



# **EXPLANATORY NOTE**

## **GROUP HEALTH CARE PLAN**

**PERRIGO HOLDING – POLIS 85.900.009**  
**FROM 01.01.2026**

Ethias nv · voie Gisèle Halimi 10 · 4000 Luik · [www.ethias.be](http://www.ethias.be) [info@ethias.be](mailto:info@ethias.be)

Insurance company licensed under number 0196 for practicing all non-life insurance branches, life insurance, dowry and birth insurances (Royal Decree of 4 and 13 July 1979, Belgian Statue Book of 14 July 1979) as well as capitalization activities (Decision by the CBFA of 9 January 2007, Belgian Statue Book of 16 January 2007)

RPR Luik BTW BE 0404.484.654 · Rekening Belfius Bank: BE72 0910 0078 4416 · BIC: GKCCBEBB

## Purpose of the insurance

This insurance provides a supplementary refund of the costs which, after deduction of State benefits (National Health insurance, etc.), the insured party still has to pay in the event of hospitalisation or serious illness. Hence, the purpose of the insurance is to protect persons or families who are suddenly faced with major expenses as a result of an admission to hospital or a serious illness.

## Who can benefit from the insurance?

### 1. Primary insured (automatic affiliation)

All active employees of Perrigo Holding nv. They are automatically and immediately enrolled in this insurance upon commencement of employment.

### 2. Secondary insured (optional affiliation)

- The aforementioned staff members who are granted bridging and retirement pensions after the commencement date of this insurance, insofar as they confirm the extension of their membership within three months of their retirement of bridging pension;
- The spouse or legal or de facto cohabiting partner of staff members in active service, provided that membership continues until they reach the age of 67 or until the end of the calendar year in which they reach that age limit.
- The children of the aforementioned persons, provided that they receive child benefits or, failing that, live with them. The maximum age is set at 25 (excluding extended minority)

It is stipulated that in the event of the death of the insured person who is entitled to membership, the spouse or legal or de facto cohabiting partner and their dependent children may continue to enjoy the benefits of the policy for a period of 12 months.

## Scope of the insurance

### I. FIELD OF APPLICATION

#### A. Upon admission to hospital (see definition at the end of this article)

- 1) In the event of admission to hospital because of illness, an accident, pregnancy or childbirth, Ethias will refund the insurance costs, within the limits specified in the chapter headed « Extent of the insurance cover » (see below), provided they give rise to a State contribution towards the services listed in the nomenclature of the RIZIV [« National Health Insurance system »] and those services were provided while staying in an accredited hospital or an accredited palliative care institution.

The following are included, among others:

- a) accommodation costs, including the supplements charged for a one- or two-person room;
- b) the fees and fee supplements;
- c) the costs of paramedical services;
- d) the costs of pharmaceutical products, dressings, medical material and other medical aids;
- e) the costs of surgery and anaesthesia;
- f) costs for the use of the operating theatre and childbirth facilities;
- g) the costs of dental surgery, dental prostheses and therapeutic prostheses, as well as orthopaedic devices, if these are put in place while staying in the hospital and are directly connected therewith. It is expressly specified that if the prostheses have a purely aesthetic purpose, the costs thereof will not be refunded;

- h) the medical costs of the newborn child while the mother is in hospital if the birth is covered by the insurance, including the medical costs for taking stem-cells (not their storage);
  - i) the cot-death test.
- 2) Regardless of any contribution from State benefits, the following are also covered:
- a) the non-reimbursable costs of viscerosynthetic and endoprosthetic material;
  - b) any non-reusable material used during a surgical operation;
  - c) the non-reimbursable or category-« D » medications;
  - d) homeopathic treatments, chiropraxis, osteopathy and acupuncture;
  - e) the costs for bandages, medical material and other medical equipment;
  - f) the costs incurred for:
    - ~ specially-equipped emergency transport to the hospital;
    - ~ specially-equipped transport while staying in hospital, justified by medical reasons;
    - ~ the medical emergency team (MET);
  - g) the accommodation costs of the donor in the case of an organ or tissue transplant for the benefit of the insured party;
  - h) the accommodation costs for a parent staying in the room of a child under the age of fourteen (rooming-in);
  - i) the mortuary costs charged on the hospital's invoice.

#### **B. Pre- and post-hospitalisation**

- 1) This topic covers the medical costs incurred during the 60 days before and 180 days after admission to hospital, which are directly related to the admission and which give rise to a State contribution towards the services listed in the nomenclature of the RIZIV.
- The following are covered during this period:
- a) the costs of medical services provided in relation to a doctor's visit or consultation;
  - b) the costs of paramedical services prescribed by a doctor;
  - c) the costs of medical aids prescribed by a doctor;
  - d) the costs of medical prostheses directly related to the patient's admission to hospital;
  - e) the costs of artificial limbs.
- 2) Regardless of any contribution from State benefits, the following are also covered:
- a) the non-reimbursable or category-« D » medications;
  - b) homeopathic treatments, chiropraxis, osteopathy and acupuncture;
  - c) the costs of dressings and medical material, excluding any type of product that generally can also be obtained in the non-medical trade.

### C. In the event of “serious illness”

- 1) Regarding the following illnesses: cancer, leukaemia, tuberculosis, multiple sclerosis, amyotrophic lateral sclerosis, Parkinson’s disease, diphtheria, poliomyelitis, cerebro-spinal meningitis, smallpox, typhus, spotted fever, encephalitis, anthrax, tetanus, cholera, malaria, Hodgkin’s disease, AIDS, viral hepatitis, scarlatina, diabetes, kidney disorders for which dialysis is required, Crohn’s disease, colitis ulcerosa, cystic fibrosis, Alzheimer’s disease, Brucellosis, Treacher-Collins syndrome, Pompe’s disease, Creutzfeldt-Jacob’s disease and progressive muscular dystrophy, the insurance will moreover be extended to cover the costs of care incurred outside the hospital that give rise to a State contribution towards the services listed in the nomenclature of the RIZIV and which are directly related to the illness, including:
  - a) the costs of special treatments, analyses and examinations necessitated by the illness;
  - b) the costs of medical services, fees and fee supplements;
  - c) the costs of paramedical services;
  - d) the costs of hiring any kind of equipment;
  - e) the medications.
- 2) Regardless of any contribution from State benefits, the following are also covered:
  - a) the non-reimbursable or category-« D » medications;
  - b) transportation costs;
  - c) homeopathic treatments, chiropraxis, osteopathy and acupuncture;
  - d) pharmaceutical products, dressings, medical material and other medical aids;
  - e) any other costs to which Ethias has agreed beforehand.

### D. Childbirth at home, childbirth through outpatients’ clinic and maternity nurse

This insurance also covers the medical costs for childbirth at home, childbirth through outpatients’ clinic and a maternity nurse. Consequently, in the first two cases there is also insurance cover for this as stated in point B in the chapter headed « Pre- and post-hospitalisation », including for the medical costs of the newborn child.

The term « maternity nurse » is taken to mean the costs relating to the admission to hospital, childbirth at home or through an outpatients’ clinic which are charged by an accredited maternity nursing institution. These are the costs charged for the care given at home by an accredited maternity nurse for the mother, the newborn child and the family.

### E. Extramural ophtalmology

This insurance also applies to the medical expenses of a cataract operation with monofocal or double vision implant executed in the offices of an ophthalmologist who meets all the statutory requirements in order to perform these interventions.

(\*) Definitions

- a) « Hospital »: a public or private institution in Belgium or abroad that is legally recognised as a hospital, excluding closed psychiatric institutions, medical-pedagogic services or institutions, rest homes, geriatric institutions or services used for the ordinary accommodation of the elderly, revalidation centres or services used for the ordinary accommodation of recuperating patients or children, as well as those which have been given special recognition as a rest home for the elderly.
- b) « Hospital admission »: any medically necessary stay in a hospital for which a fee for stay is charged. This entails both the stay of at least one night and the concept of « one-day clinic » in so far as the following conditions are satisfied:
- actual use is made of the operating room or of the cast room or there is actual use of a hospital bed, following the time spent in the waiting rooms, the examination rooms and the spaces for external consultation services of the hospital;
  - it must involve services within the framework of minimum- maximum- and super flat fees as well as within the framework of A, B, C, D-flat fees included in the national agreement between the nursing homes and the Department for Medical Care of the Rijksinstituut voor Ziekte- en Invaliditeitsverzekering [RIZIV = National Institute for Sickness and Invalidity Insurance].

With regard to « cures » [e.g., courses of treatment for weight-loss], the cost will only be covered if the treatment is of a curative nature, is provided in an institution that meets the conditions specified above and if Ethias has consented thereto in writing beforehand.

Treatment for tuberculosis is also covered in sanatoriums and rest homes for tuberculosis patients.

## II. EXTENT OF THE COVER

- A. Per service as defined under point 1 above, the present insurance guarantees the reimbursement of the costs for health care without any ceiling, in so far as these costs give rise to a statutory of services included in the nomenclature of the RIZIV
- For costs for which no statutory is granted, there applies an intervention of 50 % of the medical costs actually incurred with a maximum of € 2500,00 per insured person per calendar year.
- B. The accommodation costs of a parent in the room of a child under the age of eighteen will be reimbursed up to € 25,00 per night.
- C. The accommodation costs of a donor are covered unlimited.
- D. In the case of serious illnesses (point I.C.2.b), transportation costs will be covered up to a global ceiling of € 250,00 per person per calendar year.
- E. For hospitalisation resulting from a physical, psychiatric or mental disorder, we provide cover for each insured party over a period of two years, which or may not be consecutive, starting from the first day of entitlement to the reimbursement.
- F. For medically-accompanied reproduction, the guarantee applies from the first day that entitles you tot statutory compensation. There is no maximum reimbursement limit and no restriction on the number of treatments.
- G. The insurance for a maternity nurse covers a maximum period of twelve days after admission to hospital, the childbirth at home or through an outpatients' clinic, up to a maximum of € 620,00.
- H. The intervention with regard to extramural ophthalmology (point 1.E.) is regardless of the type of lens implant, the compensation of the health insurance fund and the scope of the amount borne by the patient, guaranteed up to € 600,00 per person, per intervention.

- I. This insurance further provides a guarantee of medical assistance abroad, defined as follows;
- in the event of illness or injury of the insured during the period of this contract, Ethias establishes the necessary medical contacts as soon as it has been alerted;
  - all decisions to determine the best way of acting are taken in consultation with the physician on site and with the insured;
  - if the physicians recommend the repatriation of the sick or injured or his transfer to a better-equipped hospital, Ethias pays for the transport, if necessary under medical supervision and depending on the seriousness of the case: by train, by ambulance, by rented automobile, by airliner or by hospital plane;
  - only requirements of a medical nature are taken into consideration in order to determine the choice of the means of transport and the location of the care institution;
  - Ethias also organises and pays for the return trip of another insured, who accompanies the sick or injured during the repatriation;
  - in all cases Ethias must approve the transport in advance;
  - all cases which are not mentioned above are excluded from this guarantee.
- J. The excess for each insured party and per calendar year is set at € 75,00, if the insured party has opted to stay in a one-person room.
- There is no excess in the case of the serious illnesses listed in point I.C.1 of the chapter headed « Scope of the insurance » above. If the excess applies to an uninterrupted stay in hospital spread over two successive calendar years, Ethias will only apply the excess once.
- If several members of the same family, who are all included in the insurance, are hospitalised at the same time as the result of an accident, the excess will only be applied once for all those family members and not for each one separately.

### III. QUALIFYING TIME

The qualifying time is the period that starts on the day of joining the scheme, during which Ethias is not liable to pay out any benefits/compensation.

1. The general qualifying time is THREE months.
2. However, this waiting period lapses in the event of:
  - a) for everyone who joins on the starting date of the insurance;
  - b) for personnel members newly entered into service and their family, in so far as the affiliation;
  - c) accidents;
  - d) if the following diseases occur: German measles (rubella), measles, chicken pox, scarlet fever, diphtheria, whooping cough, mumps, acute poliomyelitis, cerebral meningitis, myelitis, typhoid and paratyphoid fever, typhoid with skin rash, cholera, smallpox, malaria, repeated bouts of high fever;
  - e) in the event of marriage for the spouse and at birth for the newborn child of a person who was already insured, so long as membership occurred within three months following the event.
3. Contrary to point 1 above, the qualifying period will be abolished for those who already benefit from an insurance that offers the same cover as the present policy, and so long as three months have elapsed since joining the previous insurance scheme and there has been no interruption of cover between the two policies.

### What to do if you already have such insurance?

Persons or families who already have an insurance policy that provides the same or analog guarantee either by Ethias or an other insurer, can switch to this insurance at the end of the existing policy without qualifying time.

There should be however no break in the insurance.

It is sufficient that one adds an insurance certificate from the existing policy with the registration form for this insurance, and itself is responsible for the cancellation of the current insurance.

## IV. EXISTING CONDITIONS (ONLY APPLICABLE TO LATE MEMBERSHIPS)

- a) The compensations referred to in point I. are not granted to the insureds if the existence of the condition, the illness, the accident, the disability, the pregnancy or the delivery for which a compensation is requested could not have been denied by the insured or his/her legal representative on the date of affiliation with this insurance contract, even if the first symptoms did not make it possible to arrive at a clear diagnosis.
- b) Notwithstanding point a) above, the existing condition, the illness, the accident, the disability, the pregnancy or delivery, which without interruption was already guaranteed by an insurance that guarantees identical benefits to the present insurance contract, is guaranteed for the persons who as of the date that they qualify for an optional affiliation with this insurance, conform the changeover to the present policy within three months after the next expiry date of the previous insurance.

If the changeover occurs later than three months after the next expiry date of the previous insurance, the provisions of point a) above apply in full.

## V. EXCLUSIONS

Only the following services are excluded from the insurance:

- a) aesthetic treatments or rejuvenation cures. The costs of plastic repair surgery following an illness or an insured accident are covered, however;
- b) illnesses or accidents that befall the insured party (on condition that the causal relationship is proven):
  - 1. in a state of inebriation, alcoholic intoxication or under the influence of doping, narcotics or other stupefying drugs without medical prescription, unless the insured party can prove that he/she had ingested alcoholic beverages or drugs unwittingly, or was forced to do so by a third party;
  - 2. as a result of alcoholism, addiction or excessive use of medications;
- c) sterilisation and contraceptive treatment, except for urgent medical reasons;
- d) thermal cures;
- e) events of war, if the insured party is involved therein as a citizen or soldier, unless the conflict breaks out during the insured party's sojourn, because of civil war or uprising, unless he/she did not take an active part therein or he/she was in a situation of legitimate self-defence;
- f) remunerated sporting activities;
- g) a deliberate act by the insured party, unless the insured party can prove that it was for the purpose of rescuing people or goods, an offence or crime, reckless deed, wager or challenge committed/accepted by the insured party;
- h) the harm resulting from the use of nuclear energy which is governed by the Paris Convention (Law of 22 July 1985) or any other provisions of the Law that might replace, amend or supplement that legislation;
- i) self-mutilation.



## VI. TERRITORIAL LIMITS AND TERRORISM

### a) The insurance is valid throughout the world.

However, there are countries with which the Belgian health insurance schemes have not concluded any reimbursement contracts. In those cases Ethias, in the event of an insured accident or illness befalling an insured party in one of those countries, will intervene as if the accident or illness had occurred in Belgium.

Consequently, account will be taken of a theoretical reimbursement by the health insurance scheme (illness and invalidity insurance – health-care department – system for employees).

### b) Terrorism: this insurance policy covers the harm caused by an act of terrorism, as defined and regulated by the Law of 1 April 2007 (BS 15 May 2007). In this respect Ethias has become a party to the non-profit TRIP (Terrorism Reinsurance & Insurance Pool). Both the principle and the modalities regarding compensation for a claim arising from an act of terrorism are henceforth specified by a Committee that is separate from the insurance companies and which has been set up pursuant to Art. 15 of the Law of 1 April 2007.

## VI. SETTLEMENT OF CLAIMS

### a) Declaration of a claim

In an appropriate case, the insured must report to Ethias as quickly as possible:

- via internet or [www.ethiashospi.be](http://www.ethiashospi.be);
- in the hospital at the AssurCard terminal (electronic third-party payer system);
- or, if the hospital where the insured is admitted is not equipped with the electronic third-party paying system or is not authorised, the form intended for this purpose must be completed in full by the insured and by the treating physician at the start of the hospital admission.

To this declaration the insured must join any document, declaration or report as proof of the existence or the seriousness of the incident. Before performing its intervention, Ethias may demand any supplementary document that it seems necessary.

### b) Production of evidentiary documents concerning the costs

Thereafter, you send Ethias the proofs of your expenses (original invoice from the hospital, pharmacist's bills, proof of care provided, etc.).

Upon production of the documents referred to under points a) and b) above, Ethias reimburses the amount of the costs mentioned under point 1, after deduction of:

- the amount of the statutory compensation or of a fictional equivalent amount when the insured, for whatever reason, cannot make any claim to such a compensation;
- the amount of other already received reimbursements and the compensations guaranteed by any free of supplementary hospitalisation insurance from the health insurance fund with which the insured is affiliated.

The AssurCard electronic third-party-payer system is an advance payment system. This doesn't mean that Ethias was responsible for paying all the amounts on the invoice that it paid the hospital.

It could be that certain costs are not covered by this insurance (such as, but not limited to, telephone charges, the hire of a TV, the excess, etc.). In such a case, Ethias can reclaim these uninsured costs directly from the insured party. The insured party undertakes to pay back the amount on the bill he/she receives from Ethias within thirty days of receipt.

If payment is not made by the aforementioned deadline, Ethias may instigate collection proceedings against the insured party. In addition, failure to pay back the amount due can also result in the cancellation of the system of third-party-payment for the benefit of the insured party.

Ethias can also recover the amount of the non-guaranteed costs that it paid to the hospital, by deducting it from any later guaranteed reimbursement to which the insured for whatever reason should be entitled.

### c) Termination of the benefits

Upon termination of the individual membership of an insured, the compensations of Ethias cease as of the ending date of the individual membership.

Upon cancellation of the insurance contract, the compensations of Ethias cease on the end date of the contract.

## Premiums

This insurance can be taken out for payment of an annual premium per insured person, determined as follows:

1. The premium for active staff members (mandatory members) is paid by Perrigo Holding nv.
2. The premium for secondary insured persons (optional member) is divided as follows:

Category of insured persons	Annual net premium	Annual gross premium *
From 0 till 20 years	88,27 EUR	105,26 EUR
From 21 till 64 years	180,23 EUR	214,92 EUR
From 65 till 70 years	797,78 EUR	951,35 EUR
From 70 years	1.072,57 EUR	1.279,04 EUR

- \* All premiums include taxes and contributions applicable on 01.01.2026 (9,25% taxes en 10% RIZIV-contribution)

## **Additional information**

### **Concerning the insurance**

Ethias, Zetel voor Vlaanderen,  
Prins-Bisschopssingel 73  
3500 Hasselt

### **Concerning members or invoices**

Tel. 011 28 22 40  
[contract.hospicollectief@ethias.be](mailto:contract.hospicollectief@ethias.be)

### **Concerning settlement of claims**

Tel. 011 28 27 60  
[schadebeheer@ethias.be](mailto:schadebeheer@ethias.be)

### **Concerning admission and repatriation abroad**

Tel. 011 28 28 28  
[ethias.assistance@ethias.be](mailto:ethias.assistance@ethias.be)

This text is purely informative and only attempts to give an overview of the provisions contained in the collective insurance between Perrigo Holding and Ethias. In the event of any dispute, only the terms and conditions of the signed policy shall apply.

## EXPLANATORY NOTE

### Right on individual continuation of a work-related group hospitalization insurance

#### 1. Definition

Except in case of non-payment of the premium or in case of fraud, every person who is affiliated to a group insurance has the right to continue this insurance on an individual basis when he loses the benefit of the group insurance (for example in the event of a change of employer, dismissal, retirement ...). In that case, no new medical formalities (examination, questionnaire) are applicable nor can the insurer impose a new qualifying period.

This right on individual continuation exists for the main policyholder as well as for his/her insured family members.

#### 2. Conditions

In order to continue to assert this right on individual continuation, the insurant must have been affiliated to one or more successive hospitalization insurances for the two consecutive years preceding the forfeiture of the group hospitalization insurance.

#### 3. Procedure and terms

Thirty days at the latest after the loss of the group insurance's benefit, the policyholder of the group insurance or, in case of bankruptcy or liquidation, the curator or alternatively the liquidator of the policyholder informs the main insurant by letter or e-mail of the exact time of this forfeiture as well as of the possibility to continue the insurance on an individual basis.

As from the day of reception of this letter the insurant has thirty days to inform the insurer by letter or e-mail of his intention to continue the group hospitalization insurance on an individual basis. This term can be extended by thirty days, and hence be brought to sixty days, provided that the policyholder is informed of it by letter or e-mail.

The insurer has a term of fifteen days to make the insurant an insurance offer with similar guarantees. The insurant has a term of thirty days to accept the offer by letter or e-mail.

#### 4. Special case of continuation of the insurance by the family members

The family members of the main policyholder can also assert the right on individual continuation when they lose the benefit of the group insurance for another reason than the loss of this insurance's benefit by the main policyholder (e.g. in case of divorce or when a child leaves home). In that case the insurant concerned has a term of 105 days, counting from the moment when he loses the afore-mentioned benefit, to inform the insurer by letter or e-mail of his intention to assert the right on individual continuation. The insurer has a term of fifteen days to make him/her an insurance proposal. The family member has a term of thirty days to accept the insurance offer.

## General data protection regulation

### Protection of personal data

Eager to apply the new GDPR regulations protecting your personal data, Ethias is fully committed to respecting your rights in this matter.

Ethias, in its capacity as data controller, therefore collects your personal data for the following purposes: customer file management, risk assessment, contract and claims management, promotion and loyalty operations, satisfaction surveys, prospecting and profiling, development of statistics and actuarial studies, appeals, claims and litigation management, enforcement of legal, regulatory and administrative provisions in force and fight against fraud.

Ethias processes your data in accordance with the following legal grounds:

- in order to comply with all legal, regulatory and administrative obligations to which it is subject;
- in the context of the execution of your contracts or in order to take pre-contractual measures at your request;
- for reasons which are in its legitimate interest, which most importantly are:
  - fight against fraud;
  - knowledge of its customers and prospects, in order to inform them of its activities, products and services;
  - proper execution of the contracts taken out by its policyholders;
  - safeguarding its own interests and those of its policyholders.

In all these cases, Ethias makes sure that a fair balance is maintained between these legitimate interests and the respect of your privacy;

- if applicable, when it has obtained your consent.

These data may, if necessary, be communicated to the following categories of recipients:

- your advisors (lawyers, experts, medical advisors, ...);
- Ethias employees and consultants;
- the other entities of the group, their employees and advisors;
- subcontractors of any nature whatsoever (IT and other), and Ethias' business partners;
- all service providers involved in the execution of contracts and claims settlements;
- banks, insurance and reinsurance companies, brokers and settlement offices;
- public authorities and bodies (police, justice, social security, etc.);
- supervisory authorities and the Insurance Ombudsman.

You will find more detailed information about the recipients in question in our Privacy Policy.

Ethias only keeps your personal data for the time that is required for the processing for which they were collected. This implies that the processed data are kept for the entire duration of your insurance contract(s), claim(s), for the legal limitation period as well as any other retention period that the applicable legislation and regulations may decree. The retention period varies according to the type of data and regulations.

You can access your personal data and have them corrected by means of a dated and signed request accompanied by a photocopy of both sides of your identity card, addressed to:

Ethias  
Data Protection Officer  
Voie Gisèle Halimi 10  
4000 Liège  
privacy\_request@ethias.be

You may object, free of charge and at any time, to the use of your data for commercial prospecting and/or direct marketing purposes.

In addition, in some very specific cases, the GDPR regulation allows you to ask for the limitation of the treatment, to obtain a copy of your data (right of portability) and to ask for its erasure. However, this right to erasure is not absolute. For more details regarding the exercise of your rights, read our Privacy Charter available on the site [www.ethias.be](http://www.ethias.be). Finally, any complaint can be addressed to:

Data Protection Authority  
Rue de la Presse 35  
1000 Brussels  
Tel.: +32 2 274 48 00  
[www.dataprotectionauthority.be](http://www.dataprotectionauthority.be)

#### **Data processing relating to health and/or other sensitive data**

By adhering to this policy, you give your consent to Ethias to process data relating to your health and data belonging to underage children over whom you have parental authority, as well as for sensitive data referred to in article 9 GDPR if this data is necessary for closing an insurance contract, for contract management, for the management of the claims in which you or your children are involved, as well as for the fight against insurance fraud. You also consent to a unilateral medical examination in the event of a claim.

This data will be processed with the greatest discretion and only by persons authorised for this purpose. Ethias' obligations in this respect are specified in the « Protection of personal data » clause which you will find above.

You may withdraw your consent at any time, but this will in no way invalidate the data processing that has already been carried out. In addition, in this case, Ethias may be unable to fulfill your request to enter into a contract or be compensated for a claim.

# FOR MORE INFORMATION

Ethias

Zetel voor Vlaanderen

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