

SUMMARY OF BENEFITS

Globe WHV Light

Version 1 – MAJ20260116





Summary of benefits

Globe WHV Light

As a member of the Globe Partner Association, you have selected the cover that the Association has taken out with MGEN Portugal - Companhia de Seguros, S.A, whose head office is located at Rua Duque de Palmela, 11, Piso 1, A 1250-097 Lisboa, Portugal, with a share capital of €7,500,000.00 and registered under the unique registration and legal entity identification number 517503131, under contract number MGENIB1100925SAP and under contract number MGENIB1100947SAP for France destination. MGEN Portugal is regulated by the Autoridade de Supervisão de Seguros e Fundos de Pensões in Portugal and is authorized by the Prudential Supervision and Resolution Authority (ACPR) to operate in France under the Freedom to Provide Services regime. MGEN Portugal outsource the coverage of assistance benefits to LLT Consulting, 18 quai Georges Simenon, 17 000 La Rochelle, France, simplified limited company registered RCS La Rochelle under n° 828 002 188 and operating under the name VYV International Assistance.

The administration of these benefits is delegated to ACS, 153 rue de l'Université, 75007 Paris, France, simplified limited company with a capital of €150.000, insurance brokerage firm registered RCS Paris under no. 317 218 188, ORIAS no. 07 000 350. How the cover is applied and the details of the benefits to which you are entitled are set out in this leaflet.

In case of discrepancy between the English version of this leaflet and the French version of the contract, the French version of the contract will prevail.

Contents

1/ General provisions	3
2/ Definitions	4
3/ Medical Expenses benefits	5
4/ Assistance benefits	7
5/ Civil Liability	8
6/ Excluded risks for all benefits	9
7/ Basis of the insurance contract	9
8/ Data Protection	12
9/ Mediation	12
10/ Authority in charge of overseeing insurance companies	12
11/ Consumers'right to object telephone marketing	13
12/ Contacts	13
13/ Schedule of cover	14
Annex: Privacy notice ACS	15



1/ General provisions

Eligibility – Enrolment

Persons under 40 years of age who are members of the Globe Partner Association, hold a WHV visa (except for holders of a Canada WHV/IEC visa), and are travelling outside their usual country of residence are optionally eligible.

The Applicant must subscribe the initial contract before his departure in order to benefit from the guarantees.

Its renewal (by taking out a new policy) will be accepted only if the next contract immediately follows the previous one without any interruption

Upon enrolment, the Applicant must fill in the enrolment documents, including a statement of current health, on which the option chosen and amount of premiums are shown. The chosen option cannot be changed during the period of coverage.

The Applicant must pay for the entire insurance premium upon enrolment.

The Insurer reserves the right to make acceptance conditional on the presentation of any additional information it deems necessary.

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

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

Commencement of cover

Membership becomes effective as soon as the Insurer accepts them and the premium has been paid.

The GLOBE WHV Light travel insurance policy is concluded for a fixed term and it is not eligible for the renunciation right provided for in Article L 112-2-1 of the French insurance code.

Duration of cover

Once admitted to insurance and subject to the penalties provided for by the French Insurance Code for false declaration, the Member cannot be excluded as long as she/he fulfils the conditions.

The policy can be taken up for a period between 1 and 24 months maximum (according to the WHV agreement), in one or several policies, for so long as the Member has WHV status or is a de facto spouse. Any new enrolment will require the company's authorisation.

In any event, the covers end as follows:

- For each Member:
 - On the date of final return if the policy term is not complete,
 - At the time of her/his repatriation to her/his usual country of residence,
 - On the last day of her/his membership period, when she/he stops being a Member of the Globe Partner Association,
 - In the event of judicial liquidation of the Insurer or the Globe Partner Association.
- For the totality of the Insured, at the time of effectiveness of the cancellation, of the group policy n° MGENIB1100925SAP and MGENIB1100947SAP for France destination between the Globe Partner Association and MGEN Portugal.

Termination of benefits (or suspension) means the end of benefits for the Member 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 and before the Member's departure from her/his usual country of residence.

Changes of dates are possible once only during the current calendar year.

For cancellations, the policy will only be reimbursed upon presentation of supporting documents, less a €20 fee.

The policy is agreed for a fixed period with no automatic renewal. It may not be cancelled or reimbursed during the period.

Sanctions in case of false declaration

Any information supplied by a Member that is incorrect, falsified, exaggerated or any fraudulent acts on his/her part shall be the direct responsibility of the Member 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 Member 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)
- 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).

2/ Definitions

The terms and expressions used in this document have the following meaning:

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

Attack/Acts of terrorism: 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).

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 intangible loss: Any pecuniary loss resulting from the deprivation of enjoyment of a right, the interruption of a service rendered by a person or by movable or immovable property or lost profits, which directly results from a covered personal injury or property damage.

Deductible: The amount of the compensation payable by you.

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 Member. 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.

Epidemic: The rapid spread of an infectious and contagious disease affecting a large number of people in a given place and time, reaching at least WHO level 5 criteria.

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

Forfeiture: Loss of the right to be covered for the Insured Event in question.

French Insurance Code: The compendium of the laws and regulations that govern the insurance policy.

Home: Your principal and usual place of residence in your usual country of residence.

Illness, sickness, disease or condition: A degradation in health established by a medical authority, requiring medical treatment.

Insured event: Any event that may trigger the application of a policy cover.

Insurer: MGEN Portugal - Companhia de Seguros, S.A, whose head office is located at Rua Duque de Palmela, 11, Piso 1, A 1250-097 Lisboa, Portugal, with a share capital of €7,500,000.00 and registered under the unique registration and legal entity identification number 517503131. MGEN Portugal is regulated by the Autoridade de Supervisão de Seguros e Fundos de Pensões in Portugal and is authorized by the Prudential Supervision and Resolution Authority (ACPR) to operate in France under the Freedom to Provide Services regime.

Medical Expenses: Medically prescribed pharmaceutical, surgery, consultation and hospitalisation expenses required for diagnosing and treating an illness.

Members: The persons duly insured under this policy, also hereinafter referred to as "you". For the application of the legal provisions relating to prescription, "Member" will be



used whenever the articles of the French Insurance Code refer to "the Insured".

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

Pandemic: worldwide spread of a disease.

Personal injury: Any bodily injury suffered by a natural person and the losses 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.

Property damage: Any damage, destruction, alteration, loss or disappearance of a thing or substance, as well as any bodily injury to an animal.

Random: An unintentional, unpredictable, irresistible and external event.

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 contract holder for the purposes of proceedings against the opponent).

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.

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

WHV (Working Holiday Visa) - PVT (Programme Vacances-Travail) - VVT (Visa Vacances-Travail): Temporary visas allowing their holders to travel to and work in foreign countries.

3/ Medical Expenses benefits

Area of cover

The area of cover corresponds to the country of the WHV destination selected by the Member at the time of enrolment.

Medical Expenses

The cover consists of reimbursing, subject to the exclusions provided below, medical expenses incurred as a result of an accident or illness recognised by French Social Security, and which it would cover, up to the amount and deductible set out in schedule of benefits.

In addition, reimbursement requests will be honoured only if the Insurer deems the amount of the invoices and receipts provided reasonable and usual. If this is not the case, the Insurer reserves the right to reduce the amount of the benefits.

The Medical Expenses cover ends when our medical team deems that the Member can be repatriated to her/his usual country of residence.

It is explicitly stated and agreed that, should the Member benefit or be able to benefit from reimbursements from the French Social Security, benefits should be paid as a complement.

Maximum amount for medical expenses per beneficiary and per year is 150.000 €.

Limited to actual costs

In accordance with Article 9 of Law no. 89-1009 of 31 December 1989 and Decree no. 90-769 of 30 August 1990, reimbursements or compensation for expenses incurred in respect of an illness or an accident may not exceed the amount of the costs remaining payable by the Member after the reimbursements of any kind to which she/he is entitled.

Covers of the same nature taken out with several insurers operate within the limit of each cover regardless of her/his enrolment date. Within this limit, the Policy's beneficiary may obtain additional compensation by sending details of the reimbursement(s) made by the other organisation(s). For the application of the above provisions, the limitation to the amount of the outstanding expenses to be paid by the Member is determined by the Insurer for each act or expense item.

In case of undue payments: the beneficiary of the benefit commits to repay to the Insurer, as soon as possible, the undue claims. As a consequence, the Insurer can make compensation between these amounts and any other benefits due by the Insurer to the Insured.



Excluded benefits from medical expenses

In addition to the exclusions under "Excluded risks for all benefits", it is hereby stated that costs not recognised by the French Social Security, as well as the benefits below are not covered under this policy:

1. expenses incurred before or after the period of coverage;
2. transportation fees of general practitioner which are not usually covered by the French Social Security;
3. treatment and care prescribed by a non-qualified doctor or practitioner;
4. medical fees for which the Member could have waited for the return to his / her country of residence
5. medical expenses in the usual country of residence (except for a temporary return of less than 30 days);
6. cosmetic treatment and surgery unless consecutive to an accident;
7. congenital disabilities, hereditary diseases, and chronic diseases;
8. all orthotics and prostheses including hearing and dental, as well as the corresponding care;
9. all dental care (except in case of emergency or accident);
10. stomatology, acne treatments, and speech therapy;
11. optics, orthoptics and contact lenses;
12. acupuncture, massage and physiotherapy (except after an accident resulting in hospitalisation);
13. psychological care and psychotherapy including consultations;
14. mental illnesses including depression, care and treatment related to sleep disorders;
15. HIV-positive status and its consequences, AIDS and its consequences;
16. sexually-transmitted diseases and screening tests;
17. thermal cures, and rehabilitation centres;
18. health assessments and check-ups;
19. vaccination costs;
20. medical expenses related to birth control, abortions, sterility treatments and sexual dysfunction;
21. expenses related to a known or unknown pregnancy or maternity occurring before the effective date of the policy;
22. expenses incurred in connection with the acquisition of an organ;
23. any surgery or treatment related to a sex change;
24. common non-medicinal products of current use such as medical alcohol, cotton, sun lotions...;
25. subsidiary expenses such as telephone in case of hospitalisation or fees considered extravagant;

unreasonable or unusual considering the country in which they are incurred.

Medical examination and arbitration

Doctors and representatives accredited by the Insurer have free access to the Member to be able to check her/his status. The Member must provide any supporting documents and agree to any expertise or examination requested by the Insurer.

For accidents, the Member is required to send an official report to the Insurer detailing the circumstances of her/his accident.

The Insurer's decisions based on the conclusions of the Medical Advisor are notified to the Member by registered post; she/he can challenge the merits thereof within ten days of them being sent by means of a detailed medical certificate sent to the Insurer by registered post.

If there is disagreement as to the Member's state of health, a joint amicable assessment may be carried out by the doctor chosen by the Member and the doctor delegated by the Insurer.

If these two doctors cannot reach joint conclusions, they choose a medical arbitrator to decide between them. In the absence of an agreement on her/his choice, the decision is made by legal means.

Each party bears the expenses and fees of its own doctor and half those of the medical arbitrator.

How to claim medical expenses?

The Insurer reserves the right to ask any Member or her/his dependents to provide all the information necessary for the processing of their personal data and data concerning the reimbursement requests. For this purpose, the Insurer will have access to their medical records with all the legal obligations of confidentiality appertaining thereto.

Any information provided by the Member or one of her/his dependents that proves to be erroneous, falsified, exaggerated; or any fraudulent or deceptive acts on their part will bring the Member's liability directly into play and the recovery of the sums unduly paid by the Insurer on the basis of this incorrect data.

For hospitalisation, surgery, radiography or medical treatment, a medical certificate must first be requested from the Insurer, to whom it will be returned after being filled in by the Member's doctor. Failure to do so may result in a denial of prior authorisation. In case of hospitalisation the Member can ask for a full acceptance of liability in order to prevent him to advance fees.



For any reimbursement request exceeding Euro 500, you must fill the [medical claim form](#) and send it by post to:

ACS

Claims Department (to the attention of the Medical Adviser)

**153, rue de l'Université
75007 Paris, France**

with the supporting documents below, within the three months following the policy's expiry date:

- your certificate number, the originals of the doctors' and medical institutions' paid invoices, as well as the prescriptions mentioning the corresponding medicines and any medical document indicating the diagnosis;
- photocopies or duplicates of invoices will not be accepted.

E-claiming: Claims not exceeding Euro 500, can be sent via our secure platform [clems.acs-ami.com](#). Please note that the Insurer may request the corresponding original documents during 2 years.

For costs of hospitalisation above 24 hours, it is possible to obtain a direct payment by contacting our Medical Assistance Department in Paris, which is available 24 hours a day:

VYV International Assistance

☎ **00 33 (0)5 48 29 00 59**

✉ ops@vyv-ia.com

The Insurer may request any other additional supporting documents it deems necessary.

4/ Assistance benefits

If you find yourself in one of the situations referred to below, we will implement the services described, upon receiving a simple phone call (reverse charges accepted from abroad) or an email, fax, or telegram.

The decisions are solely taken in the medical interest of the Member, and exclusively by the VYV International Assistance doctors in agreement with the local attending doctors. The medical interest of the Member and the observance of the health regulations in force are solely taken into account in making the decision to transport, choosing the transport means and choosing the place of hospitalisation, if any.

VYV International Assistance cannot under any circumstances be a substitute for the local emergency rescue organisations.

What do we cover?

Repatriation or medical transport

If the Member is ill or injured as a result of an insured event and that her/his state of health requires a transfer because the local medical infrastructure does not have the ability to provide the appropriate care, we will organise and pay for her/his transfer:

- either to the nearest competent hospital complex;
- or to the competent hospital complex nearest her/his home in her/his usual country of residence;
- or we will organise and pay for her/his repatriation to her/his home in her/his usual country of residence.

Depending on how serious the case is, the repatriation or transport is carried out under medical supervision, if necessary, by the most appropriate of the following means:

- special air ambulance;
- scheduled airliner, train, sleeping car, ship, ambulance.

Repatriation of the body in the event of death

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

We will also cover the additional costs necessary for the transport, including the cost of the coffin allowing transportation, up to the amount indicated in the schedule of benefits. The expenses of ceremony, accessories, burial or cremation remain the responsibility of the families.

What are the limits applicable in case of force majeure?

We cannot be held responsible for any failure to provide the Assistance services as a result of force majeure or the following events:

Civil or foreign wars, characterised political instability, popular uprisings, riots, acts of terrorism, reprisals, restrictions on the free movement of persons and goods, strikes, explosions, natural disasters, disintegration of the atomic nucleus, nor delays in execution of the services resulting from these causes.



What is excluded from the Assistance Cover?

In addition to the exclusions under "Excluded risks for all benefits", we cannot intervene if the request for assistance is due to:

1. pollution, natural disasters;
2. travel undertaken for the purpose of diagnosis and / or treatment;
3. states of pregnancy unless unforeseen complications, and in all cases from the 32nd week of pregnancy;
4. the result of a voluntary disregard for regulations in the visited country, or the practice of activities not authorised by local authorities.

What are your obligations if an insured event occurs?

For any assistance request, you must contact us, 24 hours a day, 7 days a week:
VYV International Assistance
 ☎ 00 33 (0)5 48 29 00 59
 ✉ ops@vyv-ia.com

and obtain our prior agreement before taking any initiative or incurring any expense.

When we have organised your transport or repatriation, you must return the original tickets to us, which become the property of VYV International Assistance.

5/ Civil Liability

What do we cover?

We cover the monetary consequences of civil liability that you may incur in the course of your private life, including during internships for, firstly: personal injury and/or material damage and, secondly: intangible damages consequential to them, accidentally caused to anyone other than a member of your family, by your doing or that of items or animals in your custody, up to the amount and deductible set out in schedule of benefits.

The cover also applies to the objects entrusted during a period of internship up to the amount indicated in the schedule of benefits.

What do we exclude?

In addition to the exclusions under "Excluded risks for all benefits", our cover does not apply to:

1. damage intentionally caused or provoked by you;
2. damage resulting from the use of land motor vehicles, sailing and motor boats, and air navigation appliances;
3. damage resulting from any professional activity;
4. objects entrusted to the Member (except in case of internships);
5. the consequences of any material damage and/or personal injury affecting you personally, and members of your family;
6. intangible consequential damage except where it is the direct result of accidental damage to property and/or personal injury that is covered;
7. damage resulting from the practice of air sports or from hunting;
8. damage you caused due to a fire, explosion or flooding;
9. damage caused by buildings or parts of buildings owned, rented or occupied by the Member;
10. traineeships/ internships in the medical and paramedical field, except for internships exclusively on an observation basis).

What are the limits of our cover?

Settlement - Acknowledgement of Liability

You must not accept any acknowledgment of liability or any transaction without our prior written consent.

However, just acknowledging the materiality of certain facts is not considered an acknowledgment of responsibility, nor is providing urgent assistance to a victim in the case of an act of assistance that every person has the moral duty to perform.

You must notify us within 5 working days, except for unforeseen circumstances or force majeure, of any event likely to incur your civil liability; if this deadline is not kept to and we consequently suffer a loss, your cover will lapse.

Proceedings

If there is any legal action against you, we will provide your defence and direct the trial for the facts and damages falling under the covers of this policy. However, you may join our action, provided you can establish a separate interest not covered by this policy.

Providing your defence as a protective measure cannot be interpreted in itself as an acknowledgment of cover and does not imply that we accept to pay for the harmful



consequences of events not expressly covered under this policy.

Even if you fail to fulfil your obligations after an insured event, we are obliged to compensate the persons you are liable to. In this case, however, we have the right to launch an action against you for reimbursement of all the sums we have paid or set aside for you.

Legal remedies

As regards legal remedies:

- in the commercial or administrative courts, we have the full freedom to exercise these, under the covers of this policy;
- before criminal courts, the remedies can only be exercised with your agreement;
- if the dispute pending before a criminal court no longer concerns only civil interests, the refusal to give your consent for the exercise of the envisaged legal remedy entails the right for us to claim compensation from you equal to the loss that we will have incurred as a result.

Costs of proceedings

We will pay court costs, discharge fees and other settlement costs.

However, if you are convicted for an amount greater than that of the cover, each of us will bear these costs in proportion to its respective share in said conviction.

What are your obligations if an insured event occurs?

For any request, you must contact us:

ACS, Claims Department,
153 rue de l'Université
75007 Paris, France

✉ servicesinistres@acs-ami.com

6/ Excluded risks for all benefits

Expenses incurred are not covered by the Insurer if they are the result of:

1. **expenses related to pre-existing conditions: consequent to accidents or illnesses which occurred prior to the effective date of the contract;**
2. **an illness or an accident based on the intentional act of the covered person, self-mutilation or attempt of suicide;**
3. **criminal proceedings against the Member;**

4. **accidents or illnesses occurring or contracted while taking part in training for official matches and competitions organised by a sports federation, as well as professional sports and the consequences of practicing the following sports or activities: bobsled, skeleton, mountaineering, competitive sled, aerial sports except parasailing, jet skiing, combat sports, off-piste sports;**
5. **the Member's participation in duels, bets, crimes and offenses, brawls (except self-defence), strikes;**
6. **consequences of the use of medicines, drugs or narcotics not medically prescribed;**
7. **consequences of an obvious state of alcoholism or drunkenness;**
8. **accidents or diseases due to the release of nuclear radiation, any irradiation from ionising radiation as well as insured events due to the effects of radiation caused by the artificial acceleration of particles;**
9. **consequences of terrorism, sabotage, civil war, foreign war, riots, demonstrations, according to article L121-8 of the French Insurance Code;**
10. **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;**
11. **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; and**
12. **the absence of random.**

7/ Basis of the insurance contract

This policy is governed by the French Insurance Code. The law applicable to the contract is French law.

The definition of the covers, the pricing and their rules of application take into account the legal and regulatory provisions of the French Social Security in force on the effective date of the insurance contract.

For the Member holding a WHV in metropolitan France, the pricing includes the amount of the applicable tax of the insurance contract, as required by the current regulation (contract n° MGENIB1100947SAP).



Subrogation

The Insurer is subrogated to the rights and actions of the Member against the third parties responsible for the insured event up to the amount of compensation paid by it. If subrogation can no longer operate in favour of the Insurer because of the Member, the Insurer will be freed from its obligations to the Member insofar as subrogation could have operated.

The 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**, 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 Contrat 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.

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.

Plurality of insurance

When several insurances are contracted without fraud for a single risk, each one of them produces its effects within the limits of each policy cover. In this case, the Member must alert all the insurers.

Within these limits, the Member may contact the Insurer of her/his choice. If they are contracted deceitfully or fraudulently, the penalties provided for by the French Insurance Code (nullity of the policy, and damages) will apply.

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.

Competent courts / applicable law

Pre-contractual and contractual relations are governed by French law and mainly the French Insurance Code. Any legal action relating to this policy will be under the sole jurisdiction of the French courts.

However, if you are domiciled in the Principality of Monaco, the Monegasque courts will be competent in case of dispute between you and us.

Option of cancellation

If you are already insured for the same risk:

You are asked to verify that you do not already benefit from cover for one of the risks covered by the new policy. If such is the case, you have the right to cancel this policy within 14 calendar days from when it was signed, with no costs or penalties, provided all the following conditions are met:

- You took out this policy for non-professional reasons;
- This contract was added to the purchase of a good or service sold by a supplier;
- You can show that you are already covered for one of the risks covered by the new contract;
- The contract you want to cancel has not been fully performed, and;
- You have not filed any claim for damage covered by this contract.

In this case, you may exercise your right to cancel this policy by sending a letter or any other durable medium to ACS, 153, rue de l'Université, 75007, Paris, FRANCE, joining a document substantiating the fact that you already benefit from cover for one of the risks covered by the new policy. We are obliged to reimburse the premium paid to you within 30 days of your cancellation.

"I the undersigned M..... residing at hereby renounce my contract No. taken out with I hereby attest that I have no knowledge at the date of sending this letter, of any damage covered by the contract."

How is your compensation calculated for the Assistance and Civile liability covers ?

If the compensation cannot be determined by mutual agreement, it is assessed by means of an amicable appraisal, subject to our respective rights. Each of us chooses its expert. If these experts cannot agree, they call on a third and all three operate jointly by a majority of votes.

Should one of us fail to appoint its expert, or the two experts fail to agree on the choice of the third, the President of the District Court (Tribunal de Grande Instance) shall make the appointment in summary proceedings. Each of



the co-contracting parties shall pay the costs and fees of its expert and, if applicable, half of those of the third.

When will you receive your compensation?

Payment occurs within 15 days of the agreement between us, or from the notification of the enforceable legal ruling.

8/ Data Protection

According to the Data Protection Act of January 6th, 1978, the personal data collection is necessary for the According to the Data Protection Act of January 6th 1978, as amended, and in the context of the management of the insurance contract, the personal data of the Insured may be transferred to the Insurer, its administrators, its service providers, its subcontractors or reinsurers. Insured persons are informed that treatments concerning them, as well as those of their potential beneficiaries, are implemented as part of the execution, management and execution of this contract as well as for its commercial management. They may also be used in the context of control, prospecting, anti-fraud and money laundering and terrorist financing operations, the search for beneficiaries of unregulated death contracts, the execution of legal and regulatory provisions. The data collected is necessary for the implementation of these treatments and is intended for the relevant services of the Insurer and its Managing Delegate and, where appropriate, its subcontractors, service providers or partners. The Insurer is required to ensure that this data is accurate, complete and, if necessary, updated. The data collected will be kept for the duration of the contractual relationship increased legal requirements or in respect of the terms provided by the Commission Nationale Informatique et Libertés (CNIL).

This personal data may be transferred to service providers or subcontractors established in countries outside the European Union. These transfers concern only countries recognized by the European Commission as having an adequate level of protection of personal data, or recipients with appropriate guarantees.

The Insured member has a right of access, rectification and erasure of his personal data, and when consent is necessary for processing, he/she has the right to withdraw it. Under regulatory conditions, the Insured member has the right to request the limitation of data processing, to oppose it, or request the portability of the data transmitted when it was necessary for the Contract or when its consent was required. The Insured also has the right to provide guidelines regarding the processing of personal data after his/her death.

Any request for the exercise of his rights may be addressed to:

ACS,
To the attention of the Data Protection Officer,
153, rue de l'Université,
75007 Paris, France
 ✉ dpo@acs-ami.com

Complaints relating to the collection or processing of your personal data may be addressed to the customer service whose contact details are specified below. In the event of persistent disagreement concerning these data, the Insured can refer to the CNIL: Commission Nationale Informatique et Libertés, 3 place of Fontenoy 75007 Paris, France, or www.cnil.fr

9/ Mediation

What is the procedure for examining complaints?

In the event of difficulties in the application of your contract, ACS is able to investigate all your requests and complaints. You can address your complaints to our dedicated complaints department, whose contact details are given below:

ACS, Complaints Department,
153, rue de l'Université,
75007 Paris, France
 ✉ recla@acs-ami.com

ACS undertakes, from the date of sending your written complaint, to acknowledge receipt of your complaint within 10 days and to provide you with a response within a maximum of 2 months.

In any event, after this two-month period, and regardless of response you receive or in the absence of a response, you may appeal to the Insurance Mediator, whose contact details are as follows:

Le Médiateur de l'Assurance (LMA)
TSA 50110
75441 PARIS CEDEX 09 France
www.mediation-assurance.org

10/ Authority in charge of overseeing insurance companies

The supervisory authority for ACS is the Autorité de Contrôle Prudentiel et de Résolution (ACPR) located at 4 place de Budapest CS 92459 75436 Paris Cedex 09, France.



The supervisory authority for MGEN Portugal is the **Autoridade de Supervisão de Seguros e Fundos de Pensões** located at Av. da República 76, 1600-205 Lisbon, Portugal.

11/ Consumers'right to object telephone marketing

If you do not want to be prospected by telephone, you can register at no charge on the "no sales call" list. However, telephone prospecting to introduce new offers to you is allowed for businesses with which you have at least one current contract.

These provisions are applicable to all consumers, ie any natural person who acts for purposes that do not fall within the scope of her/his commercial, industrial, artisanal or liberal activity.

12/ Contacts

For any questions regarding the contract,
please contact:

ACS

📍 **153 rue de l'Université, 75007 Paris - France**

☎ **+ 33 (0)1 40 47 91 00**

✉ **contact@acs-ami.com**

For reimbursement requests or hospitalization,
please contact **24 hours a day, 7 days a week:**

VYV International Assistance

☎ **00 33 (0)5 48 29 00 59**

✉ **ops@vyv-ia.com**



13/ Schedule of cover

Medical expenses (1)	
Maximum ceilings for 12 months of cover under one or more policy	
Maximum medical expenses per person per year in the WHV country	€ 150,000
Surgery and hospitalisation	100% of actual costs
Consultations, pharmacy, analyses, x-rays, paramedical procedures	100% of actual costs, deductible €50 per condition
Emergency dental treatment	100% up to € 300
Dental treatment following an accident	100% up to € 600
Pregnancy and maternity care	90% up to € 5,000
Civil Liability	
Damage that has been caused to someone else during the trip (travel incl.) is guaranteed	
Deductible for all three covers	€100 per case and per claim
Personal injury	€4,500,000
Damage to property and consequential losses therefrom	€450,000
Objects entrusted during a period of internship	€11,500
Assistance benefits	
Medical transport	100% of actual costs
Repatriation for medical reasons	100% of actual costs
Repatriation of the body in case of death	Actual expenses (funeral expenses limited to €1,500)

If the member benefits from social security or any other supplementary body, our reimbursements are made for amounts in excess of theirs.



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 and 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.

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.