ACS WORLD

Globe Partner Association
Expat 1st Euro Health Scheme
Summary of Benefits

As a member of the Globe Partner Association, you have selected the "Health" cover that the Association has taken out with AWP Health & Life S.A. (joint stock company with a share capital of Euro 65,190,446 subject to the French insurance code, located Eurosquare 2, 7 rue Dora Maar, 93400 Saint Ouen, France – registration number 401 154 679 RCS Bobigny) under agreement number 080225/511 for health benefits, and with AWP P&C, a joint stock company with a share capital of Euro 17,287,285, subject to the French insurance code, located 7, rue Dora Maar, 93400 Saint-Ouen, France, registration number 519 490 080 RCS Bobigny, which entrusts the implementation of the guarantees described below to AWP FRANCE SAS, Joint stock company with a share capital of Euro 7,584,076.86, registration number 490 381 753 RCS Bobigny, located 7 rue Dora Maar, 93400 Saint-Ouen, France, Insurance Brokerage Company - Registration ORIAS 07026669 - (www.orias.fr), under contract number 602 799, for the assistance and legal liability benefits (if the option has been selected).
How the cover is applied and the details of the benefits to which you are entitled are set out in this leaflet.

Summary

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317 218 188 RCS Paris – S.A.S. (Simplified joint-stock company) with a share capital of € 150 000 · N° ORIAS 07 000 350 (www.orias.fr)
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1/ General

Qualification – affiliation

Those who qualify are members of the Globe Partner Association who are under 65 years of age and reside outside their country of origin.
The Member must, when joining, complete and sign the application form including a medical questionnaire validated by the Insurer. A complementary medical examination may be requested by the Insurer.
The Insurer reserves the right to make acceptance conditional upon the production of any additional information it considers necessary.
The Insured makes a commitment for himself/herself and potentially his/her spouse, and their children aged under 25 years who live therewith in the same home.
At the date of acceptance by the Insurer, the member and his/her dependents where appropriate, become the "Insured" and their membership is effective until 31st December of the current year. The membership is then renewed on January 1st of each year by tacit agreement for a period of 12 months, unless terminated by the Insured by registered mail, no later than October 31st of the previous year.
In addition, the membership can also be terminated, at the initiative of the Member, at any time without charge or penalty at the end of a period of 1 year from the first subscription. Termination takes effect 1 month after the insurer has received notification by registered letter, simple letter, e-mail or any other durable medium.
A newborn infant is automatically covered from the date of birth subject to a notification made within 3 months following the birth and to the payment of the premium.

Choice of formulas

The choice of formula is made by the Insured at the time of joining. It cannot be modified until membership is renewed.
The Insured can choose between the following formulas: Comfort, Excellence and Excellence Plus for the Packaged Expatriate Insurance plans, and Module 1 and Module 2 for the Costumized Expatriate Insurance plans.
The Insured can also subscribe an annual deductible of 150 € or 300 € for the Module 1 and the Module 2.

Change of formulas

The Member may change the formula until membership is renewed; change takes effect on next January 1.
A change to a formula that provides a lower level of medical cover than that which the Member had previously selected is irrevocable. In the event the Member opts for a higher level of medical cover, he has to complete a new medical questionnaire. Once accepted into the higher level of medical cover, the Waiting Periods set forth below apply to the Member.

It is understood and agreed that, in case of family membership (Member but also his spouse or cohabitee and minor children), the choice of formula must be the same for each beneficiary.

Effect of cover

The Insurer takes responsibility to pay the expenses for each of the beneficiaries accepted for cover **after it has examined and accepted the medical questionnaire for all expenses**, subject to the payment of the first insurance premium installment, except the following, after the qualifying time set out below and beginning on the date of acceptance by the Insurer that appears on the application form:

- ***Dental Prostheses*: 6 months.**
- **Optical: 6 months.**
- **Childbirth and maternity: 10 months**

However, the qualifying times do not apply if the Insured can give proof of equivalent coverage at the time of joining or, if cover is interrupted, in the context of the present agreement, for less than one month between two memberships.

Renunciation

The Insured may renounce to the insurance contract within a period of 14 complete calendar days from the moment

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he/she is informed that the contract is signed, by sending a registered letter with acknowledgment of receipt to ACS, 153 rue de l'Université 75007 Paris, France. ACS will then reimburse, in full, the amount paid, within 30 days of receipt of his letter. If the insured requests the implementation of the guarantees during the period of renunciation, the right of renunciation is no longer applicable.

Sanctions in case of false declaration

Any information supplied by the Insured or one of their beneficiaries that is incorrect, falsified, exaggerated or any fraudulent acts on their part shall be the direct responsibility of the Insured and shall give rise to:

- the nullity of your contract in case of intentional misrepresentation (L 113-8 of French insurance code), premiums paid are kept by the Insurer, who is entitled, as a compensation, to the payment of all premiums due; in such a case, the Insured will have to reimburse all the claims paid by the Insurer under the contract;
- if the intentional misrepresentation, discovered before any claim, is not established, premium increase or termination of the contract (L 113-9 of the French insurance code)
- if the intentional misrepresentation, discovered after the claim, is not established, decrease of claim according to the ratio between the paid premium and the premium that should have been paid if the initial declaration had been consistent with the reality (L 113-9 of the French insurance code).

The Covered Person is deprived of all rights to the benefits of a claim in the event the Covered Person voluntarily makes a false declaration about that claim including the date, nature, causes, circumstances and/or consequences and/or amount of the loss.
The forfeiture of this right also applies in the event the Covered Person knowingly uses inaccurate documents as supporting documents for that claim.

Duration of cover

Once accepted for Insurance and subject to the penalties specified by the Insurance code for false declarations, the Insured may not be barred provided that he fulfils the conditions for benefiting therefrom.

In all cases, cover ends:

For each Insured:

- in case of non-payment of the insurance premium in compliance with the corresponding provisions of the *Code des Assurances (Insurance code),*
- on the last day of his/her period of membership,
- at the end of the calendar quarter following the date on which he/she ceases to belong to the Globe Partner Association.
- on the 31st December of the year of his/her 70th birthday

For all those Insured:

- in the event of cancellation of this agreement.
- on the termination date of contract n°080225/511 concluded between the Globe Partner Association and AWP Health & Life or of contract n°602 799 concluded between the Globe Partner Association and AWP P&C.

The cessation (or suspension) of cover simultaneously results, for the Insured, in the removal of entitlement to the benefits for all the treatment and care that occurs from the date of cessation even if they began or were prescribed before that date.

2/ Definitions

The terms and expressions used in this agreement in italics and starting with a capital letter have the following meanings:

Accident: any unintentional bodily injury caused to the Insured, arising from abrupt, sudden and unexpected action with an external cause, **to the exclusion of an acute or chronic *Illness*.**

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Acts of Terrorism / Terror Attack: any act of violence constituting a criminal or illegal attack against people and/or property in the country in which you are staying, and whose purpose is to disturb public order seriously.
Such a "terror attack" should be identified as such by the French Foreign Ministry (Ministère des affaires étrangères français).

Childbirth expenses: medical expenses (including double room) incurred for vaginal childbirth. Any complication including cesarean section if medically necessary, and private room, will be paid for by the "*Hospitalization*" cover.

Children: either children by birth or by adoption, up to the end of the calendar month during which the child's twenty fifth birthday occurs, or his marriage whichever occurs first, and if declared, any other child or children including a step child or children who have with the eligible member child-parent relationship and who are dependent upon the eligible Member for not less than 50% of his support on a permanent basis up to the end of the calendar month during which the child's twenty fifth birthday occurs, or his marriage whichever occurs first.

Civil War: armed opposition between various parties belonging to the same country, and any armed rebellion, revolution, revolt, insurrection, or coup d'état, and any application of martial law or border closure ordered by the authorities of the country in question.

Consequential loss: any financial loss that results from the loss of enjoyment of a right, the interruption of a service rendered by a person or by an item of personal property or immovable property, or the loss of a benefit, and that is the direct consequence of covered *Physical Injury* or *Material Loss*.

Cost for parent accompanying a child under 16 years: price of a Hospital room for a parent during the admission of an insured child to Hospital for treatment. If a Hospital bed is not available, the Insurer takes into charge the equivalent cost of room up to the indicated amount. Miscellaneous expenses such as meals, telephone calls and newspapers are not covered.

Countries not covered: North Korea. The updated list of all countries not covered is available at the following website: **http://paysexclus.votreassistance.fr**.

Country of expatriation: the country of expatriation is considered to be the one appearing on the affiliation form with the exception of the *Countries not covered*.

Country of origin: is considered as country of origin, the one stated on the passport of the beneficiaries and / or the country declared as country of origin on the application form.

Deductible: refers to the amount of expenses to be covered by the Insured, which must be deducted from the sum that is to be reimbursed.

Dental prosthesis: prosthetic care, including crowns, inlays, onlays, reconstruction or repair, bridges and implants, as well as all necessary and related treatments if dental coverage provided.

Domicile: domicile means the Insured's main and usual place of residence in his/her country of origin, to the exception of *Countries not covered*.

Emergency: a term used in the event of an *Accident* or the beginning of a serious *Illness* requiring immediate measures and medical treatment for the Insured or one of the Insured's dependents. Only medical treatment given by a doctor, generalist or specialist or *Hospitalization* occurring within twenty-four (24) hours of the direct cause of the *Emergency* shall be considered conditions necessary for reimbursement.

Epidemic: contagious disease whose spread constitutes an epidemic according to the World Health Organization (WHO) or the competent health authority of the Member's country of residence.

Foreign War: declared or undeclared armed opposition between one state and another state, as well as any invasion or state of siege.

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Formal Hospital Admission:

(i) For stays of at least 24 hours, Formal Hospital Admission is the formal acceptance by a hospital or other inpatient health care facility of a patient who is to be provided with a room, board as well as continuous nursing service in the hospital in which the patient resides at least overnight.

(ii) For stays of less than 24 hours in case of *Surgical Procedures*, Formal Hospital Admission is the formal document indicating that the patient is provided with nursing services and a bed, despite the fact that s/he does not stay overnight.

(iii) For stays of less than 24 hours in case of non-*Surgical Procedures*, Formal Hospital Admission is the formal document indicating that the patient has entered the hospital for less than 24 hours for chemotherapy, radiotherapy or dialyses treatment for less than 24 hours. The patient enters for *Treatment* and leaves after treatment.

Hospital: refers to any establishment licensed as a medical or surgery hospital in the country where it is located. The establishment must offer its patients ongoing monitoring by a physician. Convalescent and nursing homes, thermal baths and cures at spas, are not deemed to be hospitals.

Hospitalization: refers to:

(i) a stay for at least 24 hours for medical treatments or *Surgical Procedures* in a public or private *Hospital* due to an *Accident* or *Illness*, provided that the insured receives a *Formal Hospital Admission*. In such a case are covered:
- *Surgical Procedures* and corresponding accommodation costs,
- medical and paramedical expenses provided in the context of hospitalization, and
- the transportation of the patient between the patient's home or the site of the *Accident* and the closest hospital located in the same country.

(ii) a stay of less than 24 hours, provided that the insured receives a *Formal Hospital Admission*, in case of:
- *Surgical Procedures*
- fibrescopy, colonoscopy, endoscopy, or
- chemotherapy, radiotherapy or dialyses treatments.

Stays of less than 24 hours for emergency rooms visits which do not result in Surgical Procedures are deemed to be outpatient

Illness, Sickness or Disease: a degradation in health established by a medical authority, requiring medical treatment.

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Lapse: loss of the Cover right for the Damage in question.

Material loss: any damage, destruction, deterioration, loss or disappearance of a thing or substance and any physical attack on an animal.

Medical auxiliaries: nurses, carers and other state-registered medical personnel.

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Medical prosthesis: hearing aid, phonation aid (electronic larynx), wheelchair and personal mobility aid, artificial limb, ostomy product, hernia support, abdominal bandage, elastic support stockings or orthopaedic sole and any other medically prescribed apparatus.

Members: Persons duly insured under this contract. For the application of the legal provisions relating to prescription, reference should be made to "the Member" when the articles of the Insurance Code refer to "the Insured".

Natural Disasters: abnormal intensity of a natural element not arising from human intervention.

Pandemic: Epidemic declared as a pandemic by the World Health Organization (WHO) or the competent health authority of the Member's country of residence.

Physical injury: any physical injury sustained by an individual and the distress resulting therefrom.

Pollution: degradation of the environment by substances that are not naturally present in the medium in question being discharged into the air, the water, or the soil.

Prescribed Medication: designate medication sale and use of which are legally subject to a doctor's prescription. Medication that can be purchased without a prescription is not included in this definition.

Prescribed spectacle lenses, frames and contact lenses: reimbursement of an eye exam by an optometrist or an ophthalmologist per insurance year and of contact lenses or glasses to correct vision.

Quarantine: the isolation, decided by a competent authority, of a person who has been exposed or is likely to have been exposed to a contagious disease, the spread of which is declared an Epidemic or Pandemic. Containment that applies more broadly to part or all of a population or geographical area is excluded from this definition.

Strike: concerted collective action consisting in the employees of a firm, of an economic sector or of a professional category ceasing to work in order to give weight to their claims.

Subrogation: legal situation whereby the rights of one person are transferred to another person (in particular: the Insurer taking the place of the Contrat holder for the purposes of proceedings against the opponent).

Surgical procedures: acts carried out under general or local anaesthetic or the reaching of an organ to be treated after an incision are deemed to be surgical procedures.

Third Party: any person other than the Insured Person who is responsible for the damage, injury or loss, to the exception of a family member.
Insured Persons which are not members of the same family are considered to be third parties between themselves.

Waiting period/ qualifying time: period during which the Insured is not entitled to certain benefits.

3/ Health cover and benefits

Coverage zone

Medical expenses are repayable in the expatriation zone chosen by the Insured, as indicated in the application form.

However, during a stay of less than seven weeks in the country of origin or in a country outside the expatriation zone, only expenses arising from an *Accident* or an *Illness* of an urgent nature as defined above under *Emergency* provided that the treatment has been given by a doctor, generalist or specialist, or that the *Hospitalization* was required as a direct cause of the *Emergency* and that it took place within 24 hours, shall be reimbursed.

In other cases, on express approval by the Insurer.

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Illness – Surgery – Maternity cover

Only the benefits corresponding to the subscribed guaranties are covered. The list of these guarantees is indicated on the table attached to the present information booklet and varies according to the chosen formula.

Subject to the exclusions below, within the limits of the chosen formula and as indicated in the table of sums insured on the last page of this information leaflet, **medical expenses recognized by the sickness - maternity insurance of French social security and reimbursed by the latter for the same circumstances but within the maxima of the table of sums insured, except for prescribed contact lenses, are covered.**
Furthermore, requests for reimbursement will be honoured only if the Insurer considers the amount of the bills and the receipts supplied to be reasonable, within normal limits and corresponding to medically justified interventions.

Otherwise, the Insurer reserves the right to reduce the amount of benefit.

Amount of benefit

The amount of benefit is determined for each expense item according to the terms indicated on the table of sums insured.
Reimbursements are paid up to the maxima indicated on the table of sums insured and up to the limit of the actual costs.
For the Modules 1 and 2, reimbursements are paid after deduction of the deductible if chosen by the Insured.
By actual costs one must understand medically justified normal and reasonable costs based on the tariffs currently charged by medical institutions and practitioners in the country or state concerned.

The benefits paid by the Insurer are in addition to those of any other Life and Accident insurance scheme from which the Insured may benefit personally.

Details of Maternity Cover (if covered by chosen formula)

Medical expenses covered by this insurance are those incurred within a period of eight days commencing on the date of birth:

- accommodation expenses,
- medical fees.

With respect to natural childbirth, only expenses specified in the foregoing paragraph are covered.

By annual limit one must understand the limit per civil year.

Limitation to actual cost

In accordance with Article 9 of Act n° 89-1009 of December 31 1989 and Decree n° 90-769 of August 30 1990, reimbursements or payments covering expenses caused by an *Illness*, maternity or an *Accident* shall not exceed the amount of the expenses for which the Insured remains liable after the reimbursements of all kinds to which the Insured is entitled.

Similar cover taken out with several insurance organizations shall have an effect on the limit of each item of cover irrespective of when the cover was taken out.
In this limit, the beneficiary of the Agreement may obtain additional payment by sending details of the reimbursements made by the other organization(s).
For application of the aforementioned arrangements, the limitation of expenses for which the Insured is still liable is determined by the Insurer for each of the treatments or expense items.

Excluded benefits

It is understood and agreed that medical expenses not recognized by French social security are not covered in this agreement, except for prescribed contact lenses.
Furthermore, the risks and benefits listed below are also excluded even if they would have otherwise been reimbursed by the French "Sécurité Sociale".
It should be noted that this agreement does not cover:

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1. **treatments outside the geographic zone of expatriation as indicated in the application form, except for cases specified in the section on the zone of coverage,**
2. **any form of experimental or unsupervised treatment that does not follow commonly accepted, customary or conventional medical practice, unless specific consent has been given by the Insurer,**
3. **incidental expenses or comfort expenses in the case of *Hospitalization* (telephone, television, etc.),**
4. **consequences of, or treatments for, drug addiction or alcoholism,**
5. **expense incurred on the acquisition of an organ (but not the organ itself),**
6. **any operation or treatment relating to a sex change,**
7. **aesthetic treatments, age-reducing treatments, slimming treatments,**
8. **the checks, examinations, treatments and complications associated with sterility, sterilization, sexual dysfunction, contraception including the insertion or removal of contraceptive devices, the voluntary termination of pregnancy except in the case of a pregnancy termination that is medically necessary and complies with local legislation,**
9. **any elective/voluntary surgery and/or plastic/cosmetic surgery,**
10. ***Spa Treatments* outside French territory,**
11. **transport and accommodation costs associated with *Spa Treatments*,**
12. **consultations, treatments and complications associated with the loss of or implantation of hair unless the treatment is related to a hair loss caused by a serious *Illness*,**
13. **medical expenses associated with a stay at a thalassotherapy centre or fitness centre, rest home or recovery home even if this stay is medically prescribed, (except for reeducation centres immediately following a *Hospitalization*),**
14. **outpatient consultations with regards to psychotherapy, psychoanalysis and psychiatry, as well as related medication,**
15. **treatments to modify the refraction of an eye or the eyes (laser eye correction), including refractive keratotomy (KR) and photorefractive keratotomy (KPR),**
16. **unprescribed medication, and commonly used non-medical products such as medical alcohol, absorbent cotton, suncreams, dental hygiene products, dressings, shampoos etc.**

4/ Formalities necessary when claiming medical expenses

Declaration

In the event of *Hospitalization*, the Insured may obtain a guarantee of payment, in order to prevent making advance payments, by calling us at 00 33 (0) 1 84 79 08 80 (or e-mailing us at: hospi@medical-administrators.com).

For other expenses, the documents must be sent to:
MAI – Claims Department for Medical Expenses - 39, rue Anatole France – 92300 Levallois-Perret – France – Telephone: 00 33 (0) 1 84 79 08 80/ Email : acs@medical-administrators.com).

In the event of *Illness*: the detailed bills with prescriptions and medical expense claim forms including the stickers for reimbursement of medication costs.

In the event of *Hospitalization* (if a refund is not delivered): the paperwork providing proof of *Hospitalization*, bills, fees.

In the event of home confinement: a birth certificate of the child.

The Insurer may request any other additional supporting documentation it requires.

No copy, photocopy or duplicate invoice is accepted.

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E-claiming :

However, for claims not exceeding Euro 500, scanned supporting documents are accepted. They may be sent to:

acs@medical-administrators.com

Please note that the Insurer may request the corresponding original documents during 18 months following reimbursement for reasons of control and prevention of fraud.
In case of impossibility for the Insured to provide original documents, at the request of the Insurer the Insured takes the commitment to repay, as soon as possible, the amounts received on the basis of the scanned documents. Therefore, the Insurer is entitled to compensate any amount due in this respect with other reimbursements of claims due by the Insurer to the Insured.

Prior approval

Reimbursements of:

- *Hospitalization* expenses (in *Hospital* or at home)
- physical rehabilitation that immediately follows a *Hospitalization*
- MRI
- physiotherapy (if over 10 sessions)
- physical therapy
- chiropractic, osteopathy, homeopathy, acupuncture
- *Childbirth Expenses*

is subject to the Insurer's prior approval, except in the event of *Emergency* (as defined in this Plan). Each admission to a *Hospital* must be notified to the Insurer at least 10 days prior to the effective admission, and within 48 hours for *Hospitalizations* following an *Emergency* (as defined in this Plan).

The Insurer reserves the right not to reimburse expenses that have not been notified beforehand, as required by the Plan. If, thereafter, treatment becomes medically necessary, the Insurer will reimburse only 80% of the amount specified for the benefits in case of *Hospitalization* and 50% for other benefits.

In the event of *Hospitalization*, surgery, radiography or medical treatment, a medical certificate must be requested from us in advance. It should be returned to us after having been completed by the doctor of the Insured.
Any failure to fulfil this obligation could result in a refund being refused.

Within the context of reviewing the claim, that the Insurer's advising medical expert may request any other supporting documentation necessary to process the claim. Insofar as the documentation listed herein to be submitted is incomplete, gives rise to doubt, or the Insurer is unable to investigate thoroughly its obligation to pay the claim, the Insurer's advising medical expert is entitled to request data from the following organisations and persons subject to the Article on date protection:

- Doctors,
- Hospitals,
- Other medical institutions,
- Care homes,
- Caregivers,
- Other personal insurance providers,
- Statutory health insurance bodies,
- Occupational insurance organisations and
- Official bodies

In the event the members of the category of covered persons, including dependents, where applicable, as defined herein, explicitly reject concrete data collection in the context of claims processing or revoke

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consent the benefit may not become due if the Insurer is unable to determine whether and to what extent the Insurer is liable for payment of the claim.
The Insurer shall not otherwise be held liable by the Policyholder for the impossibility of performing the services under the present contract.

Any information supplied by the Insured or one of their beneficiaries that is incorrect, falsified, exaggerated or any fraudulent acts on their part shall be the direct responsibility of the Insured and shall give rise to the repayment of the monies unduly paid by the Insurer on the basis of such incorrect information.

5/ Assistance cover (if the option has been selected)

Coverage Zone
Assistance benefits apply worldwide to the exception of Countries not covered.

Repatriation assistance
If the Insured is in one of the situations listed below, we provide the services described, requiring no more than a telephone request (reverse charges accepted from abroad) or a telex, fax or telegram request.
In all cases, the decision to provide assistance and the choice of the appropriate means shall lie exclusively with the Allianz Assistance doctor, after making contact with the treating doctor at the location and, where necessary, the family of the beneficiary.

Only the medical interests of the beneficiary and compliance with the applicable health regulations shall be considered for deciding on the transport, the choice of the means used for transport and any place of *Hospitalization*.

In no cases will Allianz Assistance become a substitute for local emergency services.

Repatriation or medical transport
If the Insured is ill (including following an *Epidemic or Pandemic*) 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 competent hospital closest to the Insured's place of expatriation
- either the competent hospital closest to the Insured's home in his country of origin
- either the Insured's home in his country of origin;

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

Depending on the seriousness of the case, repatriation or transport is carried out under medical supervision, if necessary, by the most appropriate of the following means:
- special medical aircraft
- regular scheduled airline, train, sleeper train, ship, ambulance.

Accompaniment in case of repatriation or medical transport
Following the repatriation or the medical transport of the Insured, we organize and pay for the additional costs of transporting members of the Insured's family who are covered or a person insured under this agreement accompanying the Insured if the tickets provided for their return to their country of origin cannot be used because of the repatriation.

Transport of the body in the event of death (including when the death is related to an *Epidemic* or *Pandemic*)
We organize and pay for transport of the Insured's body from the place where the body has been placed in a coffin to the international airport closest to the home of the Insured.
We also pay the ancillary expenses necessary for transportation, including the cost of the coffin, making transport possible, up to the amount indicated in the table of sums insured.
Costs of the ceremony, accessories, burial or cremation remain the responsibility of the families.

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contact@acs-ami.com www.acs-ami.com

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We organize and pay for the additional costs of transporting members of the Insured's family who are covered or a person insured under this agreement accompanying the Insured if the tickets provided for their return to their country of origin cannot be used because of the repatriation.

Return of the Insured after "consolidation" (when healing is complete) or after *Quarantine*

Following the repatriation of the Insured to his/her *Domicile* in his/her *Country of origin* organized by Allianz Assistance, if a medical authority determines that the state of health of the Insured has consolidated and that it allows the Insured to return to his/her country of expatriation, we pay for the Insured's transport to the international airport closest to his/her place of expatriation. We also pay for the transport of members of the Insured's family who are covered or of a person who is insured under this agreement and accompanying the Insured.

Early return

If the Member has to interrupt his/her expatriation in the case provided for below, we will pay, within the limits shown in the table in paragraph 14 - **"Assistance and Public Liability" cover, if options have been selected**, for his/her additional transport costs and those of the members of his/her family* insured or of a person insured under this contract accompanying him/her, if the transport tickets provided for his/her *Country of origin* and theirs cannot be used as a result of this event.
We intervene in the event of serious illness, serious *Accident* resulting in *Hospitalisation* for more than 10 days or death of a member of the insured's family.
We also cover the cost of return transport to the *Country of expatriation* for people transported under the conditions described above.
*__Family member__ means the de jure or de facto spouse, a child, brother or sister, father, mother and grandchildren.

Psychological support

In the event of major trauma following an *Accident* or *Illness* (including an *Epidemic* or *Pandemic*), we will provide you with our telephone support and assistance service, within the limits shown in the table in paragraph 14 - **"Assistance and Public Liability" cover, if options have been selected**.

Special exclusions to personal assistance

In no circumstances can we be a substitute for local emergency services.
As well as the exclusions appearing in the section 7 entitled "General exclusions for all Health, Assistance and Public liability cover", we do not cover: convalescence and disorders (*Illness*, *Accident*) being treated that are not yet consolidated on the date the journey begins, pre-existing conditions that are diagnosed and/or treated that have been the subject of *Hospitalization* in the six months prior to the request for assistance, journeys undertaken for the purpose of diagnosis and/or treatment, pregnancies except for unforeseen complications, and, in all cases, after the 32nd week of pregnancy, conditions resulting from the ingestion of alcohol, the use of drugs, narcotics and similar products that have not been medically prescribed, and the consequences of suicide attempts.

Obligations of the Insured in the event of a claim

For any request for assistance, the Insured must contact us at any time of the day or night:

• by telephone: +33 (0)1.42.99.02.46

and obtain our consent prior to taking any initiative or committing to any expenditure including medical costs.

When we have organized the Insured's transport or repatriation, the Insured must send us his/her initial tickets, since they become the property of AWP P&C.

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Applicable limits in the 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 Disasters*, meltdown of atomic cores, nor delays in the execution of services resulting from the same causes.**

6/ Public liability (if the option has been selected)

This Public liability cover takes effect only if there is a lack of, or as an addition to, any public liability insurance already existing and taken out by the Insured with any other company.

We cover the financial consequences of the public liability that the Insured may incur within his/her private life with respect to, on the one hand, personal injury and/or *Material Loss* and, on the other hand, the *Consequential Loss*, caused accidentally to any person other than a member of the Insured's family, that is the Insured's fault or the fault of persons, things or animals under the Insured's care, this being provided up to the amount, and with the deduction of a *Deductible*, indicated in the table of benefits.

Special exclusions to public liability cover

Besides the exclusions specified under section 7 entitled "General exclusions for all Health, Assistance and Public liability cover", our cover does not apply to:

1. **damage that the Insured has caused or provoked intentionally,**
2. **damage resulting from the use of land motor vehicles, sailing boats and motor boats, and flying apparatus,**
3. **damage resulting from any job-related activity,**
4. **damages caused to objects entrusted to the Insured,**
5. **the consequences of any material and/or personal injury claims affecting the Insured's personally and the members of his/her family,**
6. **consequential damage except when it is the direct consequence of accidental or *Material Loss* and/or personal injury that is covered,**
7. **damage the Insured caused due to a fire, explosion or flooding,**
8. **damage resulting from the practice of air sports or hunting.**

Limits of our cover

Transaction – Acknowledgement of liability

The Insured must not accept any acknowledgement of liability, or any transaction without our prior written consent.

However, simply the acknowledgement of the reality of certain facts is not considered an acknowledgement of liability, no more than the simple fact of having provided *Emergency* help to a victim when it is an act of assistance that anyone has a moral duty to perform.

The Insured must advise us within five working days, except for Acts of God or of force majeure, of any event likely to render him/her publicly liable; if this deadline is not met and, as a result, we suffer loss, the Insured risks the forfeiture of his/her cover.

Procedure

In the event of any legal action being made against the Insured, we provide his/ her defence and handle the trial for the deeds and loss falling within the cover provided by this agreement.
However, the Insured may associate himself/herself with our action provided that the Insured can provide proof of a specific interest that is not covered under this agreement.

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The simple fact of paying for the Insured's own defence for protective reasons may in no circumstances be interpreted as an acknowledgement of cover and in no way implies that we accept the detrimental consequences of events that are not expressly covered by this agreement.

Even if the Insured fails in his/her obligations after a claim, we are bound to indemnify the people to whom the Insured is liable. We nevertheless retain, in this case, the right to take action against the Insured for repayment of any monies that we may have paid or placed in downpayment on the Insured's behalf.

Legal proceedings

With respect to means of obtaining redress:

- before the civil, commercial or administrative courts, we are free to obtain redress under the present agreement,
- before the criminal courts, the means of redress may not be used without the Insured's consent,
- if the pending lawsuit before a criminal court relates only to civil interests, refusal to give his/her consent to use the planned means of redress gives us the right to claim an indemnity from the Insured equal to the loss that we suffer as a result.

Court costs

We pay the court costs, the discharge costs and any other payment expenses. However, if the Insured is sentenced to pay an amount greater than the cover limit, we each bear these costs proportional to our respective share in the sentence.

The Member must report his/her claim either:

- by e-mail to: **responsabilite.civile@votreassistance.fr**
- or by post to :

AWP France SAS
Service Juridique - Responsabilité Civile et Contentieux - DT03
7, rue Dora Maar
CS 60001
93488 SAINT-OUEN Cedex, France

7/ General exclusions for all Health, Assistance and Public liability cover

The expenses incurred are not paid by the Insurer if they result from the following:

1. **an *Illness* or *Accident* due to the intentional act of the insured person, intentional mutilation or attempted suicide,**
2. **criminal proceedings against the Insured**
3. **the consequences of a *Civil* or other *War*, insurrection, *Terrorist Attack* or popular movement,**
4. **riot or *Strike*, except if the Insured does not take an active part in the event,**
5. **a claim resulting directly or indirectly from the meltdown of an atomic core, or any irradiation originating from ionizing radiation,**
6. **activities when an insurer is banned from providing a contract or an insurance service due to a sanction, restriction or prohibition provided by conventions, laws or regulations, including those decided by the United Nations Security Council, the European Union Council or any other applicable national law,**
7. **activities when they are subject to any sanction, restriction total or partial embargo or prohibition provided by conventions, laws or regulations, including those decided by the United Nations Security Council, the European Union Council or any other applicable national law. It is understood that this provision only applies in the case where the insurance contract or insured goods and/or activities fall within the scope of the decision concerning the restrictive sanctions, total or partial embargo or prohibition.**

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The Insurer reserves the option to modify the cover in one or more specific territories subject to notifying the Subscriber 15 days in advance.

General exclusions specific to Assistance and Public Liability cover

We cannot take action when the requests for cover and benefits are the consequence of losses resulting from:

1. **unless otherwise stated in the guarantees, the consequences of an *Epidemic* or a *Pandemic*, *Natural Disasters* and *Pollution*,**
2. **alcoholism, drunkenness, the use of medications, drugs, narcotics that are not medically prescribed,**
3. **any intentional act that may involve the cover of the agreement,**
4. **duels, bets, crimes, brawls (except legitimate defence),**
5. **the practice of the following sports: bobsleigh, skeleton, mountain climbing, competitive luge, air sports except for parascending and those resulting from participation in or training for official matches or competitions organized by a sporting federation,**
6. **the absence of random.**

8/ Limitation

TIME LIMIT OF ACTIONS STEMMING FROM THE INSURANCE CONTRACT

The provisions relating to the time limit within which action stemming from the insurance contract may be taken are set out by Articles L 114-1 to L 114-3 of the French Insurance Code (Code des assurances), as reproduced below:

Article L 114-1 of the French Insurance Code:

Any actions stemming from an insurance contract are time barred two years after the event from which the actions stem.
However, this time limit only starts running:
1 In the event of reticence/concealment, omission, misrepresentation or inaccurate declaration of the risk incurred, from the date when the Insurer learned of the said risk;
2 In the event of an insurance loss, from the date when the interested parties learned of it, if they prove they were unaware of it prior to that date.
When the action by the Insured Person against the Insurer is caused by recourse by a third party, the time limit for action only starts running from the date when the third party takes legal action against the Insured Person or has received compensation from the Insured Person. The time limit for action is increased to 10 years in life insurance contracts when the beneficiary is a person distinct from the Contract holder and, in insurance contracts for personal accidents, when the beneficiaries are the assigns of the deceased Insured Person.
For life assurance contracts, and notwithstanding the provisions of point 2 above, the right to action by the beneficiary lapses at the latest 30 years after the death of the Insured Person.

Article L 114-2 of the French Insurance Code:

The time limit for action may be interrupted by any of the ordinary causes for interruption thereof, and by appointment of appraisers after a loss. Interruption in the time limit for action may also result from a registered letter with acknowledgement of receipt being sent by the Insurer to the Insured Person to obtain payment of the premium, and by the Insured Person to the Insurer to obtain payment of compensation.

Article L 114-3 of the French Insurance Code:

Notwithstanding Article 2254 of the Code Civil (French Civil Code), the parties to the insurance contract may not, even by mutual agreement, either change the length of the time limit for action, or add causes for suspension or interruption thereof.

Additional information:

The ordinary causes for interruption of the time limit for action indicated in Article L 114-2 of the French Insurance Code are set out in Articles 2240 to 2246 of the French Civil Code, as reproduced hereafter.

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To learn of any potential updates of the aforementioned provisions, you may consult the official website: "www.legifrance.gouv.fr".

Article 2240 of the French Civil Code:
Recognition by the obligee of the right of the person against whom the obligee could claim inaction within the time limit interrupts the time limit for action.

Article 2241 of the French Civil Code:
Instigating legal proceedings, even summary proceedings, interrupts the time limit for action and the time limit beyond which rights lapse.
The same applies when the matter is brought before an incompetent jurisdiction, or when the deed of referral to the jurisdiction is cancelled through procedural irregularity.

Article 2242 of the French Civil Code:
Interruption resulting from instigating legal proceedings is effective until the proceedings end.

Article 2243 of the French Civil Code:
The interruption is null and void if the petitioner withdraws the petition or lets the proceedings lapse, or if the petition is dismissed definitively.

Article 2244 of the French Civil Code:
The time limit for action or the time limit after which rights lapse is also interrupted by protective measures being taken pursuant to the French Code of Civil Enforcement Procedures (Code des procédures civiles d'exécution) or by an enforcement being ordered.

Article 2245 of the French Civil Code:
One of the jointly and severally liable obligees being summoned or notified through legal proceedings or through an enforcement order, or recognition by the obligee of the right of the person against whom the obligee could claim inaction within the time limit interrupts the time limit for action against all of the others, even against their heirs.
Conversely, one of the heirs of a jointly and severally liable obligee being summoned or notified, or that heir recognising such a right does not interrupt the time limit for action with regard to the other co-heirs, even for mortgaged debt, if the obligation is divisible. Such summons/notification or such recognition interrupts the time limit for action with regard to the other co-obligees only for the share for which that heir is liable. In order to interrupt the time limit for action for the entire obligation with regard to the other co-obligees, the summons or notification needs to be made to all of the heirs of the deceased obligee, or all of the heirs need to recognise the right;

Article 2246 of the French Civil Code:
Summons or notification made to the main obligee, or the main obligee recognising the right in question interrupts the time limit for taking action against the guarantor.

9/ Legal action

SUBROGATION
The Insurer is subrogated to the rights and actions that the Insured may have against the *Third Party* responsible for the loss, in the limit of the amount of compensation that the Insurer has paid. In case *Subrogation* could not operate in favour of the Insurer because of the Insured, the latter will be relieved of the obligations regarding the Insured in respect of the *Subrogation* that would have been possible.

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10/ Basis of the insurance agreement

This agreement is governed by the French insurance code. The definition of the cover, the insurance rates and their rules of application take account of French Social Security legislative arrangements and regulations that are in effect on the date that the insurance agreement takes effect.

ANTI MONEY LAUNDERING

The controls that we are legally required to carry out as part of anti money laundering and to combat the financing of terrorism, especially cross-border flows, may lead us at any time to ask you for explanations or supporting documents, including concerning the acquisition of insured goods.

COURTS OF COMPETENT JURISDICTION – GOVERNING LAW

The pre-contractual and contractual relations are governed by French law and primarily by the French Insurance Code.
Any legal action relating to this contract shall be brought before French courts which have exclusive jurisdiction. However, if you are domiciled in the Principality of Monaco, the Monaco Courts shall have sole jurisdiction for disputes you and us.

11/ Option of cancellation

If you took out your contract remotely:

Sale of your insurance contract by telephone, by mail, or over the Internet is governed by Articles L. 112-2-1 and R. 112-4 of the French Insurance Code (*Code des Assurances*).

The following constitute remote insurance operations as defined by Article L.112-2-1 of the French Insurance Code: providing insurance operations to a subscriber who is a natural person, and who is acting outside any commercial or business activity, in the context of a remote system of sale or of provision of services that is organised by the insurer or the insurance intermediary who, for the contract in question, exclusively uses remote communications techniques up to and including the signing of the contract.

It is specified that the applicable rules for remote sales apply:
- only to the first contract, for fixed-term contracts followed by successive distinct operations or by a series of distinct operations that are of the same type and that are staggered over time;
- only with a view to and during signing of the initial contract for contracts that are renewable by tacit renewal.

Pursuant to the applicable provisions for remote sales of financial services, you are informed as follows:

- that a fund exists for covering victims of terrorism and of other offences (fonds de garantie des victimes des actes de terrorisme et d'autres infractions) as indicated in Article L. 422-1 of the French Insurance Code;

- that a fund exists for covering damage, injury, or loss consequent upon prevention, diagnosis, or treatment provided by healthcare professionals practicing in private practices (fonds de garantie des dommages consécutifs à des actes de prévention, de diagnostic ou de soins dispensés par les professionnels de santé exerçant à titre libéral) as indicated in Article L 426-1 of the French Insurance Code;

- that a national compensation bureau exists in France known as the Office national d'indemnisation des accidents médicaux, des affections iatrogènes et des infections nosocomiales (*ONIAM)* for paying compensation for medical accidents, iatrogenic diseases or disorders, and nosocomial (hospital-acquired) infections as indicated in Article L 1142-22 of the French Public Health Code (Code de la Santé Publique);

- that you have a right to cancel throughout a cooling-off period of 14 full calendar days starting either as from the date of remotely signing/entering into the contract, or as from the date of reception of the "Specific Provisions"

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("Dispositions Particulières") and of the "General Provisions" ("Dispositions Générales") if that date is later than the date of signing, without having to give any reason or having to bear any penalties;

- that the contracts to which the right of cancellation applies may not start being performed by the parties before the end of the cooling-off period without the consent of the policyholder.You have manifested your will for your contract to take effect on the date appearing in the "Specific Provisions".A subscriber who has asked for the contract to start being performed before the expiry of the cooling-off period and who makes use of their right of cancellation, should pay for the fraction of premium or of subscription that corresponds to the period for which the risk has been covered; in addition, the Terror Attack (Attentats) contribution to the fund for covering terrorism victims (Fonds de garanties des victimes des actes de terrorisme) remains payable.

A subscriber who wishes to exercise their right of cancellation under the above-mentioned conditions, may use the letter template given below, as duly filled in by the subscriber.
The letter should be sent by registered letter with return-receipt requested (*lettre recommandée avec avis de réception*) to ACS, 153, rue de l'Université, 75007, Paris, FRANCE.

Letter of Cancellation Template:

"I the undersigned, M……residing at ……hereby cancel my Contract No. ……. taken out with ……., pursuant to Article L 112-2-1 of the French Insurance Code (*Code des Assurances*). I hereby certify that, at the date of sending of this letter, I have no knowledge of any loss that might involve the cover of the contract being applied."

By way of derogation, this right of cancellation does not apply:

- to travel or baggage insurance policies or to similar policies that are short-term or that have terms less than one month;
- to civil liability insurance contracts for Land Motor Vehicles;
- to contracts performed fully by the two parties at the express request of the policyholder before the policyholder exercises their right of cancellation.

12/ Data Protection

Personal data concerning the Parties to the present contract, the Members, the Insured, their Dependents and/or beneficiaries as applicable, and/or any identified or identifiable natural living person to whom personal data relates hereto, including the signatories to this contract or any other relating contractual documents, are used for the sole purpose of the implementation and management of the present contract. These persons are referred to as "Data Subjects".

Processing measures, whether or not by automated means, such as collection, processing, recording, organization, purpose limitation and data minimization, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transfer, dissemination or otherwise making available, alignment or combination, security, of personal data, are carried out in accordance with:

- the Amended French Data Protection Act no. 78-17 of 06.01.1978 on Information Technology, Data Files and Civil Liberties and all applicable laws and regulations relating to the protection and processing of Personal Data,
- the General Data Protection Regulation (Regulation (EU) 2016/679) of the European Parliament and of the Council of 27 April 2016, hereinafter referred to as the "Regulation",
- to sector-specific laws and applicable guidance and codes of practice issued by supervisory authorities,
- the AERAS agreement, effective since 2006, amended on 1st February 2011 and 2nd February 2015 and the conduct code annexed thereto as well as the medical ethical code.

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The Data Subjects have the rights to request access to, rectification, deletion of their personal data, restriction of processing concerning their data, objection to processing, and data portability as defined in Annex Data Privacy Notice hereto.

In addition, in accordance with the performance of the contract, personal data may be subject to an extra-European transfer. This transfer occurs in full compliance with the different aspects of protection of personal data and the security of information provided for by the Regulation.

The terms used herein shall have the meaning given in the Regulation.

In the event the Data Subject wishes to exercise his/her rights in relation to the present contract, a request may be sent to:

For health and death benefits:
AWP Health & Life S.A.
Information Technology and Civil Liberties
Eurosquare 2
7 rue Dora Maar
93400 Saint Ouen
France
Email : informatique.libertes@allianzworldwidecare.com

For assistance and pubic liability benefits:
AWP France SAS,
Département Protection des Données Personnelles,
7 rue Dora Maar,
93488 Saint-Ouen Cedex
France
Email : informations-personnelles@votreassistance.fr

The Insurer will assess the corresponding requests under the scope of the Regulation, and will respond by justifying meeting the request or denial thereof.

The Data Subjects have as well the right to lodge a complaint with the Data Protection Supervisory Authority as provided hereunder if they consider the processing of their data is not lawful or do not agree with the conclusions resulting from their requests for exercising their rights.

In the event the Data Subject has any queries about how the personal and/or sensitive data is used in relation to the present contract, the Data Subject may contact the Insurer as follows:
AWP Health & Life S.A.
Data Protection Officer
Eurosquare 2
7 rue Dora Maar
93400 Saint Ouen
France
Email: AWC.DataPrivacyOfficer@allianz.com

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13/ Mediation

WHAT IS THE PROCEDURE FOR EXAMINING COMPLAINTS?

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:

For ACS:

ACS, Complaints Department,
153, rue de l'Université, 75007 Paris, France
Email : contact@acs-ami.com

Receipt of the complaint will be acknowledged within 10 days of its date of reception, unless the answer itself is given to you within this time-frame. In any case, in accordance with applicable legislation, an answer will be given to you within 2 months following the receipt of the complaint.

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

For AWP Health & Life :

AWP Health & Life S.A. - Relations Clients (Customer Relations)
Eurosquare 2, 7 rue Dora Maar,
93400 Saint Ouen, France
Email : client.care@allianzworldwidecare.com

For AWP P&C :

AWP France SAS,
Service Réclamations,
TSA 70002 - 93488 Saint-Ouen Cedex, France
Email : reclamation@votreassistance.fr

The Insurer adheres to the Mediation Charter of Insurance. In the event of persistent and final disagreement, you have the option, after exhausting the internal processing channels indicated above, of referring the matter to the Mediator of Insurance, whose contact details are as follows: LMA – TSA 50110 – 75441 PARIS CEDEX 09 France, www.mediation-assurance.org, without prejudice to the other channels for legal action.

The parties declare that they submit to French law.

AUTHORITY IN CHARGE OF OVERSEEING INSURANCE COMPANIES

L'Autorité de Contrôle Prudentiel et de Résolution (ACPR) ***(the Prudential Oversight and Resolution Authority)*** 4 place de Budapest CS 92459 75436 Paris Cedex 09, France.

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CONSUMERS' RIGHT TO OBJECT TO TELEPHONE MARKETING

If you do not wish to be contacted for the purposes of telephone marketing, you can have yourself added to a telephone marketing opt-out list, free of charge.
These provisions apply to any consumer, i.e. any natural person acting for purposes unrelated to their commercial, industrial, craft or self-employed activities.

For any questions on this agreement, contact:

ACS
153, rue de l'Université – 75007 Paris - France
Tél. 00 33 (0) 1 40 47 91 00
Fax. 00 33 (0) 1 40 47 61 90
e-mail : contact@acs-ami.com

For claims/refunds, for repayment requests, contact:

M.A.I.
39, rue Anatole France – 92300 Levallois-Perret – France
Tél. 00 33 (0) 1 84 79 08 80
Fax. 00 33 (0) 1 84 79 08 81
e-mail : acs@medical-administrators.com
hospi@medical-administrators.com

In case of difference between the French and English versions of this summary of benefits, the French version shall prevail.

14/ Tables of benefits

"Assistance and public liability" cover, if options have been selected

What is covered	Amount covered
Repatriation assistance	
• Repatriation or medical transport	Actual expenses
• Transport of the body in the event of death	
- Repatriation of the body	Actual expenses
- Funeral expenses required for transportation	€1500
- Repatriation of other family members	Ticket (one way only)
• Return of the Insured to the country of expatriation after "consolidation"	Ticket (one way only)
• Early Return	Ticket (round trip), limited to once per insured person and per insurance period
• Psychological support	3 telephone interviews per insured person and per insurance period
Public liability	
• *Physical Injury, Material or Consequential Loss*	€4 500 000
• *Material and Consequential Loss* only	€150 000
Deductible per claim	€150

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"Health" cover – Packaged Expatriate Insurance Plans

Level of cover	Comfort	Excellence	Excellence Plus
***Hospitalization* (with prior consent)**			
Maximum limit per beneficiary per year	€250 000	€500 000	€500 000
Medical *Hospitalization*	100% of actual expenses	100% of actual expenses	100% of actual expenses
Surgical *Hospitalization*	100% of actual expenses	100% of actual expenses	100% of actual expenses
Hospitalization ancillary expenses	100% of actual expenses	100% of actual expenses	100% of actual expenses
Private room	100% of actual expenses limited to €50/day	100% of actual expenses limited to €100/day	100% of actual expenses limited to €150/day
Organ transplant	100% of actual expenses	100% of actual expenses	100% of actual expenses
Psychiatry	100% of actual expenses limited to €1500/year	100% of actual expenses limited to €3000/year	100% of actual expenses limited to €3000/year
Accompanying bed for *Hospitalization* of a child under 16 years	100% of actual expenses limited to €25/day	100% of actual expenses limited to €50/day	100% of actual expenses limited to €60/day
Day surgery	100% of actual expenses	100% of actual expenses	100% of actual expenses
Mandatory preoperative consultations (surgeon and anesthetist)	100% of actual expenses	100% of actual expenses	100% of actual expenses
Outpatient care following *Hospitalization* (90 days following Hospitalization)	100% of actual expenses limited to €1000/year	100% of actual expenses limited to €1000/year	100% of actual expenses
Home nursing	100% of actual expenses limited to €1000/year	100% of actual expenses limited to €2000/year	100% of actual expenses limited to €2500/year
Cancer treatment	100% of actual expenses	100% of actual expenses	100% of actual expenses
Physical therapy immediately following *Hospitalization*	100% of actual expenses limited to €1000/year	100% of actual expenses limited to €2000/year	100% of actual expenses limited to €2500/year
Local *Emergency* transport by ambulance	100% of actual expenses	100% of actual expenses	100% of actual expenses
Emergency dental plastic surgery following an *Accident*	100% of actual expenses	100% of actual expenses	100% of actual expenses
Out of zone coverage (trip of up to 7 weeks) : *Hospitalization* resulting from an *Emergency*	100% of actual expenses	100% of actual expenses	100% of actual expenses
Routine medical expenses			
Generalist and specialist fees	80% of actual expenses limited to €50 per visit	90% of actual expenses limited to €100 per visit	100% of actual expenses limited to €120 per visit
Analyses, radiology, scans	80% of actual expenses	90% of actual expenses	100% of actual expenses
MRI (with prior consent)	80% of actual expenses	90% of actual expenses	100% of actual expenses
Prescribed medication and vaccines	80% of actual expenses	90% of actual expenses	100% of actual expenses
Prescribed *Medical Auxiliaries*	80% of actual expenses	90% of actual expenses	100% of actual expenses
Physiotherapy, chiropractor, osteopath, homeopath and acupuncturist (with prior consent)	80% of actual expenses limited to €50 per session and €500/year	90% of actual expenses limited to €50 per session and €1000/year	100% of actual expenses limited to €60 per session and €1200/year
Prescribed speech therapy and orthoptics (with prior consent)	80% of actual expenses limited to €50 per session and €500/year	90% of actual expenses limited to €50 per session and €1000/year	100% of actual expenses limited to €60 per session and €1200/year
Prescribed *Medical Prostheses* (with prior consent)	80% of actual expenses limited to €1000/year	90% of actual expenses limited to €2000/year	100% of actual expenses limited to €2500/year
Optical			
Prescribed spectacle lenses, frames and contact lenses	80% of actual expenses limited to €150/year	90% of actual expenses limited to €300/year	100% of actual expenses limited to €450/year
Dental			
Maximum limit per beneficiary for 12 months of membership	€1000	€2000	€2500
Dental care	80% of actual expenses	90% of actual expenses	100% of actual expenses limited to €1000/year
Orthodontics (child under 16 and with prior consent)	Not covered	90% of actual expenses limited to €500/year	100% of actual expenses limited to €600/year
Dental Prostheses, including inlays, onlays, implants (with prior consent)	80% of actual expenses limited to €150/tooth	90% of actual expenses limited to €300/tooth	100% of actual expenses limited to €500/tooth
Maternity (with prior consent)			
Childbirth Expenses	100% of actual expenses limited to €2000/year	100% of actual expenses limited to €4000/year	100% of actual expenses limited to €5000/year
Health check			
Complete health check cover	Not covered	100% of actual expenses limited to €300 one every three years	100% of actual expenses limited to €300 one every three years

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"Health" cover – Customized Expatriate Insurance Plans

Level of cover	Module 1	Module 2
***Hospitalization* (with prior consent)**		
Maximum limit per beneficiary per year	€500 000	€500 000
Medical *Hospitalization*	100% of actual expenses	100% of actual expenses
Surgical *Hospitalization*	100% of actual expenses	100% of actual expenses
Hospitalization ancillary expenses	100% of actual expenses	100% of actual expenses
Private room	100% of actual expenses limited to €100/day	100% of actual expenses limited to €100/day
Organ transplant	100% of actual expenses	100% of actual expenses
Psychiatry	100% of actual expenses limited to €3000/year	100% of actual expenses limited to €3000/year
Accompanying bed for *Hospitalization* of a child under 16 years	100% of actual expenses limited to €50/day	100% of actual expenses limited to €50/day
Day surgery	100% of actual expenses	100% of actual expenses
Mandatory preoperative consultations (surgeon and anesthetist)	100% of actual expenses	100% of actual expenses
Outpatient care following *Hospitalization* (90 days following Hospitalization)	100% of actual expenses limited to €1000/year	100% of actual expenses limited to €1000/year
Home nursing	100% of actual expenses limited to €2000/year	100% of actual expenses limited to €2000/year
Cancer treatment	100% of actual expenses	100% of actual expenses
Physical therapy immediately following *Hospitalization*	100% of actual expenses limited to €2000/year	100% of actual expenses limited to €2000/year
Local *Emergency* transport by ambulance	100% of actual expenses	100% of actual expenses
Emergency dental plastic surgery following an *Accident*	100% of actual expenses	100% of actual expenses
Out of zone coverage (trip of up to 7 weeks) : *Hospitalization* resulting from an *Emergency*	100% of actual expenses	100% of actual expenses
Routine medical expenses		
Generalist and specialist fees	Not covered	90% of actual expenses limited to €100 per visit
Analyses, radiology, scans		90% of actual expenses
MRI (with prior consent)		90% of actual expenses
Prescribed medication and vaccines		90% of actual expenses
Prescribed *Medical Auxiliaries*		90% of actual expenses
Physiotherapy, chiropractor, osteopath, homeopath and acupuncturist (with prior consent)		90% of actual expenses limited to €50 per session and €1000/year
Prescribed speech therapy and orthoptics (with prior consent)		90% of actual expenses limited to €50 per session and €1000/year
Prescribed *Medical Prostheses* (with prior consent)		90% of actual expenses limited to €2000/year
Optical		
Prescribed spectacle lenses, frames and contact lenses	Not covered	90% of actual expenses limited to €300/year
Dental		
Dental care	Not covered	Not covered
Orthodontics		
Dental Prostheses, including inlays, onlays, implants		
Maternity		
Childbirth Expenses	Not covered	Not covered
Health check		
Complete health check cover	Not covered	Not covered

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Annex : Privacy notice ACS

Protecting data and the privacy of insured members is a top priority. This privacy notice explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed. Please read this notice carefully.

Processing of personal data

The information collected by ACS, insurance broker, simplified joint-stock company registered under number 317 218 188 RCS Paris, and located at 153, rue de l'Université – 75007 Paris, France, either directly from you or via your insurance intermediary, is subject to data processing for the sole purpose of:

- preparing, concluding, managing and executing your quote or contract (study of needs, underwriting, calculation and collect of premium, preparation of endorsements, claims management, treatment of complaints if any…),
- enforcing regulations related to anti-money laundering and terrorist financing prevention, fight against fraud,
- elaborating statistical and actuarial studies,
- redistributing risks via reinsurance or coinsurance.

The processing of such data is carried out in compliance with the requirements applying to the collection, processing, recording, organization, purpose limitation and data minimization, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transfer, dissemination, security of personal data.

The recipients of such data are, within the limits of their relevant assignments and according to applicable purposes, the insurers, reinsurers, insurance intermediaries (your direct broker, if applicable), and eventually their subcontractors, which intervene in the context of the execution or the management of your contract, third party administrators, the mediator if a case is submitted to him/her, authorities legally authorized to manage your complaints, Tracfin for the fight against terrorism and anti-money laundering. Your data may also be transmitted to any person benefiting from the contract (subscriber, insured, member, and beneficiary of the contract).

You expressly accept the collection and processing of data concerning your health. This information is necessary for the execution and the management of your contract and your benefits, which is the sole purpose of the processing, and made in accordance with the regulations of medical confidentiality. This information is exclusively intended for the medical advisors of ACS, its departments in charge of managing your benefits, its third-party administrators and assistance providers if applicable, as well as for the insurers and reinsurers of your contract.

Transfer of personal data :

In addition, we inform you that your personal data, or that of other parties concerned by or benefiting from the contract, may be transferred outside the European Union if necessary for the performance of your contract.

The sole purpose of such transfers is to allow the performance of insurance and assistance claims, and only the data necessary for the achievement of this purpose are transferred.

The recipients or categories of recipients authorized to receive the data are the accredited staff of the medical administrators ans assistance companies as well as of the insurers, where appropriate.

These transfers are made according to the regulations relating to the protection of personal data applicable in the European Union.

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Your rights :

In accordance with the French data protection law n° 78-17 of January 6 1978 as amended in 2004 and 2018 and to EU regulation 2016/679 of April 27th 2016, you have the right to Access, Rectify, Erase, and to the Portability of, any data concerning yourself, as well as the rights to the Restriction of and to Object to the processing of your personal data, which you can pursue by writing to our Data Protection Officer: dpo@acs-ami.com or by postal mail to « ACS, To the attention of the DPO, 153, rue de l'Université, 75007 Paris, France » (together with a copy of an official ID).

You may send a complaint:

- On the CNIL website by filling out the online form.
- By postal mail writing to CNIL - 3 Place de Fontenoy - TSA 80715 - 75334 PARIS CEDEX 07 FRANCE

Regarding your health data, these rights may also be exercised by writing to the ACS Medical Consultant (ACS, To the attention of the Medical Consultant, 153, rue de l'Université, 75007 Paris, France) together with of a copy of an official ID.

Data retention Duration :

Personal data will be retained in accordance with applicable laws and regulations, and specifically as follows :

Documents	Data Retention Duration
Proposal, quotations	3 years
Individual Enrollment Forms	•5 years from the date of the termination of contract(if no claim) •5 years from the date of the termination of the insurance coverage
Contributions and premiums	5 years
Healthcare claims (illness/ accident medical expenses)	3 years from the date the claim is closed
Claims files in the event of Death, Total and Irreversible Loss of Autonomy, Incapacity, Disability	•if the benefit has been paid: 10 years from the last date of payment •if the benefit has not been paid in totality or partially to the beneficiary(ies) in the event of death of the Insured: 30 years from the date of the recognition of the death of the Insured by the company •if the benefit could not be paid in total or partial due to the disappearance of absence of the Insured: 30 years from the date of recognition by the company of the determination of the disappearance or absence of the Insured
Permanent Partial Disability Due to Illness (PPDI)- Permanent Partial Disability Due to Accident Disability (PPDA)	•if the benefit has been paid: 10 years from the last date of payment •if not paid: 30 years

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