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## Group Plus - Expatriate Care

# POLICY WORDING

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## *ARTICLE 1 – GENERAL DEFINITIONS*

The following definitions apply to the Policy, and have the same meaning wherever they are used in the policy, policy schedule or endorsements.

**1.1 Accident** means a sudden, unexpected, not intended violent external element, which results directly and immediately in physical or psychical Injury to the Insured Person, and which may or may not result in death.
Accident shall also be taken to mean:

a. Health disorders that are directly and solely due to an insured Accident;
b. Injury resulting from lawful self-defense, or rescue or attempted rescue of endangered persons or goods;
c. Acute and unintentional ingestion of solid, liquid and/or gaseous substances that are injurious to a person's health.
d. Dislocations, sprains, muscle strains or ruptures caused by a sudden exertion;
e. Disorders due as a result of extreme weather conditions;
f. Drowning, not as a result of illness ;
g. Rabies or tetanus as the result of an insured Accident
h Death of the Insured Person as a result of a traffic Accident, due to cardiac arrest, myocardial infarct or cardiac artery rupture of the Insured Person.

**1.2 AIG Assist** means the organization that provides the assistance services described in this policy on behalf of the Company.

**1.3 Beneficiary** means the person who is designated as such in the policy; in the absence thereof:

- In the event of death: the spouse of the Insured Person; in the absence of a spouse, the legal heirs with the exclusion of the state;
- In case of an under age Insured Person: the insured parent(s);
- In all other cases: the Insured Person.

**1.4 Benefit Period** means the period between the Effective Date of the cover and the termination of the benefit for the concerned Insured Person.

**1.5 Business Property** means property on which a business is conducted; and property rented in whole or in part to others, or held for such rental by the Insured Person.
It does not include the Insured Person's residence if it is rented only occasionally; or if it is a two family dwelling usually occupied in part by the Insured Person. It does also not include garages or stables, if not more than 3 car spaces or stalls are so rented or held for rental.

**1.6 Company** means AIG Europe Limited, London, Zweigniederlassung Zürich, Gutenbergstrasse 1, 8027 Zurich

**1.7 Complementary Medicine** means consultation services and medication provided by a physiotherapist, chiropractor, acupuncturist, bonesetter, osteopath, homoeopath or Chinese medicine practitioner, who is fully trained, who is licensed by the competent medical authorities of the country in which treatment is provided, and who is practicing within the scope of his or her licensing and graduation.

**1.8 Complications of Pregnancy** are conditions whose diagnoses are distinct from pregnancy but are adversely affected or caused by pregnancy, such as: acute nephritis, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity. They include ectopic pregnancy which is ended, spontaneous ending of pregnancy at a time when a viable birth is not possible, puerperal infection, eclampsia, and toxemia. They do not include complications or Illness from IVF induced pregnancy, caesarean section, false labor, occasional spotting, Physician prescribed rest during pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy but which are not medically distinct conditions.

**1.9 Congenital Condition** means a physical or mental abnormality existing at time of birth or manifesting itself within six months of birth.

**1.10 Cosmetic Surgery** means any treatment performed to reshape normal structures of the body in order to improve the physical appearance.

**1.11 Date of Service** means the date on which a medical service is rendered.

**1.12 Dependant** means an Insured Person who is the adult partner, under age child or child under 25 years in full-time education of the Expatriated Employee or the Individual Expatriate, and who is residing with him in the Host Country.

**1.13 Effective Date** means the date on which the period of cover commences for the Insured Person under this policy.

**1.14 Emergency** means a sudden change in a person's health which requires urgent medical or surgical intervention to avoid permanent damage to life or health.

**1.15 Expatriated Employee** means an Insured Person who is an employee of the Policyholder and who is on an expatriate assignment on behalf on the Policyholder.

**1.16 Country of residence** means the country in which the Insured Person has its legal residence and to which the Insured Person would want to be repatriated. For an insured child, the country of residence will be the Country of residence of an Insured parent..

**1.17 Hospital** means an establishment duly constituted and registered as a facility for the care and treatment of sick or injured persons as bed patients and which:

a. has organized diagnostic and surgical facilities,
b. provides 24 hour a day nursing services by Registered Nurses,
c. is supervised by a staff of Physicians, and
d. is not a nursing home, rest home, convalescence home, place for custodial care, home for the aged, institution for Mental or Behavioral Disorders, sanatorium, or a place for the treatment of alcoholics or drug addicts; even if located at the same place.

**1.18 Host Country** means the country where the Insured Person is expatriated to.

**1.19 Illness** means every impairment of physical or psychical health which is not a consequence of an accident and requires a medical examination or treatment.

**1.20 Individual Expatriate** means an Insured Person who is on an expatriate assignment.

**1.21 Injury** means physical damage arising wholly and exclusively from a covered Accident.

**1.22 Insured Person** means every person designated as such in the policy schedule, who has applied for cover by this policy and for whom coverage has been confirmed in writing by the Company or the Medical Plan Administrator.

**1.23 Insured Premises** means the habitable premises where the Insured Person resides in his Host Country. It includes private approaches to such residence; and other premises and approaches used in connection with such residence, other than Business Property and farms.

**1.24 Legal Expenses** means

- The fees, expenses and other costs that can reasonably be charged by the Representative in connection with a cause for action, including the reasonable expenses of experts and of the Company incurred in this connection.
- The legal costs incurred by or on behalf of the Insured Person and the extra-judicial costs after settlement out of court.
- The fees, expenses and other costs that can reasonably be charged by the Representative for appeal proceedings, provided that prior written permission from the Company has been obtained for such proceedings and provided that they are connected with the cause of action referred under the first bullet point of this definition.

**1.25 Medical Consultant** means a Physician advising the Company, AIG Assist or the Medical Plan Administrator.

**1.26 Medically Necessary** means for therapeutic services that the Insured Person has a covered Illness or Injury and that the services are requested by the attending Physician to prevent permanent damage to life or health.
For diagnostic services, Medically Necessary means that the Insured Person has active symptoms of unknown cause and suggestive of a covered Illness or Injury, and that the services are requested by the attending Physician to determine whether therapeutic services are required.

**1.27 Medical Plan Administrator** means the organization that provides the medical administration services described in this policy on behalf of the Company.

**1.28 Medicines and Drugs** are those for which a Physician's prescription is required for purchase, which have been prescribed by a Physician for treatment of a covered Illness or Injury, and which have been dispensed by a Physician's office or by a licensed pharmacist.

**1.29 Mental and Behavioral Disorder** means a psychiatric, psychological, affective, mental or behavioral disorder, irrespective of whether a physiologic cause is known or suspected. It includes any condition listed as Mental and Behavioral Disorder in the International Classification of Diseases of the World Health Organization.

**1.30 Palliative Care** means the services prescribed by the attending Physician, of an institution duly constituted and registered to provide a centralized program of palliative and supportive services to dying persons in the form of physical, psychological, social and spiritual care.

**1.31 Parental Accommodation** means costs for an added bed in the same room for a parent or legal guardian.

**1.32 Physician** means a medical practitioner graduated from a recognized medical school listed in the Directory of Medical Schools of the World Health Organization, who is licensed by the competent medical authorities of the country in which treatment is provided, and who is practicing within the scope of his licensing and graduation.

**1.33 Policyholder** means the person who has taken out this insurance with the Company and who is named as such in the policy schedule.

**1.34 Post-hospitalization Services** mean medical services immediately following a covered stay in a Hospital, and that are provided by or ordered by the attending Physician as a direct consequence of the covered Illness or Injury which necessitated such hospitalization.

**1.35 Preceding Policy** means an expatriate healthcare policy covering Illness and Injury which terminates no earlier than the day prior to the Effective Date for the Insured Person, and a copy of which has been provided to the Company upon application.

**1.36 Pre-hospitalization Services** mean medical services incurred within 30 days prior to and directly related to a covered stay in a Hospital which are provided by or ordered by a Physician.

**1.37 Reasonable and Customary Expenses** mean insured medical expenses which do not exceed the general level of fees for comparable services by similar healthcare providers in the same region for a similar Illness or Injury, irrespective of availability of insurance. In case of an unusual nature of service or supply, the Medical Plan Administrator will determine to what extent the charge is reasonable and customary, taking into account the complexity involved, the degree of professional skills required and other pertinent factors.

**1.38 Reconstructive Surgery** means any treatment performed on abnormal structures of the body, whether caused by Congenital Conditions, developmental abnormalities, Injury or Illness, in order to improve function or approximate a normal appearance.

**1.39 Registered Nurse** is a graduate trained nurse who has passed a state registration examination and has been licensed to practice nursing.

**1.40** **Representative** means a licensed attorney or similar professional who has been authorized to act on behalf of the Insured Person in accordance with the conditions of this insurance policy.

**1.41** **Residence Employee** means an employee of an Insured Person whose duties are incidental to the Insured Premises or who covers duties elsewhere of a similar nature and not associated with the conduct of an Insured Person's business.

**1.42** **Sound natural tooth** means a tooth with no decay, no filling on more than two surfaces, no gum disease associated with bone loss, no root canal therapy, that is not a dental implant and that functions normally in chewing and speech.

**1.43** **Standard Private Room** is the lowest rated room with a single bed in that Hospital.

**1.44** **Venereal Disease** means an Illness which has been transmitted by sexual contact, or any of the following Illnesses whether sexually transmitted or not: syphilis, gonorrhea, venereal warts including genital HPV (human papillomavirus), genital herpes, granuloma inguinale, chancroid, trichomona, pubic lice (phthirus pubis) infestation, and Chlamydia.

**1.45** **War** means any activity arising out of military force or an attempt to participate in military force by a nation, and will include civil war, revolution and invasion.

# *ARTICLE 2 – GENERAL CONDITIONS*

### 2.1 Policy Period

The insurance policy shall take effect on the date stated in the policy schedule and continue for a fixed period of 12 months. The policy is tacitly renewed on each expiry for a period of 12 months unless the Company or the Policyholder cancels the policy by registered letter at least 3 months before the end of such period (regular cancellation).

### 2.2 Eligibility

The policy is open to employers located in the European Economic Area to cover their Expatriated Employees and their Dependants, while on foreign expatriate assignment outside their Home Country, or Individual Expatriates and their Dependants, while on foreign expatriate assignment and whose Home Country or Host Country is located within the European Economic Area. **The policy doesn't replace a legal health insurance**. The age limit for enrolment of an Insured Person is 65 years.

The Effective Date of the cover is the day immediately following the acceptance by the Company of the completed application form and, based on the medical formalities, the acceptance by the Medical Consultant of the Company.

The medical formalities are:

- *In case of compulsory affiliation by the employer of a group of more than 5 employees:*
  No medical questionnaire will, in principle, be required for the core plan.
  For the optional benefits however, the completion of a medical questionnaire might be required and the Medical Consultant can at his discretion define partial or total exclusion of cover or propose additional premium to waive exclusions.

- *In all other cases:*
  A medical questionnaire has to be completed by each Insured Person and has to be submitted to the Medical Consultant of the Company. The Medical Consultant can at his discretion define partial or total exclusion of cover or propose an additional premium to waive exclusions.

The Effective Date for a newborn child of an Insured Person is the moment of birth, provided notification was given to the Company within 4 weeks of the date of birth and a parent was insured for at least 10 continuous months immediately prior to the date of birth.

In case of compulsory affiliation by the employer of a group of more than 5 employees:
If an Insured Person was covered by a Preceding Policy and that Insured Person was afflicted with an Illness or Injury at the time of the Effective Date for which benefits would have been available under the Preceding Policy had it remained in force, the Insured Person will be covered for the existing Illness or Injury under this policy**.** The cover will not exceed the limits of the provisions of the Preceding Policy or the provisions of this Policy, whichever are the lesser.

### 2.3 Area of Cover

The policy covers the Insured Person within his Area of Cover as mentioned in the policy schedule.

Cover outside the Insured Person's Area of Cover is limited to emergencies in case of leisure or business travel, taking place during the Benefit Period and lasting no longer than 90 consecutive days, and excluding any travel if the purpose of the trip is to obtain medical treatment or medical advice or in case the Insured Person is traveling against the advice of a Physician.

### 2.4 Termination of Benefits

The benefits for the Insured Person under this Policy terminate on the earliest of the following moments:

- At midnight on the last day of the Policy Period;
- The moment the concerned benefit of this policy have been exhausted;
- On the next annual policy renewal date following the 75th birthday of the Insured Person;
- The moment the Expatriated Employee or the Individual Expatriate, and his Dependants, become or could have become covered by the National Health Service of their Home Country in case of the

ending of the expatriate assignment of the Expatriated Employee or the Individual Expatriate, and at the latest 6 months after the end of the expatriate assignment
- The moment the Insured Person becomes or could have become covered by the National Health Service of his Home Country in case of the relocation of the Insured Person to his Home Country, and at the latest 6 months after the relocation to his Home Country.

### 2.5 Payment of Premiums
The premium is due on the premium due date as stated in the policy schedule.

If the Policyholder has not paid or refuses to pay the initial premium within 14 days of receipt of the written request for payment, no cover is provided for any event occurring from the 15th day after the request date, without the Company being required to serve any notice of default. The same rule is applicable for the payment of the renewal premium.

No cover is provided under this policy for events that took place during the period in which the cover was interrupted. The policy holder is obliged to inform the insured person about such an interruption of coverage immediately.

### 2.6 Change of Risk
The Policyholder and Insured Person shall inform the Company immediately of any change in circumstances or conditions that may increase the risk. This includes but is not limited to changes in business activities, change of Home Country, or change of Host Country.

If such change is not a change in the health state of the Insured Person and the change involves an increased risk, the Company has the right during 14 days after receipt of the written information of the policy holder or a insured person to cancel the insurance cover. If the increase of risk is caused by the policy holder or in insured person, the cancellation is effected immediately. If the increase of the risk is caused without help from the policy holder or the insured person, cancellation is effected with a term of 14 days.

Alternative, the insurer is authorized to increase the premium and adjust the general conditions within 4 weeks after receipt of the advice.

The Policyholder shall have the right to refuse the amended premium and conditions of insurance by cancelling the policy within 4 weeks after receipt of the written information about the increase of premium with in written form.
The increase of premium is effective 4 weeks after receipt of the information by the policy holder..

### 2.7 Change of Premium Rates and/or Conditions
The premiums of the Core Plan and the Dental & Vision Care Plan may be adjusted at January 1st of each year, based on the attained age of each Insured Person on January 1st and based on the increase in medical expenses.

The Company shall have the right to change the premium and/or conditions of certain insurance covers on a class basis for all similar covers.
If this policy belongs to such a group of products, the Company shall have the right to change the premium and/or conditions of this policy accordingly with effect from 1st day of each new insurance year. The Company shall inform the Policyholder in writing at least 30 days before the end of the insurance year about the change. The Policyholder is deemed to have accepted this unless the Policyholder cancels the agreement with written notice at latest by the last day of the actual insurance year. In the latter case, the insurance shall end at midnight of the last day of the actual insurance year.
The Policyholder shall not have the right to cancel the policy if the change involves a reduction of the premium or an extension of the cover without premium increase.

### 2.8 Cancellation in the Event of War
The Company and the Policyholder may cancel any cover for War if such risk is manifested or if this is about to happen, subject to 7 days' notice.

### 2.9 Notification of Claim
The Policyholder, Insured Person or Beneficiary shall respect the procedures mentioned under the title "Claims Procedure" of the concerned benefit, or in general notify the Company, as soon as he is aware of the potential occurrence of a risk covered by this insurance policy.

### 2.10 Proof of Claims
The Policyholder, Insured Person or Beneficiary shall provide at their own expense all reasonable and necessary documents to substantiate the claim. They shall cooperate in medical or other examinations or enquiries related to the claim if the Company deems this necessary.

### 2.11 Reasonable Care
The Policyholder, Insured Persons and Beneficiaries must take all reasonable steps to avoid and/or minimize expenses, loss or damage and must also make every effort to recover any property covered by this policy which has been lost or stolen.

### 2.12 Obligations and Stipulations
The Policyholder and the Insured Persons shall comply with the obligations and stipulations set out in the policy. If the Policyholder or the Insured Person fails to do so, the Company may deduct any consequential loss it has incurred.

### 2.13 Fraud
The Policyholder, Insured Person or Beneficiary will lose any benefit in case of fraud, deliberate dishonesty or deliberate hiding of information, they must pay back any benefit that the Company has already paid, and shall compensate the Company for the loss or damage incurred because of this situation. If this happens, the Company will not refund any premium and has the right to immediately cancel the policy.

### 2.14 Interest on Payments
The Company shall not pay interest on payments to be made.

### 2.15 Other Insurance and Subrogation
If the liability, loss or damage that is covered under this policy is also covered by a National Health Service or under any other insurance policy, whether or not of an earlier date, or would have been covered under these had this insurance not been taken out, this insurance shall only provide cover in excess of what would have been covered by the National Health Service and such other insurance policy. The amounts paid under this insurance shall not exceed, when combined with the amounts paid by the National Health Service and under such other insurance policy, the maximum limits as mentioned on the policy schedule.

The Policyholder, Insured Person or Beneficiary shall inform the Company of such cover and provide the Company, at request, with a copy of the policy including the benefit schedules.

In the event of Injury, loss or damage involving the actions or negligence of a third party, the Policyholder, Insured Person or Beneficiary shall use their best endeavors to claim from such third party for the full amount of the loss. The Policyholder, Insured Person and Beneficiary shall not negotiate, settle, compromise, release, or otherwise discharge any claim against such a party without the Company's express written consent. The Company has full rights of subrogation and may take proceedings in the Insured Person's name, but at the Company's expense, to recover for the Company's benefit the amount of any payment made under the policy including but not limited to the cost of such proceedings.

### 2.16 Transfer
The policy cannot be transferred unless otherwise agreed upon in writing with the Company.

### 2.17 Term of Limitation
A claim against the Company to make a payment expire 2 years after occurrence of the fact that the benefits justified...

### 2.18 Address
The company can give notice to the Policyholder at his last address known by the Company broker for this policy..

### 2.19 Registration of personal data
Personal data provided upon application or amendment of the policy are processed by the Company for the purpose of concluding and performing insurance agreements and/or financial services and managing ensuing relationships, including the prevention and combating of fraud and the performance of activities aimed at

increasing its client base. Such processing of personal data is governed by the code of conduct applicable to Personal Data Processing for Insurance Companies. This code of conduct sets out the rights and obligations of parties with regard to data processing. For further details see attached information sheet.

**2.20 Governing law and complaints**

This policy is a contract of insurance between the Policyholder and the Company. It will be governed by and construed and interpreted in accordance with the law applying in the country where the Policyholder has its address and will be subject to the exclusive jurisdiction of the Courts of that country.

The provisions of the Swiss Federal Law on Insurance contract of April, 2, 1908 shall apply.

Complaints regarding this policy can be submitted to the General Management of the Company,

AIG Europe Limited, London
Zweigniederlassung Zürich
Gutenbergstrasse 1
Postfach
CH-8027 Zürich

If the Policyholder, Insured Person or Beneficiary is not satisfied with the decision of the Company, he may contact Ombudsman.

In any case, the parties retain the right to submit the dispute to the competent court.

## *ARTICLE 3 – GENERAL EXCLUSIONS*

The Company shall not pay any benefit if related to:

- Suicide, attempted suicide or self-inflicted injury.
- Excessive consumption of alcohol, misuse of medication, or use of narcotics, illegal drugs or agents.
- Participation in any professional sport.
- Aviation or aeronautics other than as a passenger in a properly licensed aircraft.
- War in the Home Country, Host Country, Afghanistan, Chechnya, Iraq, North Korea and Somalia, unless otherwise accepted in writing by the Company.

# SECTION A – CORE PLAN

## *ARTICLE 4 – MEDICAL EXPENSES*

### 4.1. Claims Procedure

Contact information:
HENNER - GMC International Administration CST 18
10, Rue Henner - 75459 Paris Cedex 09 - FRANCE
Tel: +32 2 739 99 11 (24/365)
Fax: + 33 1 53 25 20 83
aig.expatriatecare@henner.com
(ID will be communicated to the Insured Person with the Welcome Package)

Non-Emergency Hospitalization and outpatient surgery need pre-certification from the Medical Plan Administrator. The Medical Plan Administrator will guarantee the medical expenses to the Hospital.

The Insured Person must pay other expenses to the provider and submit a claim for reimbursement in writing to the Medical Plan Administrator within 90 days of the Date of Service.

Claim forms can be obtained by contacting the 24/365 telephone number or can be found on the website. The claim form must be completed and sent to the Medical Plan Administrator together with the original documentation, invoices and receipts (photocopies or scans are not accepted).

In case the Insured Person can claim from the National Health Service or any other insurance policy, he should first request reimbursement from that organization. The Insured Person shall afterwards forward the original settlement confirmation from that organization with photocopy of the submitted documentation, invoices and receipts to the Medical Plan Administrator. The Medical Plan Administrator shall deduct the amounts that are or could have been received from that organization.

### 4.2. Medical Expense Benefits

This Policy shall provide cover:

- within the limitations stated in the policy and the policy schedule;
- for the actual, Reasonable and Customary Expenses incurred by the Insured Person;
- for the services listed below;
- that directly relate to a covered Injury or Illness suffered by the Insured Person;
- that are prescribed and certified Medically Necessary by the attending Physician;
- that are general accepted and scientifically recognized medical services, excluding any experimental or pioneering services; and
- that have a Date of Service during the Benefit Period.

Insured services in case of:

**a. Hospitalization & Outpatient Surgery:**

- Hospital accommodation costs including general nursing in a Standard Private Room.
- Parental Accommodation costs for one parent or legal guardian staying with an Insured Person who is under 18 years of age.
- Expenses related to theatre fees; intensive care; medical imaging; diagnostic and laboratory tests; prescribed medicines and drugs, blood and plasma; surgical appliances; rental of medical aids; surgical implants.
- Fees of Physicians, including anesthetist, surgeon, specialist, radiologist, physiotherapist and pathologist fees.
- Fees of Physicians for Pre-and Post-Hospitalization Services.

**b. Hospital Cash Benefit:**

- Benefit per night for the Insured Person that stays as inpatient for more than 48 hours in a Hospital. The benefit is limited to 30 nights per policy year.
- The benefit per night will be doubled in case of a coma.

**c. Outpatient Benefit:**

- Fees of a family Physician.
- Fees of Physicians and specialist consultations.
- Prescribed Medicines and Drugs that cannot be purchased without prescription.
- Medical imaging, diagnostic and laboratory tests, and surgical appliances.
- Medical aids.
- Non-experimental preventive care and examinations.
- Complementary Medicine.

**d. Local Ambulance:**

- Local Emergency medical transport.

**e. Private Nursing Benefit:**

- Inpatient in hospital or nursing home.
- Home nursing costs by a Registered Nurse, up to 60 days per policy year.
- Palliative Care.

**f. Maternity and Childbirth Benefit:**

- Expenses covered under the points "a" to "e" above that are related to:
    - Pregnancy, prenatal, childbirth and post-natal treatment,
    - Complications of Pregnancy, and
    - Congenital Conditions.
- These benefits are limited to costs resulting from pregnancy and childbirth after the first 10 months following the Effective Date of the cover for the mother, unless the waiting period was waived by the Company because of a Preceding Policy.

**g. Cancer Treatment Benefit:**

- Expenses covered under the points "a" to "e" above that are related to cancer inpatient and outpatient treatment, including specialist fees, medical imaging, diagnostic and laboratory tests, radiotherapy, chemotherapy and hospital charges.

**h. Organ Transplant Benefit:**

- Expenses covered under the points "a" to "e" above that are related to operations, treatments and testing involved with the transplantation of organs from a human donor.
- The Policy does not cover the costs of acquisition of the organ or expenses incurred by the donor, except for direct costs of surgery to remove such organ for transplantation but not to exceed 30% of the total treatment costs.

**i. Mental and Behavioral Disorders Benefit:**

- Expenses covered under the points "a" to "e" above that are related to the treatments of mental and behavioral disorders.
- The inpatient treatment is limited to mental and behavioral disorders that begin more than 10 months after the Effective Date of the cover, unless the waiting period was waived by the Company because of a Preceding Policy.
- The outpatient treatment is limited to mental and behavioral disorders that begin more than 18 months after the Effective Date of the cover, unless the waiting period was waived by the Company because of a Preceding Policy.

**j. AIDS/HIV Benefit:**

- Expenses covered under the points "a" to "e" above that are related to the treatment of Human Immunodeficiency Virus ("HIV") related illnesses including Acquired Immune Deficiency Syndrome ("AIDS"), AIDS Related Complex and/or any mutation, derivation, or variation thereof which manifests itself for the first time after the Effective Date of the

cover.

k. **Emergency Dental Benefit:**

- Expenses covered under the points “a” to “e” above that are related to emergency dental treatment required for Accidental damage to sound natural teeth.

l. **Emergency Vision Benefit:**

- Expenses covered under the points “a” to “e” above that are related to emergency vision treatment required for Accidental damage to an eye.

## 4.3. Medical Service Provider Referral

The Medical Plan Administrator can refer the Insured Person, upon request, to a suitable Hospital. The information can be obtained by contacting the 24/365 telephone number or can be found on the website.

While the Medical Plan Administrator exercise care and diligence in selecting the Medical Service Providers, the Company or the Medical Plan Administrator cannot guarantee and is not responsible for the service obtained from the Medical Service Providers.

## 4.4. Exclusions

The Company shall not pay any benefit if related to:

- Any insured services not explicitly listed under the Medical Expense benefit section.
- Vitamins and minerals (except if prescribed and certified Medically Necessary by the attending Physician to treat significant vitamin or mineral deficiency syndromes), nutritional and dietary supplements, baby food.
- Cosmetic Surgery.
- Reconstructive Surgery, unless the treatment is Medically Necessary and carried out as part of the original treatment of the Congenital Conditions, developmental abnormalities, Injury or Illness.
- Relieving symptoms caused by ageing, puberty or other natural physiological cause.
- Outpatient treatment of sleep disorders.
- Treatment of weight loss or weight problems.
- Mental and Behavioral Disorders listed as F10 till F19, F45, F52, F55, F59 or F99 in the International Classification of Diseases of the World Health Organization.
- Expenses incurred where an Insured Person has not followed the medical advice of the Physician.
- Experimental or pioneering techniques.
- Products that can be obtained without a Physician’s prescription.
- Any sexual problem including impotence (whatever the cause), sex change or gender reassignment.
- Venereal Diseases.
- Cure centre, bath centre, spa, health resort and recovery centre, even if the stay is medically prescribed.
- Fertility, complications or Illness from IVF induced pregnancy, impotence or erectile dysfunction, contraception, sterilization, elective cesarean, or termination of pregnancy that is not Medically Necessary.
- Dental and vision treatment, except the Emergency Dental Benefit and the Emergency Vision Benefit as mentioned above.
- Batteries, electricity, maintenance expenses and recharging of appliances or medical aids (including hearing and visual aids).
- Transfer, transport or travel expenses (except those for local Emergency medical transport or insured under the Assistance benefit).

## *ARTICLE 5 – ASSISTANCE*

### 5.1. Claims Procedure

Contact information:

AIG Assist
for AIG Europe S.A.
PO Box 2157
Shoreham by Sea.
West Sussex - BN43 9DH
United Kingdom

24/365 Telephone Number: +44 12 73 401 530
AIG Assist operates a telephone emergency service that is staffed 24 hours a day, 365 days a year by multilingual assistants who are familiar with the procedures of medical and other assistance.

Medical Staff:
AIG Assist has a team of highly qualified medical advisers and nurses who are available to provide advice regarding the most appropriate assistance and treatment.

AIG Assist must be contacted as soon as possible.

When assistance is required, the following information must always be provided to AIG Assist:

a. Concerning the Insured Person:
   - The name of the Insured Person,
   - The telephone number on which the Insured Person can be contacted
   - The address where the Insured Person is staying.

b. Concerning the Policyholder:
   - The name of the Policyholder,
   - The policy number.

c. The nature of the incident.

### 5.2. Medical Advice over Phone

AIG Assist will arrange for the provision of medical advice from an English speaking Registered Nurse to the Insured Person over the phone.

### 5.3. Second Opinion Benefit

AIG Assist will help and guide the Insured Person in order to obtain 2 independent reviews of his medical file relating to an insured Illness or Injury. Those second opinions intend to assist the Insured Person and the attending Physician to decide upon the diagnosis and/or treatment protocols.

The independent reviews will be done by specialists or sub-specialists from the WorldCare Consortium ®. The WorldCare Consortium means the network of hospitals organized by WorldCare Inc., consisting of healthcare specialists and sub-specialists working in world class medical centers in the United States.

A WorldCare Second Opinion consists of:

- A written evaluation of the Insured Person's medical file and supporting diagnostic information by appropriate specialists or sub-specialists from the WorldCare Consortium.
- In complex cases, two independent Second Opinions from two separate institutions.
- One follow-up written evaluation, if necessary, of additional reports or questions which are related to the initial Second Opinion request, obtained within 30 days of the first evaluation.
- A written report providing a diagnosis and/or treatment plan.
- A conference call, if needed, between the attending Physician and the specialist or sub-specialist from the WorldCare Consortium to discuss the case.

To obtain the Second Opinion, the Insured Person or his attending Physician should compile a complete, concise and recent medical record. The record must be typed in English. The record must at least include:

- Clinical reasons and objectives for the requested review.
- Recent physical examination report.
- Detailed history of present Illness or Injury (including signs, symptoms, chronological onset, diagnosis, treatment plan, response to treatment and current status of disease).
- Medical images and pathology samples, when appropriate with original reports, and laboratory results.
- Brief medical history (including daily routines, habits, surgeries, list of medications, chronic problems, allergies, and relevant family history).

## 5.4. Country Guides

The Insured Person will have access to the country information and the Alerts provided by Red 24.
Red24 is a leading security specialist with headquarter in the UK.

The country information can be found on the website http://www.AIGinsurance.com/expat
(ID will be communicated to the Insured Person with the Welcome Package).

The alerts will be emailed by Red24 to the email address mentioned by the Expatriated Employee or the Individual Expatriate on the application form.

## 5.5. Assistance Benefits

The Insured Person is provided with the following assistance services:

1. **Monitoring of Medical Condition**
   Upon request, AIG Assist monitors the Insured Person's medical condition during hospitalization and keeps the relatives informed. The service is subject to the obligations in respect of confidentiality and relevant authorization.

2. **Emergency Medical Evacuation**
   AIG Assist shall organize and pay for, in accordance with the advice of its Medical Consultants, in case of an insured Injury or Illness that needs the emergency medical evacuation of the Insured Person to a more suitable and better-equipped local Hospital. Depending on the seriousness of the circumstances, the person is transported by air ambulance, a scheduled flight, an ambulance or any other means of transport, and if necessary under the supervision of a medical team that has the necessary medical equipment at its disposal. The Medical Consultants of AIG Assist shall decide, if necessary in consultation with the local Physician in attendance, if evacuation is needed, with which mode of transport and to what hospital.

   In case the Insured Person was evacuated outside his Home or Host Country, AIG Assist shall organize and pay for the return the Insured Person to his Home or Host Country.

3. **Compassionate Visit**
   If the Insured Person is hospitalized for an insured Illness or Injury outside his Home Country and is not accompanied by relatives, AIG Assist shall arrange in consultation with the Insured Person, the Physician and the relatives of the Insured Person for a relative to travel and stay with the Insured Person during the time of the hospitalization. In addition, AIG Assist shall pay this relative's expenditure for travel and visa documents, transport, accommodation, taxi, telephone and childcare, incurred on the advice of the Medical Consultants of AIG Assist and within the limitations of the policy.

4. **Return of Children**
   AIG Assist shall organize and pay for the escorted return of an under age Insured Persons to the Home or Host Country if the children are left unattended as the result of an insured Illness or Injury of the accompanying Insured Person.

5. **Delivery of Essential Medication**

At the request of the Insured Person and in case of an emergency, AIG Assist shall assist in finding and sending essential medication or medical equipment if these are not available locally. AIG Assist shall pay for the shipping cost.
In non-emergency cases, AIG Assist can provide the same service but at the cost of the Insured Person.

6. **Assistance in case of Death**
   If the Insured Person dies, AIG Assist shall organize and pay for transportation of the mortal remains or the ashes, including the cost of the coffin needed for transport, and for transportation of the personal belongings of the Insured Person to his Home Country.
   AIG Assist shall also organize and pay for the flight to the Home Country of the insured Dependants.

7. **Interpreter Referral**
   At the request of the Insured Person, AIG Assist refers him to an interpreter.

8. **Legal Referral**
   At the request of the Insured Person, AIG Assist refers him to an embassy, consulate or other organization, including a lawyer who speaks the required language, if legal assistance is required.

## 5.6. Limitations & Exclusions

The benefit in case of flights is limited to public transport in economy class, unless the Medical Consultants of AIG Assist decide otherwise.

The Company shall not pay any benefit:

- For services that were not organized or approved in advance by AIG Assist.
- If the purpose of the trip is to obtain medical treatment or medical advice, unless in the course of an approved Emergency Medical Evacuation.
- If the Insured Person is traveling against the advice of a Physician.
- For services that are excluded in the Medical Expense cover or have their Date of Service during a waiting period mentioned under the Medical Expense cover.

# *ARTICLE 6 – POLITICAL EVACUATION*

## 6.1. Cover

The Company shall pay the cost of evacuation up to a maximum of CHF 75 000, or the sum insured stated in the policy schedule if different, per policy period for the Expatriate Employee or Individual Expatriate, and their Dependants together.

## 6.2. Conditions

### 6.2.1. Evacuation

The cover is provided for the following unforeseen events, insofar as these take place outside the control of the Policyholder and the Insured Person, and which require the immediate evacuation of the Insured Person:

a. an Insured Person is banned or declared a persona non grata by the authorities of the recognized government of the Host Country, or
b. the Ministry of Foreign Affairs or a comparable authority of the Country of residence of the Policyholder recommend evacuation due to political or military activities in the Host Country or in which a Host Country is involved within 10 days prior to the evacuation.

### 6.2.2. Cost of Evacuation

The reasonable and inevitable costs incurred by the Policyholder or the Insured Person for the evacuation of the Insured Person to the nearest safe place and for repatriation of the Insured Person to his Country of residence. This also includes reasonable transport and accommodation expenses incurred by the Policyholder and the Insured Person during the evacuation for a maximum period of two days.

## 6.3. Exclusions

No cover is provided for evacuation costs:

- for which the Policyholder as an employer is liable or which the Policyholder has to bear pursuant to legislation pertaining to unemployment, accident, illness, absenteeism or incapacity for work.
- arising from a fraudulent, dishonest or criminal act, and committed or attempted by a Policyholder, an Insured Person or an authorized representative of one of them, acting alone or in a conspiracy with others.
- arising from violation of the laws of the Host Country by the Policyholder or by an Insured Person.
- arising from the Insured Person not possessing valid travel documents and a valid visa.
- arising from debt, insolvency, business failure, the exercise of any right of retention or security right, or another financial cause.
- arising from Illness, death or Injury of an Insured Person.

## *ARTICLE 7 – THIRD PARTY LIABILITY*

### 7.1. Cover

**7.1.1.** The Company will indemnify the Insured Person for sums which the Insured Person shall become legally obligated to pay due to Injury or Illness sustained by any person, including death at any time resulting there from, and as a loss due to damage to or destruction of property, including the loss of use thereof, based on legal liability regulations under private law content.

**7.1.2.** The Company will also cover the Insured Persons liability to pay Reasonable and Customary Expenses incurred within one year from the date of Accident for necessary medical, surgical and dental services, including prosthetic devices, and necessary ambulance, hospital, professional nursing and funeral services, to or for each person who sustains Injury or Illness caused accidentally:

a) while on the Insured Premises with the permission of an Insured Person;
b) while elsewhere if such Injury or Illness:
    1) Was caused out of the insured premises but due to conditions linked with the insured premises;
    2) Is caused by the activities of an Insured Person;
    3) Is caused by the activities of or is sustained by a Residence Employee, while engaged in the employment of an Insured Person.
    4) Is caused by an animal owned by or in the care of the Insured Person.

### 7.2. Defense Settlement and Supplementary Payments

With respect to such insurance as is afforded by this policy for liability coverage, the Company shall:

**7.2.1.** Defend any suit against the Insured Person alleging such Injury, Illness, damage or destruction and seeking losses on account thereof, even if such suit is groundless, false or fraudulent; but the Company may make such investigation, negotiation and settlement of any claim or suit as it deems expedient;

**7.2.2.** With the respect to liability of the Insured Person to indemnify the sums which the Insured Person shall become legally obligated to pay as damages to the sustained person, the Company shall pay the following supplementary payments:

a) Expenses incurred by the Insured Person, costs taxed against the Insured Person in any such suit and interest accruing after entry of judgment until the Company has paid or tendered or deposited in court such part of such judgment as does not exceed the limit of the Company's liability thereon;

b) Expenses incurred by the Insured Person in the event of an Accident causing Injury or Illness, for such immediate medical and surgical relief to others as shall be imperative at the time of the Accident; or

c) All reasonable expenses, other than loss of earnings, incurred at the Company's request. And the amounts so incurred, except settlements of claims and suits, are payable by the Company in addition to the applicable limit of liability of this policy.

### 7.3. Exclusions

Insurance provided under this coverage does not apply under the following circumstances:

**7.3.1.** To any business activities of an Insured Person, other than those which are ordinarily incidental to non-business pursuits; nor to claims arising from the rendering, or omission of rendering, of any professional services; nor to any act or omission in connection with Insured Premises other than as defined above, which are owned, rented or controlled by an Insured Person;

**7.3.2.** To the ownership, maintenance, operation, use, loading or unloading of:

a) Automobiles while they are away from the Insured Premises;

b) Watercraft, 8 meter or more in overall length, or with outboard motors with more than 18 Kilowatt or inboard motors with more than 36 Kilowatt, when owned by or rented to an Insured Person and while located away from the Insured Premises; and
c) Aircraft.

**7.3.3.** To Injury, Illness, damage or destruction caused intentionally by or at the direction of the Insured Person;

**7.3.4.** To Injury, Illness or death of any employee of the Insured Person arising out of and in the course of employment by an Insured Person, if benefits are wholly or partially payable, or required to be provided under any Worker's Compensation Law, or if the Insured Person has a policy of insurance providing Worker's Compensation benefits for such employee on the date of occurrence;

**7.3.5.** To liability assumed by the Insured Person under any contract or agreement, except liability of others assumed under a written contract specifically relating to the Insured Premises;

**7.3.6.** Under article 7.1.1, to damage to or destruction of property used by, rented to or in the care, custody or control of the Insured Person or the property on which the Insured Person is exercising physical control;

**7.3.7.** Under article 7.1.2, to Injury, Illness or death of:
a) Any person, when arising out of or in the course of employment, if benefits are wholly or partially payable or required to be provided under a Worker's Compensation Law;
b) Any Insured Person otherwise covered under this policy; or
c) Any person, other than a Residence Employee, if such person is regularly residing on the Insured Premises, or is on the Insured Premises because of a business conducted thereon, or is injured by an accident arising out of such business.

**7.3.8.** To Injury, Illness, damage or destruction directly or indirectly arising from, occasioned by, or in consequence of:
a) War;
b) The transmission of a communicable disease by an Insured Person;
c) Sexual molestation, corporal punishment or physical or mental abuse; or
d) Excessive consumption of alcohol, misuse of medication, or use of narcotics, illegal drugs or agents;

**7.3.9.** Property damage to property owned by the Insured Person.

## 7.4. Limits of Liability

**7.4.1.** The sum insured stated on the policy schedule is the limit of the Company's liability for all losses, including losses for care and loss of services, as the result of any one occurrence.

**7.4.2.** The term Insured Person is used severally and not collectively, but the inclusion herein of more than one Insured Person shall not operate to increase the limits of the Company's liability. The Company's total liability under Third Party Liability for all losses resulting from any one occurrence shall not be more than the sum insured stated on the policy schedule. This limit is the same regardless of the number of Insured Persons, claims made or persons injured. All Injuries and property damage resulting from continuous or repeated exposure to substantially the same general harmful conditions shall be considered to be the result of one occurrence.

**7.4.3.** The Company's total liability for all medical expenses payable for Injuries to one person as the result of one Accident will not be more than the sum insured stated on the policy schedule.

## 7.5. Claims Procedure

**7.5.1.** When an occurrence takes place, written notice thereof shall be given by or on behalf of the Insured Person as soon as practicable to the Company.
Such notice shall contain the identity of the policy and Insured Person, reasonably available information on the time, place, and circumstances of the Accident or occurrence and names and

addresses of any claimants and witnesses. At the request of the Company, the Insured Person shall help the Company to make settlement, enforce any right of contribution or indemnity against any person or organization who may be liable to an Insured Person, with the conduct of suits and attend hearings and trials and to secure and give evidence and obtain the attendance of witnesses.

**7.5.2.** If claim is made or suit is brought against the Insured Person, the Insured Person shall immediately forward to the Company every demand, notice, summons or other process received by the Insured Person or his representative. The proceeding should be instituted within the prescriptive period settled by the legislation of the local law or within one year from the date of loss if any other legislation is applicable to the policy.

**7.5.3.** The Insured Person shall cooperate with the Company, and upon the Company's request, shall attend hearings and trials and shall assist in effecting settlements, securing and giving evidence obtaining the attendance of witnesses and in the conduct of suits. The Insured Person shall not, except at his own cost, voluntarily make any payment, assume any obligation or incur any expense other than for such immediate medical and surgical relief to others as shall be imperative at the time of the Accident.

**7.5.4.** No action shall be taken against the Company unless, as a condition precedent thereto, the Insured Person shall have fully complied with all the terms of this policy, nor until the amount of the Insured Persons obligation to pay shall have been finally determined either by judgment against the Insured Person after actual trial or by written agreement of the Insured Person, the claimant and the Company. Any person or organization or the legal representative thereof who has secured such judgment or written agreement shall thereafter be entitled to recover under this policy to the extent of the insurance afforded by this policy. Nothing contained in this policy shall give any person or organization any right to join the Company as a co-defendant in any action against the Insured Person to determine the Insured Person's liability. Bankruptcy or insolvency of the Insured Person or of the Insured Person's estate shall not relieve the Company of any of its obligations hereunder.

# *ARTICLE 8 – LEGAL ASSISTANCE*

## 8.1. Cover

**Legal assistance**: The Company shall indemnify the Insured Person for the costs of Legal Expenses in connection with causes of action outside his Home Country arising during the Benefit Period, up to a maximum of CHF 25 000, except in the case of charges for or indictments for a criminal offense, in which case the maximum will be limited to CHF 7 500. There is a deductible of 10% with a minimum of CHF 350. The insured person has the free choice for a lawyer.

**Bail bond**: In the event that the Insured Person is placed in or is threatened to be placed in detention outside his Home Country during the Benefit Period, the Company shall pay a bail bond up to a maximum of CHF 75 000. The Insured Person shall repay this sum within 3 months of the date of payment, or immediately upon repayment by the authorities or if the bail bond is forfeited by failure to appear in court, unless the latter could not reasonably be expected of the Insured Person.

## 8.2. Stipulations

- The Company has to consent to the intended action beforehand. Such consent is given if the Insured Person can convince the Company that:
    - there are reasonable grounds for an action and,
    - that the cost of legal assistance are reasonable.
- The Company shall take into account the opinion of the Representative hired by the Insured Person and of its own advisers. If the Company agrees to the proposed action, the Company shall pay the reasonable costs which the Insured Person has incurred in order to obtain such opinion.
- All claims and legal procedures, including any appeal arising from the same event or circumstances, are regarded as a single claim.
- If the action is successful, any legal costs awarded shall accrue to the Company up to the amount that the Company has paid in this respect.

## 8.3. Exclusions

The Company shall not pay any benefit if related to:

- an intentional crime, an offence against property or an offence against narcotics legislation committed by the Insured Person.
- a claim from or against the Policyholder, the Company, or any organization or person who is involved in this insurance.
- business activities,
- contractual issues,
- family and succession law issues,
- liabilities arising out or in relation to compulsory insurance.

# SECTION B – OPTIONAL BENEFITS

## *ARTICLE 9 – PERSONAL ACCIDENT PLAN*

The optional Personal Accident Plan can only be taken insofar as the Insured Persons are covered by the Core Plan and only on a family level, i.e. for the Expatriated Employee or the Individual Expatriate and his Dependants together.

### 9.1. Definitions

**9.1.1. Accumulation Limit** means the total maximum amount the Company will pay in the aggregate under this and any other accident insurance policy issued by the Company for Injuries suffered by all Insured Persons in the same Accident or series of Accidents contributed to, caused by or consequent upon the same original cause, event or circumstance.

**9.1.2. Deferment Period** means the initial period of Temporary Disablement during which the benefit on the policy schedule is not payable.

**9.1.3. Loss of Hearing** means total and permanent loss of hearing.

**9.1.4. Loss of Limb** means:
In the case of a leg or lower limb:
a. loss by permanent physical severance at or above the ankle, or
b. permanent and total loss of use of a complete foot or leg.
In the case of an arm or upper limb:
a. loss by permanent physical severance of the four fingers at or above the meta carpo phalangeal joints (where the fingers join the palm of the hand), or
b. permanent and total loss of use of a complete arm or hand.

**9.1.5. Loss of Sight** means permanent and total loss of sight in both eyes, or in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.

**9.1.6. Loss of Speech** means total and permanent loss of speech.

**9.1.7. Paraplegia** means the permanent and total paralysis of the two lower limbs, bladder and rectum.

**9.1.8. Permanent Disablement** means permanent total or partial loss or disablement of any limb or organ (or a part thereof).

**9.1.9. Quadriplegia** means the permanent and total paralysis of the two upper limbs and two lower limbs.

**9.1.10. Temporary Disablement** means an Injury that prevents the Insured Person from carrying out all parts of his usual and paid professional occupation.

### 9.2. Death

If the Insured Person had an insured Accident during the Benefit Period and dies within two years as a direct and sole consequence of that Accident, the sum insured stated in the policy schedule is paid out.

The payment is made as soon as the investigation by the Company into the Accident, the cause of death and the connection between the two has been completed. All sums already paid out on to this insurance policy for Permanent Disablement as a result of the same Accident are deducted from this payment.

If an Insured Person is missing and after an appropriate period of time it can reasonably be assumed that the Insured Person has died as the result of Injury, the sum insured stated on the policy schedule is paid out. In that case, the Beneficiary is required to sign an agreement stating that if it transpires later that the Insured Person has not died, any benefits received are repaid to the Company.

The sum insured for the accidental death of a child younger than 6 years shall be limited to CHF 10 000

## 9.3. Permanent Disablement

In the event of Permanent Disablement as a result of an insured Accident during the Benefit Period, the Company shall pay out the percentages of the sum insured applicable to Permanent Disablement as set out below.

The degree of Permanent Disablement is assessed as soon as it has reasonably been concluded that the condition of the Insured Person is not likely to improve or deteriorate, but not later than two years after the Accident.

In the event that the Insured Person dies before the percentage has been determined, the Company is not obliged to pay any Permanent Disablement benefit. However, if the Insured Person dies more than 6 months after the Accident but not as a result of the Accident, the Company shall pay the amount that it would reasonably have expected to pay out for Permanent Disablement had the Insured Person not died.

In order to determine the percentage of disablement, the following disablement scale is used:

| Permanent complete loss or permanent total disablement of: | Percentage of disablement: |
|---|---|
| ▪ at least one limb | 100% |
| ▪ loss of eyesight | 100% |
| ▪ total paralysis | 100% |
| ▪ incurable major brain damage | 100% |
| ▪ loss of speech | 100% |
| ▪ hearing in both ears | 100% |
| ▪ hearing in one ear | 25% |
| ▪ sense of touch or smell | 10% |
| ▪ a thumb | 30% |
| ▪ an index finger | 20% |
| ▪ other finger | 10% |
| ▪ a big toe | 15% |
| ▪ other toe | 5% |
| ▪ spleen | 5% |
| ▪ kidney | 20% |
| ▪ a shoulder or an elbow | 25% |
| ▪ a wrist, hip, knee or ankle | 20% |
| ▪ lower jaw as a result of surgical treatment | 30% |
| ▪ the back or spine below the neck without damage to the spinal cord | 40% |
| ▪ the neck or neck vertebrae without damage to the spinal cord | 30% |

In the event of partial permanent loss or partial permanent disablement, a proportionate part of the percentage stated for complete loss or total disablement is paid out pro rata to the seriousness of such loss or disablement.

If a claim is payable for loss of or disablement of a whole part of the body, a claim for any component of that part cannot also be made.

In the event of disablement of several limbs or organs as a result of one or more Accidents, payment shall never exceed 100% of the sum insured for total Permanent Disablement.

When determining the percentage, any Permanent Disablement existing prior to the Accident are deducted from this percentage.

In the event of loss or disablement of any body parts, organs, etc. not listed above, the percentage is based on the general scale used in the medical sector, in which case the Insured Person can also opt for the following:

a. his employment must not be taken into account;

b. his employment and the activities he customarily performed prior to the Accident must be taken into account; considering also any suitable employment that may in all reasonableness be required of him regarding his disabilities, strengths, capabilities, education and social position.

## 9.4. Temporary Disablement

In the event of Temporary Disablement as a result of an insured Accident during the Benefit Period, the Company shall pay out the weekly sum insured as mentioned on the policy schedule.

The weekly sum insured will be payable for every full week after the Deferment Period as mentioned on the policy schedule, until the Insured Person can resume his usual and paid professional occupation, until the degree of Permanent Disablement is assessed, or until the number of weeks mentioned on the policy schedule is passed, whichever occurs first.

In case the Insured Person relapses within a period of 3 months because of the same Accident, the period of Temporary Disablement will be considered as a continuation of the previous period and no new Deferment Period will be applied.

The benefit shall not be payable if the Insured Person has no usual and paid professional occupation or if the Temporary Disablement has no impact on the remuneration.

## 9.5. Additional Benefits

An additional benefit is paid in the following cases:

### 9.5.1. Paraplegia & Quadriplegia

In the event of Paraplegia or Quadriplegia, the following benefit is added to the benefit for Permanent Disablement:

- Paraplegia: CHF 35 000
- Quadriplegia: CHF 70 000.

### 9.5.2. Dependant Children

In the event that a payment is made for Death by Accident, the amount to be paid is increased by CHF 7 500 for each insured Dependant child of the Insured Person, up to a maximum of 20% of the sum insured for Death by Accident.

### 9.5.3. Retraining Costs

In the event that a payment is made for the loss of a limb or the loss of sight, the Company shall indemnify the Policyholder for the reasonable costs incurred for retraining the Insured Person to carry out suitable employment activities up to a maximum amount of CHF 7 500.

### 9.5.4. Replacement Costs

In the event that a payment is made for Death by Accident, the Company shall indemnify the Policyholder up to an amount of CHF 7 500 in respect of any reasonable costs incurred for recruiting a replacement for the Insured Person.

### 9.5.5. Personal Belongings

If an insured Accident results in immediate hospitalization, the Company shall pay for damage to and the cost of lost, damaged or stolen personal belongings as a direct result of the Accident, up to a maximum of CHF 7 500.

### 9.5.6. Seatbelt

If the Insured Person dies as a result of a road traffic Accident and it has been established that he was wearing a seatbelt at the time, the benefit to be paid is increased by CHF 7 500.

### 9.5.7. Life Saver

If a third party (not an Insured Person or the Policyholder) sustains Injury while trying to save the life of an Insured Person which subsequently results in the death or Permanent Disablement of this third party

within two years of the event, the Company shall pay this third party on the basis of an insured sum of CHF 35 000. This benefit is paid in addition to any benefit paid to the Insured Person.

### 9.5.8. Home Modifications

In the event that an Insured Person sustains Injury that require modifications to his home in his Home Country (including but not limited to the installation of ramps for external and internal wheelchair access, internal grab rails, emergency alarm system and similar aids) in order to be able to carry out day-to-day activities (such as washing, cooking, bathing and dressing) and to be able to function in and around his home in his Home Country, the Company shall pay 80% of the incurred cost of such adaptations up to a maximum of CHF 7 500. Such adaptations are to be made with prior written permission from the Company and need to be recommended by the Physician treating the Insured Person.

# *ARTICLE 10 – DENTAL & VISION CARE*

The optional Dental & Vision Care Plan can only be taken insofar as the Insured Persons are covered by the Core Plan and only on a family level, i.e. for the Expatriated Employee or the Individual Expatriate and his Dependants together.

## 10.1. Claims Procedure

Contact information:

HENNER - GMC International Administration CST 18
10, Rue Henner - 75459 Paris Cedex 09 - FRANCE
Tel: +32 2 739 99 11 (24/365)
Fax: + 33 1 53 25 20 83
aig.expatriatecare@henner.com
(ID will be communicated to the Insured Person with the Welcome Package)

Non-Emergency Hospitalization and outpatient surgery need pre-certification from the Medical Plan Administrator. The Medical Plan Administrator will guarantee the medical expenses to the Hospital.

The Insured Person must pay other expenses to the provider and submit a claim for reimbursement in writing to the Medical Plan Administrator within 90 days of the Date of Service.

Claim forms can be obtained by contacting the 24/365 telephone number or can be found on the website. The claim form must be completed and sent to the Medical Plan Administrator together with the original documentation, invoices and receipts (photocopies or scans are not accepted).

In case the Insured Person can claim from the National Health Service or any other insurance policy, he should first request reimbursement from that organization. The Insured Person shall afterwards forward the original settlement confirmation from that organization with photocopy of the submitted documentation, invoices and receipts to the Medical Plan Administrator. The Medical Plan Administrator shall deduct the amounts that are or could have been received from that organization.

## 10.2. Definitions

**10.2.1. Dental prosthesis** means crowns, inlays, onlays, adhesive reconstructions/restorations, bridges, dentures and implants as well as all necessary and ancillary treatment and repairs required.

**10.2.2. Dentist** means a properly qualified medical practitioner who is licensed to render dental treatment by the competent medical authorities of the country in which treatment is provided, and who is practicing within the scope of his licensing and graduation.

**10.2.3. Routine Dental Treatment** means dental examinations, tooth extractions, tooth cleaning, normal compound filling, root canal treatment, paradental treatment, paradontosis treatment, gum treatment, and X-ray examinations.

**10.2.4. Major Restorative Dental Treatment** means removal of impacted, buried or unerupted teeth, removal of solid odontomes, and apicectomy.

**10.2.5. Vision Treatment** means ophthalmic examinations and treatments, excluding any eye surgery.

**10.2.6. Eye Surgery** means ophthalmic surgery, such as laser eye surgery, cataract surgery, glaucoma surgery, canaloplasty, refractive surgery, corneal surgery, vitreo-retinal surgery, eye muscle surgery and oculoplastic surgery.

**10.2.7. Optical Devices** means Medically Necessary glasses, frames and contact lenses prescribed by an Ophthalmic Physician

## 10.3. Dental Care

This Policy shall provide cover:

- within the limitations stated in the policy schedule;
- for the actual, Reasonable and Customary Expenses incurred by the Insured Person;
- for the services listed below;
- that are prescribed and certified Medically Necessary by a Dentist or Dental Physician;
- that are general accepted and scientifically recognized medical services, excluding any experimental or pioneering services; and
- that have a Date of Service during the Benefit Period.

The insured services are:

- Routine Dental Treatment (sums insured listed on the policy schedule);
- Major Restorative Dental Treatment (sums insured listed on the policy schedule);
- Dental Prosthesis (sums insured listed on the policy schedule);
- Orthodontic Treatment (sums insured listed on the policy schedule).

The reimbursement of the expenses is reduced or refused to the extent that the Insured Person's teeth are deemed by a Dentist or Dental Physician to be in a considerably worse condition than the teeth of persons of the same age who have at least annual dental checks and receive the recommended dental treatment, or if the cause of the worse condition of the Insured Person's teeth is prior to the Benefit Period.

Indemnity for Major Restorative Dental Treatment, Dental Prosthesis and Orthodontic Treatment is limited to treatments that begin more than 10 months after the Effective Date of the cover for the Insured Person, unless the waiting period was waived by the Company because of a Preceding Policy.
Orthodontic treatment is only covered if started before age 16.

## 10.4. Vision Care

This Policy shall provide cover:

- within the limitations stated in the policy and the policy schedule;
- for the actual, Reasonable and Customary Expenses incurred by the Insured Person;
- for the services listed below;
- that are prescribed and certified Medically Necessary by the attending ophthalmic Physician;
- that are general accepted and scientifically recognized medical services, excluding any experimental or pioneering services; and
- that have a Date of Service during the Benefit Period.

The insured services are:

- Vision Treatment (sums insured listed on the policy schedule);
- Eye Surgery (sums insured listed on the policy schedule);
- Optical Devices (sums insured listed on the policy schedule).

# *ARTICLE 11 – PERSONAL PROPERTY*

The optional Personal Property Plan can only be taken insofar as the Insured Persons are covered by the Core Plan and only on a family level, i.e. for the Expatriated Employee or the Individual Expatriate and his Dependants together.

## 11.1. Cover

Personal property (including, but not limited to, personal effects, household furniture and household goods) owned or used by an Insured Person, is insured against risk of direct loss caused by a peril listed below, when it is located on the Insured Premises:

**11.1.1.** Fire and/or lightning.

**11.1.2.** Windstorm or hail. This peril does not include loss to the property contained in a building caused by rain, snow, sleet, sand or dust unless the direct force of wind or hail damages the building causing an opening in a roof or wall and the rain, snow, sleet, sand or dust enters through this opening. This peril includes loss to watercraft and their trailers, furnishings, equipment, and outboard engines or motors, only while inside a fully enclosed building.

**11.1.3.** Explosion.

**11.1.4.** Aircraft, including self-propelled missiles and spacecraft.

**11.1.5.** Vehicles.

**11.1.6.** Smoke, meaning sudden and accidental damage from smoke. This peril does not include loss caused by smoke from agricultural smudging or industrial operations.

**11.1.7.** Vandalism or malicious mischief.

**11.1.8.** Theft, including attempted theft from a known place. This peril does not include loss caused by theft or attempted theft when the theft is:

a) Committed by an Insured Person;
b) Loss of property when it is unlikely that the property has been stolen;
c) From that part of an Insured Premise rented by an Insured Person to other than an Insured Person;
d) Theft in or to a dwelling under construction including materials and supplies for use in the construction; or
e) Theft of personal property from a motor vehicle or other motorized land conveyance.

**11.1.9.** Falling objects. This peril does not include loss to property contained in a building unless the roof or an outside wall of the building is first damaged by a falling object. Damage to the falling object itself is not included.

**11.1.10.** Weight of ice, snow or sleet which causes damage to property contained in a building.

**11.1.11.** Accidental discharge of water or steam from within a plumbing, heating, air condition or automatic fire protective sprinkler system or from within a household appliance.

**11.1.12.** Sudden and accidental tearing apart, cracking, burning or bulging of a steam or hot water heating system, an air conditioning or automatic fire protective sprinkler system or an appliance for heating water.

**11.1.13.** Freezing of a plumbing, heating, air conditioning or automatic fire protective sprinkler system or of a household appliance. This peril does not include loss on the Insured Premises while the dwelling is unoccupied, unless you have used reasonable care to maintain heat in the building, or shut off the water supply and drain the system and appliances of water.

**11.1.14.** Sudden and accidental damage from artificially generated electrical current. This peril does not include loss to a tube, transistor or similar electronic component.

## 11.2. Valuables

Unless otherwise specified on the policy schedule, the Company's liability for loss of the following types of property is limited to:

- CHF 450 per occurrence on cash, currency, money, bullion, numismatic property and bank notes. If a loss which is covered under the terms and conditions of this policy consists only in the loss of money, then the deductible specified in the certificate of coverage does not apply.
- CHF 600 per occurrence on manuscripts, securities, accounts, bills, deeds, evidences of debt, letters of credit, notes other than bank notes, passports, railroad and other travel tickets or stamps;
- CHF 1 500 per occurrence for theft of stereo equipment. Stereo equipment includes accessories, antennas, tapes, wires, records, discs or other media for use with any electronic stereo equipment.
- CHF 1 500 per occurrence on coin and philatelic collections, with a limit of CHF 375 for any one stamp, coin or individual article or any one pair, strip, block, series sheet, cover, frame or card.
- CHF 2 000 per occurrence for theft of jewelry, watches, furs, fine arts, antiques, golfers equipment, cameras and computer hardware; and

## 11.3. Exclusions

**11.3.1.** Property not covered:

a) Summer cottages, buildings under construction, buildings used for commercial purposes, living accommodations in tenement house, their constructive elements (together or separately);

b) Animals, automobiles, motorcycles, aircraft, boats or other vehicles, or their equipment or furnishings except when the equipment or furnishings are removed from the vehicles and actually located on the Insured Premises of the Insured Person;

c) The property of any Insured Person while he is engaged in any form of professional entertainment, or property relating to a business, profession or occupation of an Insured Person;

d) The property while aboard any overseas vessel or during loading or unloading there from except such property which accompanies an Insured Person as person baggage;

e) The property ordinarily located throughout the year at a residence(s) other than the Insured Premises of the Insured Person;

f) The property on exhibition at fairgrounds or on the premises of any national or international exposition;

**11.3.2.** Risks not covered:

a) To the marring or scratching of any property or breakage of eyeglasses, glassware, statuary, marble, bric-a-brac, porcelains and similar fragile articles unless such marring, scratching or breakage is caused by theft, burglary or robbery or attempt thereat, vandalism, malicious mischief, fire, lightning, windstorms, cyclone, tornado, hurricane, explosion, falling aircraft, riot, strike, collapse of building or accident to transporting vehicle other than an overseas vessel. The exclusion of breakage does not, however, apply to jewelry, watches, bronzes, photographic equipment or binoculars;

b) To mechanical breakdown; against loss or damage to electrical apparatus caused by electrical breakdown other than lightning, unless fire results and then only for loss or damage by such resultant fire;

c) Against loss or damage occasioned by or through or in consequence, directly or indirectly, of the following occurrences:

1) War or the act of any person acting on behalf of, or in connection with, any organization with activities directed toward the overthrow by force of any government, de jure of de facto, or to the influencing of it by terrorism or violence; or
2) Risks of contraband or illegal transportation or trade, seizure or destruction under quarantine or customs regulations, confiscation by order of any government or public authority.

d) For loss caused directly or indirectly by any of the following. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss.
   1) Ordinance or law, meaning enforcement of any ordinance or law regulating the construction, repair, or demolition of a building or other structure.
   2) Earth movement, meaning earthquake including land shock waves or tremors before, during or after a volcanic eruption; landslide; mine subsidence; mud flow; earth sinking, rising or shifting; unless direct loss by fire or explosion. If the abovementioned caused fire; explosion; or breakage of glass or safety glazing material which is part of a building, storm door or storm window, the Company will indemnify the loss ensued by these occurrences. This exclusion does not apply to loss by theft;
   3) Water damage, meaning:
      - Flood, surface water, waves, tidal water, overflow of a body of water or spray from any of these, whether or not driven by wind;
      - Water which backs up through sewers or drains or which overflow from a sump; or
      - Water below the surface of the ground, including water which exerts pressure on or seeps or leaks through a building sidewalk, driveway, foundation, swimming pool or other structure.

      Direct loss by fire, explosion of theft resulting from water damage is covered;
   4) Power failure, meaning the failure of power or other utility service if the failure takes place off the Insured Premises. But if an insured peril ensues on the Insured Premises, only that ensuing loss will be paid;
   5) Neglect, meaning neglect of the Insured Person to use all reasonable means to save and preserve property at and after the time of a loss;
   6) Intentional loss, meaning any loss arising out of any act committed by or at the direction of an Insured Person or beneficiary, and with the intent to cause a loss.

e) Personal property is not insured for loss caused by any of the following. However, any ensuing loss to personal property which is not excluded or excepted in this policy is covered:
   1) Weather conditions. However, this exclusion only applies if weather conditions contribute in any way with a cause or event excluded above to produce the loss.
   2) Acts or decisions, including the failure to act or decide, of any person, group, organization or governmental body;
   3) Faulty, inadequate or defective:
      - Planning, zoning, development, surveying, siting;
      - Design, specifications, workmanship, repair, construction, renovation, remodeling, grading, compaction;
      - Materials used in repair, construction, renovation or remodeling; or
      - Maintenance, of part or all of any property.

## 11.4. Loss Settlement

**11.4.1.** The limit of the Company's liability for loss shall not exceed the replacement cost of the property at the time of the loss, up to the limits shown on the policy certificate.

**11.4.2.** Any loss to any property listed below will be settled at actual cash value at the time of loss but not exceeding the amount necessary to repair or replace:
   a) Coin and philatelic collections, antiques, fine arts, paintings, statuary and similar articles which by their inherent nature can not be replaced with new articles;
   b) Articles whose age or history contributes substantiality to their value. This includes but is not limited to memorabilia, souvenirs and collectors items;
   c) Property which is obsolete or unusable for the purpose for which it was originally intended because of its age or condition;
   d) Watercraft, including their trailers, furnishings, equipment and outboard motors when this class of property is covered on the conditions of its location on the Insured Premises;
   e) Personal items which are separately described and specifically insured in this or other insurance.

**11.4.3.** Other property:
   a) The Company will pay no more than the least of the following amounts:

1) replacement cost at the time of loss without deduction for depreciation;
2) the full cost of repair at the time of loss; or
3) the specific limit of liability stated in the policy schedule in case of loss, if any.

b) When replacement cost for the entire loss under this coverage is more than CHF 2000, the Company will not pay more than actual cash value of the damage until repair or replacement is completed;

c) The Insured Person may make a claim under this coverage for loss or damage on an actual cash value basis and then make claim within 180 days after the loss for any additional cost on a replacement cost basis with the condition of proper and complete documentary substantiation and confirmation of such claims.

**11.4.4.** The Company may pay for the loss in money or may repair or replace the property and may settle any claim for loss of property either with the Insured Person or the owner thereof with the condition that the claimant has a property interest in this property and (or) other foundations for making the claim. Any property so paid for or replaced will become the property of the Company. The Insured Person, Beneficiary or the Company, upon recovery of any such property, will give notice thereof as soon as practicable to the other and the Insured Person or Beneficiary will be entitled to the property upon reimbursing the Company for the amount paid or the cost of replacement. Any loss there under will not reduce the amount of insurance afforded under the policy. Application of the insurance to property of more than one person shall not operate to increase the Company's liability.

## 11.5. Claims Procedure

Upon knowledge of loss, the Insured Person or Beneficiary shall give notice thereof as soon as practicable to the Company.

In case of loss by burglary, robbery, theft or larceny, the Insured Person or Beneficiary must notify the police or other official authorities having jurisdiction, and in case of theft of a credit card or fund transfer card, notify the credit card or fund transfer card company. The Insured Person or Beneficiary must also protect the remaining property from further damage, prepare an inventory of damaged personal property showing the quantity, description, actual cash value and amount of loss, attach all bills, receipts and related documents that justify the figures in the inventory.

As often as the Company reasonably require, the Insured Person or Beneficiary must show the damaged property, provide the Company with records and documents requested and permit the Company to make copies.

The Insured Person or Beneficiary must send to the Company, as soon as practicable after the request, a signed, sworn proof of loss which sets forth, to the best of the Insured Person's or Beneficiary's knowledge and belief, the time and cause of loss, the interest of the Insured Person or Beneficiary and all others in the property involved and all liens on the property, other insurance which may cover the loss, changes in title or occupancy of the property during the term of the policy, the inventory of damaged personal property or receipts for additional living expenses incurred and records that supports the fair rental value loss and evidence.

**11.5.1.** The Insured Person or Beneficiary shall file proof of loss with the Company at the above address as soon as practicable after the discovery of loss. Upon the Company's request, the Insured Person or Beneficiary shall submit (and, so far as is within his or her power, shall cause all other persons interested in the property and household members and employees to submit), to examination by the Company, sign a sworn statement referring to the loss, and produce for the Company's examination all pertinent records at such reasonable times and places the Company may designate, and shall cooperate with the Company in all matters pertaining to the loss.

**11.5.2.** In the case the Insured Person or Beneficiary and the Company shall fail to agree as to the amount of loss, it shall be determined by competent and disinterested appraisers, one to be selected by the insured or Beneficiary and another by the Company; the two appraisers so chosen shall select a competent and disinterested umpire; the appraisers then shall estimate and appraise the loss, stating separately the sound values and damage; should they fail to agree, they shall submit their differences to the umpire; an agreement and award in writing of any two shall determine the amount of the loss. The Insured Person or Beneficiary and the Company shall pay the fees and expenses of the

appraisers respectively selected by them, and shall bear equally the fees and expenses arising from the appraisal proceedings.

**11.5.3.** In case of loss, it shall not only be lawful but also necessary for the Insured Person or Beneficiary, or the Insured Person's or Beneficiary's representatives, to sue, labor, and travel for the defense, safeguard and recovery of the property insured, without prejudice to this insurance. The Company will contribute to the expenses for such efforts in the proportion which the Limit of Liability applicable in the policy bears to the total value of the property.

**11.5.4.** Each claim for loss shall be adjusted separately and from the amount of each loss, when determined, the deductible amount stated in the policy schedule shall be subtracted. All adjusted claims shall be paid or made good to Beneficiary as soon as practicable after the presentation and acceptance of satisfactory proof of interest and loss to the Company at the address shown above. No loss shall be paid hereunder if the Insured Person or Beneficiary has collected the same from others.

**11.5.5.** This insurance shall not accrue directly or indirectly to the benefit of any carrier or bailee.

**11.5.6.** If a loss covered by this policy is also covered by other insurance, the Company will pay only the proportion of the loss that the limit of liability that applies under the policy bears to the total amount of insurance covering the loss.

**11.5.7.** The Company cannot be brought to trial unless the Insured Person or Beneficiary complied with all provisions of the policy. The proceeding should be instituted within the prescriptive period settled by the legislation of the local law or within one year from the date of loss if other legislation is applicable to the policy.

# *ARTICLE 12 – LEISURE TRAVEL*

The optional Leisure Travel insurance can only be taken insofar as the Insured Persons are covered by the Core Plan and only on a family level, i.e. for the Expatriated Employee or the Individual Expatriate and his Dependants together.

This benefit covers the Insured Person during Leisure Travel within the Benefit Period and within the limitations described in this policy, as well as during the journey to and from the destination.

The cover provided under this article for an Insured Person shall always end on the 91st day of a consecutive period of travel and/or stay outside the Host Country, unless this period is exceeded due to an unforeseen delay outside the control of the Insured Person. In that case, cover shall continue to be provided until the earliest possible date of return.

The benefits, insured under the core plan, also apply during Leisure Travel:

- Medical Expense Benefit
- Medical Service Provider Referral
- Telephone Medical Advice
- Second Medical Opinion Benefit
- Country Guides
- Assistance Benefit (Monitoring of Medical Condition, Emergency Medical Evacuation, Compassionate Visit, Return of Minor Child, Delivery of Essential Medication, Repatriation of the Body, Interpreter Referral and Legal Referral).
- Third Party Liability Benefit
- Legal Assistance.

## 12.1. Definitions

**Business Equipment** means goods that belong to the Policyholder and that the Insured Person carried or acquired during the Leisure Travel.

**Cash and Valuable Documents** means coins, banknotes, physical securities, bank drafts, funds, letters of credit, meal vouchers, bank cards, telephone cards, postal orders or cheques, traveler's cheques, tickets, fuel or other vouchers with a monetary value or credit vouchers that are in the possession of, managed or supervised by the Insured Person and that are intended only for travel, meals, accommodation and personal expenditure.

**Leisure Travel** means any trip that is not related to work, which takes place during the Benefit Period and that last no longer than 90 consecutive days.

**Personal Belongings** means the objects and travel documents that the Insured Person has taken with him on a trip for personal use, as well as objects purchased during the trip, with the exception of business equipment.

## 12.2. Travel Assistance

### 12.2.1. Assistance Procedure

Contact information:

AIG Assist
for AIG Europe S.A.
PO Box 2157
Shoreham by Sea.
West Sussex - BN43 9DH
United Kingdom

24/365 Telephone Number: +44 12 73 401 530
AIG Assist operates a telephone emergency service that is staffed 24 hours a day, 365 days a year by multilingual assistants who are familiar with the procedures of medical and other assistance.

Medical Consultants:
AIG Assist has a team of highly qualified medical advisers and nurses who are available to provide advice regarding the most appropriate assistance and treatment.

The Insured Person must contact AIG Assist as soon as possible.

When assistance is required, the following information must always be provided to AIG Assist:

d. Concerning the Insured Person:
   - The name of the Insured Person,
   - The telephone number on which the Insured Person can be contacted
   - The address where the Insured Person is staying.
e. Concerning the Policyholder:
   - The name of the Policyholder,
   - The policy number.
f. The nature of the incident.

**12.2.2. Cover**

**Medical Repatriation**: If the Insured Person falls Ill or sustains Injury during a Leisure Travel, AIG Assist shall organize and pay for repatriation to the Host or Home Country of the Insured Person where appropriate as soon as he is fit to travel. The decision to repatriate as well as the choice of the most appropriate means of transport is made by the Medical Consultants of AIG Assist, if necessary in consultation with the local Physician in attendance.

**Accommodation expenses**: If the Insured Person falls Ill or sustains Injury during a Leisure Travel, and the Insured Person cannot be repatriated, his condition does not justify a further Hospital stay and his stay outside his Host Country has ended, the Company shall pay additional accommodation expenses until the earliest possible date of return.

**Search and Rescue**: If the Insured Person falls Ill or sustains Injury during a Leisure Travel, the Company shall pay up to a maximum of CHF 22 500 for the cost of search and rescue as a result of the Accident or the Illness, up to a maximum of 365 days from the day of the Accident or first diagnosis of the Illness.

**Emergency return**: AIG Assist shall organize and pay for the return of the Insured Person in the event of mortal danger or death of a relative in the first or second degree of the Insured Person or his partner, or in case of considerable material damage to the house where the Insured Person resides in the Host Country, while the said Insured Person is on a Leisure Travel. The travelling costs incurred by the Insured Person to return to the destination are reimbursed if this takes place within the originally scheduled travel period.

**Travel Advice**: At the request of the Insured Person, AIG Assist shall provide useful and relevant information in preparation of a Leisure Travel, including bank and currency regulations, information about obtaining a visa, health regulations and reciprocal agreements.

**Message Relay**: At the request of the Insured Person and in an emergency, AIG Assist shall relay messages to relatives and business partners. AIG Assist shall pay for the dispatching costs.

**Lost Documents**: At the request of the Insured Person and in an emergency, AIG Assist shall provide assistance in obtaining replacements for lost or stolen tickets, passports or travel documents.

**Lost Luggage**: At the request of the Insured Person and in an emergency, AIG Assist shall provide assistance in tracing lost luggage.

**Cash Advance**: At the request of the Insured Person and in an emergency, AIG Assist shall provide assistance in replacing cash that has been lost or stolen during the Leisure Travel. Any cash advance is deducted from future payments under this policy, or in the absence of such payments, must be repaid to the Company as soon as possible.

**Unforeseen delay**: If the Insured Person has suffered an unforeseen delay on the way to the point of departure at the start or during the Leisure Travel, AIG Assist shall keep in contact with the carrier, provide advice, and if necessary, make arrangements for the continuation of the trip.

#### 12.2.3. Limitations & Exclusions

The benefit in case of flights is limited to public transport in economy class, unless the Medical Consultants of AIG Assist decide otherwise.

The Company shall not pay any benefit:

- For services that were not organized or approved in advance by AIG Assist.
- If the purpose of the trip is to obtain medical treatment or medical advice, unless in the course of an approved Emergency Medical Evacuation.
- If the Insured Person is traveling against the advice of a Physician.
- For services that are excluded in the Medical Expense cover or have their Date of Service during a waiting period mentioned under the Medical Expense cover.

## 12.3. Personal Belongings and Business Equipment

#### 12.3.1. Theft and Damage:

The Company shall pay the replacement value in the event of theft, total damage, or permanent loss by an airline company, or the repair costs in the event of partial damage, of the Personal Belongings and the Business Equipment of the Insured Person during a Leisure Travel, up to a maximum of CHF 10 000, or the sum insured stated in the policy schedule if different.

#### 12.3.2. Personal Baggage Delay:

The Company shall pay the additional expenditure up to CHF 2 000 that the Insured Person is forced to make during a Leisure Travel as a result of the delayed arrival of his Personal Belongings on the outward journey of a Leisure Travel.

Such additional costs are taken to mean expenditure for essential and reasonable replacement of critical items such as toiletries and clothing.

Delayed arrival of baggage means that on the outward journey or an intermediate flight, the Personal Belongings have not arrived within four hours of the Insured Person having arrived at the airport of destination. Only delays of scheduled flights operated by recognized airline companies are considered.

In the event of permanent loss, payment made for delay is deducted from the amount of any total claim compensation.

#### 12.3.3. Loss or Damage of Travel Documents:

If during a Leisure Travel the passport, visa, money, tickets or other essential travel documents of the Insured Person are lost, damaged or stolen, the Company shall pay any reasonable and essential extra travelling and accommodation costs that the Insured Person incurs to replace such documents up to a maximum of CHF 3 500 per Insured Person.

#### 12.3.4. Cash and Valuable Documents:

The Company shall compensate any damage due to theft of Cash and Valuable Documents, or as a result of the fraudulent use of bank cards, during a Leisure Travel up to a maximum of CHF 3 500 per Insured Person.

Currency and traveler's cheques purchased for a Leisure Travel are covered from the moment they are collected but not longer than 120 hours before the start of the Leisure Travel and up to the moment they are used or cashed in and not longer than 120 hours after the Insured Person has returned from the Leisure Travel.

#### 12.3.5. Limitations & Exclusions

For any object with a value of over CHF 3 500, the first 25% of any sum higher than CHF 3 500 is excluded from the cover. This 25% is applied to the replacement value of the object or to the sum insured if this is lower.

The Insured Person must request a PIR report in case of a loss by an airline company.

The Insured Person must file a complaint at the local policy office in case of a theft.

The Company shall not pay any benefit if related to:

- An object that has been lost, other than mentioned under the topics "permanent loss by an airline company", "Personal Baggage Delay" and "Loss or Damage of Travel Documents".
- The first 25% of the replacement value of Business Equipment.
- Loss or damage:
  - of glass, china or other fragile objects, unless caused by fire in, theft of or an accident with a means of transport in which these objects were being transported.
  - caused by moths, vermin, wear and tear, atmospheric or climatic conditions, scratches or scrapes.
  - caused by mechanical or electronic failure or defect.
  - caused by cleaning, painting, restoration, repair or changes made by the Insured Person.
  - caused by delay, seizure or confiscation by an authority.
  - to vehicles, accessories or parts thereof.
  - of personal property that is carried as freight on the basis of a transportation document.
- Loss or theft of a debit or credit card, which resulted in fraudulent use; unless the Policyholder or an Insured Person fulfilled all the conditions under which the card was issued.

## 12.4. Cancellation, Interruption, Delay and Replacement

### 12.4.1. Cancellation and interruption

The Company shall pay up to CHF 15 000, or the sum insured stated in the policy schedule if different, if during the Benefit Period a Leisure Travel has to be cancelled, interrupted or changed as a direct result of an unforeseeable cause outside the control of the Insured Person.

If the Leisure Travel has to be cancelled before departure, the Company shall pay the travelling and accommodation costs that have been paid or have to be paid, insofar as these cannot be recovered from any other party.

If the Leisure Travel has to be interrupted after departure, the Company shall pay all the travelling or accommodation costs that have been paid or have to be paid and that are related to the period after such interruption, insofar as these cannot be recovered from any other party.

If pre-booked Leisure Travel arrangements have to be changed after departure, the Company shall pay the associated extra travelling and accommodation costs, insofar as these cannot be recovered from any other party, and which are necessary to enable the Insured Person to continue the Leisure Travel or to return to his Host Country.

### 12.4.2. Delay

If the departure of the aircraft, vessel or train on which the Insured Person is travelling on the outward or return journey of a Leisure Travel, is delayed as a direct result of a strike, industrial action, adverse weather condition or mechanical breakdown of the means of transport, the Company shall pay CHF 110 per Insured Person for each hour of delay after a delay of 4 hours, with a maximum of CHF 600 per Insured Person.

### 12.4.3. Exclusions

The Company shall not pay any benefit if related to:

- A decision of the Insured Person, if this is not due to an unforeseeable cause outside the control of the Insured Person.
- Dismissal or termination of the contract of employment or expatriate assignment of the Insured Person within 31 days prior to a scheduled Leisure Travel or during the Leisure Travel.
- The financial circumstances affecting the Policyholder or an Insured Person.
- Non-performance of contract by a provider (or their agent) of transport or accommodation services.
- Regulations of a government institution.
- Strike, work stoppage, work-to-rule, mechanical breakdown or failure of any means of transport, except if the departure of a vessel, aircraft or train with which the Insured Person was scheduled

to travel is delayed by at least 4 hours, unless the cause of the delay had already been announced before the Leisure Travel was booked.

- If the Insured Person is traveling against the advice of a Physician.
- If the purpose of the trip is to obtain medical treatment or medical advice.
- Failure of the Insured Person to check in according to the travel schedule, unless checking in was not possible due to a strike or a labor dispute.
- A transport ban, flying ban or driving ban that has been imposed by a port authority, an aviation authority, a rail authority or another government institution.
- The use or possession of narcotics not having been prescribed by a Physician
- Pregnancy or childbirth within one calendar month of the expected date of delivery.

Unless otherwise agreed in writing, the Company shall not pay more than CHF 35 000 for all Insured Persons together in any Policy Period.