

GENERAL CONDITIONS
2016

ASIA HEALTH PLAN



Changing the image of insurance.



For further information about your policy, we can be contacted Monday to Friday from 8.30 am to 6 pm (Paris time) and from 9 am to 6 pm (Bangkok time):

> **Paris** > Tel: +33 (0)1 73 02 93 93 - Fax: +33 (0)1 73 02 93 90 - Email: info.expat@april-international.com

> **Bangkok** > Tel: +66 (0) 20 22 91 80 - Fax: +66 (0) 26 45 37 32 - Email: infobangkok@april-international.com

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NB:

The original version of this document is in French. In the event of a dispute, the French version shall prevail over any other languages.

1. SERVICES AVAILABLE UNDER YOUR POLICY

1.1. DIRECT PAYMENT OF HOSPITAL CHARGES FOR STAYS OF MORE THAN 24 HOURS:

With this service *You* have no *Hospitalisation* charges to pay. Simply ask *Us* to contact the hospital or clinic to which *You* have been admitted and *We* will settle your hospital bill on your behalf.

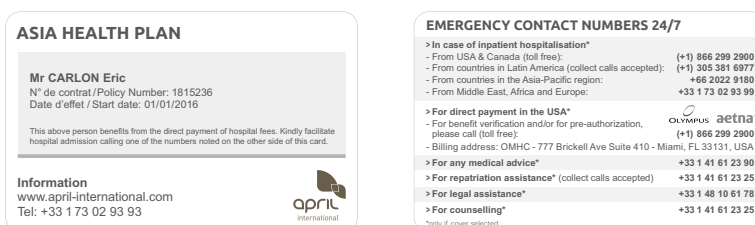
It is essential that *You* contact us before being admitted to hospital. If *You* do not follow this procedure, an *Excess* of 20% will be applied to your reimbursement.

To ensure that your stay in hospital is covered, please ask your doctor to complete a “*Confidential medical certificate*” giving the reason for your *Hospitalisation*. This form should then be sent to our Medical Examiner. For further details, see paragraph 8.1.2.

To request *Direct payment of hospital charges for stays of more than 24 hours*:

- from countries in the Asia-Pacific zone, call +66 (0) 20 22 91 80,
- from USA and Canada (toll free), call (+1) 866 299 2900,
- from countries in Latin America (collect calls accepted), call (+1) 305 381 6977,
- from the Middle East, Africa and Europe, call +33 (0)1 73 02 93 99.

These numbers are also listed on your insurance card, issued at the time of application:



1.2. REPATRIATION ASSISTANCE:

To request repatriation assistance:

You must obtain prior approval from APRIL International Assistance (see paragraph 8.2).

To request assistance, *You* can contact APRIL International Assistance:

- **by making a reverse charge call** on +33 (0)1 41 61 23 25,
- **by fax** on +33 (0)1 44 51 51 15.

1.3. ONLINE SERVICES:

At www.april-international.com, get personalised information through the secure **Customer Zone** section.

If *You* are the *Principal insured*, *You* can:

- check your reimbursement statements and those of your family members, details of cover and current General conditions,
- view your insurance certificate,
- view your personal and bank details,
- submit your claims for reimbursement online using the Easy Claim module.

You can download the forms *You* will need in order to use the services or make a claim (see paragraph 8.1):

- *Confidential medical certificate* (to be completed by your doctor before your admission to hospital),
- *Request for prior agreement* (to be completed by your doctor before commencing certain types of medical care or treatment),
- Claim for reimbursement (to be enclosed with your medical bills and prescriptions).

If *You* are the *Member*, *You* can:

- view your personal details and those of your insurance consultant,
- check your *Premiums* and payment method,
- pay your *Premiums* online using a bank card.

1.4. WHERE TO SEND YOUR CLAIMS FOR REIMBURSEMENT, YOUR REQUEST FOR PRIOR AGREEMENT OR YOUR CONFIDENTIAL MEDICAL CERTIFICATE:

To apply for reimbursement:

> Electronically, for medical expenses up to €400:

Send us your bills (the total amount per bill must not exceed €400) using the APRIL Easy Claim application which is available to download free of charge from the App Store, Google Play or the Microsoft Store.

Our Claims department will then process your claim. **You must keep the original invoices.** The operation and rules of use of the application will be explained when you first use it and remain accessible at any time within the application.

This service is also available in the Customer Zone by going to the "Your reimbursements" section.

> By post:

Fill in the Claim for reimbursement, **enclose your original invoices and medical prescriptions** (see paragraph 8.1.5) and send them to:

APRIL International Bangkok

Maneeya Center North, 10th Floor, 518/3 Ploenchit Road Lumpini, Pathumwan, Bangkok 10330, THAILAND

OR

APRIL International Expat

Service Remboursements - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE

We reserve the right to request any other supporting documentation which We deem necessary to ensure that your healthcare is covered under this policy.

To make a Request for prior agreement or to send a Confidential medical certificate:

Certain types of medical treatment or procedures are subject to the *Prior agreement* of our Medical Examiner (valid 6 months).

Before starting any treatment, *You* will therefore have to send an itemised estimate of costs and a form called "*Request for prior agreement*" filled in by the practitioner prescribing the medical procedures to the address shown above or by email to claims.expat@april-international.com (see paragraph 8.1.4). In the event of *Hospitalisation*, please ask your doctor to complete the form called "*Confidential medical certificate*" (see paragraph 8.1.2).

2. DEFINITIONS

Each term defined below, when written in italics and spelled with a capital letter, has the following meaning:

2.1. DEFINITIONS WHICH APPLY TO ALL COVER UNDER THE POLICY:

- A ACCIDENT:** any physical injury not intended by the victim, which is the result of a sudden action with an external cause. Pursuant to Article L.1315 of the French Civil Code, *You* are responsible for providing proof of the *Accident* and of the direct cause-and-effect relationship between the *Accident* and the costs incurred.
- C CLAIM:** event, illness or *Accident* giving rise to payment during the life of the policy.
- COUNTRY OF NATIONALITY:** the country shown on your passport or on any other official identity document under the heading « nationality ».
- E EFFECTIVE DATE:** date on which the policy takes effect. It is specified on the *Membership certificate*.
- EXCLUSIONS:** that which is not covered by the insurance contract. All contracts include exclusions from cover.
- F F.O.D.R. (French Overseas Departments and Regions):** French Guyana, Guadeloupe, Martinique and Reunion Island.
- H HOST COUNTRY:** main country of residence during your stay *Abroad*.
- I INSURANCE YEAR:** period of twelve consecutive months that separates the two anniversary dates of the *Effective date* of the policy.
- M MEDICAL AUTHORITY:** person holding a medical or surgical diploma which is valid in the country where *You* are staying.
MEMBER: individual or company who is a member of this group plan effected by "l'Association des Assurés d'APRIL International" and who pays the *Premium*.
MEMBERSHIP CERTIFICATE: document serving as proof of insurance which *We* issue to the *Member* confirming their cover under the Asia Health Plan policy and specifying the *Insured*, the *Effective date* and the cover and options selected. The *Membership certificate* reflects the special conditions of the policy.
- P PRE-EXISTING CONDITION:** a medical condition that has manifested itself before the date of signature of your Application form (including your Health questionnaire). A *Pre-existing condition* is defined as any illness of this type of which *You* were aware or of which *You* could reasonably have been aware when *You* purchased this insurance.
PREMIUM: sum paid by the *Member* in exchange for the cover granted by the insurer.

PRINCIPAL INSURED, « YOU »: individual accepted by the insurer and to whom cover under the policy applies.

S SPOUSE: husband or wife of the *Principal insured*, from whom they are neither divorced nor legally separated, or the partner of the *Principal insured* by means of a Civil Partnership (Article 515-1 of the French Civil Code) in force on the date of the *Claim*. The *Principal insured's* de facto spouse will be considered to be a *Spouse* if documentary proof is provided.

SUDDEN ILLNESS: any sudden and unexpected alteration in the state of health, certified by a competent *Medical authority*, which must not be related to an illness or hospitalisation which occurred before the time of application.

U US/WE: APRIL International Expat.

2.2. DEFINITIONS WHICH APPLY SPECIFICALLY TO MEDICAL EXPENSES COVER:

A ACTUAL COSTS: total medical expenses charged to *You*.

C CONFIDENTIAL MEDICAL CERTIFICATE: medical questionnaire to be completed by your doctor and returned to *Us* before *You* are admitted to hospital (or as soon as possible following an *Accident* or in case of emergency) in order to obtain our *Prior agreement*. An *Excess* of 20% will be applied to your reimbursement if *You* do not follow this procedure.

D DAY HOSPITALISATION: hospitalisation of less than 24 hours where *You* are allocated a bed but do not stay overnight.

DEPENDENT CHILD: your child or that of your *Spouse*:

- under 21 years of age,
- under 26 years of age, in full-time education.

The children are considered dependent when they fulfil the conditions listed above even if they carry out a professional activity temporarily (seasonal work...) or part-time (odd jobs...) provided that they can prove that they do not have any illness cover from this activity.

DIRECT PAYMENT OF HOSPITAL CHARGES: if *You* are hospitalised for more than 24 hours, *You* may be eligible for direct payment of hospital charges with no upfront payment, subject to the review of your *Confidential medical certificate*. *You* can activate this service using the emergency contact numbers listed in paragraph 1.1 or by showing your insurance card at the hospital.

E EXCESS: sum for which *You* are responsible in the settlement of a *Claim*.

H HOSPITALISATION: stay of more than 24 hours (with or without surgery) in a public or private hospital as a result of illness or *Accident*.

I INSURED, « YOU »: all individuals covered by the medical expenses benefit under this policy. That is, *You* and the members of your family who meet the conditions of insurance. They are specified on the *Membership certificate*. The members of your family are your *Spouse* and *Dependent children*.

P PRIOR AGREEMENT: certain types of treatment or procedures are subject to the *Prior agreement* of our Medical Examiner. Before starting any treatment, *You* will therefore have to send *Us* an itemised estimate of costs and a form called "*Request for prior agreement*". In the event of *Hospitalisation*, please ask your doctor to complete the form called "*Confidential medical certificate*".

R REASONABLE AND CUSTOMARY COSTS: medical expenses are considered to be reasonable and customary if they do not exceed the rates normally charged for an identical service or treatment in the location in which they are incurred. *We* have been continually compiling reference prices basis for over 20 years and our databases are updated every year.

REQUEST FOR PRIOR AGREEMENT: form completed by your doctor allowing *You* to obtain our *Prior agreement* before commencing certain procedures or treatments.

W WAITING PERIOD: period defined under the policy during which no *Claims* will be paid. The *Waiting period* begins on the *Effective date* of the policy, mentioned on the *Membership certificate*.

2.3. DEFINITIONS WHICH APPLY SPECIFICALLY TO REPATRIATION ASSISTANCE COVER:

A ABROAD: any country covered under the policy outside your *Country of nationality*.

F FAMILY MEMBER: your *Spouse*, child, brother, sister, father, mother, parents-in-law, grandchildren, grandparents or legal guardian residing in your *Country of nationality*.

FRIEND: any person named by yourself or by one of your dependents residing in your *Country of nationality*.

I INSURED, « YOU »: any expatriate individual, under the age of 71, insured under the Asia Health Plan policy and residing outside their *Country of nationality*. In the case of family membership, as long as they are residing in your *Host country*, the following are also insured:

- your *Spouse*,
 - your unmarried dependent children up to age 31.
- Children under 31 in full-time education but not living under the same roof are also covered.

M MEDICAL TEAM: structure adapted to each individual case and defined by APRIL International Assistance's liaison doctor.

S STABILISATION: stabilisation of the state of health of a victim of an *Accident* or person suffering from an illness.

3. POLICY BENEFITS AND TERRITORIALITY

3.1. WHAT IS COVERED BY YOUR POLICY?

Membership of the plan covers *You*, depending on the options and levels of benefit selected, for the following:

- reimbursement of medical expenses,
- repatriation assistance.

These benefits can be selected independently.

3.2. WHERE ARE YOU COVERED?

For medical expenses:

Cover is valid for a year at a time in the following countries: Cambodia, Indonesia, Laos, Malaysia, the Philippines, Taiwan, Thailand and Vietnam, as well as in Europe (excluding United Kingdom and Switzerland). For the purposes of this policy the following countries are included in the Europe zone: Albania, Andorra, Armenia, Austria, Azerbaijan, Belgium, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, France (metropolitan France and *F.O.D.R.*), Georgia, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Malta, Moldova, Monaco, Montenegro, Norway, Netherlands, Poland, Portugal, Czech Republic, Romania, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Turkey, Ukraine and the Vatican. It also applies during stays of less than 90 consecutive days in your *Country of nationality* in the event of *Accident* or *Sudden illness*. Cover is extended to the rest of the world (excluding the Bahamas, Canada, the United States, Japan and Switzerland) in the event of an *Accident* during stays of less than 60 consecutive days.

For repatriation assistance:

Cover is valid for a year at a time in the zone comprising the following countries: Cambodia, Indonesia, Laos, Malaysia, the Philippines, Taiwan, Thailand and Vietnam. It also applies during stays of no more than 90 consecutive days worldwide.

If APRIL International Assistance decides that repatriation is required outside the area of cover, medical expenses cover remains in place, if it was selected.

As a result of heightened tension, cover in certain countries is excluded. A comprehensive list of temporarily excluded countries can be consulted on www.april-international.com or by calling *Us* on +33 (0)1 73 02 93 93 or by email at info.expat@april-international.com. The list of excluded countries is subject to change.

4. WHO IS COVERED BY THE POLICY?

To be covered by the insurance, *You* must:

- be at the *Effective date* of the policy:
 - under 71 years old for repatriation assistance benefits,
 - under 66 years old for medical expenses benefits,
- reside in one of the following countries (other than your *Country of nationality*): Cambodia, Indonesia, Laos, Malaysia, the Philippines, Taiwan, Thailand and Vietnam for the duration of the policy,
- have met the medical requirements laid down in the contract and have completed and signed the Health questionnaire a maximum of three months before the *Effective date* of policy.

The members of your family may also benefit from cover under this policy (if they are specified on your *Membership certificate*), as long as they comply with the above cited conditions, i.e.:

For medical expenses cover:

- your *Spouse*,
- your *Dependent children*.

For repatriation assistance cover:

- your *Spouse*,
- your single and financially dependent children up to the age of 31. Children under the age of 31 in full-time education and not living under your roof are also covered.

Membership rests on your declarations and those of the *Member* and on the good faith of both parties.

Cover is subject to our medical approval. *We* reserve the right to request additional medical information based on the responses given in the Health questionnaire.

If *You* (or one of your family members) present an aggravated risk (professional or medical), *We* can either accept the application under special conditions or reject it.

5. EFFECTIVE DATE, DURATION AND CANCELLATION OF THE POLICY

5.1. WHEN DOES YOUR POLICY TAKE EFFECT?

On the date specified on the *Membership certificate* and, at the earliest, on the 16th of the month or on the first day of the month following receipt of the completed application (including the Application form and the Health questionnaire, completed and signed), subject to payment of the first *Premium* and our acceptance of the application evidenced by the issuing of a *Membership certificate* specifying the cover selected.

If your application requires a medical review, your policy will begin at the earliest on the 1st or 16th of the month following your medical approval.

5.2. WAITING PERIODS WHICH APPLY TO YOUR POLICY:

The cover takes effect for each of the *Insured* on the *Effective date* of the policy subject to the application of the following *Waiting periods* for medical expenses cover:

- 3 months for any treatment and medical care (except in case of *Accident* or medical emergency),
- 6 months for expenses for dental treatment,
- 6 months for physiotherapy, chiropractics and acupuncture,
- 10 months for maternity costs.

Any treatment or procedures prescribed before the *Effective date* of the policy or during the *Waiting periods* are excluded from cover and will not be reimbursed.

The *Waiting periods* may be cancelled (except for maternity cover) if *You* can prove that *You* had medical expenses cover equivalent to or greater than the Asia Health Plan benefits in the month preceding the period of cover.

This cancellation of the *Waiting periods* is subject to our agreement following a review of the Exit certificate which *You* will have sent *Us* along with details of the cover which *You* had previously.

5.3. DURATION OF COVER AND RENEWING YOUR POLICY:

Membership under this policy is effective for a period of 12 months. It is renewed automatically on the anniversary date of your policy, for a period of one year, as long as the agreements remain in force. *You* can renew your medical expenses cover each year, regardless of your age, your state of health or the level of your medical expenditure. *You* are therefore covered for the period of your choice meaning that the insurer may not cancel your policy other than in the circumstances listed in paragraph 5.4.

Three months before each annual renewal date, *We* will inform the *Member* of any changes to the benefits, levels of reimbursement, exclusions and terms and conditions of management of the policy, and any changes in pricing.

The level of the *Premium* may change on the anniversary date of your policy depending on your age, your *Host country* and the level of your cover or *Excess*.

Any changes to the proposed cover or the terms and conditions of management of the policy will take effect on the anniversary date of the policy.

If *You* do not respond within 30 days, the policy will be automatically renewed for one year, subject to receipt of the corresponding payment.

5.4. YOUR COVER COMES TO AN END:

- a) in the event of cancellation by the *Member* on the annual renewal date (anniversary date of the policy) within 30 days of receipt of the new conditions of cover, the *Member* has the right to cancel any of the individual benefits which make up the policy;
- b) if the *Premium* is not paid (see paragraph 6.3);
- c) in the event of termination of the plan by the insurer on the annual due date;
- d) when *You* no longer meet the conditions of insurance (see paragraph 4);
- e) if *You* are no longer an expatriate. Supporting documentation must be produced (for example, proof that *You* are covered under the Social Security scheme of your *Country of nationality* or a copy of your new contract of employment). The termination takes effect on the first day of the month following reception of the written notification by our Customer Service;
- f) once *You* reach the age of 71 for repatriation assistance cover.

Penalties for false declaration

Whether in respect of declarations made at the time of application or those made during the life of the policy, any intentional concealment or false declaration and any omission from or misrepresentation of the risk, will, depending on the circumstances, invoke the application of articles L.113-8 and L.113-9 of the French Insurance Code.

In addition, any omission, concealment, false declaration, intentional or not, in making a *Claim*, failure to declare other concurrent insurance cover, the submission of inaccurate supporting documentation or the use of any fraudulent means puts the *Insured* and the *Member* at risk of withdrawal of cover and termination of the policy.

***We* reserve the right to initiate legal action in order to seek compensation for any damage caused to us.**

***You* will be required to pay back any benefits that were unduly paid to *You* under this policy.**

5.5. HOW TO CANCEL YOUR POLICY:

Signing the Application form does not constitute a binding agreement for the *Member*.

If the Member signed the insurance contract as a result of door-to-door canvassing:

The following provisions under article L.112-9-I of the French Insurance Code apply: *"Any person who is canvassed at their home or residence or place of work, even if this visit was at their own request, and who signs an insurance proposal or contract for a purpose which is not related to their commercial or professional activity, may cancel this agreement by sending a letter by recorded delivery with proof of receipt during a period of 14 days from the day of signature of the agreement without requiring to specify the reason for the cancellation or being subject to penalties. (...). As soon as they become aware of any circumstances which give rise to a claim under the policy, the policyholder loses this right to cancel."*

Cover ceases on the date of receipt of the letter of cancellation and We will refund to the Member any Premium already paid with the exception of the Premium corresponding to the period of cover already passed.

If the Member applied for cover via a distance contract:

The Member may cancel the contract within 14 days of receipt of the Membership certificate.

The cancellation is backdated so that the policy is considered never to have existed. We will refund to the Member within 30 days any monies paid under the policy. However, We will retain the entire Premium if the Member cancels the policy when a Claim has arisen during the period of consideration.

In all cases, in order to exercise this right to cancel:

The Member should send a letter by recorded delivery with proof of receipt to:

APRIL International Expat - Service Suivi Client - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE.

The Member may word this letter as follows:

« I, the undersigned (first name, surname, address)
wish to cancel my "Asia Health Plan" policy n°
Signed in on Signature..... ».

6. PREMIUMS

Membership of this policy does not exempt You from paying contributions to any state scheme to which You may belong.

6.1. HOW IS YOUR PREMIUM CALCULATED?

The level of the Premium changes each year on the anniversary date of the policy based on the age of the Insured.

The age of the Insured which is used to calculate the Premiums in the first year is the age of the Insured on the Effective date of the policy. For each subsequent year, the age of the Insured used to calculate the Premium is the age of the Insured on the anniversary date of the policy.

Any taxes payable by the Policyholder are included in the Premium. Any change in the rate of these taxes will lead to a change in the amount of the Premium.

The level of the Premium may change on the Anniversary date of the policy based on the claims history of the insured group. The composition of the group reflects age, occupation, country of residence and the benefits and options selected.

If the Member requests an amendment to the level of cover initially selected, the age used for the calculation of the Premium will be the age of the Insured on the date when the amendment takes effect.

6.2. PAYMENT METHODS:

Premiums are payable in advance in US dollars (USD) annually, twice-yearly or quarterly according to the payment method selected by the Member and shown on their Application form:

- credit or debit card,
- bank transfer (costs of bank transfer are the responsibility of the Member).

6.3. WHAT HAPPENS IF THE PREMIUM IS NOT PAID?

If the Premium remains unpaid 10 days after its due date, We will serve the Member with formal notice of suspension of cover. The policy will be suspended 30 days later. Following a further period of 10 days, We will terminate the policy. Legal action may be taken to secure payment of any unpaid Premiums.

Once formal notice has been served, the Premium due for the entire year is immediately payable under the French Insurance Code.

Please note that failure to pay the Premium and the subsequent termination of the policy does not cancel the debt. We will take appropriate action to obtain payment of the Premium due and will have recourse to a debt recovery firm specialising in international debts. The Member is liable for any administration charges incurred as a result of any action taken by Us or by our service providers.

If the amount stated on the letter of formal notice is paid after suspension of the policy but before termination, the policy will be revived at noon on the day after the Premium is paid.

No expenses incurred during the period of suspension of cover will be reimbursed under the policy, even once the Premium has been paid.

7. AMENDMENTS TO YOUR POLICY

7.1. HOW TO AMEND YOUR POLICY

The *Member* can at any time amend the level of cover initially selected (these changes will take effect at the earliest on the first day of the month following receipt of the requested amendment). Our Customer Service can be contacted on tel: +33 (0)1 73 02 93 93 or by email: customerservice.expatri@april-international.com.

In the event of an increase in the level of your cover, *You* shall be subject to new medical requirements as laid down in the contract. If a different option is selected in medical expenses cover during the period of membership, the lump sums are not cumulative.

Newborn: the birth certificate must be sent to Us in the month following the birth. Otherwise, a Health questionnaire will be requested and the newborn's cover will take effect only on the first of the month following medical approval.

7.2. THE INFORMATION YOU NEED TO BRING TO OUR KNOWLEDGE

The *Insured* and the *Member* have to inform us in writing of any change in status, situation, or place of residence (**otherwise all correspondence sent to the last place of residence figuring in our records will take effect**) as well as in the case of occupational change or termination of employment.

8. WHAT IS COVERED AND HOW TO ACCESS THE SERVICES

Double insurance:

Reimbursements received from the insurer, from any national health service scheme and from any other organisation cannot be higher than the amount of expenses actually incurred. Double insurance operates within the limits of each type of cover regardless of the date of commencement of cover. Within these limits *You* can claim reimbursement from the provider of your choice.

YOU RISK THE TERMINATION OF THE POLICY IF YOU DO NOT DECLARE ANY DOUBLE INSURANCE ARRANGEMENTS. THIS OBLIGATION REMAINS IN FORCE DURING THE ENTIRE PERIOD OF COVER.

The limits of reimbursement of *Actual costs* incurred are determined by the insurer for each service or treatment covered.

Your cover includes the following when specified on your *Membership certificate*.

8.1. MEDICAL EXPENSES:

Medical expenses are covered within the limits of *Actual costs* and *Reasonable and customary costs* considering the country in which they were incurred.

8.1.1. TYPE AND LEVEL OF REIMBURSEMENTS

The reimbursement of medical expenses is guaranteed for all medically required treatments listed on the benefits schedule which are prescribed by a qualified *Medical authority*.

Choose from two medical expenses options depending on your requirements: ESSENTIAL and COMFORT.

Expenses are reimbursed item per item depending on the cover selected and shown on your *Membership certificate*, in accordance with the benefits schedule.

Upon subscription, *You* can choose to reduce your *Premium* by selecting an annual *Excess* of USD 500, USD 1,500 or USD 5,000, applied to hospitalisation expenses only.

For medical expenses invoiced in a currency other than the USD, the exchange rate applied will be the one in force on the date when the treatment was received. Only expenses related to treatment received during the period of cover will be reimbursed.

The option and level of annual *Excess* selected by the *Member* are shown on the *Membership certificate*.

Benefits overall limits:

The cumulative amount of reimbursements made by the insurer is limited per *Insured* and per *Insurance year* to the amount indicated in the benefits schedule for each option.

BENEFITS SCHEDULE

OPTIONS	ESSENTIAL	COMFORT
HOSPITALISATION*: <i>Waiting period 3 months** (cancelled in case of Accident or medical emergency)</i>		
UPPER LIMIT OF REIMBURSEMENT PER INSURANCE YEAR PER INSURED INDIVIDUAL	USD 500,000	USD 1,000,000
Medical, surgical <i>Hospitalisation</i> or <i>Day hospitalisation</i> : Transfer by ambulance (if hospital charges covered by APRIL International) Hospital room and board Medical and surgical fees Pathology, diagnostic tests and drugs Medical procedures	100% of <i>Actual costs</i>	100% of <i>Actual costs</i>
Standard private room	100% of <i>Actual costs</i> , within the limits of <i>Reasonable and customary costs</i>	100% of <i>Actual costs</i> , within the limits of <i>Reasonable and customary costs</i>
<i>Direct payment of hospital charges</i> during approved <i>Hospitalisation</i> for more than 24 hours	provided on request 24 hours a day, if <i>Prior agreement</i> has been obtained	provided on request 24 hours a day, if <i>Prior agreement</i> has been obtained
Parent accommodation	100% of <i>Actual costs</i> , up to 10 days per year (for children under 18)	100% of <i>Actual costs</i> , up to 10 days per year (for children under 18)
Cancer treatment (chemotherapy and radiotherapy)	100% of <i>Actual costs</i>	100% of <i>Actual costs</i>
Treatment of AIDS	100% of <i>Actual costs</i>	100% of <i>Actual costs</i>
Organ transplant	100% of <i>Actual costs</i> , up to USD 200,000 per year	100% of <i>Actual costs</i> , up to USD 200,000 per year
Pre and post <i>Hospitalisation</i> treatment (incurred within 30 days before admission, and 90 days following hospital discharge)	100% of <i>Actual costs</i> , up to USD 3,000	100% of <i>Actual costs</i> , up to USD 3,000
Treatment in a specialist re-education unit following <i>Hospitalisation</i> covered by APRIL International	100% of <i>Actual costs</i> , up to USD 2,500 per year	100% of <i>Actual costs</i> , up to USD 5,000 per year
Home care***	100% of <i>Actual costs</i> , up to 182 days per year	100% of <i>Actual costs</i> , up to 182 days per year
Emergency dental treatment following an <i>Accident</i>	100% of <i>Actual costs</i> , up to USD 50,000 per year	100% of <i>Actual costs</i> , up to USD 50,000 per year

* All periods of *Hospitalisation* (excluding *Day hospitalisation*) are subject to *Prior agreement*. An Excess of 20% will be applied if *You* do not follow this procedure before your admission to hospital.

** The *Waiting period* may be cancelled if *You* had equivalent or higher level cover which was cancelled less than one month previously. Proof of this previous insurance and the Exit certificate must be produced.

*** Requires a *Prior agreement* if more than 20 visits are prescribed per *Insurance year* (see paragraphs 8.1.2 and 8.1.4).

OPTIONS	ESSENTIAL	COMFORT
MATERNITY*: <i>Waiting period 10 months</i>		
UPPER LIMIT OF REIMBURSEMENT PER <i>INSURANCE YEAR</i> PER <i>INSURED INDIVIDUAL</i>	—	USD 5,000
Pre and post natal treatment	not covered	100% of <i>Actual costs</i>
Delivery	not covered	100% of <i>Actual costs</i>

OUTPATIENT MEDICAL EXPENSES: <i>Waiting period 3 months** (cancelled in case of Accident or medical emergency, except for physiotherapy, chiropractor treatment and acupuncture)</i>		
UPPER LIMIT OF REIMBURSEMENT PER <i>INSURANCE YEAR</i> PER <i>INSURED INDIVIDUAL</i>	—	USD 5,000
Consultations with general practitioners	not covered	100% of <i>Actual costs</i>
Consultations with specialists	not covered	100% of <i>Actual costs</i>
Diagnostic tests, X-rays, scans, EKG	not covered	100% of <i>Actual costs</i>
Prescription drugs	not covered	100% of <i>Actual costs</i>
Physiotherapy and chiropractor treatment <i>Waiting period 6 months**</i>	not covered	100% of <i>Actual costs</i> , up to USD 60 per session, up to 15 sessions per year
Acupuncture <i>Waiting period 6 months**</i>	not covered	100% of <i>Actual costs</i> , up to USD 45 per session, up to 10 sessions per year
External prosthetics	not covered	100% of <i>Actual costs</i> , up to USD 1,000 per year
Health check-up	not covered	100% of <i>Actual costs</i> , up to USD 500 per year (every 2 years)

DENTAL CARE: <i>Waiting period 6 months**</i>		
UPPER LIMIT OF REIMBURSEMENT PER <i>INSURANCE YEAR</i> PER <i>INSURED INDIVIDUAL</i>	—	USD 1,000
Routine oral examination (including scaling & polishing)	not covered	100% of <i>Actual costs</i> , up to USD 100 per year (once per year)
Basic dental services: extraction, amalgam filling, X-rays, periodontal scaling	not covered	100% of <i>Actual costs</i>

* Requires a *Prior agreement* (see paragraphs 8.1.2 and 8.1.4).

** The *Waiting period* may be cancelled if *You* had equivalent or higher level cover which was cancelled less than one month previously. Proof of this previous insurance and the Exit certificate must be produced.

8.1.2. WHAT TO DO IF YOU ARE HOSPITALISED

Prior agreement

Hospitalisation is always subject to Prior agreement.

To obtain this *Prior agreement*, *You* will need to ask your doctor to complete a form called “*Confidential medical certificate*” at least 5 days before your admission to hospital.

In the event of emergency *Hospitalisation*, please contact *Us* as soon as possible so that *We* can send *You* this form.

The *Confidential Medical Certificate* is available from the Customer Zone at www.april-international.com or by calling +33 (0)1 73 02 93 99 or emailing info.expats@april-international.com.

This form, giving the reason for your admission to hospital, the dates and nature of the condition and the date of the appearance of the first symptoms or the circumstances of the *Accident* (with, in this case, a supporting *Accident* report) should be **sent to our Medical Examiner** along with any other medical documents which may assist in the examination of your file:

> Paris office

- by fax: +33 (0)1 73 02 93 60,
- by email: hospitalisation.expats@april-international.com,
- by post: APRIL International Expat, 110 avenue de la République, CS 51108, 75127 Paris Cedex 11, FRANCE.

> Bangkok office

- by fax: +66 (0) 26 45 37 32,
- by email: infobangkok@april-international.com,
- by post: Maneeya Center North, 10th Floor, 518/3 Ploenchit Road, Lumpini, Pathumwan Bangkok 10330, THAILAND.

If this *Prior agreement* procedure is not followed, an *Excess* of 20% will be applied to the reimbursement of your bill (other than in cases of *Accident* or emergency).

To obtain the Direct payment of your hospital charges for stays of more than 24 hours:

Once you have obtained a *Prior agreement*, *We* can make a *Direct payment of your hospital charges* of more than 24 hours to the hospital to which *You* have been admitted. In this case, *We* will contact the hospital directly.

To request the Direct payment of your hospital charges of more than 24 hours or for any other information prior to your admission to hospital, please use the following emergency contact numbers (also printed on your insurance card):

- from countries in the Asia-Pacific zone, call +66 (0) 20 22 91 80,
- from the USA and Canada, call (+1) 866 299 2900 (toll free),
- from countries in Latin America, call (+1) 305 381 6977 (collect calls accepted),
- from the Middle East, Africa and Europe, call +33 (0)1 73 02 93 99.

In all cases, *We* would ask that *You* send *Us* the bills and hospital reports relative to your stay in hospital.

If *You* have not used the *Direct payment for hospital charges* service, see paragraph 8.1.5. to find out how to claim for reimbursement of the bill *You* have settled.

8.1.3. HOW TO REQUEST THE COMPULSORY SECOND MEDICAL OPINION SERVICE

This service is free and available to all *Insureds* under the policy. It is compulsory if *You* are having scheduled medical treatment or surgery costing more than USD 2,000.

To use the service, simply contact our *Medical team*: they will arrange a medical appointment and get back to you as quickly as possible to confirm the details. After the appointment, you must send us the doctor's medical report so that our *Medical team* can advise on how best to proceed in your situation.

You need to access this service before starting the procedures or treatment by contacting us:

- either by phone on +33 (0)1 73 02 93 99,
- or by email at hospitalisation.expats@april-international.com.

If this second medical opinion procedure is not followed, an *Excess* of 20% can be applied to the reimbursement of your bill (other than in cases of *Accident* or emergency).

8.1.4. HOW TO REQUEST PRIOR AGREEMENT BEFORE STARTING CERTAIN PROCEDURES OR TREATMENTS

Certain medical treatments and procedures require the *Prior agreement* of our Medical Examiner (valid for 6 months). Before starting any treatment, *You* should ask the doctor prescribing the treatment to complete a *Request for prior agreement* and provide an itemised estimate.

The form *Request for prior agreement* is available on your Customer Zone at www.april-international.com or by calling +33 (0)1 73 02 93 93 or by email at info.expats@april-international.com.

The following require Prior agreement:

- *Hospitalisation*,
- maternity costs,
- courses of treatment, in particular nursing at home, if more than 20 visits are prescribed per *Insurance year*.

For pregnancy, please send *Us* a document confirming your condition.

Your Request for prior agreement should be sent to Us at the following address:

APRIL International Bangkok

Maneeya Center North, 10th Floor
518/3 Ploenchit Road
Lumpini, Pathumwan
Bangkok 10330, THAILAND
Email: infobangkok@april-international.com

OR

APRIL International Expat

Service Remboursements
110, avenue de la République
CS 51108
75127 Paris Cedex 11, FRANCE
Email: claims.expat@april-international.com

8.1.5. HOW TO CLAIM REIMBURSEMENT OF COSTS



To obtain a reimbursement:

> Electronically for medical bills up to a maximum amount of €400 per bill:

Send us your completed application via our mobile application, APRIL Easy Claim, which can be downloaded from the App Store, Google Play or the Microsoft Store or by visiting the Customer Zone.

You must **keep the original invoices for a period of 2 years** from the date on which You submitted the claim for reimbursement. You may be asked to produce them in order for your claim to be processed.

> By post:

Please complete the Claim for reimbursement form available from the Customer zone at www.april-international.com or by calling +33 (0)1 73 02 93 93 or emailing info.expat@april-international.com and return it to Us within 6 months of the date of treatment.

Please send your claims for reimbursement to the following address:

APRIL International Bangkok

Maneeya Center North, 10th Floor
518/3 Ploenchit Road
Lumpini, Pathumwan
Bangkok 10330, THAILAND

OR

APRIL International Expat

Service Remboursements
110, avenue de la République
CS 51108
75127 Paris Cedex 11, FRANCE

In all cases please include the following documents with your claim for reimbursement:

- originals of your paid bills and medical prescriptions, showing the date, your first name, surname and date of birth, the type of illness, the nature and date of the consultations and the treatment received. You should also send proof of payment. Prescriptions must clearly show the name and price of the drugs in the local currency;
- if the treatment requires a *Request for prior agreement*, the *Request for prior agreement* form approved by our medical department;
- in the event of *Hospitalisation*, You must also send Us the hospital report and *Confidential medical certificate* completed by your doctor. Please also ensure that your bill shows a breakdown of the cost of the private or double room.

We reserve the right to request any other supporting documentation which We deem necessary to ensure that your healthcare is covered under this policy.

In the event of a dispute regarding the amount of payment, please notify Us within 6 months following the date on the reimbursement advice note.

You can be reimbursed by bank transfer in USD:

- for reimbursements up to the equivalent of USD 400*, bank charges will be shared,
- for reimbursements over the equivalent of USD 400*, *You* will be responsible for all bank charges.

* This amount can be adjusted to be in line with the EUR/USD conversion rate.

To guarantee safe receipt of your reimbursement, *We* do not issue cheques in USD.

Reimbursements will only be made if the procedures outlined in paragraph 8.1 are followed.

If *You* have opted for an annual *Excess*, and if the amount of your medical expenses (eligible under this policy) does not exceed the amount of the *Excess* selected, we will ask the hospital to issue two invoices:

- a first invoice made out to you corresponding to the level of *Excess* you selected, net of the medical expenses which, according to our records, you have already incurred,
- a second invoice made out to us for the amount still to be paid.

In all cases, *You* should always send us the medical bills for any healthcare expenses incurred so that we can calculate the amount of *Excess* *You* have used.

8.2. REPATRIATION ASSISTANCE:

How to benefit from repatriation assistance cover:

You must obtain **prior agreement from APRIL International Assistance** in order to benefit from the following cover:

- either by calling France on +33 (0)1 41 61 23 25,
- or by fax on +33 (0)1 44 51 51 15.

APRIL International Assistance only intervenes after the organisation of emergency aid on the orders of a competent *Medical authority*.

From the first phone call, the *Medical team* contacts the local doctor in order to best meet the needs of the sick or injured person.

8.2.1. RULES GOVERNING THE APPLICATION OF THE INSURANCE

If *You* or the persons accompanying *You* should take any of the action listed below, this will only give rise to reimbursement if APRIL International Assistance have been notified and have given their express agreement and have provided a reference number. In this case, costs will be reimbursed based on valid receipts, up to the amount that APRIL International Assistance would have spent if they had organised the service themselves.

APRIL International Assistance cannot be held responsible for any delays or failures in the provision of their services in the event of industrial action, riots, popular uprisings, reprisals, restrictions on the free movement of goods and people, acts of terrorism or sabotage, state of war, civil war, acts of a foreign enemy whether war is declared or not, nuclear explosion, exposure to ionizing radiation and other fortuitous events or acts of God.

8.2.2. REPATRIATION FOR MEDICAL REASONS

In the event of *Accident* or *Sudden illness*, the APRIL International Assistance doctors will contact on-site doctors and take the decisions best suited to your condition, based on the information gathered and medical requirements.

If the APRIL International Assistance *Medical team* recommends that *You* are repatriated, this team will organise and carry this out, based on the medical requirements they deem appropriate.

Repatriation may be to:

- the hospital best suited to the situation,
- or the hospital nearest to your home in your *Country of nationality* (or in your country of origin, if different) or your residence in your *Host country*,
- or the residence in your *Country of nationality* (or in your country of origin, if different) or primary residence in your *Host country*.

If *You* are hospitalised in a health centre outside the hospital district of your usual place of residence in your *Country of nationality* or primary place of residence in your *Host country*, APRIL International Assistance will organise your return after it has been established that your condition is stable, and *You* will be transferred to your home in your *Country of nationality* or in your *Host country*. Repatriation may be carried out by light sanitary vehicle, ambulance, train, scheduled airline or air ambulance.

The *Medical team* is solely responsible for the final choice of place and date of hospitalisation, your need to be accompanied, and any means or resources to be used.

Any refusal of the solution proposed by the *Medical team* will result in the cancellation of personal assistance cover.

APRIL International Assistance may require that *You* use your own transport ticket, if this can be used or changed.

8.2.3. PRESENCE OF A FAMILY MEMBER FOR HOSPITALISATION

If your condition does not permit or does not necessitate your repatriation and if the local hospitalisation exceeds 6 consecutive days, APRIL International Assistance provides a round trip economy air fare or a 1st class train ticket for a *Family member* to visit *You*. This cover is acquired only if none of your (legally adult) *Family members* is on site.

APRIL International Assistance will arrange and pay for their accommodation costs (room and breakfast only) for **up to 10 nights at a rate of USD 115 per night**.

No other temporary accommodation will give rise to compensation of any kind.

8.2.4. REPATRIATION OF THE BODY IN THE EVENT OF DEATH AND COST OF THE COFFIN

In the event of your death, APRIL International Assistance organises and pays for the repatriation of the body or ashes from the place of death to the place of burial in your *Country of nationality* (or your country of origin, if different).

APRIL International Assistance will cover any post mortem care, the casketing and transportation requirements.

The expenses for the coffin related to transportation organised by the assistance service are covered up to a **maximum of USD 2,200**.

The funeral, ceremony, local transportation and burial or cremation expenses remain at the expense of your family.

The choice of companies involved in the repatriation process is exclusively that of the assistance service.

8.2.5. PRESENCE OF A *FRIEND* TO ACCOMPANY THE DECEASED

If the presence of a *Family member* or a *Friend* is indispensable to identify the body of the deceased *Insured* and for the formalities of repatriation or cremation, APRIL International Assistance provides a return economy class airline ticket or 1st class railway ticket. This benefit can only be implemented if the *Insured* was alone on site at the time of his death.

8.2.6. LIMITATIONS ON COVER

When APRIL International Assistance organises and pays for repatriation or transportation, *You* can first be requested to use your own travel ticket.

When APRIL International Assistance pays for your return expenses, *You* must return the unused travel ticket to APRIL International Assistance.

9. WHAT IS NOT COVERED BY YOUR POLICY

9.1. *EXCLUSIONS* AND LIMITATIONS WHICH APPLY TO MEDICAL EXPENSES COVER:

In addition to the *Exclusions* common to all cover outlined in paragraph 9.3 below, the following are excluded and limited from the medical expenses cover:

- any costs incurred for treatment or procedures prescribed before the *Effective date* of the policy or during the *Waiting periods*;
- any medical and surgical expenditure not prescribed by a qualified *Medical authority*;
- treatment requiring *Prior agreement*, dispensed without *Prior agreement* (in the event of *Hospitalisation* without *Prior agreement*, an *Excess* of 20% will be applied to your reimbursement);
- *Hospitalisation* expenses or stays in sanatoriums or homes, when the hospital or medical centre treating the *Insured* is not approved by the relevant public authorities;
- related expenses such as telephone and television charges in the event of *Hospitalisation* or excessive, unreasonable or unusual expenses in the country in which they were incurred;
- transportation expenses other than an ambulance to the nearest, most appropriate medical centre;
- psychologist consultations;
- psychotherapy, psychoanalysis, mental illness, depression or anxiety treatments, psychiatric care (*Hospitalisation*, consultations, medication...);
- alternative or complementary medicine (other than those listed on the benefits schedule);
- the cost of over-the-counter pharmacy items, cosmetics hygiene products, sunscreens and/or moisturisers, make-up, beauty treatments and comfort care, vitamins and minerals, food supplements, dietetic products, baby foods and mineral water;
- thermometers and blood pressure monitors;
- contraceptive treatments and medication;
- medicines and treatment related to erectile dysfunction;
- the cost of sourcing and transporting organs for transplant;
- experimental treatment;
- any cosmetic treatment, anti-ageing cures, weight-loss and weight gain treatments;
- the treatment of eating disorders;
- pedicure;
- the treatment of alcoholism, drug addiction or any other addiction or illness linked to such dependency;
- stays in a geriatric unit, medical teaching institution and similar establishments;
- hospitals and care facilities for the dependent elderly and long-term hospitalisations;
- growth hormones;
- operations and treatments related to sex change;
- optical charges;
- self-harm;
- any expenses not required medically;
- stays in a nursing home and a convalescent home;
- any pharmaceutical product purchased without a prescription;
- medical auxiliaries services (other than physiotherapy and chiropractics treatment);
- dental implants and dentures and all orthodontic treatment;

- the cost of prostheses;
- pre-natal classes;
- thermal cures and thalassotherapy;
- the cost of vaccination;
- surgery on the temporo-mandibular joint;
- any treatment related to infertility or fertility;
- medicines and treatments to support smoking cessation;
- laser eye surgery (including the correction of myopia) and the treatment of cataracts;
- treatment not recognised by the *Medical authorities* of the country in which it is dispensed;
- preventive treatments;
- supplies which are not essential to the diagnosis or treatment of the disease.

9.2. EXCLUSIONS WHICH APPLY TO THE REPATRIATION ASSISTANCE COVER:

In addition to the *Exclusions* common to all cover outlined in paragraph 9.3 below, the following facts or events, with respect to repatriation assistance, are not covered and will not give rise to any compensation whatsoever nor to any intervention on the part of APRIL International Assistance:

- any interventions and/or reimbursements related to medical visits, check-ups, or preventative screenings;
- infections or benign injuries that can be treated on site and that do not prevent the *Insured* from continuing their travel;
- convalescence, infections in the process of being treated and not yet cured and/or requiring further treatment;
- *Illnesses* which had been identified prior to departure and which were at risk of aggravation or relapse;
- infections requiring hospitalisation in the 6 months prior to departure;
- any consequences (check-ups, further treatment, recurrences) of an infection having caused repatriation;
- pregnancy barring unforeseeable complications but in all cases:
 - pregnancy and any complications and, in all cases, after the 28th week;
 - births and post natal complications relating to newborns;
 - termination of pregnancy;
- cosmetic surgery;
- the consumption of alcohol and the consequences thereof under local legislation;
- trips undertaken for diagnosis and/or treatment;
- the consequences of the failure of, unfeasibility of, or reaction to any vaccination or treatment desired or essential for travel;
- congenital *Illnesses* or deformities.

Not covered are:

- medical expenses;
- cures, stays in rest homes and physiotherapy;
- contraception and fertility treatment;
- spectacles and contact lenses;
- cosmetic prostheses, dentures, hearing aids;
- regular transportation required as a result of the *Insured's* health.

9.3. COMMON EXCLUSIONS FOR ALL BENEFITS:

In addition to the *Exclusions* listed for each benefit, all costs and consequences are excluded from cover in relation to:

- intentional acts by the *Member* or the *Insured* and/or infractions of the law of the country where the *Insured* is travelling;
- civil or foreign wars, riots, insurrections, strikes, piracy or sabotage, voluntary participation in fights or popular movements, acts of terrorism regardless of location and protagonists (except in the case of legitimate self-defence);
- suicide or suicide attempts in the first year of cover, the use of drugs or narcotics without a medical prescription;
- the consumption of alcohol by the *Insured*, particularly in the event of a road traffic accident;
- the consumption or use of alcohol, drugs or narcotics listed in the French Public Health Code, without a medical prescription;
- road traffic accidents involving two-wheeled vehicles if the *Insured* was not wearing a helmet;
- direct or indirect effects of changing the structure of the atomic nucleus, climatic changes such as storms and hurricanes, earthquakes, floods, tidal waves or other disasters except in the case of indemnity for natural disasters;
- *Accidents* or *Pre-existing conditions* before the *Effective date* of the policy, subject to relapses or not stabilised, congenital illnesses or deformations not declared at the time of application;
- dangerous sports such as microlighting, hang-gliding, paragliding, driving cars, motorcycles or go-carts, parachuting, mountaineering climbing (other than on artificial climbing walls), rock climbing, underwater diving except for free-diving up to 50 meters, caving, the skeleton, ski jumps, bobsleighing, bungee jumping, rafting, canyoning, kitesurfing, airballooning, jet-skiing and sports practised off piste: skiing, cross-country skiing, sledging, snowboarding;
- participation in all sports competitions and entertainment, practising sports in a club or federation in a professional capacity, as well as all sports requiring the use of a terrestrial, nautical or aerial engine;
- hunting;

- air navigation *Accidents* except if the *Insured* is an ordinary passenger and is on board a craft for which the owner and the pilot have all the appropriate authorisations and licenses;
- sailing or cruising on the high seas on a personal or professional basis (more than 200 nautical miles from land);
- carrying out all professional activity on an oil rig.

Except in application of Articles L113.8 and L113.9 of the French Insurance Code, the cover applies to the consequences of disabilities or *Pre-existing conditions* dating before the signing of the Application form if they were declared on the Application form and are not subject to a particular exclusion of which the *Insured* had been notified by registered letter and which has been accepted by the *Insured*.

10. GENERAL PROVISIONS

10.1. WHO INSURES YOUR POLICY?

This policy is effected by "l'Association des Assurés d'APRIL International" (regulated by the Associations Act of 1901, located 110, avenue de la République, 75011 Paris, FRANCE, whose purpose is to study, effect and promote, to the benefit of its members, all types of insurance, encourage a spirit of international solidarity between them, make available to them all appropriate means of information and administration and ensure their representation with respect to all insurance companies. The statutes of the Association can be downloaded at <http://en.april-international.com/global/april-international-expat/association-of-april-international-insured>):

for medical expenses:

optional group insurance plan with Groupama Gan Vie (plan number 219/863685), a public limited company with fully paid capital of €413,036,043, registered with Companies House in Paris under number 340 427 616 (APE code: 6511Z), located at 8-10, rue d'Astorg, 75383 Paris Cedex 8, FRANCE;

for repatriation assistance cover:

optional group insurance plan with ACE Europe (plan number FRBBBA01857), a company regulated by the French Insurance Code. Head office: 100 Leadenhall Street, London EC3A3BP, UNITED KINGDOM. Company registered abroad with Companies House in England and Wales under number 1112892. General management in France based at Le Colisée, 8 avenue de l'Arche, 92419 Courbevoie Cedex, FRANCE. Registered with Companies House in Nanterre under number 450 327 374 (APE code: 660 E).

The administration of these plans is delegated to APRIL International Expat, public limited company with capital of €200,000, an insurance broking and administration company registered with Companies House in Paris under number 309 707 727 and with ORIAS number 07 008 000 (www.orias.fr), located at 110, avenue de la République, CS 51108, 75127 Paris Cedex 11, FRANCE.

10.2. LEGAL:

The bodies responsible for regulating insurance activities are:

- for medical expenses: Autorité de Contrôle Prudentiel et de Résolution (Prudential Supervision and Resolution Authority) located at 61, rue Taitbout, 75436 Paris Cedex 09, FRANCE;
- for repatriation assistance cover: Financial Conduct Authority, located at 25 The North Colonnade, Canary Wharf, London E145HS, UNITED KINGDOM.

APRIL International Expat is regulated by the Autorité de Contrôle Prudentiel et de Résolution (Prudential Supervision and Resolution Authority), located at 61, rue Taitbout, 75436 Paris Cedex 09, FRANCE.

Membership of the Asia Health Plan plan is evidenced by the Application form, the General conditions and the *Membership certificate*. It is subject to French legislation and in particular to its Insurance Code. The benefits and levels of reimbursement provided under the policy will be automatically adjusted in accordance with amendments to legislation and regulations governing contracts under French law.

10.3. LIMITATIONS:

Under articles L.114-1, L.114-2 and L.114-3 of the French Insurance Code, any legal action arising from this policy must be brought within 2 years of the event having given rise to said action.

However, this period shall run:

- in the event of non-disclosure, omission, fraudulent representation or misrepresentation of the risk incurred, only from the date on which the insurer becomes aware of it,
- in the event of a *Claim*, only from the date on which *You* become aware of it and if *You* can prove that *You* were unaware of it until then.

If your action against the insurer arises from a third party's recourse, the limitation period shall run on which said third party brings a legal action against *You* or *You* have paid them compensation.

The limitation period shall be interrupted by one of the ordinary causes that interrupt the limitation period, by the appointment of experts following a loss or if *You* or the *Beneficiary* send *Us* a registered letter with acknowledgement of receipt in respect of settlement of the claim or if *We* send *You* such a letter in respect of payment of the *Premium*.

Under no circumstances shall the limitation period be amended or further causes of suspension or interruption be added, even if agreed between the *Member* and the insurer.

10.4 SUBROGATION:

It is stipulated that the insurer does not waive the rights and actions that he possesses by virtue of Article L.121-12 of the French Insurance Code, relating to the summary remedy it may seek for third party liability.

If *You* are involved in a road traffic *Accident* (involving a motorised vehicle), *You* must communicate to the insurance provider of the person having caused the *Accident*, when requested, the name of your third party healthcare provider. Failure to do so may invalidate your insurance cover.

10.5. AUDIT:

The insurer reserves the right to request that *You* provide any documentation required in order to carry out an accurate assessment of the cover, in particular through the production of medical certificates or post-operative reports and/or by obtaining a second opinion from the insurer's doctor.

10.6. CONCILIATION - COMPLAINTS:

Quality of service is at the heart of our commitments, but if *You* do wish to make a complaint about the services provided by our company, *You* can do so through your usual contact.

If *You* are not satisfied with the response provided, *You* can contact our Customer Service department at:

APRIL International Expat - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE

Email: customerservice.expats@april-international.com

For your information, our insurance partners Groupama Gan Vie (8-10 rue d'Astorg, 75383 Paris Cedex 8, FRANCE) and ACE Europe (Le Colisée, 8 avenue de l'Arche, 92419 Courbevoie Cedex, FRANCE) have entrusted us with the handling of complaints.

We will do our utmost to respond to your complaint within a maximum period of 48 working hours and are committed to keeping you informed of the progress of your complaint within the same timescale if, for reasons beyond our control, it needs to be extended.

If *You* are not satisfied with the response provided, *You* may, if necessary, contact the French insurance ombudsman - "La Médiation de l'Assurance" TSA 50 110, 75441 Paris Cedex 09, without prejudice to other legal remedies available to you.

We would inform *You* that the data collected in order to handle your complaint will be processed electronically by our company for the purposes of complaint monitoring and will be passed on for this purpose only to the insurer, their reinsurers and the APRIL holding company as well as to our partner service providers for the activation of your insurance cover. *You* have the right to access and query your personal information and to have this information corrected or deleted (see paragraph 10.7).

10.7. DATA PROTECTION AND FREEDOM OF INFORMATION:

According to the Data Protection and Freedom of Information Law n° 78 -17 of 6th January 1978, amended, *You* have the right to communicate, correct or erase any information that concerns *You*. This right can be exercised by contacting our Customer Service Department at the contact details mentioned in the above paragraph.

Furthermore, in order to meet its legal obligations, APRIL is implementing a monitoring procedure the purpose of which is to combat money laundering and the financing of terrorism, and the application of financial penalties. In accordance with article L561-45 of the French Monetary and Financial Code, *You* can exercise your right of access by applying to the French Data Protection Agency, Commission Nationale Informatique et Libertés - 8, rue Vivienne - CS 30223 - 75083 Paris Cedex 02 - FRANCE. However, if the request is in connection with the procedure introduced for the purpose of identifying persons whose assets have been frozen or on whom a financial penalty has been imposed under the French Data Protection Act 78 -17 of 6th January 1978, *You* can exercise your right of access by sending a letter, together with a copy of your ID, to APRIL International Expat - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE.

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Headquarters:

110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE

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Autorité de Contrôle Prudentiel et de Résolution (Prudential Supervision and Resolution Authority)

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