insured mother, mentioned in the Benefits List.

An elective caesarean will be reimbursed at the cost of a normal delivery. The provisions of the Hospital Plan will also apply to the newborn children from the time of birth and irrespective of any congenital diseases or defects, at the conditions:

- they have been presented to the Underwriter for insurance within thirty (30) days after their birth;
- all other children, living with the Insured parent(s) at the same address, have been insured under this cover;
- the date of delivery has passed the applicable Waiting Period of the Insured mother.

The exclusions foreseen in article 19.1 will not apply in that event. Costs for one (1) polysomnographic registration (sudden infant death test) will also be reimbursed within the first 6 months after birth.

15.4. Reimbursement of completed Adoption procedure (only in Gold version)

In case of medically proven infertility of one of both partners of a childless couple, and not a result of sterilization, the sum mentioned in the benefits list can be used as reimbursement for an official Adoption through authorized institutions, controlled by the local government.

The sum will be paid as a reimbursement of proven costs, after adoption is completed. It can never be used as an advance. This benefit is subject to a Waiting Period of 24 months and to Companies' prior approval. Both parents must be insured in this policy to have right to the benefit.

15.5. Pre- and Post Hospitalization

Will be reimbursed within the given limits in the Benefits List:

- prescribed Outpatient Treatments before and after

hospital admission, and which are directly related to that admission;

- prescribed Medication in direct relation to the admission;
- physiotherapy following an Inpatient Treatment prescribed by the treating Specialist. The reimbursable expenses do not include pre- and postnatal exercises, manual therapy, sports massage and occupational therapy.

15.6. Nursing at Home or in a Convalescent Home

Nursing at home or in a convalescent home can also be reimbursed, within the given limits and according to following conditions:

- it follows immediately after hospitalization and is a necessary substitute to hospital nursing;
- it is prescribed by the treating specialist and is performed by a registered nurse.

15.7. Physical Rehabilitation

Treatment in a Rehabilitation Centre immediately following an Inpatient Treatment, can be refunded within the given limits.

15.8. Psychiatric Treatment

Treatment of psychiatric disorders in an open Hospital can be refunded within the given limits. Forced admission or collocation will not be covered.

15.9. Emergency Dental Treatment

Within the given limits, the necessary and reasonable emergency dental treatment expenses, carried out by a licensed Dental Practitioner will be refunded, to replace or restore healthy natural teeth damaged or lost as a result of an Accident. Oral surgery (of the jaw) will be fully reimbursed as another surgery.

15.10. Accommodation Expenses for a parent accompanying a minor child

Parent accommodation for one (1) parent accompanying a Minor Child in the Hospital will be fully reimbursed during a maximum of 30 days.

If the parent cannot stay in the hospital overnight and the hospital is more than 75 km or 1 hour drive from

the home residence, the Underwriter can pay for accommodation in a hotel in the direct neighbourhood of the hospital within the given limits in the Benefits List.

15.11. Abroad

During a stay of the Insured Person outside the Country of Residence or the Country entitled for Social Security, or the Area of Cover, only emergency and Medically Necessary expenses will be reimbursed in relation to an Accident, an Acute Illness, or an Acute Attack of a Chronic Illness providing the insured person has strictly kept to his/her therapy and doctor's advice to treat or suppress the chronic illness.

No expenses will be reimbursed in case of a planned admission in a Hospital Abroad, except upon prior authorisation of the Underwriter and the eventual Health Fund in case of a Top-Up plan.

In case the patient is evacuated, by Us, to a more appropriate country of treatment outside the Area of Cover, all medical expenses will be reimbursed as if within the area of cover. There will be no other cover outside the Area of Cover.

15.12. Preventive Check-Ups and Vaccinations

Once per policy year every Insured Person can have a general check-up with a General Practitioner for preventive reasons. On top of this, every Insured adult woman (+18) can have a uterus, cervix and breast cancer test, while men above 45 can have a prostate cancer test, with a Specialist, at the expense of the Underwriter, within the given limits. All necessary vaccinations will be reimbursed, within the given limits.

Vaccinations can be subject of a waiting period as mentioned in the benefits list. Necessary vaccinations to move to the new country of residence have to be taken out before concluding the insurance and will not be reimbursed. Vaccination renewals and when moving to a new country while insurance is already 6 months in force will be reimbursed at 100%.

15.13. Patient Transportation

Road transportation by ambulance, if urgent and Medically Necessary, will be reimbursed within the given limits after an Accident, an Acute Illness, or an Acute Attack of a Chronic Illness providing the Insured Person has strictly kept to his/her therapy and doctor's advice to treat or suppress the chronic illness, a delivery, or from hospital to hospital by a Doctor's prescription.

An emergency and Medically Necessary helicopter transport is reimbursed from the place of incident to the hospital, within the given limits in the Benefits List. All other transportation must be pre-approved by the Alarm Centre in order to be compensated.

15.14. Critical Illnesses

This cover will reimburse all Medically Necessary Inpatient, Day Patient and Outpatient Treatment expenses concerning one or more of the listed Critical Illnesses within the given limits in the Benefits List. Prescribed Medication is also reimbursed. The covered critical illnesses are listed in the Benefits List.

The diagnosis of the illness must be confirmed by biological or anatomopathological examinations, medical imaging or other medical, recognised examinations, and will be subject to an expertise by a medical adviser designated by the Underwriter.

Article 16. Options

The options will cover the medical expenses incurred by the Insured Person according to the chosen plan and version and the applicable reimbursement rates and limits as listed in the Benefits List.

16.1. Option 1: Elective Extended Home Country Treatment

If the insurance has been extended with Option 1, the special terms below will also apply:
Option 1 can only be taken out as a supplement to the Hospital Plan.

An Insured Person can opt to be treated in his/her Home Country for important or critical operations,

within the given limits, and under the condition that:

- the Underwriter has given prior approval;
- the total expenses of the treatment do not exceed the limits mentioned in the Benefits List – "Hospital Plan";
- the given limits mentioned in the Benefits List – Option 1: "Elective Home Country Treatment" are the maximum reimbursements on top of the normal expenses the Underwriter would have paid for an identical treatment in the Country of Residence and/or Country entitled for Social Security.

No Transportation Expenses are paid, except in the Gold version where the Underwriter reimburses 50% of the travel expenses in economy class.

No Accommodation Expenses are paid, except for Hospital accommodation and the expenses for escorting a Minor Child as mentioned in the Benefits List under the basic Hospital Plan.

16.2. Option 2: Outpatient Treatment

If the insurance has been extended with Option 2, the special terms below shall also apply:
Option 2 can only be taken out as a supplement to the Hospital Plan.

The following expenses will be reimbursed within the given limits:

- the fee payable to the General Practitioner or Specialist for consultations and visits for medical treatment, examinations, small surgical operations provided to an Insured Person not occupying a hospital bed;
- the expenses for laboratory tests, medical imaging, electrophysiology (ECG, EEG, EMG), IRM and nuclear medicine used to diagnose or treat medical conditions;
- prescribed guidance by a dietician, speech therapist and stress counsellor under the supervision of the treating practitioner or specialist;
- the fees for outpatient physiotherapy. The reimbursable expenses do not include manual therapy, sports massage and occupational therapy;
- pre/postnatal exercises after the applicable Wait-

ing Period for pregnancies in the Hospital Plan;

- outpatient psychiatric care and psychotherapy;
- prescribed medication;
- the fees payable to the acupuncturist, chiropractor, homeopath or osteopath fee;
- the expenses for herbal and homeopathic medication prescribed by a qualified practitioner or homeopath.

16.3. Option 3: Dental Cover, Optical & Hearing Aids

If the insurance has been extended with Option 3, the special terms below shall also apply:
Option 3 can only be taken out as a supplement to the Hospital Plan.

The following treatments can be covered as pain-stilling dental treatment, within the given limits, if urgent and stated as painful by the dentist: fillings, fixing of broken teeth, root canal treatment, and tooth extraction.

The following treatments are covered as Routine Dental Treatment, within the given limits: dental check-up, tooth cleaning, surgery, anaesthesia and X-ray examination.

The following treatments are covered within the given limits as Special Dental Treatment: bridgework, crowns, implants, facets, inlays, onlays, periodontitis, orthodontics and dentures.

Orthodontic Treatment is limited to Minors, or after a deforming Accident or Acute Illness occurring during the term of the contract.

Special Dental Treatment is subject to a Waiting Period as mentioned in the Benefits List and pre-approval by the Underwriter. The number of implants is limited per life time as mentioned in the benefits list. One (1) pair of new glasses or contact lenses per insurance year is covered within the given limits, unless proven worsening of sight. In the emergency version only the replacement of broken glasses is covered. The Underwriter may request the broken glasses to be sent to us to support the claim. For frames a lump sum

is paid per given period and upon receipt of the invoice. Sunglasses and coloured lenses are excluded.

Hearing Aids prescribed by an Ear Specialist, are covered for maximum one (1) appliance every 3 years per hard-of-hearing-side and within the given limits.

Article 17. Advantage C1: Acceptance of Pre-Existent Disorders

This advantage is only available within collective and compulsory medical plans for an objective defined group of at least 10 insured employees and/or staff members in a Full Cover Plan or Top-Up Plan. Sleeper Plans are not taken into account.

People accepted under this advantage do not have to undergo a medical acceptance procedure, and will be covered even for diseases and injuries that occurred before the Date of Commencement of this policy within the given limits.

They will keep this advantage when they change to an individual policy, on the condition that they were insured for at least 2 consecutive years in the collective scheme, and the application of the individual policy is less than 30 days after they have left the collective policy.

Article 18. Claim settlement

18.1. Reimbursements

Reimbursement will be paid, following the Underwriter's approval of the expenses as being covered by the Insurance, after the original, detailed and receipted bills together with the policy number have been submitted to the Underwriter.

In case of a Top-Up Plan the original bills should be replaced by a copy, accompanied by an original attestation of the Health Fund stating their part of the reimbursement.

Reimbursements will be limited to the usual, customary and reasonable charges in the country in which

the treatment is provided.

Under no circumstances will the amount of reimbursement exceed the amount shown on the bill. If the Insured receives reimbursement from the Underwriter in excess of the amount to which he/she is entitled, the Insured will be obliged to repay the Underwriter the excess amount immediately, otherwise the Underwriter will offset the excess amount in another account between the Insured and the Underwriter.

18.2. Deductibles

If a deductible has been chosen, it will be applied per Insured Person and per policy year. In case the insured person asks for a modification of the deductible, the modification will only take place on the next Renewal Date. All Insured Persons within the same policy will have the same deductible.

The reimbursements will be paid once the Underwriter's reimbursable expenses have met the deductible. If admission to a Hospital does not end in the same insurance year in which it began the deductible shall only be applied once for this admission. In case of suspension, termination or change of the cover no reduction of the deductible already applied will be made.

18.3. Co-Insurance

If a co-insurance has been chosen, it will be applied per Insured Person and per claim. In case the Insured Person asks for a modification of the coinsurance, the modification will only take place on the next Renewal Date. The reimbursements will be paid under deduction of the coinsurance rate.

18.4. Waiting Periods

The waiting periods listed in the benefits list will apply. The waiting periods are not applicable if the new policy / module / option replaces a previous contract, with the same valid guarantees, within thirty (30) days after the expiry date of the previous contract, and under the condition that the waiting periods under the previous policy were fully expired.

18.5. Direct Payment

Direct payment to the hospital or treating practitioners is possible after We have been contacted by phone or email. The hospital or treating practitioner will then be sent a letter of guarantee by Us.

This letter of guarantee is granted for all inpatient treatments and for outpatient or dental treatments higher than 2.000€. The payment will be settled upon receipt of the original bills. In case of Top-Up Plans We will also require a signed mandate from the Insured Person in order to recover the part of our expenses at his/her Social Security institute.

Article 19. Exclusions relating to Module 1

Additional to the general exclusions mentioned in the General Conditions Art. 6, there will be no reimbursement of expenses:

- incurred for any disease, illness or injury known to the Policy Holder and/or the Insured at the time of application, unless agreed upon with the Underwriter;
- that can be claimed on the strength of a Social Security scheme. This exclusion will remain in full force in the Top-Up Plan if a claim is not compensated by the Social Security because a prescribed procedure has not been followed or an obligation has not been fulfilled (see Art. 13.2);
- for cell therapy;
- for the bare issue of medical certificates;
- for cosmetic surgery and treatments, unless it is a matter of mutilation as a result of an Accident, disease or a serious defect present and noted at birth;
- alternative medical treatment, other than mentioned in the Glossary and in Art. 16.2;
- treatment of sexual dysfunction;
- sterilization and abortion, unless Medically Necessary, as stated by the Specialist. Abortion following an indecent assault (rape) reported at the police station is covered.
- to undo a voluntarily undergone sterilization;
- contraception;
- venereal diseases however caused;
- haptonomy treatment;
- admission in a psychiatric clinic by collocation;

- admission in a closed psychiatric clinic;
 - for services or treatment at any long term care facility, spa clinic, hydro sanatorium, nature cure clinic or institution that is not a Hospital, or any kind of care which is not part of a medical or surgical treatment, including stays in nursing homes;
 - facets on intact incisive teeth;
 - treatment of diseases or injuries during military service;
 - contaminations or epidemics which have been placed under the direction of public authorities;
 - for the required personal contributions towards medical examination of the population, charged by the authorities;
 - treatments performed by the insured, his/her spouse, parents or children or a practice owned by one of these mentioned persons.
- The proven costs of materials and medicines will, however, be reimbursed in accordance with the plan.

Article 20. Methods of Treatment

Physicians, Specialists, Dentists, etc. performing the treatment must have authorisation in the country of practice.

Furthermore, the method must be approved by the public health authorities in the country where the treatment takes place.

Methods of treatment not yet approved by the public health authorities, but under scientific research, will only be covered if approved in advance by the Underwriter's medical consultants.

Article 21. Obligations of the Insured Person

The Insured Person is obliged to:

- notify the Underwriter, within 30 days or as soon as possible, and if possible in advance, of the event of admittance to a hospital of one of the insured persons;
- cooperate for a quickest possible recovery and with any medical examination desired by the Underwriter or submit to any requested observation in a hospital designated by the Underwriter;

- give full cooperation to the medical adviser appointed by the Underwriter to acquire necessary information;
- submit all the bills and receipts as soon as possible to the Underwriter;
- make sure that all the bills are itemized, so that the claim can be understood easily and without any further inquiries from the claims adjuster of the Underwriter;
- make sure that Doctors bills, also those created through automated computer systems, have been signed by the practitioner rendering the medical care;
- ensure that the bills for emergency dental treatment are enclosed with a statement of the treating Dentist;
- do everything that is in his/her power to keep the damage and the consequences of the Accident to a minimum;
- transfer all necessary particulars to the Underwriter, or to the experts designated by it, and not withhold any facts or circumstances that may be relevant to the Underwriter.

If abovementioned obligations are not fulfilled the Underwriter reserves the right to reduce compensation to reflect the caused disadvantage.

The Insured Person is requested, in case of a Top-Up Plan, to follow the regulations of the Health Fund strictly concerning approvals, referrals and free choice of Doctor /Hospital. No additional compensation will be due for expenses which would be covered by Social Security, if the Insured Person would have respected the regulations of the Health Fund.

In case of hospitalization, and in the United States in all cases of medical treatment, the insured person is requested to contact the network manager before making any appointment with medical service providers. The Network Manager will plan the visits and will negotiate the cost. Non-passing through the Network Manager can lead to an extra co-pay of 20% for the insured person.

GENERAL CONDITIONS SPECIFIC TO MODULE 2: ASSISTANCE

Article 22. Eligibility

The persons who have subscribed to the Module Medical Care are eligible. The right to assistance or reimbursement includes only the actions taken by the Underwriter itself, by the Alarm Centre or for which it has given its approval.

Article 23. Expat Assistance

The Expat Assistance cover is automatically included in the policy, and is valid in the Country of Residence, and in the Country entitled for Social Security, if it differs from the Country of Residence.

23.1 Diverse Information about Medical Services

Upon request by the Insured Person, and if available, the Alarm Centre can provide information about various medical centres, ambulance services, physicians, dentists, nurses and pharmacists (on call), opticians, and hire firms of medical appliances, situated nearest to the residence.

The intervention has as its only purpose to provide the Insured Person with useful information. The Alarm Centre, nor the Underwriter, can be held responsible for the price and/or quality of the supplied services.

23.2 Second Opinion of Company's Consulting Physician

In case the Insured Person receives medical advice, for which he/she would like to receive a second opinion, the Insured can appeal by phone to the Underwriter's consulting physician.

Attention: please note that online medical advice cannot establish a sound diagnosis. The intervention has as its only purpose to provide the Insured Person with useful information. The Underwriter, nor the physician, can be held responsible for the quality of the supplied advisory services.

23.3. Administrative Assistance in case of Illness or Accident

In case the Insured Person has to be admitted in a Hospital, the Alarm Centre will help him/her complete the necessary administrative formalities for the hospital admission. In case of the death of an Insured Person, the Alarm Centre will assist in the following:

- contacting of funeral undertakers;
- help in composing the funeral cards;
- information about the first administrative steps.

23.4. Booking of Hospital Room

In case the Insured Person has to be admitted in a Hospital, the Alarm Centre will organize the booking of the hospital room, and the direct payment.

23.5. Sending a Physician or Medical Team on location

In case of an Illness or Accident and if the medical team of the Alarm Centre considers it necessary, the Alarm Centre will send a physician or medical team to evaluate and decide upon which measures to take. The Alarm Centre's medical team will, from the first appeal, contact the treating physician in order to render assistance in the best possible way and adapted to the situation of the Insured Person. In all cases the organization of the first aid will happen by the local authorities.

23.6. Forwarding Urgent Messages

Upon request of the Insured Person, the Alarm Centre will forward urgent messages to all persons in relation to the insured cover and actions set out. All communications to be sent are subject to justification of the request and must state the message clearly and explicitly, as well as the correct name, address and phone number of the person to be contacted.

Every document regarding penal, financial, civil or commercial liability results will be communicated on full responsibility of the author, whose identity must be known. The content must be in accordance with the local and eventual international law and cannot hold any liability against the Underwriter or Alarm Centre.

23.7. Transportation of the Remains

The Alarm Centre will organize the transportation of the mortal remains from the place of death or from the mortuary to the place of burial or cremation in the Home Country.

23.8. Repatriation or Transportation after Medical Incident

In case the Insured Person has been hospitalized following a medical incident and the Alarm centres' medical team considers it necessary to transfer him/her to a better qualified medical centre, or a centre nearer to the residence or Home Country, the Alarm Centre will organize the repatriation or transportation of the Insured Person, if necessary under medical surveillance.

The decision concerning transport and the means of transport, will only be taken by the Alarm Centres' consulting physician and this in function of technical and medical importance.

It is compulsory to have the Alarm Centres' physician's approval for every transport. The Alarm Centre will also take charge of the organization of transportation of one (1) Insured Person while accompanying the repatriated Insured Person to the place of Hospitalization or their usual residence.

23.9. Death of an Insured Person

23.9.1. In case of burial or cremation in the Home Country

In case the family decides to bury or cremate the Insured Person in the Home Country, the Alarm Centre will organize the repatriation of the mortal remains and coordinate:

- the post-mortem treatment;
- a coffin, limited as mentioned in the Benefits List;
- the transportation of the remains from the place of death to the place of burial or cremation.

The expenses related to the ceremony and funeral or cremation itself will not be paid for by the Underwriter, nor the Alarm Centre. If the Insured Person stays Abroad alone, the Alarm Centre will organize, at the Underwriters' expense, a roundtrip for a Family Mem-

ber or Close Relative to accompany the remains. The Accommodation Expenses will be reimbursed, as mentioned in Art. 23.11 and in the Benefits List under "Travel and Accommodation Expenses".

23.9.2. In case of burial or cremation outside the Home Country

In case the family opts for a burial or cremation in another country than the Home Country, the Alarm Centre will take the same actions as mentioned in Art. 23.9.1. In addition, the Alarm Centre will provide a round-trip for 2 Family Members or Close Relatives to the place of burial or cremation.

The Accommodation Expenses of these persons will be limited, as mentioned in the Benefits List under "Travel and accommodation expenses".

In case of cremation outside the Home Country with a ceremony in the Home Country, the Alarm Centre takes charge of the Repatriation of the urn to the Home Country.

The intervention of the Underwriter is under all conditions limited to the expenses that would have been taken charge of for the repatriation of the mortal remains to the Home Country. The choice of the service providers intervening in the repatriation process belongs exclusively to the Underwriter and the Alarm Centre.

23.10. Repatriation of the Insured Family Members

In case of Repatriation of an Insured Person following Hospitalization or death, the Alarm Centre organizes the return to the Home Country of the other Family Members to their Home Country.

23.11. Travel and Accommodation Expenses

The Alarm Centre will organize the travel and accommodation, as mentioned in the Benefits List, for:

- the urgent return of an Insured Person to the Home Country because a Close Relative has passed away, or has been hospitalized in a life threatening or critical condition;
- the necessary presence of maximum one (1) close

relative, in case an Insured Person is hospitalized in a life-threatening or critical medical condition. This service will only be rendered if the Insured Person has not yet died before the time of departure;

- the necessary presence of one (1) person to accompany an Insured Person in case of an emergency evacuation;
- the necessary presence of one (1) Insured Person in case of major damage to the real estate property in the Home Country.

The cover can only be applied upon presentation of a death certificate, proof of hospitalization or proof of damage.

23.12. Advantage C2: Sending a Substitute

In case of death, Hospitalization for more than 10 days, or Repatriation of an Insured Person and if the presence of a substitute is indispensable, the Underwriter will pay for a round-trip ticket for a substitute, and take care of the Accommodation Expenses as mentioned in the Benefits List. This cover is only valid for collective underwriting of corporate clients.

Article 24. Travel Assistance

On top of the preceding benefits all Insured Persons can enjoy following benefits:
This cover is valid worldwide.

24.1. Preceding Travel Information

The Alarm Centre provides the Insured Person, upon request, following online information concerning a stay abroad:

- currencies and exchange rates
- formalities concerning visa, passport and other identity certificates;
- customs formalities;
- vaccinations;
- time difference;
- hygiene precautions;
- holidays;
- climate and clothing advice;
- means of transport.

The Alarm Centre can also, if available, refer the insured to physicians and/or hospitals abroad.

24.2. Trace and Rescue Expenses

The Alarm Centre will organize a trace and rescue operation, as mentioned in the Benefits List, made to save the Insured Person's life or physical integrity, on the condition that the rescue action is led by the local authorities or by official relief organizations.

In case of a ski Accident with physical injuries sustained on a ski run the Alarm Centre will organize a trace and rescue operation to bring the Insured back down per sledge or helicopter.

The accident must absolutely be reported to the Underwriter within 72 hours after occurrence.

The expenses for this operation can be claimed back from the client when such accident occurs outside the well-defined ski run and without a guide recognised by the local authorities.

24.3. Repatriation or Transportation in case of a Medical Incident

In case the Insured Person has been hospitalized following a medical incident and the Alarm Centres' medical team considers it necessary to transfer him/her to a better skilled medical centre, or a centre nearer to the residence, the Alarm Centre will organize the repatriation or transportation of the Insured Person, if necessary under medical surveillance. If the condition of the Insured requires no hospitalization, he/she will be transported to the usual residence.

The decision concerning transport and the means of transport, will only be taken by the Alarm Centres' consulting physician and this in function of technical and medical importance.

It is made compulsory to have the Alarm Centres' physician's approval for every transport. The Alarm Centre also organizes the transportation of one (1) Insured Person while accompanying the repatriated Insured Person to the place of hospitalization or usual residence.

24.4. Repatriation of Mortal Remains

In case of the death of an Insured Person as a result of an Accident or Illness Abroad the Alarm Centre will

organize the local statutory arrangements and the transport of the remains to the Home Country, according to the limits mentioned in the Benefits List.

If the family decides to bury or cremate the insured person locally or elsewhere, the Alarm Centre will organize this arrangement (inclusive roundtrip for 2 close relatives) to no greater amount than the arrangement to the former residence in the home country would have cost.

24.5. Repatriation of the other Insured Persons

In case of Repatriation of an Insured Person, the Alarm Centre organizes the return of the other insured persons to their residence or the continuation of their journey.

The cover "continuation of the journey" is limited to the expenses of repatriation of the insured persons to their residence. The cover is only applied if the other insured persons cannot use the same means of transport as on the outward journey or the means foreseen for the return journey.

24.6. Sending Essential Medication / Medical Appliances

The Alarm Centre will do everything in its power to locate and dispatch essential medication or medical appliances, prescribed by a qualified medical authority, that are unavailable locally, but available from the Country of Residence.

It is compulsory to have the Alarm Centres' medical team's prior approval for delivery. The dispatch depends on availability of means of transport and must be in accordance to the local and international laws.

The Insured Person commits himself/herself to reimburse the Underwriter for the price of the medication or appliances which were put at his/her disposal (except when covered in another area of cover of this contract), increased with the clearance expenses, and this within a period of 30 days after dispatch. A surety will be asked in advance. The Underwriter's medical team shall always give approval first.

24.7. Forwarding Urgent Messages

Upon request of the Insured Person the Alarm Centre will send urgent messages to every person in connection with the insured cover and actions and will inform them of the actions set out.

All communications to be sent are subject to justification of the request and must state the message clearly and explicitly, as well as the correct name, address and phone number of the person to be contacted.

Every document whereby penal, financial, civil or commercial liability results will be communicated are the full responsibility of the author, whose identity must be known. The content must be in accordance with the local and international law and cannot hold any liability to the Alarm Centre or Underwriter.

24.8. Assistance in case of Breakage, Loss or Theft of a Prosthesis

In case an Insured Person cannot use a prosthesis (glasses, lenses...) because of breakage, loss or theft, the Alarm Centre will do everything in its power to dispatch, via the fastest way, a new prosthesis.

The dispatch depends on availability of means of transport and must be in accordance to local and international laws.

The insured person commits himself/herself to reimburse the Underwriter for the price of the prosthesis which were put at his/her disposal (except when covered under another area of cover of this contract), increased with the clearance expenses, and this within a period of 30 days after sending. A surety will be asked in advance.

24.9. Assistance in case of Loss or Theft of Values

In case of loss or theft of Travel Documents, and after the Insured Person has reported this loss or theft to the local authorities, the Alarm Centre will put the necessary tickets at the disposal of the insured person so that they may continue his/her journey or to return to his/her residence.

The insured person commits himself/herself to re-

imburse the Underwriter for the price of the tickets which were issued to him (except when covered under another cover of this contract, e.g. baggage), increased with the clearance expenses, and this within a period of 30 days after dispatch. A surety will be asked in advance.

In case of loss or theft of Identity Documents, and after the Insured Person reported it to the local authorities, the Alarm Centre will put the Insured Person in contact with the local embassy or consulate for the issue of the necessary identity certificates, and pay for the travel expenses to and from the embassy/consulate, limited as mentioned in the Benefits List.

In case of loss or theft of cheques, bank cards or credit cards, and after the insured person reported it to the local authorities, the Alarm Centre will act towards the financial institutions to take the necessary precautions. Under penalty of decline of cover, the Insured Person has to report the loss or theft to the local authorities. Under no circumstance can the Alarm Centre, nor the Underwriter be held liable for incorrect transfer of information provided by the Insured Person.

24.10. Cash Advance

In case of a covered incident Abroad that forms subject of a request for intervention by the Alarm Centre and, after reporting to the local authorities, the Alarm Centre will upon request of the Insured Person and if necessary do everything in its power to provide him/her the counter value of an amount, as mentioned in the Benefits List. This sum must be reimbursed to the Underwriter within 30 days. A surety will be asked in advance.

24.11. Advance of Penal Bail

In case a legal action is taken against the Insured Person abroad, the Alarm Centre will advance the penal bail required by the local authorities up to an amount as mentioned in the Benefits List. This sum must be reimbursed to the Underwriter within 30 days after release. A surety will be asked in advance.

24.12. Advance of Solicitors fees

In case a legal action is taken against the Insured Person abroad concerning a traffic accident, the Alarm Centre will organize an appointment with a solicitor and advances the amount of the solicitors' fees up to an amount as mentioned in the Benefits List. This sum must be reimbursed to the Underwriter within 30 days. A surety will be asked in advance.

24.13. Linguistic Assistance

In case the Insured Person abroad experiences linguistic problems in connection with the current actions, the Alarm Centre will offer help by doing the necessary translations in order to facilitate a good understanding of the procedure. In case the translations are not related to the assistance or health services covered, the Alarm Centre will communicate the particulars of an interpreter to the Insured Person. The interpreter's fees are at the expense of the Insured Person.

24.14. Travel and Accommodation Expenses

The Alarm Centre organizes the travel and accommodation, as mentioned in the Benefits List, for:

- the urgent return of an Insured Person because a Close Relative has passed away, or has been hospitalized in a life-threatening or critical condition;
- the necessary presence of maximum one (1) Close Relative, in the event an Insured Person is hospitalized in a life-threatening or critical medical condition. This service shall only be rendered if the Insured Person has not yet died at the time of departure;
- the necessary presence of one (1) person to accompany an Insured Person in case of an Emergency Evacuation;
- the necessary presence of one (1) insured person in connection with major damage to the real estate property in the Home or Residence Country.

In case of a strike of the airport or railway personnel, a natural disaster, war, terrorist attack or sabotage, whereby the Insured Person experiences a delay (of more than 12 hours), the Alarm Centre will take charge of:

- the accommodation;

- or the disposal of a substitute car to continue the journey;
and this up to the limits mentioned in the Benefits List.

The Underwriter covers the expenses for the extended stay of an ill or injured Insured Person, if he/she, on medical prescription from a physician, may not set out on the return journey. The decision for an extended stay needs prior approval from the Underwriter's consulting physician. These expenses are limited per medical incident up to the limits given in the Benefits List.

If an ill or injured person has to extend his journey, the Underwriter also covers the accommodation expenses of the other Insured travelling companions. These expenses are limited per medical incident up to the limits given in the Benefits List. The decision needs prior approval from the Underwriter's consulting physician.

The cover can only be applied upon presentation of a death certificate, proof of hospitalization or proof of damage.

24.15. Assistance in case of Damage, Loss or Theft of Baggage

In case of loss or theft of Baggage the Alarm Centre will inform the Insured Person about the formalities of reporting the theft or the loss of the baggage.

In case of loss or theft of baggage the Alarm Centre organizes, upon request of the Insured Person, the dispatch of a suitcase with personal belongings to substitute those lost, with a total weight limit of 20 kg. The suitcase must be delivered before dispatch at one of the representation offices of the Alarm Centre, together with a detailed inventory of the content.

In addition, the Insured Person has the right to the same compensation for the purchase of the first requisites as in the case of delay (see further Art. 24.16.).

24.16. Baggage Delay

In case of delay of more than 8 hours of the Baggage the Underwriter covers the expenses for the purchase

of the first requisites up to the limits mentioned in the Benefits List.

24.17. Repatriation of the Baggage

In case of Repatriation of an Insured Person, the Alarm Centre organizes the transportation of the Baggage to the residence of the insured person.

24.18. Reimbursement for ski lift pass

In case the condition of the injured Insured requires Hospitalization of more than 24 hours or a Repatriation organized by the Alarm Centre, the cost of the lift pass will be reimbursed pro rata temporis, and limited as mentioned in the Benefits List.

In case of loss or theft of skis the Underwriter covers the rent of similar skis OR reimburses pro rata temporis the cost of the lift pass upon presentation of the original, and limited to the amounts mentioned in the Benefits List.

Article 25. Exclusions relating to Module 2: Expat Assistance & Travel Assistance

Additional to the general exclusions mentioned in the General Conditions Art. 6, there will be no compensation or reimbursement for damage or expenses concerning:

- illnesses or defects known – or reasonably should be known – by the Insured Person prior to the Inception Date of the contract, except when accepted by the Underwriter, or when the treating physician, prior to the departure has issued a written statement, that the insured was able to travel;
- any item confiscated or detained by customs or police authorities;
- theft of Baggage when left unattended, other than locked in secured buildings or locked out of sight in the boot of a motor vehicle;
- any unaccompanied Baggage, that is forwarded or posted and therefore not accompanying the Insured Person while travelling;
- loss or theft of Baggage not reported to the police within 24 hours of discovery and supported by a written police statement;
- money that was not in possession of the Insured

Person or was not put away in a safe.

Article 26 - Option 1: Travel Cancellation / Travel Interruption

If the insurance has been extended with Option 2, the special terms below will also apply.

Option 2 can only be taken out as a supplement to the Assistance Plan. The option Travel Cancellation/ Travel Interruption is limited in the number of consecutive days, and is subject to a Deductible, as mentioned in the Benefits List. This cover is valid worldwide.

26.1. Travel Cancellation

This cover will compensate the cancellation expenses charged to the Insured Person, following the conditions of the travel contract, because of a cancellation for one of the following reasons, of which the Insured had no knowledge at the time of booking the trip:

- illness, accident, pregnancy complications or death of:
 - the Insured Person, his Life Partner, a Close Relative;
 - a person who lives together with the Insured Person on the same address and is in his/her care and at his/her charge;
 - the private person where Insured was invited to stay for free.
- pregnancy of the Insured or spouse/partner, in case the booked trip falls in the last 3 months of the pregnancy, and the pregnancy was not known at time of booking the trip;
- termination of the employment contract of the Insured Person by his employer for economic reasons;
- cancellation of leave of the Insured Person by his employer because of unavailability of a replacing colleague due to illness, accident or death;
- compulsory presence of the Insured Person due to the conclusion of an employment contract with a minimum duration of 3 months;
- necessary presence of self-employed Insured Person because of the unavailability of a replacing colleague due to illness, accident or death;
- unavailability due to illness, accident or death of a

person charged with taking care of a Minor or handicapped child;

- major material damage to real estate property belonging to or rented by the Insured Person and occurring within 30 days before departure date;
- mandatory presence of the Insured Person called:
 - as a witness or member of the jury in court;
 - for military service or humanitarian aid;
 - for a re-examination in the period between departure date and 30 days after return date of the journey;
- if the Insured Person is called for the Adoption of a child;
- if the Insured Person is called for an organ transplant;
- inability of the Insured Person to receive, for medical reasons, a vaccination required for the destination;
- refusal of the entry visa by the authorities of the country of destination;
- total immobilisation, due to a traffic accident, fire or theft, of the private car of the Insured Person at the time of departure (or maximum 1 week before), or during the haul to the destination. Engine trouble or apparently bad maintenance are excluded from compensation;
- delay at the time of embarkation, unforeseen in the travel contract, at departure or during a hop, due to immobilisation of more than one hour because of a traffic accident or force majeure during the haul to embarkation.

The cover for cancellation is also granted in case of cancellation by a travel companion due to one of the abovementioned reasons, as long as the travel companion also subscribes to the option "Cancellation/Interruption" with the Underwriter.

26.2. Travel Interruption

This cover will compensate the non used travel days if the Insured Person has to interrupt his/her journey, for one of following reasons:

- illness, accident or death of:
 - the Insured Person, his Life Partner, a Close Relative;
 - a person who lives together with the Insured Person at the same address and is in his/her care and at his/her charge;
- necessary presence of self-employed, Insured

Person because of unavailability of a replacing colleague due to illness, accident or death;

- unavailability due to illness, accident or death of a person charged with taking care of a Minor or handicapped child;
- major material damage to real estate property belonging to or rented by the Insured Person and occurring within 30 days before departure date;
- mandatory presence of the Insured Person as a witness or member of the jury in court;
- if the Insured is called for the Adoption of a child;
- theft or total immobilisation of the private car of the Insured Person due to a traffic accident or fire that happened during the journey;
- delay at the time of embarkation, unforeseen in the travel contract, at departure or during a hop, due to immobilisation of more than one hour because of a traffic accident or force majeure during the haul to embarkation.

The cover for cancellation is also granted in case of cancellation by a travel companion due to one of the abovementioned reasons, as long as the travel companion also subscribes to the option "Cancellation/Interruption" with the Underwriter.

26.3. Exclusions relating to Option 1

In addition to the general exclusions mentioned in the General Conditions Art. 6, there will be no compensation for damage or expenses concerning:

- natural disasters;
- physical damage due to an Accident or illness for which a medical or paramedical treatment was prescribed by the treating physician, before the conclusion of the insurance contract;
- epilepsy, diabetes, evolution of a congenital disease;
- chronic or pre-existing disease of the Insured Person, except when no special medical or paramedical treatment was necessary during the month before conclusion of the travel contract and according to the treating physician there was no reason not to travel;
- accidents and disorders due to sports excluded in Art. 6.6.;

- psychological, psychosomatic, mental or nervous disorders except when they require an uninterrupted hospitalization of at least one week;
- complications, problems with or interruption of pregnancy;
- insolvency of the insured person;
- defects with or bad condition of the private car planned for travelling;
- delay due to traffic problems and other normal incidents;
- administrative, visa and other similar expenses.

The above mentioned exclusions are not only applied to the Insured Person but also to the person whose medical condition is the cause of the demand for intervention and as far as these persons are not older than 75 years of age.

26.4. Claim Settlement

26.4.1. In case of travel cancellation, the Underwriter will compensate:

- before Commencement of the travel contract: 100% of the cancellation indemnity, contractually due to the Insured Person;
- in case of cancellation by the travel companion and if the Insured Person decides to travel alone: the extra hotel and change expenses;
- in case of immobilisation of the private car the Insured Person can set out on the journey in a rented car. In this case the Underwriter will intervene in the net rental price of the car up to an amount equal to the counted cancellation indemnity. Toll rates, fuel and insurance expenses remain at the expense of the Insured Person.

The intervention of the Underwriter will never exceed the insured amount and will always be calculated based on the cancellation indemnity in the conditions of the travel contract, valid for cancellation within 48 hours after the Insured Person has knowledge of the incident that caused the cancellation.

26.4.2. In case of travel interruption, the Underwriter

will compensate:

- the non-refundable part of the travel price at pro rata of the amount of non used travel days, calculated as from the moment of return home at the residence or as from the day of Hospitalization Abroad.

The Insured Person can choose between:

- either immediate compensation for non-used travel days;
- or a voucher valid for one year to book a next trip with the same travel agency and/or with the same tour operator. In that case the compensation is increased by 10%;
- in case of immobilisation of the private car during the travel, the Insured Person can continue the journey in a rental car.

In this case, the Underwriter will intervene in the net rental price of the car up to an amount equal to the calculated interruption indemnity. Toll rates, fuel and insurance costs remain at the expense of the Insured Person.

26.5. Obligations of the Insured Person

The Insured Person must comply with the following:

- inform the Underwriter immediately in case of a covered claim and send a written declaration within 7 days from the moment the Insured Person has the possibility to do so;
- comply to the instructions of the Underwriter and send all information and documents that may be necessary or useful to the Underwriter;
- take all necessary and useful precautions to reduce damage to a minimum, i.e. from the moment the Insured Person has knowledge of the incident that can cause a cancellation of the trip, he/she will notify the travel agency or the tour operator immediately.

GENERAL CONDITIONS SPECIFIC TO MODULE 3: PERSONAL PROTECTION

Article 27. Eligibility

Persons eligible for subscription to the insurance:

- are sound of health and able-bodied at the Inception Date;
- are younger than 60 years of age.

Article 28. Extent of Cover

This cover guarantees payment of benefits mentioned in the Benefit List, in case of Death or Permanent Disability of the Insured Person by Accident. In case of a Key Person Insurance the beneficiary will be the employer. The maximum insurable sums can be made dependant on the Gross Income or turnover, as mentioned in the Benefits List. No sum paid out can be higher than the rates mentioned in the Benefits List, or than the last 12 months gross income or turnover.

If the option Critical Illness has been included this cover guarantees payment of benefits mentioned in the Benefit List in case of a definitive diagnosis of a Critical Illness that is medically accepted as incurable.

If the option Kidnap, Hijack, Extortion or Wrongful Detention has been included, the Insured Person(s), held as a hostage or prisoner, can be indemnified for the ransom paid, and the advising crisis management experts, up to the limits mentioned in the Policy Schedule.

In the sum insured is included the expenses associated with the crises, fees and expenses of a response consultant, independent negotiator, public relation consult, interpreter, security guards, retained for an Insured Event, as well as Travel and Accommodation Costs, legal advice, rewards for informants, advertising, communication & recording equipment, interests and loans to meet a ransom.

If the option Term Life insurance has been included

this cover guarantees payment of the lump sum mentioned in the Policy Schedule in case of death of the Insured Person irrespective of the cause. In case of suicide a waiting period of 2 years will be applied.

Article 29. Exclusions relating to Module 3

In addition to the general exclusions mentioned in the General Conditions Art. 6, no benefit can be claimed for

damage caused by or concerning:

- a pre-existing health condition of the Insured Person, unless these circumstances are known and were accepted by the Underwriter, as stated in the Policy Schedule, or as the result of a prior accident for which the Underwriter already paid, or is due to pay benefits;
- unless otherwise stated, accidents happening to an Insured Person as a rider of a motorcycle with a capacity of 50cc or more, if he/she has not yet reached the age of 25;
- the death of a child under the age of 6 (except for burial costs).

Furthermore no benefit can be claimed, except for the cover Term Life, for damage caused by or concerning:

- any intentional act carried out by the Insured Person;
- mental disorders, regardless what the cause may be;
- Kidnap, Hijack or Extortion in connection with a child custody dispute, or persons held hostage by a Close Relative;
- a detention which is for a period of fewer than 24 hours;
- detention due to failure of the Insured Person properly to procure or maintain immigration, work, residence, travel or similar visas, permits or other documents;
- losses caused by malicious use of pathogenic, poisonous, biological or chemical materials, nuclear reaction, contamination or radiation.

Article 30. Obligations

This insurance does not provide any cover if the Insured Person or, in the event of death the Beneficiary, has not fulfilled any of the following obligations and has consequently threatened the interests of the Underwriter.

30.1. Reporting a Claim

In case of Accident, the Insured Person, or in case of impossibility the Beneficiary or the Policy Holder, is obliged to notify the Underwriter as soon as possible, but at the latest within thirty (30) days after the accident has occurred.

In case of death the Underwriter should be notified at least 48 hours before the burial or cremation to determine the cause of death. Policy Holder and Beneficiary are obliged to give their full cooperation.

30.2. Obligations of the Insured Person after an Accident

The Insured Person is obliged:

- to seek medical treatment as soon as possible and to do everything that is in his/her power to keep the damage and the consequences of the accident to a minimum;
- to be examined by a medical consultant designated by the Underwriter;
- to transfer all necessary particulars to the Underwriter, or to the experts designated by it, and not withhold any facts or circumstances that may be relevant to the determination of the extent of Permanent Disability.

30.3. Obligations of the Insured Person, his Family Members, or Employer, concerning the Kidnap, Hijack, Extortion or Wrongful Detention cover.

The Insured Persons, his/her Family Members, or Employer, are obliged:

- to keep confidential the existence of this Insurance, all sums covered and actions taken;
- to contact the Underwriter who will charge their special risk consultants with the task of assessment of the situation. They will assist and provide advice to the employee, his family members and/or employer

in the handling of the negotiations with the hostage takers or kidnapers;

- the insured persons shall neither admit any liability for, nor settle any claim, nor incur any costs or expenses without the prior authorization of the Underwriters;
- to provide whatever information is required as soon as is practicable;
- to inform, or allow the Underwriters' Advisors to inform the appropriate authorities responsible for law enforcement in the country where an Insured Event has occurred, of the ransom demand as soon as is practicable, and keeping in mind the personal safety of the Insured Person(s).

The Underwriters shall have the right to defend any such suit against the Insured Persons and may make whatever investigation and settlement of any claim or suit they deem expedient and the law allows, and the Insured Persons shall co-operate fully with the Underwriters in all things.

The Insured Person must provide all necessary evidence and complete, sign or seal all papers required by the Underwriters to recover compensation or secure an indemnity from any third party in respect of any loss or damage. If the Underwriters instigate proceedings in the name of the Insured Person, any monies thus received will belong to the Underwriters.

30.4. Obligations of the Policy Holder

The Policy Holder is obliged to give his/her full cooperation to the Insured Persons' fulfilment of the responsibilities as mentioned above. It is also the responsibility of the Policy Holder to notify the Underwriter of any newborn child within thirty (30) days after the birth. Cover can then be in force from the date of birth, provided that all the children qualifying for the purpose have been insured under this cover.

Article 31. Claim Settlement

31.1. Right to benefit in the event of death

The right to benefit occurs when the Insured Person, over the age of 6, has died as a direct result of an Accident.

In case of Term Life other causes are also accepted. The right to benefit will only occur if the date of suicide is at least two years after the date of commencement of the Insured Persons' cover.

If an Insured Person disappears during the period of insurance and such insured person's body is not found within 12 months after disappearance and sufficient evidence is produced, satisfactory to the Underwriters, that leads inevitably to the conclusion that the Insured Person sustained death, solely and directly as a result of an insured event, the Underwriters will pay the death lump sum, mentioned in the Policy Schedule, provided that the person(s) to whom the sum is paid shall sign an undertaking to refund the sum to the Underwriters if the Insured Person is subsequently found to be living.

If, with respect to the same accident, a benefit for Permanent Disability has already been paid out, it will be deducted from the benefit payable for death. There will be no reclamation of benefit already paid out.

31.2. Right to benefit in the event of Permanent Disability

The right to benefit occurs when the Insured Person is permanently disabled as a direct result of an Accident. The benefit will be determined as a percentage of the insured lump sum according to the percentage of disability (see article 35.4).

If, prior to the determination of the Permanent Disability the Insured Person should die more than 1 month after the accident, the right to benefit will continue to exist. The benefit will then be determined based on medical reports, on the assumption that the Insured Person would not have died.

31.3. Right to benefit in case of a Critical Illness

The right to benefit occurs when the Insured Person has received a definitive diagnosis of one of the listed Critical Illnesses that is incurable. If prior to the definitive diagnosis the Insured Person should die, the right to benefit will continue to exist for the Beneficiaries, if notified to the Underwriter at least 48 hours before

burial or cremation.

31.4. Determination of the Benefit Percentage

The degree of Permanent Disability will be determined by a medical consultant designated by the Underwriter as soon as the Insured Person seems to be in a stable condition.

The consultant will determine the percentage of functional loss of a certain part of the body or organ, and/or the percentage of functional loss of the body as a whole, according to objective standards and with the latest edition of the "Official European Scale for determination of the degree of Invalidity".

The degree of invalidity will be determined without regard to externally applied prosthetic devices and apparatus.

However, if internal prosthetic devices and apparatus have been applied, the lesser functional loss obtained by the use of this apparatus will be taken into account. The benefit percentage will be equal to the percentage of functional loss.

31.5. Cumulative Benefits

If different Accidents or illnesses happen to one Insured Person during this cover, the sum of all benefits will never exceed the overall limit mentioned in the Benefits List.

31.6. Payment of the Benefit

The benefit will be paid to the Beneficiary which is the Insured Person him- or herself or in case of death his/her heirs or the rightful claimants in equal parts, unless otherwise stated in the Policy Schedule.

Article 32. End of the Guarantee

Unless otherwise mentioned in the Policy Schedule the Personal Protection Insurance will automatically end upon the first Renewal Date after the 65th birthday of the Insured Person.

32.1. Aggravation of Risk

In case of aggravation of risk because of change in

the professional activity or move to a more dangerous area, the Underwriter reserves the right to adapt the premium to the new situation or to cancel the policy. The Policy Holder then has the right to cancel the cover if he/she does not agree with the new premium, with a thirty (30) days notice after the announcement of the premium increase.

GENERAL CONDITIONS SPECIFIC TO MODULE 4: INCOME PROTECTION

Article 33. Eligibility

Persons eligible for subscription to the Income Protection Insurance:

- are sound of health and able-bodied at the Inception Date;
- are older than 18 years and younger than 55 years of age;
- exercise a professional activity and benefit from a Professional Income.

Temporary Non-working Spouses eligible to subscribe the Disability Insurance:

- are sound of health and able-bodied at the inception date;
- are older than 18 years and younger than 56 years of age;
- exercised a professional activity and still benefited from a professional income up to 3 months before moving Abroad;
- plan to restart their career, as soon as they meet the conditions to receive a work permit in the Host Country, or upon return to the Home Country.

33.1. Change of Professional Activity

Every change in the profession or work of an Insured Person must be reported to the Underwriter within 30 days. Also unemployment of more than 3 months has to be reported. If in the view of the Underwriter the change does not carry an increase of risk, this coverage will remain in force without alteration.

In case of a risk increase acceptable to the Underwriter, the premium and conditions for this new risk may be adjusted. The Policy Holder will be entitled to cancel the guarantee in compliance with the terms set out in Art. 3.2. of the General Policy Conditions.

If the change should not be acceptable to the Underwriter, the Underwriter may limit the cover to private accidents and illnesses or even terminate this cover with notice of at least thirty (30) days. As long as an acceptable change of risk has not been reported or the coverage has not been adjusted, benefit for professional accidents will be paid in the proportion that the old premium due bears to the new premium.

Article 34. Extent of Cover

The Disability Insurance guarantees benefits in case of disability due to Accident, or illness, injury. Working people can also benefit in case of complicated pregnancy.

The amount of benefits depends on the degree of disability. The maximum insurable pension is dependant to the Gross Income, as mentioned in the Benefits List. No pension paid out can be higher than the rates, mentioned in the benefits list, of the last 12 months gross income.

Article 35. Exclusions relating to Module 4

In addition to the general exclusions mentioned in the General conditions Art. 6, no benefits can be claimed for disability caused by or concerning:

- any intentional act carried out by the Insured Person;
- a pre-existing health condition of the Insured Person, unless these circumstances are known and were accepted by the Underwriter, as stated in the Policy Schedule, or are the result of a prior Accident for which the Underwriter has already paid out, or is due to pay benefits;
- mental or subjective disorders, regardless of the cause, unless:
 - those for which diagnosis is based on organic symp-

toms,
- those known and accepted by the Underwriter, as stated in the Policy Schedule;
- those which are the result of a prior accident for which the Underwriter already pays out, or is due to pay benefits;
• unless otherwise stated, accidents happening to an Insured Person as a rider of a motorcycle with a capacity of 50cc or more, if he/she has not yet reached the age of 25.

Article 36. Obligations

This insurance does not provide cover if the Insured Person and/or the Policy Holder has not fulfilled any of the following responsibilities and has consequently threatened the interests of the Underwriter.

In case of non-fulfilment of an obligation mentioned in the present contract, leading to an inaccurate evaluation of the risk or claim, the Underwriter may partially or completely cancel the right to benefits and reserves the right to request refund of any unduly paid benefits. In this case, the Underwriter may terminate the disability cover. The Disability Pension Insurance will be void in case of intentional omission, or inaccuracy in the Insured Person's declarations, leading the Underwriter to an inaccurate evaluation of the risk elements.

36.1. Reporting a Claim

In case of disability, the Insured Person is obliged to notify the Underwriter as soon as possible, but at the latest within thirty (30) days, of an Accident, Illness or Complicated Pregnancy from which a right to benefit might arise.

A medical report has to be sent to the Underwriter, including all the information regarding the cause, the start, the course and the consequences of the disability, as well as the treatment undergone and a description of the professional activities of the Insured Person.

The Underwriter reserves the right to request any other information that it deems necessary or to des-

ignate doctors to examine the insured person as far as this may be required to determine the benefits to be paid. The ensuing medical fees are at the Underwriter's expense. The Insured Person authorises in advance all doctors he/she has received treatment from to communicate any information regarding the Insured Person's health to the doctor designated by the Underwriter.

The Underwriter must be informed within one (1) month after the occurrence of any increase or decrease regarding the degree of disability or if the Insured Person has totally recovered from the disability. The Underwriter will then immediately adapt benefits to the new degree, under reservation of all rights of information request or examination by a doctor designated by the Underwriter.

In case of death of the Insured Person, the Policy Holder is obliged to notify the Underwriter as soon as possible.

36.2. Obligations of the Insured Person in the event of an Accident, Illness, or Complicated Pregnancy

The Insured Person is obliged:

- to undergo medical treatment as soon as possible and to do everything that is in his/her power to keep the damage and the consequences of the accident to a minimum;
- to be examined by a medical consultant designated by the Underwriter;
- to transfer all necessary particulars to the Underwriter, or to the experts designated by it, and not withhold any facts or circumstances that may be relevant to the determination of the extent of disability.
- to inform the Underwriter as soon as possible in the event of a temporary stay Abroad of more than 90 days.

36.3. Obligations of the Policy Holder

The Policy Holder is obliged to give his/her full cooperation to the Insured Person's fulfilment of the responsibilities as mentioned above.

Article 37. Claim Settlement

37.1. Right to benefit

Right to benefits occurs:

- when the degree of disability of the Insured Person is equal to or higher than 25%;
- upon completion of the Qualifying Period;
- upon production of the documentation mentioned under Art. 36;
- subject to the Insured Person being 18 years or older in the regular version and the version for non-working spouses;
- subject to the Insured Person not having reached the age of 60 at the beginning of the disability;
- for temporary Non-working Spouses, there is the additional condition to live in a country where they are permitted to work, in order to have the right to benefit from an economical disability pension.

The payment of the benefit occurs proportionally to the degree of disability.

Once the disability reaches 67%, the Underwriter will consider it as Total Disability and the payment will be 100% of the agreed benefit, as mentioned in the Policy Schedule.

Right to benefits ends:

- when the degree of disability drops below 25%;
- at the latest when the Insured Person reaches the age of 65;
- upon death of the Insured Person;
- upon cancellation of the disability insurance.

37.2. Determination of the Disability

The degree of disability will be determined by a medical consultant designated by the Underwriter as soon as the Insured Person is agreed to be in a stable condition. The degree of disability is determined according to Physiological and Economic criteria.

The consultant will determine the percentage of physiological disability according to objective standards and with the latest edition of the "Official European Scale for determination of the degree of Invalidity".

The degree of disability will be determined without regard to externally applied prosthetic devices and apparatus.

However, if internal prosthetic devices and apparatus have been applied, the lesser functional loss obtained by the use of this apparatus will be taken into account.

The degree of Economic Disability, will be determined while taking into account the professional activities of the Insured Person at the moment of the claim, as well as his/her capacities to readapt to a professional activity compatible with his/her knowledge, capabilities and social situation, under normal economic conditions.

The benefit percentage taken into consideration corresponds to the highest degree of both types of disability.

37.3. Qualifying Period

The duration of the qualifying period is stated in the Policy Schedule. During this period, no benefit is due. For Non-working Spouses/partners the qualifying period is 180 days. To be eligible for a pension for economic disability the Insured must live in a country where he/she is allowed to work.

37.3.1. Qualifying Period in case of Relapse

In case of a medically proven relapse within three (3) months following the end of the disability, the resulting disability will be considered as a continuation of the initial disability.

This means that the qualifying period is no longer applicable, under the condition that this qualifying period has been entirely completed since the beginning of the initial disability.

In case the qualifying period was not entirely completed since the beginning of the initial disability, it will be applicable for the remaining time, starting at the verification of the relapse. In case the relapse occurs more than three (3) months after the end of the initial disability, the resulting disability will be considered as

a new disability.

37.4. Payment of Benefits

37.4.1. Waiver of Premium Payment

During the period of disability, and proportionally to the degree and duration of disability, the Beneficiary is not required to pay the premiums of the disability insurance. The waiver of premium is granted until the rights to benefits ends.

Nevertheless, premiums remain payable as long as no decision has been taken regarding the right to benefits and as long as the Qualifying Period is not fully completed. Once the right to benefits has been acknowledged by the Underwriter, any premiums paid after the commencement of disability will be refunded in proportion to the degree and duration of the disability.

37.4.2. Pension

The benefits of the (temporary) Disability Pension are due at the end of every month, proportionally to the rights acquired, in the course of this month. The monthly pension is Constant in case of the version for Non-working Spouses, and Increasing in case of the regular version.

Article 38. End of the Guarantee

Unless otherwise mentioned in the Policy Schedule the Disability Pension will automatically end:

- on the date mentioned in the Policy Schedule;
- upon the first Renewal Date after the 60th birthday of the Insured Person. Nevertheless, if the disability commences before this date, benefits will continue to be paid out, but only as long as the disability lasts and at the latest until the Insured Person turns 65;
- After unemployment, interruption of the insured professional activities or the disappearance of the Insured Persons' professional income, for more than 3 months, except if this interruption and/or disappearance is related to a case of disability, insured under this cover.

38.1. Aggravation of Risk

In case of an increase of cover (even a reinstatement to its original form after a period of decrease), the Underwriter reserves the right to start the medical underwriting procedure again and to refuse the additional cover or to accept it against special conditions.

In case of an aggravation of risk because of change in the professional activity or move to a more dangerous area, the Underwriter reserves the right to adapt the premium to the new situation or to cancel the policy. The Policy Holder then has the right to cancel the coverage if he/she does not agree with the new premium, with a thirty (30) days notice after the announcement of the premium increase.

GENERAL CONDITIONS SPECIFIC TO MODULE 5: PERSONAL BELONGINGS ON THE MOVE

Article 39. Extent of Cover – Content

The object of this module is to cover household effects and furniture within the private dwelling(s) of Standard Construction, mentioned as the residence address in the Policy Schedule.

Also covered are the Contents in domestic outbuildings and garages of standard or non-standard construction contained within the premises named in the Policy Schedule. The goods are covered up to the amount stipulated in the Policy Schedule.

Article 40. Insured Content

Are insured the Contents belonging to or under the responsibility of the Insured which normally fall into the notion of household effects and which, during the period of validity of the contract, are located at the address of residence abroad, mentioned in the Policy Schedule.

Furthermore the goods if and so far as these are not

otherwise insured, whilst temporarily moved or removed from the premises:

- against loss or damage caused by any of the Perils insured under Art. 42.
- in any occupied private dwellings;
- in any building where the Insured Person or any permanent member of his household is residing or is employed;
- in any trade building for the purpose of alteration, cleaning or processing;
- in any other furniture depository, up to a limit of 20% of the Sum Insured on Contents;
- whilst deposited for safe custody in any hotel, inn, lodging house, club, bank or safe deposit;
- against loss or damage elsewhere caused by the perils of fire, lightning, explosion, aircraft or natural disaster only;
- against loss or damage during the process of removal and transit following permanent change of residence or whilst in transit to and from any bank, safe deposit or furniture depository, caused by the perils of fire, lightning, explosion, impact by vehicles, aircraft crash, natural disaster or theft only.

Article 41. Option 1: Tenant Liability

If the insurance has been extended with the Option 1 Tenant Liability, the special terms below will also apply.

The Option Tenant Liability will cover the Insured Person's legal liability, incumbent on the local legal prescriptions, up to the amount mentioned in the Benefits List, for loss of or damage to the private dwelling of Standard Construction mentioned in the Policy Schedule as residence address, caused by any of Insured Perils (Art. 42) and for the cost of repairing accidental damage to domestic fuel oil pipes, underground water supply pipes, underground gas pipe or underground electricity cables which extend from the Buildings to the public mains. The goods are covered up to the amount stipulated in the Policy Schedule.

Article 42. Insured Perils relating to Content & Tenant Liability

This insurance covers the Insured Content and Tenant Liability against the following dangers:

- fire;
- explosion;
- lightning strike, induction and overloading as a result of lightning;
- natural disaster;
- scorching, melting, charring and overheating;
- smoke and soot;
- impact by any vehicle or animal, aircraft crash and other devices or articles dropped thereof;
- storm or tempest with a minimum wind velocity of 80 km/h;
- flood caused by bursting or overflowing of water tanks, apparatus or pipes (rainfall, water, steam, fuel and oil);
- caused by any person taking part in a riot or strike, or by any person of malicious intent (vandalism);
- theft or attempted theft by house breaking;
- robbery and home-jacking;
- breaking of glass plates as part of furniture and mirrors.

42.1. Additional Costs

Following additional costs will be compensated, as far as necessary, and not exceeding 100% of the Sum Insured:

- costs for fire brigade, rescue, salvation;
- costs for demolition and clean up, necessary for reconstruction or recomposition of the Insured goods;
- costs for repair of gardens bordering on the above mentioned building and damaged by the rescue and salvation activities;
- costs for a personal expert to determine the damage caused to the insured goods, not exceeding 5% of the amount of the damage (VAT included).

In case of tenant liability, following additional costs, will be compensated, as long as necessary, and not exceeding 10% of the Sum Insured:

- additional costs for alternative accommodation necessarily incurred by the Insured Person as occu-

pier;

- rent, up to twelve months, for which the Insured Person is liable as occupier;
- if the Buildings are rendered uninhabitable by any of the Insured Peril.

Article 43. Option 2: Baggage

If the insurance has been extended with Option 2, the special terms below will also apply. The baggage option is limited in the number of consecutive days, and is subject to a Deductible, as mentioned in the Benefits List.

This cover is valid worldwide. Furthermore the Underwriter will reimburse the Insured Person the lost or stolen goods, within the limits given in the Benefits List.

Article 44. Exclusions relating to Content, Tenant Liability and Baggage

In addition to the general exclusions mentioned in the General Conditions Art. 6, there will be no reimbursement for damage or expenses concerning:

- any item confiscated or detained by customs or police authorities;
- prejudices caused by or which are the consequence of imprisonment, confiscation or seizure of the means of transport in which the insured goods are;
- breakage of strings and ripping of skins on musical instruments;
- motor vehicles (including motor-bikes), camping cars and trailers, vessels (with the exception of sailboards), aircraft (including delta-plan and gliding equipment), and other vehicles (with the exception of bicycles) as well as the accessories thereto, parts and attachments;
- loss or damage caused by any vehicle or animal belonging to or under the control of the Insured Person or any permanent member of his household;
- loss or damage caused by storm, tempest or water to the Contents of domestic outbuildings and garages of nonstandard construction;
- animals;

- stamps, coins and similar collections;
- loose natural pearls and precious stones;
- articles of brittle nature, mirrors and glass plates whilst being (temporarily) (re)moved other than by professional movers;
- temporarily (re)moved contents outside the territorial limits specified in the Policy Schedule theft of Baggage when left unattended, other than locked in secured buildings or locked out of sight in the boot of a motor vehicle;
- any property specifically insured against the perils covered hereby under any other insurance (CMR, professional liability, fire insurance,...);
- any unaccompanied baggage, that is forwarded or posted and therefore not accompanying the Insured Person while travelling;
- loss or theft of baggage not reported to the police within 24 hours of discovery and supported by a written police statement;
- wear and tear, depreciation, vermin, internal mechanical or electrical breakdown, any gradually operating cause (like humidity, cold or heat), rusting, any process of cleaning, repair, restoration or alteration;
- damage caused by insects, worms, maggots, rodents or by any parasite;
- defacement, scratches, dents etc. to suitcases, as long as the suitcases can still be used for their intended use;
- losses resulting from currency fluctuations;
- glasses, lenses, hearing aids, prosthesis;
- values (cash, money, post or bank payment orders, travel vouchers, letters of credit or debit) that was not in possession of the insured person or was not put away in a safe.

Article 45. Option 3: All Risk Personal Valuables

If the insurance has been extended with the Option 3 – All Risk the special terms below will also apply.

This Option covers physical loss of or damage to the personal effects and valuables described in the Policy Schedule from any cause except as hereafter specified, but is limited to the Sums Insured stated in the Policy Schedule or in the Application Form which

makes part of the Contract. This cover is valid worldwide.

45.1. Exclusions relating to Option 3 - All Risk

In addition to the general exclusions mentioned in the General Conditions Art. 6, there will be no reimbursement for damage or expenses concerning:

- any item confiscated or detained by customs or police authorities;
- breakage of articles of a brittle nature other than jewellery, unless such breakage is caused by burglars, thieves or fire;
- wear and tear, depreciation, vermin, internal mechanical or electrical breakdown, gradual deterioration, rusting, any process of cleaning, repair, restoration or alteration;
- damage caused by insects, worms, maggots, rodents or by any parasite;
- loss of cash, currency or bank notes.

Article 46. Damage Compensation

The following values will be used as the basis for the calculation of the compensation:

- the reconstruction value for buildings with less than 30% wear and tear;
 - the replacement value for furniture with less than 30% wear and tear and objects not older than one year;
 - the actual value for buildings and furniture with more than 30% wear and tear and objects older than one year;
 - the market value for objects that cannot be replaced by new ones of the same type and quality;
 - the repair cost for damaged objects which are reasonably susceptible of being repaired;
- with as upper limit the amount stipulated as insured sum in the Policy schedule or Benefits List.

By “reconstruction value”, it should be understood, the today’s price for the reconstruction of the same building in the same materials and quality.

By “replacement value”, it should be understood, the today’s price for the acquisition of new objects of the

same type and quality. By “actual value”, it should be understood the value of the object at the moment the damage occurred.

By “market value”, it should be understood the market price for the sale of the objects in the state the objects were in immediately before the damage.

Compensation will be made in “first risk”, without application of a proportionate rule. For all claims, a Deductible as mentioned in the Benefits List will be applied.

In the event of the private dwelling named in the Policy Schedule being left without an authorised inhabitant for more than 28 consecutive days, the deductible will be doubled.

Article 47. Obligations of the Insured Person

47.1. In relation to Baggage claims

The Insured Person must fulfil following obligations:

- take all necessary and useful precautions to protect the Baggage;
- in case the baggage is put away in a car, close the doors and the boot by key, close the windows and sunroof;
- put special and precious items and jewels that are not worn away in a safe;
- in case of theft: have an official report immediately established by the local authorities and have traces of the burglary duly noted;
- in case of total or partial damage, or non-delivery of the baggage by the carrier: file a complaint with the carrier within the legal terms, have them draw up an official report (P.I.R. Property Irregularity Report), stating that baggage was lost, damaged, or did not arrive at scheduled time and date, and indicating the date and time of actual arriving;
- keep the transport documents and baggage labels;
- in all cases, inform the Underwriter within 48 hours after return (except in case of force majeure), and conform to the instructions and send all information and document which can be necessary or useful to

the Underwriter;

- prove the correctness in quality and quantity and present the purchase voucher of special and/or precious items.

47.2. In relation to Tenant Liability

The Insured Person shall give to the Underwriters immediate notice in writing, with full particulars,

- of the happening of any occurrence likely to give rise to a claim under this Insurance;
- of the receipt by the Insured Person of notice of any claim;
- and of the institution of any proceedings against the Insured Person.

The Insured Person shall not admit liability for nor offer or agree to settle any claim without the written consent of the Underwriters, who shall be entitled to take over and conduct in the name of the Insured Person the defence of any claim, and to prosecute in the Insured Person's name, for Underwriters' benefit, any claim for indemnity or damages or otherwise against any third party, and shall have full discretion in the conduct of any negotiations and proceedings and the settlement of any claim. The Insured shall give to the Underwriters such information and assistance as the Underwriters may reasonably require.

If the Insured Person shall make any claim knowing the same to be false or fraudulent, as regards amount or otherwise, this Insurance shall become void and all claim hereunder shall be forfeited.

GENERAL CONDITIONS SPECIFIC TO MODULE 6: PRIVATE LIABILITY

Article 48. Extent of Cover

The object of this Module is to cover the Insured against:

- extra-contractual liability in private life: The Underwriter covers the Insured Person against the financial consequences resulting from the extra-contractual liability, incumbent on the local legal prescriptions, for

the damage, caused by the Insured Person in his/her private life, by people for whom he/she is responsible, or by objects or animals in his/her charge, to third parties;

By "damage", it should be understood: bodily injury or material damage as well as consequential immaterial damage such as unemployment, loss of profit, deprivation of use or enjoyment, moral damage.

Immaterial damages not arising from corporal or material damage are excluded.

The cover is granted with a maximum insured sum mentioned in the Benefits List, per claim and per insurance year.

Article 49. Extent of the Guarantees in Time

The guarantee covers the damage that has taken place during the effective period of the contract and extends as far as to encompass claims that are introduced after the end of this contract.

Article 50. Specific Scope of Stipulated Risks

50.1. General

Is insured the damage caused by the Insured Person for which he/she is personally liable.

50.2. Real Estate and its Content

A. Is insured the damage, apart from that mentioned in Point B hereafter, for which the Insured Person is liable following the local legislation and caused by:

1. the building or the part of the building occupied by the Insured Person for a temporary stay;
2. the gardens, whether or not bordering on the above mentioned building providing their surface does not exceed 1 hectare;
3. providing these are part of the above mentioned buildings or are situated in the above mentioned gardens: the plantations, the outbuildings and premises, the pathways and the fences, as well as all movable goods fastened by means of permanent attachments, such as antennas;
4. the part of the building occupied by the Insured

Person in a hotel or in a similar lodging house during a temporary or occasional stay for private as well as for professional purposes;

5. a part of the building temporarily occupied by the Insured Person for private purposes in a hospital, rehabilitation centre or care establishment;
6. the part of the building which does not belong to the Insured Person but which is temporarily used by the Insured Person on the occasion of a family celebration or a meeting;
7. the contents of the real estate mentioned in Points 1 to 6 above.

B. If the Insured Person is liable for it, is insured:

1. the damage caused by the effects of water originating in or transmitted by real estate or its content mentioned in Point A above;
2. the bodily injury caused by fire, by an explosion or by smoke arising from fire, originating in or transmitted by the real estate or its content mentioned in Point A above;
3. the property damage caused by fire, by an explosion or by smoke arising from fire, originating in or transmitted by the real estate mentioned in Point A, 2, 4, 5 and 6 above;
4. the property damage caused by the effect of water, by fire, by an explosion or by smoke arising from fire to the real estate mentioned in Points A, 1, 4, 5, 6 above and its contents that do not belong to an insured person.

50.3. Means of Transport and Travel

A. Is insured the damage for which the Insured Person is liable and has caused:

1. in the course of his/her private travel, among others as: owner, holder or user of bicycles, other cycles without engine, or wheelchairs for handicapped persons whether motorized or not;
2. as a passenger of a vehicle of whatever type (with the exception of the cases for which liability is covered by a compulsory liability insurance for motor vehicles);
3. as a pedestrian.

B. Is insured the damage caused by the Insured Person who, without the knowledge of his/her parents, of the persons who have him/her under their supervision and of the owner or the holder of the vehicle, drives a motor vehicle or a vehicle on rails or sets it into motion before he/she has reached the legally required age for doing so. The damage caused to the motor vehicle or to the vehicle on rails, which belongs to a third party, is also compensated.

Article 51. Legal Assistance

When the private rights or interests of the Insured are at risk, due to incidents occurring during the stay of the Insured Abroad, with the exception of losses as a consequence of the possession, the keeping or the use of a motorized vehicle (except for motorized wheelchairs for handicapped persons), the Insured can claim a reimbursement of the costs incurred for legal assistance, without however exceeding the amount stipulated in the Benefits List, per claim, and only in relation to:

- the recuperation of the corporal, material and consequential immaterial loss sustained by the Insured Person for which a third party is liable based on local legal provisions;
- the legal defence of the Insured Person in case the Insured is sued in court for his private liability, under the laws of the country where he/she is, for losses inflicted to third parties, or after being guilty for involuntary offence of local laws.

Are covered the costs for the necessary legal assistance or those incurred by the Underwriter, as far as these are not to be recuperated from a third party, namely:

- the costs in relation to the investigation and the handling of the case;
- the costs in relation to the calling in of lawyers, bailiffs, witnesses and experts.

The fees of the lawyers are not chargeable to the Underwriter if the lawyer is treating the case on a "no cure - no pay" basis.

In this case it should be considered that the fees are

included in the compensation for prejudice;

- in agreement with the Underwriter, the costs incurred by the insured for accommodation and travel.

Travel costs will be reimbursed following common tariffs for public transport and/or economy class. The accommodation expenses will be reimbursed, as mentioned in the Benefits List under "Travel and Accommodation Expenses for Family Members" in Module 2 - Assistance.

On the request of the Insured and provided there is sufficient guarantee, the Underwriter will provide an advance for a maximum mentioned in the Benefits List for:

- the payment of due legal proceedings and execution costs of the insured and the adverse party, with the exception of money deposited as security, as far as an irrevocable legal judgement determines that these costs must be borne by the Insured;
- the release of the Insured if he/she has been placed under arrest after a traffic accident.

A similar advance or bail will be considered as a loan from the Underwriter to the Insured, which he/she will reimburse in totality as soon as the amount of the bail is paid back to him/her in case of the dropping of legal proceedings, a verdict of not guilty or otherwise within the 1 month after the date on which the competent tribunal has pronounced the judgement.

Reimbursement to the Underwriter should in any case not occur later than 60 days after that advance has been made or the bail has been posted. From the moment when the Underwriter has communicated to the Insured that further treatment of the case has no reasonable chance of success, the Insured can no longer make any claim for coverage except for the settlement of the dispute as described hereafter.

51.1. Settlement of Disputes

In case of difference of opinion between the Insured and the Underwriter on the result to be expected, or on the way to handle the case, the Insured can, after agreement with the Underwriter to charge this to the Underwriter's account, submit the case to 1 lawyer of

his/her choice who is expert in the field in question.

This has to be done as soon as possible, and in any case within 1 month after the Underwriter has communicated to the Insured its opinion on the result to be expected or on the way of handling the case, which is contested by the Insured.

Should that lawyer share the Underwriter's point of view, then the Insured can only proceed with the case at his/her own expense. Should the result show that the Insured is wholly or partially vindicated, then the costs are reimbursed to a maximum of the sum mentioned in the Benefits List.

In the case the Insured loses confidence in the designated lawyer handling the case, the Insured can, at the Underwriter's expense, transfer the case to another lawyer, under condition that the Underwriter can reasonably share the point of view of the insured.

Article 52. Exclusions relating to Module 6

In addition to the general exclusions mentioned in the General Conditions Art. 6, there will be no reimbursement for damage or expenses concerning:

- damage or expenses following cases known – or reasonably should be known – by the Insured Person prior to the effective date of the contract;
- the liability under a contract or assumed to be under a contract;
- damage which falls under the extra-contractual liability subject to a legally compulsory insurance;
- all damage arising out of the profession, occupation or business of the Insured;
- damage caused by the use of an aircraft which belong to the Insured Person or have been taken on rental or are used by him/her;
- damage caused by the use of sailing boats of more than 200 kg and of motor boats which belong to the Insured Person or are taken on rental or used by him/her;
- consequences of any liability the Insured Person may have in relation to fire, explosion, or water damage, other than mentioned in Art. 50.;
- damage caused by the practice of hunting activi-

ties as well as the damage to wild animals;

- damage for which the Insured Person is liable in his/her quality of leader, designated person or organizer of youth movements and the like, as a consequence of the actions of persons for whom he/she is answerable;
- in case of malice, serious culpability or negligence on the part of the Insured;
- damage resulting from an intentional act by the Insured Person who has reached the age of 16 years;
- damage arising from participating in scuffles;
- damage caused to animals, other movable goods and real estate property, which the Insured Person has under his/her responsibility, without prejudicing to what has been determined in Art 50.2.;
- damage caused by lands and by gardens not included in the guarantee of the present contract;
- damage arising out of the ownership, occupation, possession or use by the Insured of animals, other than pets;
- bodily injury to any person who at the time of sustaining such injury is actually engaged in the Insured Person's service;
- material damage to property belonging to or in the care, custody or control of the Insured Person;
- damage caused to Family Members of the Insured Person living at the same address;
- the cases of legal assistance in which the interest at stake is less than €250,00;
- the legal assistance costs (including the costs linked to the calling in of a lawyer or an expert) which are incurred without the prior approval of the Underwriter;
- the costs which are the consequence of omissions or faults of the insured in relation to the treatment of the case.

Article 53. Obligations of the Insured

The Insured Person shall give to the Underwriters immediate notice in writing, with full particulars:

- of the happening of any occurrence likely to give rise to a claim under this Insurance;
- of the receipt by the Insured Person of notice of any claim;
- and of the institution of any proceedings against

the Insured Person.

The Insured Person shall not admit liability for nor offer or agree to settle any claim without the written consent of the Underwriters, who shall be entitled to take over and conduct in the name of the Insured Person the defence of any claim, and to prosecute in the Insured Person's name, for Underwriters' benefit, any claim for indemnity or damages or otherwise against any third party, and shall have full discretion in the conduct of any negotiations and proceedings and the settlement of any claim.

The Insured Person shall give to the Underwriters such information and assistance as the Underwriters may reasonably require. If the Insured Person shall make any claim knowing the same to be false or fraudulent, as regards amount or otherwise, this Insurance shall become void and all claim hereunder shall be forfeited.

Article 54. Personal Right of the Injured Party

The Injured Party has a personal right against the Underwriter. The compensation for damages owed by the Underwriter is due to the Injured Party or to his Beneficiaries, to the exclusion of the other creditors of the Insured Person.

Article 55. Opposability of the Demurrers, Nullity and Abandonment of Right

The Underwriter can only object the demurrers, the nullity and the abandonment of rights arising from law or the contract to the injured person in so far as these find their origin in an event previous to the damage suffered.

Article 56. Payment of Compensation for Damages

The maximum amounts per case of damage, which the Underwriter can be obliged to pay, are determined by the amounts indicated in the Benefits List for each guarantee. All the damages, which can be attributed to one single event causing damages, con-

stitute one and the same case of damage.

The Underwriter pays for the interests on the principal due for compensation, the costs relating to civil proceedings, as well as the fees and expenses of the lawyers and the experts, even if they are above the insured sums, but only in so far as these costs have been made by itself or with its consent or, in case of a conflict of interest which cannot be imputed to the insured person, in so far as these costs have not been incurred unreasonably.

WHAT TO DO IF YOU NEED TO CLAIM

Please use the office hours contact details for all your claims and enquiries so as not to tie up the alarm centre with non-urgent requests. We strive to reply to all queries within 24 hours.

E-mail: claims@expatinsurance.eu (office hours GMT +1)
Tel: +32 (0)2 463 0404 (office hours GMT +1)

To get reimbursed for other (medical) expenses, we kindly ask you to complete and send the according claim form to:

Expat & Co, Claims Dept.
Noordkustlaan 12
1702 Groot-Bijgaarden (Dilbeek)
BELGIUM

together with the ORIGINAL bills (no scans, no copies). All claim forms can be found on our website under 'claims'.

Please also note: travel tickets in case of an early return or repatriation **must be bought with Underwriter's or Alarm Centre's pre-approval**. You may run the risk of not being fully reimbursed if you buy the tickets first.

IN CASE OF AN EMERGENCY

If you find yourself needing to claim urgent assistance, or if you are hospitalised, call or e-mail the Alarm Centre for immediate support.

Tel: **+32 (0)2 669 0880** **24/7**
E-mail: **help@expatinsurance.eu** **24/7**
or: claims@expatinsurance.eu (office hours GMT +1)
Tel: +32 (0)2 463 0404 (office hours GMT +1)

Download and save a copy of our
'what to do in case of a claim manual':
www.expatinsurance.eu/pdf-files/claims_manual.pdf



EXPAT & Co

International mobility insurances

www.expatinsurance.eu