



AMI ASSOCIATION

Information booklet GLOBE – PARTNER Travel Insurance

*As a member of the « AMI Association », you opted for the benefits subscribed by the Association with Allianz Vie under contract number 080225/603 and with Allianz IARD under contract number 78 295 613.
The standard operating procedures of the benefits and their detailed description are defined in this booklet.*

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1/ General provisions

Eligibility – Enrolment

Members of the "AMI Association", under 36 years of age, of Japanese nationality, travelling outside of their country of residence to countries of the European Union, are eligible on an optional basis.

The Member must subscribe the initial contract the day of departure at the latest in order to benefit from the guarantees.
The renewal of the contract (by the subscription of a new one) will only be accepted if the next contract immediately follows the previous one without any interruption.

Upon enrolment, the Member must fill in the enrolment documents which include a health declaration and on which shall read the coverage opted for and the corresponding premium amount. The chosen option cannot be modified during the period of coverage.

The Member shall pay for the entire period of coverage on subscription.

Acceptance of coverage may be subject to further information the Insurer considers necessary.

Upon acceptance to the insurance, the Member and his dependants if any shall be referred to as "Insured".

The guarantees of the present contract will not apply in the country of residence of the Insured.

Commencement of cover

Coverage applies for each eligible person upon acceptance from the Insurer and after payment of the insurance premium.

The travel insurance policy GLOBE PARTNER is concluded for a fixed term and not eligible for the right renunciation provided for in Article L 112-2-1 of the Code des assurances.

Termination of cover

Once admitted to insurance - and subject to the clauses of the French "Code des Assurances" regarding false declaration, the Insured cannot be excluded from the coverage as long as he fulfils the conditions.

The contract can be subscribed for a period of 12 months maximum and can be renewed once, by taking out a new contract, with authorisation of the insurance company.

Coverage shall end:

for each Insured:

- on the last day of his period of coverage, on the date of final return in case the contract period has not ended or after evacuation to his country of residence
- the last day of the calendar quarter he ceases to be a Member of the "AMI Association".

for the totality of the Insured:

- in case of cancellation of the contract 080225/603 between the "AMI Association" and Allianz Vie.

Termination of benefits (or suspension) means the end of benefits for the Insured for all medical acts incurred after the termination date of coverage even if they started or were prescribed before the termination date.

Modification or cancellation of the contract

Any modification of date or cancellation of the contract can only be accepted if it was notified before the effective date of the contract.

It is possible to change dates once only and within the limits of the current civil year.

In case of cancellation, the contract can only be refunded on presentation of supporting documents.

The contract is issued for a fixed period and cannot be cancelled or refunded once started.

Sanctions in case of false declaration

Any and all fraud, non-disclosure or intentional false declaration on your part concerning the circumstances or consequences of a claim incurs the loss of all rights to benefit or indemnity for this Claim.

2/ Definitions

The terms and expressions used in this booklet shall have the following definition:

European Union : Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom.

Accident: any bodily harm not premeditated by the insured and resulting from the sudden and unexpected effect from an external cause – excluding chronic or acute illnesses.



Country of residence: country in which is located your tax and legal residence.

Dental fees further to an accident: treatment must be performed within 15 days following the date of the accident and consists of replacement of the sane and natural teeth which were lost or damaged.

Emergency: term used in case of accident or commencement of a serious covered illness requiring urgent medical attention and treatment of the Insured. Only medical treatment given by a doctor, general practitioner or specialist and a hospitalisation intervention in the twenty four (24) hours following the direct cause of the emergency will be considered as conditions to be reimbursed.

Deductible: the amount of the compensation payable by you.

Home address: by home address is meant your principal and usual residence in your country of residence.

Members of the immediate family: by members of the immediate family is meant the father, the mother, brothers and sisters, the grandparents.

Personal injury: any bodily harm suffered by an individual and the ensuing losses.

Damage to property: any harm done to, destruction of, change in, loss or disappearance of an, item, object or substance, and also any physical harm done to an animal.

Consequential damage: any financial loss which is the consequence of the loss of use of a right, of the interruption of a service provided by a person or personal or immovable property, or of the loss of a benefit, and which is the direct consequence of damage to the persons and property insured hereunder.

3/ Medical expenses, accidental death and dismemberment benefits

Area of cover

Benefits apply, outside of the country of residence of the Insured, in countries of the European Union.

Students may be covered for medical expenses in their country of residence, only during school holidays, for a maximum of 30 days per contract year and a maximum amount of 15 000 €, and only if the medical expenses are due to an emergency.

A/ Medical expenses benefits

Coverage consists of reimbursement of medical expenses paid by the eligible Insured to cover for medical acts and care as stated in the plan opted for. Benefits are limited to medical fees resulting from an accident or illness which are covered by the French Sécurité Sociale notwithstanding the further exclusions.

Reimbursement requests will be accepted only if the Insurer estimates that the amount of the bills and receipts that have been sent is reasonable and habitual in the country where treatment is received. If not, the insurer is entitled to reduce the amount of reimbursement.

The benefits for medical expenses end if our medical team deems that the Member can be repatriated to his country of residence.

It is agreed and understood that whenever the insured person benefits or may benefit from the reimbursements of the French Sécurité Sociale in the European Union, benefits shall be paid as a complement.

In France, visits to doctors (general practitioners or specialists) are covered up to a maximum of 100 € per visit. Furthermore in France, in non-conventioned hospitals, the reimbursement of hospitalization expenses is limited to 80% of real cost.

Maximum amount for medical expenses per beneficiary and per contract year is 150 000 €.

Limit to real expenses

In accordance with article 9 of law 89-1009 of December 31, 1989 and decree 90-769 of August 30, 1990, reimbursement or indemnification of fees due to illness or accident cannot exceed the amount of fees due by the Insured after reimbursements of any nature he is entitled to.

Coverage of the same nature contracted to other insurance companies apply up to the limit of each benefit whatever the date of subscription. Within this limit the beneficiary of the contract can obtain an additional indemnity joining details of reimbursement provided by the other companies.

For application of the above mentioned clause, the limit of the amount of fees left to the Insured is indicated by the Insurer for every covered medical expense.

Excluded benefits from medical expenses

Benefits which are not covered by the French Sécurité sociale are excluded from the scope of this contract as well as the following expenses:

- **expenses incurred before or after period of coverage,**
- **transportation fees of general practitioner which are not covered by Sécurité Sociale,**



- **treatment and care non prescribed by a qualified physician,**
- **medical fees for which the insured could have waited for the return to his country of residence,**
- **medical fees incurred in the country of residence (except for students during stays of less than 30 days for school holidays),**
- **cosmetic treatment and surgery unless consecutive to an accident,**
- **congenital disability, hereditary diseases, and chronic illnesses,**
- **medical aids including hearing aids and dental prosthesis,**
- **dental care (except in case of emergency and accident),**
- **stomatology, dermatology, and speech therapy,**
- **optical care, orthoptics and contact lenses,**
- **acupuncture, massages and physiotherapy unless consequent to a covered accident which resulted in a hospitalisation,**
- **psychotherapy, neurology including consultations,**
- **mental diseases including nervous breakdowns, treatment and care related to sleep disorder**
- **HIV infection and its consequences, AIDS and its consequences,**
- **sexual transmitted diseases (STD) and related tests,**
- **thermal cures, and rehabilitation centres,**
- **health check-ups,**
- **vaccination fees,**
- **medical expenses related to birth control, abortions, and sterility treatments,**
- **medical expenses related to maternity, and sexual disorders,**
- **expenses incurred for organ acquisition,**
- **any operation or treatment related to a sex change,**
- **Non prescribed drugs, non medicinal products of current use such as medical alcohol, cotton, sun lotions, dental hygiene products, bandages, shampoos...**
- **subsidiary expenses such as telephone in case of hospitalisation or fees considered extravagant, unreasonable or unusual considering the country where they incurred.**

Medical examination and arbitration

Doctors and authorised representative of the Insurer shall have access to the Insured in order to assess his state of health. Upon request of the Insurer, the Insured shall provide any evidence and be performed any test or examination.

The insured shall be notified by registered mail of all the decisions taken by the Insurer further to the conclusions of its medical adviser. The Insured may object the decision within 10 days by means of a detailed medical certificate addressed to the Insurer by Registered mail.

In case of disagreement on the state of health of the Insured, an amicable cross-examination by a physician chosen by the Insured and a physician appointed by the Insurer may be performed.

If both doctors cannot reach the same conclusions, they designate a medical arbitrator for final settlement. Fail a mutual choice, designation shall be judiciary.

Each party shall support the fees of its physician and share the ones of the arbitrator.

B/ Accidental death and dismemberment benefits

- Accidental death benefit:

A lump sum payment of 8 000 € is paid to the Insured in case of accidental death (see definitions), provided death occurs within one year of the accident.

- Permanent disability benefit further to an accident:

A lump sum payment is paid to the Insured if he becomes disabled further to an accident, provided disability occurs within one year of the accident and provided the accident occurs before his 70th birthday.

Disability is deemed TOTAL when according to the scale and the rules of evaluation it reaches 100%. In this case total amount shall be granted. Otherwise disability is deemed PARTIAL and the percentage of the lump sum for the corresponding disability shall only be granted.

The maximum amount shall be 30 000 € in case of permanent disability further to an accident.

Excluded risks for accidental death and dismemberment benefits

- **accidents caused by blindness, paralysis, mental illnesses, and all pre-existing diseases and infirmities at the time of entering into the contract,**
- **accidents caused by the use of a motor cycle with a cylinder in excess of 125 cm³ either as driver or passenger,**
- **accidents resulting from your professional activity,**
- **accidents caused by a transport company not authorized for the public transport of persons,**
- **accidents resulting from exercises carried out under military authority.**

**SCHEDULE OF COVER**

Death capital sum	8 000 €	
Total permanent disability capital sum	30 000 €	
Scale of disablement:	Right*	Left*
Complete loss:		
of the arm	75 %	60 %
of the forearm or hand	65 %	55 %
of the thumb	20 %	18 %
of the index finger	16 %	14 %
of the middle finger	12 %	10 %
of the third finger	10 %	8 %
of the little finger	8 %	6 %
of the thigh		60 %
of the leg		50 %
of two limbs		100 %
of the foot		40 %
of the big toe		5 %
of the other toes		3 %
of both eyes		100 %
of sight of an eye		30 %
complete deafness, incurable and not treatable		40 %
complete deafness, incurable and not treatable in an ear		15 %
total or incurable insanity		100 %

*if it has been medically established that you are left-handed, the disability rate allocated for the right arm applies to the left arm, and viceversa

How to claim medical, accidental death and dismemberment expenses

The Insurer is entitled to ask any Member or dependant to provide the necessary information related to their personal data and claims for reimbursement. The Insurer will be authorised to have access to their medical files, respecting the legal requirements of confidentiality.

Any information provided by the Insured or by one of his Dependants that turns out to be erroneous, falsified or exaggerated or any fraudulent action of their own will involve the direct responsibility of the Insured and the recovery of the amounts of money paid by the Insurer without due cause on this incorrect basis.

In case of hospitalisation, surgical intervention, X-ray or medical treatment, a medical certificate must first be requested from us. It will be sent back to us, addressed to our medical examiner, after having been filled in by your doctor. In case of non respect of this provision, we are entitled to deny coverage. In case of hospitalisation the Insured can ask for a full acceptance of liability in order to prevent him to advance fees.

Requests for reimbursements: (copy, photocopy or duplicates of bills will not be accepted)

Medical expenses:

For all requests for reimbursement you should send the following documentary evidence to :

**ASSISTANCE ETUDIANTS/ACS
153, rue de l'Université - 75007 PARIS, France**

within a maximum deadline of 3 months following the date of expiry of the contract :

- your certificate number, original invoices from doctors and medical establishments, and prescriptions for corresponding medicines ;
- for costs of hospitalization of more than 24 hours, it is possible to obtain an undertaking to pay medical costs by contacting our MEDICAL ASSISTANCE service in Paris beforehand, which is available 24 hours a day (**see contact information page 10**)

The Insurer may require any further necessary document to process the claim.In case of accidental death or dismemberment further to an accident:

You must report the accident giving rise to a claim so that it reaches us within 5 working days unless there is an unforeseen event or a case of force majeure; if this deadline is not adhered to, and because of this we incur a loss, then you will lose all rights to compensation

Your accident report must be accompanied by the following documents as a minimum:

- the initial medical certificate recording the injuries
- any statements made by witnesses of the accident,
- the report or statement establishing the precise circumstances of the accident.

During your course of treatment, you must be checked by our medical consultant so that s/he may assess the consequences of the accident. You agree to undergo medical examinations that the medical consultant may decide to effect and to provide us with all the elements necessary for the preparation of your case.



If you so wish, you may be accompanied by a doctor of your choosing.

If there is disagreement either in regard to the causes of death or the injuries, or the consequences of the accident for which compensation may be payable, we will submit the differences of opinion to two experts, one chosen by you or your legal successors, the other chosen by us, subject to our respective rights. If there is still disagreement, a third expert will be appointed, either by common agreement, or by the presiding judge of the Tribunal de Grande Instance de Paris, giving an emergency ruling (*statuant au référé*).

Each of us is responsible for the payment of the fees and expenses of our experts. The fees of the third expert will be shared equally by both parties.

4/ Assistance benefits

Repatriation assistance

If you find yourselves caught up in one of the situations referred to hereinafter, we will implement the services described, following a simple telephone call (reversed charge or collect call accepted from abroad) or dispatch of an email, fax or telegram.

In all cases, the decision to provide assistance and the choice of appropriate methods is at the sole discretion of the Allianz IARD doctor, after contacting the attending physician on site, and, where appropriate, the beneficiary's family. Only the medical interest of the beneficiary and compliance with the health regulations in force are taken into consideration when making a decision regarding transport, the choice of method of transport, and the possible place of hospitalization.

Under no circumstances is Allianz IARD a substitute for the local emergency assistance organizations.

What do we cover ?

Repatriation or medical transport

If the Insured is ill or injured following a covered event and the Insured's state of health requires a transfer, we organize and pay for repatriation to:

- either the closest competent hospital
- either the competent hospital closest to the Insured's home in his country of residence
- either the Insured's home in his country of residence;

if the local medical infrastructure does not have the capacity to provide appropriate care.

According to the seriousness of the case, repatriation and transport are effected under medical supervision, if necessary, by the most appropriate of the following methods:

- special air ambulance
- Regular airliner, train, sleeper, boat, ambulance.

Presence of relative/friend when hospitalised

If you are hospitalized and the state of your health does not allow you to be repatriated before seven days, we organize and pay for the cost of transporting a member of your family or a designated person who has remained in your country of residence so that they can come to your bedside in hospital.

We also refund the hotel costs for that person up to the amount indicated in the table of sums insured, and organize his return upon your release from hospital.

This guarantee does not apply, if you are already accompanied by a family member on site.

Transport of the body in the event of death

In case of death due to a covered event, we will organize and pay for the transport of the body from the place where the body was placed in the coffin to the international airport nearest your home address.

We will also pay for related costs necessary for the transport, including the cost of the coffin, thus enabling the transport, up to the amount given in the schedule of cover.

The costs of the ceremony, all extras, interment or cremation, remain payable by the family.

Early return

If you have to interrupt your travel early because of the death of a member of your immediate family, we will pay for your additional transport costs based on an economy-class air ticket and those of the insured members of your family, if the travel tickets provided for your return journey and for theirs cannot be used because of this event.

Payment of search costs

We will pay for the costs of sea or mountain searches following an event which endangers your life, up to the amount given in the schedule of cover. Only the costs invoiced by a company duly authorized to carry on this kind of activity will be reimbursed.

Advance of funds abroad

Following a theft or loss of your means of payment (credit card, check book ...) or of your initial travel ticket, we will advance you a sum of money up to the amount given in the schedule of cover, against the prior payment of an equivalent sum by a third party at the Allianz IARD registered office.

Dispatch of medicines abroad

We will pay the expenses of sending medicines essential to the continuation of an ongoing medical course of treatment prescribed by a doctor, if you no longer have the medicine due to an unforeseen event, and it is impossible for you to procure these medicines or their equivalent where you are.

The cost of this medicine remains payable by you in all circumstances.

Forwarding of messages

We are responsible for forwarding messages intended for you when you cannot be contacted directly, for example, if you are in hospital.



Similarly, by calling us, a member of your family, may be given any message that you have left for their attention.

Legal assistance abroad

a) Payment of fees

We will pay the fees of legal representatives whom you call upon, up to the amount given in the schedule of cover, if you are being prosecuted for unintentionally breaking the law of the foreign country in which you are traveling.

b) Advance of bail

If, due to unintentional violations of the legislation of the country in which you are traveling, the authorities require you to put up bail, we will advance you a sum up to the amount given in the schedule of cover.

This advance must be reimbursed within one month following presentation of our request for reimbursement that we send to you.

If the bail money is paid back before this deadline by the authorities of the country, it must be sent to us immediately.

What are the limits of our cover in case of force majeure ?

We cannot be held liable for failures in the execution of the Assistance services resulting from cases of force majeure or the following events:

Civil or foreign wars, acknowledged political instability, popular movements, riots, acts of terrorism, reprisals, restrictions to the free circulation of people and goods, strikes, explosions, natural catastrophes, meltdown of atomic cores, nor delays in the execution of services resulting from the same causes.

What are the exclusions of the Assistance cover ?

We cannot intervene if your request for assistance is due to

- **Epidemics, pollution, natural disasters**
- **Travel undertaken for the purpose of diagnosis and / or treatment**
- **States of pregnancy unless unforeseen complications, and in all cases from the 32nd week of pregnancy.**

What are your obligations in the event of accident ?

For all requests for assistance, you should contact us, 24 hours a day (**see contact information page 10**)

and obtain our prior approval before taking any steps or incurring any expenses.

When we have organized your transport or repatriation, you must hand over your initial travel tickets to us, as they will have become the property of Allianz IARD.

5/ Legal liability

What do we cover ?

We cover the financial consequences of the legal liability you may incur during your private life, including during traineeships/ internships with respect to, on the one hand, personal injury and/or damage to property and, on the other hand, the consequential losses therefrom, caused accidentally to any person other than a person insured or a member of your family, that is your fault or the fault of things or animals under your care, this being provided up to the amount, less the deductible, indicated in the table of sums insured.

The cover also applies to objects entrusted during a period of traineeship/ internship up to the amount and less the deductible given in the schedule of cover.

What do we exclude?

Besides the exclusions given under the heading "EXCLUDED RISKS FOR ALL BENEFITS", we do not cover :

- **damage intentionally caused or provoked by you,**
- **damage resulting from the use of land motor vehicles, sailing and motor boats, and air navigation appliances,**
- **damage resulting from any professional activity,**
- **the consequences of any material damage and/or personal injury affecting you personally, and members of your family or any other person who is an insured party pursuant to the contract herein,**
- **consequential damage except where it is the direct result of accidental damage to property and/or personal injury that is covered,**
- **objects entrusted to the insured (except in case of traineeships/ internships)**
- **damage resulting from the practice of air sports or from hunting,**
- **damage you caused due to a fire, explosion or flooding,**
- **Traineeships/ internships in the medical and paramedical field, except for traineeships/ internships exclusively on an observation basis.**

What are the limits of our cover ?

Settlement – acknowledgement of liability

You should not accept any acknowledgement of liability, nor any settlement, without our prior and written agreement.

However, simply acknowledging the materiality of certain facts is not considered to be an acknowledgement of liability, nor is the fact of having procured emergency help for a victim when this is an act of assistance that anyone would have a moral duty to provide.



You should advise us within 5 working days of any event likely to incur your civil liability, unless there is an unforeseen event or a case of force majeure ; if this deadline is not adhered to and because of this we sustain a loss, then your cover will lapse.

Proceedings

If legal action is taken against you, we will ensure your defense and will supervise the proceedings for the facts and damage which come within the scope of the contract herein. However, you may join in the lawsuit as long as you can establish a separate interest that is not taken charge of pursuant to the contract herein.

The mere fact of entering an appeal in your defense as a precaution may under no circumstances be interpreted in itself as an acknowledgement of cover, and in no way implies that we agree to be liable for the harmful consequences of events which would not be explicitly covered by the contract herein.

Even if you fail in your obligations after an accident, we are bound to compensate the people to whom you are liable. Nevertheless, in these cases, we retain the right to take legal action against you for reimbursement of all the sums that we have paid or provided on your behalf.

Redress

Insofar as the means of obtaining redress are concerned :

- We are entitled to act without reference to yourself before the civil, commercial or administrative jurisdictions, in relation to the cover provided under this contract,
- Before the criminal jurisdictions, redress may only be sought with your agreement,
- if the lawsuit pending before a criminal jurisdiction no longer relates to any interests but civil interests, refusal to give your agreement to our exercising the anticipated means of obtaining redress entails a right for us to claim compensation from you equivalent to the loss which resulted for us.

Costs of proceedings

We will be liable for the costs of the proceedings, discharges and other settlement costs.

However, if you are ordered to pay a sum in excess of that of the cover, each of us shall bear these costs in proportion to their respective share in the sentence.

6/ Luggage

We only cover your luggage, objects and personal effects taken with you or bought during your journey, during travel (outward / return journey) up to the amount given in the schedule of cover, in the event of :

- theft and loss,
- total or partial destruction

The amount given in the schedule of cover constitutes the maximum reimbursement for all accidents occurring during the insured period.

Our reimbursements are complimentary to those done by the transport company.

What is excluded

Besides the exclusions given under the heading « EXCLUDED RISKS FOR ALL BENEFITS», we cannot cover :

- **the fragile objects such as porcelain, glass, ivory, ceramic, marble objects,**
- **the items listed hereinafter: jewels, device reproducing sound or image and corresponding accessories, documents recorded on tapes or films as well as professional material, laptop computers, mobile phones, sport articles, musical instruments, food products, lighters, pens, cigarettes, alcohol, works of art, beauty products and photographic films, any prosthesis, equipment of any kind, share certificates, eyeglasses, contact lenses, keys of any kind,**
- **cash, and documents listed hereinafter: passport, identity card or residence card, car registration book and driving license, credit cards, books, travel tickets.**

How is your compensation calculated ?

Compensation will be paid to you against documentary evidence and on the basis of like-for-like replacement value, less obsolescence.

Under no circumstances is the proportional rule of capital provided in article L.121-5 of the French insurance code applied.

What are your obligations in the event of a claim ?

Our reimbursements being complimentary to those of the transport company, your claim report must be accompanied by a copy of the transport company's documents, attesting the reimbursement of your luggage.

You must report the claim so that it reaches us within 3 months from the date of reimbursement by the transport company.

The sums insured cannot be considered as proof of the value of the property for which you are claiming compensation, nor as proof of the existence of this property.

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

If you knowingly use inaccurate documents or fraudulent means as proof, or if you make inaccurate statements or fail to disclose any relevant information, you will lose all rights to compensation, without prejudice to the prosecution that we will then have grounds to instigate against you.

What happens if you recover all or part of the luggage, items and personal effects ?

You must advise us immediately, in a letter sent by recorded delivery, as soon as you have been informed:

- if we have not yet paid you your compensation, you must take back the luggage, items, or personal effects ; we are then only obliged to pay for any damages or missing items;
- if we have already paid out compensation , you have the option, within a period of 15 days, to do one of the following :
 - 1/ either to abandon the said luggage, items or personal effects in our favor,
 - 2/ or to take back the said luggage, items, or personal effects in return for restitution of the compensation that you received, having, where appropriate, deducted, that part of the compensation which corresponds to damaged or missing items.

If you have not made your choice within 15 days, we will deem that you are opting for abandonment.

7/ Excluded risks for all benefits

Expenses are not reimbursed if consequent to the following events or situations:

- **expenses related to pre existing conditions: consequent to accidents or illnesses which occurred prior to enrolment,**
- **an illness or an accident based on the intentional act of the covered person, self mutilation or attempt of suicide,**
- **criminal proceedings against the Insured**
- **accidents or diseases incurred during sport competitions organised by any sports federation, as well as the consequences of practice of the following sports: mountaineering, rock-climbing, bobsleigh, skeleton, any air sport, jet ski, martial arts, off-piste winter sports,**
- **participation of the insured in duel, bet, crime and offence, fights (except self-defence), strikes,**
- **use of non-prescribed drugs,**
- **alcoholism or drunkenness,**
- **accidents caused by hurricane, earthquake, volcanic eruption or other disasters,**
- **nuclear risks,**
- **terrorism, sabotage, war (whether civil or not), riots, demonstrations, according to article L121-8 of the French "Code des Assurances",**
- **the absence of random.**

8/ Basis of the insurance contract

This contract is governed by the French "Code des Assurances".

The definition of benefits, pricing and rules of implement concur with the laws regarding French social security.

SUBROGATION

According to the French "Code des Assurances", the recipient of the benefits gives subrogation to the Insurer in order to start any cross claim against any responsible third party.

PRESCRIPTION

According to article L 114-1 of the French "Code des Assurances", any action deriving from the contract will be prescribed 2 years after the related event.

Nevertheless, this time period shall not apply:

- in case of reluctance, omission, false or inexact declaration of the incurred risk, only from the day the Insurer has been informed of the incurred risk,
- in case of claim, only from the day the insured persons have been informed, if they can prove they ignored it until then.

9/ Mediation

Your usual contacts are able to study in depth all your requests and complaints. If, after this review, the answers do not meet your expectations, you can submit your claim to:

**ACS, Service réclamations,
153, rue de l'Université, 75007 Paris, France**

If the disagreement remains, you can submit your claim to:

For Allianz Vie :

**Allianz Vie - DIES - Service Relations Clientèle
Tour Neptune – 20 place de Seine 92086 La Défense Cedex, France**



For Allianz IARD :

**Service des relations avec les consommateurs
Allianz IARD
Immeuble Elysées La Défense
7, place du Dôme TSA 21017
92099 La Défense Cedex, France**

Finally, in case of total disagreement with one of the insurers with regards to his guarantees, the Insured has the right to appeal to the Mediator/Ombudsman, the contact information of which are communicated to him/her by the concerned insurer, on simple request, and without any prejudice with regards to other ways of legal action.

The governing body of insurers is *the l'Autorité de Contrôle Prudentiel (ACP)* 61, rue Taitbout -75436 Paris Cedex 09, France.

The parties declare that they submit to French law.

CNIL (Commission Nationale de l'Informatique et les Libertés)

Personal data are processed in accordance with the Data Protection Act of 6 January 1978. Processing is necessary for managing the contract and its warranties. They are intended to the broker, the insurer, its agents and subcontractors, to reinsurers as well as professional organizations within the legal and regulatory provisions.

The subscriber has a right to access, to correct and to object information by sending an email to relationsconsommateurs@allianz.fr or by sending a letter to Allianz IARD - Service des relations avec les consommateurs – Immeuble Elysées La Défense - 7 place du Dôme – TSA 21017 – 92099 La Défense Cedex, France.

These data can be used for marketing purposes by companies of the Allianz Group.

10/ Contact information

For any assistance request or payment of a hospitalisation, please contact on a 24 hour basis:

• **by telephone**

**from France : 01.45.16.43.81 or 01.45.16.77.18
from abroad : 33.(0)1.45.16.43.81 or 33.(0)1.45.16.77.18**

• **by fax**

**from France : 01.45.16.63.92 or 01.45.16.63.94
from abroad : 00.33.(0)1.45.16.63.92 or 00.33.(0)1.45.16.63.94**

• **by e-mail**

assistance@mutuaide.fr

For any question regarding coverage or claims, please contact:

**ACS
153 rue de l'Université – 75007 Paris, France
Tel. 00 33 (0)1 40 47 91 00
Fax. 00 33 (0)1 40 47 61 90
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**11/ Schedule of cover****GLOBE PARTNER - SCHEDULE OF COVER**

MEDICAL COSTS (1) Maximum 150 000 € / person year	
Surgery and hospitalization	100% of actual costs* (in France : limited to 100% of FSS tariffs in conventioned hospitals and to 80% of actual costs in non conventioned hospitals)
Consultations	100% of actual costs* (in France : limited to 100 € maximum per visit)
Pharmacy, x-ray analyses, paramedic care	100% of actual costs*
Emergency dental treatment	100% up to 300 €*
Dental treatment following an accident	100% up to 600 €*
*For students : You maintain the same coverage for emergencies only in your country of residence when you return on school holidays, up to a maximum of 15 000 €.	
ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS	
Accidental death benefit	8 000 €
Permanent disability benefit further to an accident (age limit 70 years)	30 000 €
LEGAL LIABILITY Damage that has been caused to someone else during the trip (travel incl.) is guaranteed	
Deductible for the three guarantees	100 € per file
- Personal injury	4 500 000 €
- Damage to property and consequential losses therefrom	450 000 €
- Objects entrusted during a period of traineeship	11 500 €
ASSISTANCE BENEFITS	
Medical transport	100% of actual costs
Repatriation	100% of actual costs
Presence of a relative if hospitalized for more than 7 days	Outward/return ticket + 80 € per night (max. 8 nights)
Early return following the death of a member of the immediate family	Outward/return ticket – actual costs
Dispatch of essential medicines which cannot be found on site	100% of actual costs
Forwarding of urgent messages	100% of actual costs
Search costs	100% up to 3 000 €
Advance of funds in cases of theft	up to 700 €
Legal assistance	up to 3 000 €
Advance of bail money	up to 7 000 €
Transport of body in cases of death	Actual costs (funeral costs limited to 1 500 €)
LUGGAGE INSURANCE	
During the outward / return journey	1 150 €

(1) If the insured person benefits from the French Social Security or any other insurance organism, our reimbursements are complementary to the latter.