



In cooperation with

EXPAT & Co
International mobility insurances



Masterkey²Health

CROSS BORDER HEALTH & ASSISTANCE

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BENEFITS LIST

MODULE 1. MEDICAL CARE

	LIGHT	STANDARD	GOLD
HOSPITAL PLAN			
Eligibility			
Persons are eligible under the age of 70.			
The Hospital Plan will reimburse in full, but will never exceed the overall limit of or following specific limits <i>per person per year</i>	€ 500.000	€ 1.000.000	€ 1.500.000
<u>Inpatient & Day patient treatment</u>			
• Hospital expenses (accommodation, doctors' fees, nursing charges, use of appliances, medication, bandages)	100%	100%	100%
• Private room	if med. needed	90%	100%
• Bone marrow, tissue and organ transplant, up to	€ 150.000	€ 150.000	100%
• Reconstructive surgery following an accident or following surgery for an eligible medical condition	100%	100%	100%
• Prostheses, artificial limbs, corrective devices and medical appliances which are medically required and implanted during surgery as a permanent part of the body	100%	100%	100%
• Normal pregnancy & childbirth, up to	80%, up to € 7.500	€ 8.000	100%
• Complicated pregnancy & childbirth	100%	100%	100%
Elective caesarean will be reimbursed at the cost of a normal delivery.			
• 1 Polysomnographic registration (sudden infant death test) in first 6 mths → <i>subject to a waiting period of</i>	NO 24 months	100% 12 months	100% 10 months
• Chemotherapy, radiotherapy, dialysis	100%	100%	100%
• Medically prescribed physiotherapy	100%	100%	100%
• Medically prescribed physical rehabilitation following an inpatient treatment, in a rehabilitation centre, up to	NO	€ 2.500	€ 5.000
• Psychiatric treatment in open hospital	NO	€ 5.000	100%
• Palliative care (if on a hospital bill), max. of days	0	30	60
• Mortuary (if on a hospital bill)	NEEN	100%	100%
• Emergency dental treatment due to an accident, up to	€ 1.500	€ 1.500	100%
• Accommodation expenses for 1 parent accompanying a minor child If accommodation at hotel, max. 30 days, limited per day	100% € 75	100% € 75	100% € 75
• Urgent transportation by ambulance, taxi, car, train, ...	€ 750	€ 1.000	100%
• Urgent transportation by helicopter from place of incident to hospital	100%	100%	100%
• Hospital cash benefit if hospitalization totally free of charge per night, during max. nights	€ 25 10	€ 50 20	€ 75 30
<u>Ambulatory costs</u>			
• Pre- / Post hospital treatment and examinations during (in days)	80% 30/30	100% 30/60	100% 60/120
• Home nursing, up to up to max. ... days	€ 5.000 30	€ 5.000 60	€ 15.000 90
• Childbirth home delivery → <i>subject to a waiting period of</i>	80%, up to € 7.500 24 months	€ 8.000 12 months	100% 10 months
• Yearly medical check-up (general examination, cervix-, breast- and prostate cancer test)	€ 100	€ 150	€ 200
• Vaccinations	80%	100%	100%
<u>Option 3: Critical Illness in / outpatient treatment</u>			
Following critical illnesses are covered:	100%	100%	100%
AIDS – Alzheimer – Amyotrophic Lateral Sclerosis – Anthrax – Brusselosis – Cancer – Cholera – Cystic Fibrosis – Creutzfeldt-Jacob – Crohn – Diabetes type I and II – Diphtheria – Encephalitis – Lymphomas (Hodgkin and others) – Kidney dialysis – Leukaemia – Malaria – Malignant melanoma – Meningitis – Mucoviscidosis – Multiple Sclerosis – Para typhus – Parkinson – Pocks – Poliomyelitis – Pompe – Progressive muscle dystrophy – Tetanus – Tuberculosis – Typhus – Viral Hepatitis – Total Disability caused by a serious accident			

Medical expenses abroad (outside Country of Residence and/or Country entitled for Social Security)

- | | | | |
|---|-----|-----|-----|
| • Only accidents or acute illnesses occurring during the stay abroad within the chosen Area of Cover and the limits provided in the Hospital Plan. | YES | YES | YES |
|---|-----|-----|-----|

OPTIONS: (per person per year)

Option 1: Elective Home Country treatment

Extra expenses in addition to the normal expenses of an identical treatment in the Country of Residence or the Country entitled for Social Security. Max./intervention and within the given limits of the Hospital Plan
Transportation expenses (economy class ticket)

€ 25.000	€ 37.500	€ 50.000
NO	NO	50%

Option 2: Outpatient treatment

With an overall limit **per person per year** of

	€ 5.000	€ 15.000	€ 25.000
• General practitioners & specialists Fees	80%	100%	100%
• Examinations (analysis, X-Rays, scans, lab tests...)	80%	100%	100%
• Prescribed Dietary guidance, Speech therapy, Stress Counselling: per person per year up to	NO	€ 500	€ 1.500
• Prescribed physiotherapy up to a maximum of	80%	100%	100%
	€ 1.500	€ 1.500	
• Pre/Postnatal exercises, per pregnancy up to	NO	€ 500	€ 750
• Psychiatric care, prescribed psychotherapy up to	NO	€ 1.000	€ 2.500
• Prescribed medication up to a maximum of	80%	100%	100%
	€ 750	€ 1.500	
• Plasters, bandages, slings for covered accident or illness	80%	100%	100%
• Prescribed arch supports (max. 1 pair/year)	80%	100%	100%
• Rent of medical appliances for covered accident or illness (e.g. wheelchairs, crutches...) up to a maximum of	80%	100%	100%
	€ 1.000	€ 1.000	€ 3.000
• Acupuncture, chiropractic, homeopathy, osteopathy, up to	80%, max. € 500	€ 1.000	€ 1.500
• Prescribed antroposophic & homeopathic medication, up to	80%, max. € 500	€ 1.000	€ 1.500

Option 3: Dental cover, optical & hearing aids

• Routine dental treatment, up to	80%	80%	100%
	€ 500	€ 1.000	€ 1.500
• Special dental treatment, up to	50%	80%	80%
	€ 2.000	€ 2.500	€ 3.000
→ <i>subject to a waiting period of</i>	<i>24 months</i>	<i>24 months</i>	<i>12 months</i>
→ absolute yearly limit dental care (all included)	€ 2.250	€ 3.000	€ 3.750
• Glasses and contact lenses (excl. sunglasses and coloured lenses) One pair per year, up to	80%	80%	100%
	€ 150	€ 200	€ 250
• First pair always on prescription!			
• Frame lump sum 200 €	NO	NO	1 per year
• Prescribed hearing aids Max. 1 appliance/ear every 3 years, up to a max. of	80%	80%	100%
	€ 500	€ 1.000	€ 1.500

FOR COLLECTIVE UNDERWRITING ONLY:

Advantage C1: Acceptance of pre-existing disorders

Cover for pre-existing disorders within the given limits
Only available for compulsory group schemes > 10 staff members

YES	YES	YES
-----	-----	-----

MODULE 2. ASSISTANCE

Masterkey² Health Assistance offers you the following benefits, however never exceeding following limits:

Basic cover:

ASSITANCE for Residents

(valid in the Country of Residence):

	LIGHT	STANDARD	GOLD
• Information			
- diverse information concerning medical services	YES	YES	YES
- 2 nd opinion of Company's consulting physician	YES	YES	YES
• Assistance in case of all hospital admittances:			
- Administrative assistance	YES	YES	YES
- Booking of hospital room	YES	YES	YES
• Assistance in case of unexpected medical incident			
- Sending a physician or medical team	YES	YES	YES
- Transportation of insured person to hospital	YES	YES	YES
- Forwarding urgent messages	YES	YES	YES
• Assistance after hospitalization, and if immobilised			
- Transportation of insured person at their home	YES	YES	YES
- Transportation to and from control visits (max. 15 days after hospitalization)	YES	YES	YES
• Assistance in case of decease:			
- Transport of remains to mortuary	YES	YES	YES
- Administrative assistance	YES	YES	YES

ASSISTANCE for Expatriates:

= Assistance for residents

(valid in the Country of Residence + in the Country entitled for Social Security)

+ following benefits (valid in the Country of Residence)

• Direct medical advice of Company's consulting physician	YES	YES	YES
• Assistance related to location in case of worrisome disappearance, up to	€ 5.000	€ 5.000	€ 5.000
• Evacuation to more appropriate place of treatment + return trip	YES	YES	YES
• Repatriation of abandoned vehicle to residence	in zone 10	in zone 10	in zone 10
• Repatriation of family members after major damage to residence	NO	YES	YES
• Post-mortem treatment + repatriation of remains	YES	YES	YES
Cost of coffin limited to	€ 1.250	€ 1.250	€ 1.250
• Repatriation of family members after repatriation of insured person	NO	YES	YES
• Travel and accommodation expenses, up to	€ 1.250	€ 1.250	€ 1.250
for:			
- the insured persons in case of death or critical medical condition of a close relative in the Home Country;	YES	YES	YES
- 1 close relative in case the insured person is hospitalised in a critical medical condition, outside the Home Country.	YES	YES	YES
- 1 person when escorting an evacuated insured person.	YES	YES	YES
- 1 insured person in case of major damage to a real estate property in the Home Country.	NO	YES	YES
Accommodation expenses limited per person per day, up to	€ 75	€ 75	€ 75
• <u>ONLY FOR COLLECTIVE UNDERWRITING:</u>			
• <u>Advantage C2: Sending a substitute</u>			
Travel and accommodation expenses, up to	-	€ 1.250	€ 1.250
for:			
- Sending a substitute to replace hospitalised, repatriated or deceased insured person (max. 10 days)	NO	YES	YES
Accommodation expenses limited per person per day, up to	-	€ 75	€ 75

ASSISTANCE for international commuters:

= Assistance for residents

(valid in the Country of Residence + in the Country entitled for Social Security)

+ following benefits (valid in the Country/ies of Work + route to/from work)

	LIGHT	STANDARD	GOLD
• Repatriation of the insured person to the Country of Residence	YES	YES	YES
• Repatriation abandoned vehicle to residence or employing company	in zone 10	in zone 10	in zone 10
• Post-Mortem treatment + repatriation of remains, up to Cost of coffin limited to	YES € 1.250	YES € 1.250	YES € 1.250
• Travel and accommodation expenses, up to for:	€ 1.250	€ 1.250	€ 1.250
- 1 close relative in case the insured person is hospitalised in a critical medical condition in the Country of Work.	YES	YES	YES
- 1 person when escorting an evacuated insured person.	YES	YES	YES
Accommodation expenses limited per person per day, up to	€ 75	€ 75	€ 75
• Cash advance, up to	€ 1.250	€ 1.250	€ 1.250
• Advance of penal bail, up to	€ 25.000	€ 25.000	€ 25.000
• Advance of solicitor fees, up to	€ 2.500	€ 2.500	€ 2.500

ASSISTANCE for International Students/Au-Pairs/Trainees:

= Assistance for residents (valid in the Country of Residence)

+ following benefits (valid in the Country of study/work + route to/from)

• Assistance related to location in case of worrisome disappearance	€ 5.000	€ 5.000	€ 5.000
• Repatriation of the insured person to the Country of Residence	YES	YES	YES
• Post-Mortem treatment + repatriation of remains, up to Cost of coffin limited to	YES € 1.250	YES € 1.250	YES € 1.250
• Repatriation abandoned vehicle to residence	in zone 10	in zone 10	in zone 10
• Pro rata reimbursement of registration fee in case of interruption of studies (due to illness or accident)	€ 2.500	€ 2.500	€ 2.500
• Pro rata reimbursement of expenses for cancellation of the rent in case of interruption of the studies (due to illness or accident)	€ 1.000	€ 1.000	€ 1.000
• Travel and accommodation expenses, up to for:	€ 1.250	€ 1.250	€ 1.250
- the insured persons in case of death or critical medical condition of a close relative in the Home Country or Country of Residence.	YES	YES	YES
- 1 close relative in case the insured person is hospitalised in a critical medical condition in the Country of Study/Work.	YES	YES	YES
- 1 person when escorting an evacuated insured person.	YES	YES	YES
- accommodation expenses in the intervening period of transfer to another host family (max. 1 claim/insurance year)	YES	YES	YES
Accommodation expenses limited per person per day, up to	€ 75	€ 75	€ 75
• Cash advance, up to	€ 1.250	€ 1.250	€ 1.250
• Advance of penal bail, up to	€ 25.000	€ 25.000	€ 25.000
• Advance of solicitor fees, up to	€ 2.500	€ 2.500	€ 2.500

TRAVEL ASSISTANCE (Private and Business Travel)

This guarantee is valid worldwide.

	LIGHT	STANDARD	GOLD
• Preparatory travel information (visa, vaccinations,...)	YES	YES	YES
• Referral service concerning hospitals / doctors abroad	YES	YES	YES
• Tracing & rescue, up to	€ 5.000	€ 5.000	€ 5.000
• Repatriation in case of a medical incident	YES	YES	YES
• Post-mortem treatment and repatriation of mortal remains	YES	YES	YES
Cost of coffin limited to	€ 1.250	€ 1.250	€ 1.250
• Taking care and repatriation of other insured persons	YES	YES	YES
• Repatriation of baggage	YES	YES	YES
• Substitute driver or repatriation of vehicle	in zone 1	in zone 1	in zone 1
• Sending essential medication / medical appliances	YES	YES	YES
• Forwarding urgent messages	YES	YES	YES
• Assistance in case of breaking, loss or theft of prosthesis	YES	YES	YES
• Assistance in case of loss/theft of travel documents, cheques, payment cards	YES	YES	YES
Travel costs to embassy limited to	€ 100	€ 100	€ 100
• Cash advance, up to	€ 1.250	€ 1.250	€ 1.250
• Advance of penal bail, up to	€ 25.000	€ 25.000	€ 25.000
• Advance of solicitor fees, up to	€ 2.500	€ 2.500	€ 2.500
• Linguistic assistance	YES	YES	YES
• Travel and accommodation expenses, up to	€ 1.250	€ 1.250	€ 1.250
for:			
- the insured persons in case of death or serious illness of a close relative in the Home Country or of a managing partner of the insured person;	YES	YES	YES
- 1 close relative in case the insured person is hospitalised in a critical medical condition, covered by this policy.	YES	YES	YES
- 1 person when escorting an evacuated insured person.	YES	YES	YES
- 1 insured person in case of an important damage to property in the Home or Residence Country.	YES	YES	YES
- travel delay of more than 12 hours, up to	2 nights	2 nights	2 nights
- extended stay due to illness/accident	5 nights	5 nights	5 nights
- extended stay other insured persons, due to illness of insured	5 nights	5 nights	5 nights
Accommodation expenses limited per person per day, up to	€ 75	€ 75	€ 75
• Pro rata reimbursement of non-used lift pass following medical incident	€ 125	€ 125	€ 125
→ <i>Max. period of cover per trip is (in consecutive days)</i>	90	90	90

FOR COLLECTIVE UNDERWRITING ONLY:**Advantage C3: Business Lifestyle**

Information, organisation and reservation of:

• Means of transport	NO	NO	YES
• Hotel, restaurant	NO	NO	YES
• Events	NO	NO	YES
• Sending presents	NO	NO	YES
• Seminar centres, audiovisual equipment, catering	NO	NO	YES
• Interpreters, secretaries	NO	NO	YES
• Sending professional documents	NO	NO	YES

In relation to professional activity outside Country of Residence

OPTIONS:**Option 1: TRAVEL ASSISTANCE - Baggage**

Reimbursements will not exceed the overall limit of
or following specific limits per object, per person, per incident

- **Only for business travel:**

- Commercial samples and specimens
- Professional equipment and instruments, incl. software

- **For all travels:**

	LIGHT € 2.000	STANDARD € 2.000	GOLD € 2.000
- Lump sum for reimbursement of all clothing	€ 1.000	€ 1.000	€ 1.000
- Audiovisual and computer equipment, incl. software	€ 1.000	€ 1.000	€ 1.000
- Mobile phones, electronic diaries	€ 250	€ 250	€ 250
- Photo and film cameras	€ 250	€ 250	€ 250
- Jewellery and watches	€ 750	€ 750	€ 750
- Sports equipment (skis, bicycles, surf boards,...)	€ 500	€ 500	€ 500
- Musical instruments	€ 250	€ 250	€ 250
- Tents	€ 250	€ 250	€ 250
- Objects purchased during travel	€ 250	€ 250	€ 250
- Money	€ 250	€ 250	€ 250
- Travel documents	YES	YES	YES
- Purchase of strictly necessary clothing items and toileteries:			
a. In the event of delay of at least 1 night	€ 150	€ 150	€ 150
b. In the event of loss, theft or delay of more than 48 hours (incl. a.):	€ 250	€ 250	€ 250
- Pro rata reimbursement of non-used lift pass following loss/theft OR			
Rent of skis following loss/theft	€ 250	€ 250	€ 250
→ <i>Deductible per incident</i>	€ 100	€ 100	€ 100
→ <i>Max. period of cover per travel is (in consecutive days)</i>	90	90	90
→ <i>Maximum amount of claims per policy year</i>	3	3	3

Option 2 : TRAVEL ASSISTANCE - Cancellation / Travel interruption

Reimbursements will not exceed the overall limit of
(per person per year)

Maximum per travel and per person

	€ 2.000	€ 2.000	€ 2.000
→ <i>Deductible per event</i>	€ 1.000	€ 1.000	€ 1.000
→ <i>Max. period of cover per travel is (in consecutive days)</i>	€ 50	€ 50	€ 50
	90	90	90

MODULE 3. PERSONAL ACCIDENT OR CRITICAL ILLNESS

This guarantee will pay a single lump sum in case of death following an accident or critical illness. In case of permanent invalidity, this guarantee will pay a percentage of the single lump sum according to the degree of invalidity.

	LIGHT € 25.000	STANDARD € 50.000	GOLD € 75.000
Overall limit per person during the whole insurance period			
- Death by accident			
- adults	€ 5.000	€ 10.000	€ 15.000
- minor children	€ 2.500	€ 6.250	€ 10.000
- Permanent disability following an accident	€ 25.000	€ 50.000	€ 75.000
- Critical and incurable illness	€ 10.000	€ 20.000	€ 30.000

Insured events (24h cover)

For employees and persons doing physical labour or working with machines this cover is limited to private accidents and critical illnesses. For all other insured persons, the cover is extended to all accidents.

Dangerous activities such as motorcycling (under the age of 25), use of aircrafts (other than as a passenger) or dangerous sports are excluded.

Eligibility

Persons are eligible under the age of 60. The insurance ends automatically on the first renewal date after the 65th birthday.

FOR COLLECTIVE UNDERWRITING ONLY:

Advantage C4: Corporate clients can subscribe a multiple of above lump sums.

MODULE 4. DISABILITY PENSION

In case of (permanent or temporary) disability, this guarantee pays the insured pension according to the degree of disability of the insured person.

Degree of Disability	LIGHT	STANDARD	GOLD
- 0-24,99%	0%	0%	0%
- 25-66,99%	25-66,99%	25-66,99%	25-66,99%
- 67-100%	100%	100%	100%

Insured events

Accidents (only private accidents for employees)	YES	YES	YES
Illnesses (non-occupational related illnesses only for employees)	YES	YES	YES
Complicated pregnancy	YES	YES	YES

Type of pension

Constant pension	YES	NO	NO
Increased pension after incident	NO	YES	NO
Indexed pension (before and after incident)	NO	NO	YES

Eligibility

Persons are eligible under the age of 55. The insurance ends automatically on the first renewal date after their 60th birthday. In case of disability occurring before the renewal date following the 60th anniversary, the Company will continue to pay the pension until the end of the disability period, but at the latest on the last day of the insurance month in which the insured reaches the age of 65.

Maximum pension insurable

Up to a gross income of € 30.000, we accept a pension (taking into account the eventual social security benefit) equal to 80% of the official income. The part of the income higher than € 30.000 can only be assured at a 50% rate.

Qualifying period

A longer qualifying period can reduce the premium. You can choose between 30, 90 or 180 days.

Masterkey²Health

CROSS-BORDER HEALTH & ASSISTANCE

(→ Glossary)

Glossary

This glossary is a guide to your understanding of some of the used terminology. You will find this symbol (→...) regularly in the General conditions which is a reference to the different items in this Glossary.

1. Insurance

The General Policy Conditions (including this Glossary) and the Particular Policy Conditions (including the Benefits List) represent together the insurance contract with the Company and set out the terms of insurance. The application form is part of this insurance contract as well. These documents should be read together to avoid any misunderstanding. On the other hand, promotional brochures do not form part of the insurance contract.

2. Particular Policy Conditions

In the Particular Policy Conditions, you find the specific details of the concluded insurance contract, such as the policy holder, the insured persons, insurance period, premium, deductible, commencement date, etc... The Benefits List forms part of the Particular Policy Conditions. New Particular Policy Conditions will be provided after each modification of the contract.

3. Insurer / Company / We / Our

Synonyms for the insurer as mentioned in the Particular Policy Conditions.

4. The Alarm Centre

Inter Partner Assistance's alarm centre.

5. Policy holder

The physical or legal person identified as the policy holder in the Particular Policy Conditions.

6. Insured Person/You/Your

All persons listed in the Particular Policy Conditions as being an insured person.

7. Beneficiary

The person to whom a benefit is payable on the strength of this insurance contract.

8. Family members

Spouse/partner, children/parents (-in-law), other persons with whom the insured person lives at the same address on a permanent basis.

9. Close relatives

Spouse/partner, children/parents (-in-law), brothers/sisters (-in-law), grandparents and grandchildren.

10. Minor children

Children younger than 18 years of age.

11. Commencement date

The date shown in the Particular Policy Conditions on which the insurance starts, a new cover was entered into the policy or when a new Insured Person was included under this policy.

12. Renewal date/due date

The date the premium is due, which in most cases coincides with the anniversary date of the commencement date.

13. Waiting periods

A period of time, starting from the commencement date, during which the insurance provides no cover, unless specified otherwise.

14. Qualifying period

A period of time, starting from the date of the claim, during which the insurance provides no cover, unless specified otherwise.

15. Deductible

The real out-of-pocket-expense, noted in the Particular Policy Conditions, which will be deducted from the reimbursement to the Insured Person. For medical expenses this deductible will be applied annually. For other guarantees, this deductible will be applied per claim.

16. Accident

An accident is any sudden, unexpected force from external origin, affecting or influencing the body of the insured person, and directly causing a medically diagnosable physical injury to the Insured Person.

An accident also includes the following events:

- acute poisoning caused by the sudden and involuntary inhaling of gases, vapours, liquid or solid substances, other than medicines, or allergens;
- illness or allergic reaction directly caused by an involuntary fall into the water or into any other substance, or as a result of jumping in, in an attempt to save humans, animals or goods;
- the involuntary and sudden intake of substances or objects in the digestive system, respiratory system, the eyes or the ears, causing internal injury;
- spraining, dislocation and rupture of muscle and tendon tissues provided these injuries have been caused suddenly and their nature and location may be diagnosed medically;
- suffocation, drowning, freezing, sunstroke, heat stroke;
- exhaustion, starvation, dehydration and sunburn as a result of unforeseen circumstances;
- complications or aggravation of the injury as a direct result of first aid or medical treatment required after the accident.

17. Acute illness

A medical condition that is temporary and is determined as curable by treatment.

18. Chronic illness

A medical condition that is permanent and not determined as curable by treatment (yet).

19. Critical illness

Following illnesses are considered critical illnesses:

AIDS – Alzheimer – Amyotrophic Lateral Sclerosis – Anthrax – Brucellosis – Cancer – Cholera – Cystic Fibrosis (Mucoviscidose) – Creutzfeldt-Jacob – Crohn – Diabetes type I and II – Diphtheria – Encephalitis – Lymphomas (Hodgkin and others) – Kidney dialysis – Leukaemia – Malaria – Malignant melanoma – Meningitis – Multiple Sclerosis – Paratyphus – Parkinson – Pocks – Poliomyelitis – Pompe – Progressive muscle dystrophy – Tetanus – Tuberculosis – Typhus – Viral Hepatitis.

20. Critical medical condition

A medical condition requiring immediate transportation to a hospital.

21. Medically necessary

The healthcare services, care, supplies and/or treatments which, according to the judgment of the treating doctor, are appropriate with the diagnosis and according to generally accepted medical standards, which could not have been omitted without seriously affecting the insured person's condition or quality of treatment rendered.

22. Permanent invalidity/disability

Total or partial reduction of physical integrity of the insured person's body that is considered permanent by medical consultants.

23. Economic disability

The reduction of the earning capacity effectively suffered by the insured person caused by illness, accident or complicated pregnancy.

24. Physiological disability

The reduction of the physical integrity of the insured person caused by illness, accident or complicated pregnancy.

25. Total disability

Degree of disability equal to or higher than 67%.

26. Area of cover

The well-defined geographical area where cover will be provided for claims occurring in that area.

27. Europe

- all EU-member states (Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and United Kingdom + eventual new joining countries)
- all EFTA-member states (Iceland, Liechtenstein, Norway)
- the following independent States: Andorra, Monaco, San Marino, Switzerland and Vatican City.

28. North America

The United States of America (USA) and Canada.

29. Country of Residence

The country in which the insured person has his/her usual residence.

30. Home country

The country that the policy holder declared as such on the application form and of which he/she holds a passport and the nationality.

31. Country entitled for Social Security

The country where insured's Social Security contributions are paid and where he/she can claim Social Security rights and apply for benefits.

32. Abroad

Every country outside the Country of Residence.

33. Health Fund

Mutual or private health insurer, licensed to provide the local governmental health insurance scheme, often called "Krankenkasse", "Mutuelle" or "Ziekenfonds".

Is also considered as a Health Fund:

- the EU-Civil Servants Health Insurance Scheme,
- the Belgian Overseas Social Security Services (DOSZ/OSSOM)
- the French "Caisse de Sécurité Sociale des Français de l'étranger" (CFE).

Is not considered as a Health Fund : National Health Services (NHS), governmental or municipal institutions which provide care in kind.

34. Hospital

An establishment, which is legally licensed as a medical or surgical hospital/clinic.

35. Rehabilitation centre

Every rehabilitation centre registered in accordance with the local authorities legislation, that is not a hospital.

36. General practitioner/family doctor

A person suitably qualified and legally licensed to practice general medicine in the country where treatment is provided. The general practitioner must be practicing within the scope of his/her license and training.

37. Specialist

A person suitably qualified and legally licensed to practice specialised medicine in the country where treatment is provided and who holds a certificate of specialist training. The specialist must be practicing within the scope of his/her license and training.

38. Dentist, dental specialist

A person suitably qualified and legally licensed to practice dentistry in the country where treatment is provided. The dentist/dental specialist must be practicing within the scope of his/her license and training.

39. Obstetrician

A person suitably qualified and legally licensed to practice obstetrics in the country where treatment is provided. The obstetrician must be practicing within the scope of his/her license and training.

40. Therapist

A person suitably qualified and legally licensed to practice certain therapies in the country where treatment is provided. The therapist must be practicing within the scope of his/her license and training.

41. Inpatient treatment/Hospitalization

Surgery or medical treatment in a hospital or clinic when it is medically necessary to occupy a bed at least for 1 night.

42. Day-patient or Day care treatment

Surgery or medical treatment in a hospital or clinic where it is medically necessary to occupy a bed, but not to stay overnight.

43. Outpatient or ambulatory treatment

Surgery or medical treatment where it is not medically necessary to occupy a bed in a hospital or day clinic.

44. Alternative medical treatment

In- / day- or outpatient treatment given by a qualified and legally licensed acupuncturist, chiropractor, homeopath or osteopath, who practices within the scope of his/her license and training.

45. Special dental treatments

Treatment given by a qualified, legally licensed, and specialised dentist, who practices within the scope of his/her license and training, for:

- Bridgework
- Crowns
- Periodontitis
- Orthodontics (teeth adjustment)
- Dentures
- Implants.

46. Home nursing

Medical services provided by a legally registered nurse in the insured person's home, prescribed by a medical practitioner and immediately following inpatient or day patient treatment.

47. Psychiatric disorders

Psychoses, neuroses, temporary states of maladaptation, any other ailments or problems normally treated by psychiatrists.

48. Prescribed medication

Medication of which the sale and use are legally restricted to the order of a doctor, general practitioner, physician, specialist or obstetrician's prescription.

Not eligible for compensation are, for example:

- restorative and nutritional products;
- slimming products;
- tonics, medicinal wines, cod-liver and fish oil products;
- vitamin products;
- laxatives;
- cosmetics.

49. Expenses for transport of patients

The expenses of medically necessary and emergency transport of patients by ambulance, both to and from the hospital.

The expenses of medically necessary transport of patients by taxi, train, car ... both to and from the hospital.

The expenses of emergency transport of patients by helicopter from the place of incident to the nearest and/or most appropriate hospital.

This transport must be related to a medical treatment where the Company is responsible for either in full or in part. If the insured person is not in a critical medical condition, a right to reimbursement of the expenses of repeated ambulance transport will only exist if the Company has given **prior approval** following a request for that specific purpose.

50. Evacuation/Repatriation expenses

- The expenses for medically necessary (→1.21) transportation to another region or country where the insured person may receive an appropriate medical treatment;
- The expenses for repatriation of the remains to the Home Country, and for statutory arrangements, embalment and coffin. The expenses for cremation or burial in the home country are not covered.
- The expenses of any other covered emergency return to the Home Country or Country of Residence.

51. Vehicle

Every two-wheeled vehicle, vehicle destined for private, business or mixed use, four-wheel-drive, motor home, or van not exceeding the maximum allowed mass (M.A.M.) of 3,5 tonnes.

On the condition that they are pulled by the vehicle: the trailer, the caravan, where the M.A.M. of 3,5 tonnes or a length of 6 meters is not exceeded.

52. Accommodation expenses

The expenses for bed and breakfast in any hotel or boarding house.

53. Baggage

Goods and personal effects belonging to or hired by the insured person and, accompanying the insured person on his/her journey.

54. Money

Cash, bank notes, cheques, traveller cheques, vouchers and airport tax coupons.

55. Travel documents

Passport, driver's license, tourist pass, tickets or other travel documents for which no duplicates can be issued.

56. Constant pension

A constant pension is a pension that does not change during the course of the contract.

57. Increasing pension after incident

An "increasing pension after incident" is a pension that, during the right to benefit, increases with 2% of the initial pension, such as stated in the Particular Policy Conditions, after each anniversary of the right to benefit.

58. Indexed pension

A pension is indexed when the pension, such as stated in the Particular Policy Conditions, increases every year with 2% of the pension of the previous policy year. This also involves that the premium for this disability insurance will increase with 2% per year.

59. Resident

A resident is a person who permanently resides in a given country.

60. International student/trainee

A international student is a person who studies in another country than his/her Country of Residence.

A international trainee is a student who does an internship or work placement in another country than his/her Country of Residence.

61. Au-pair

An au-pair is a person living with a host family, and who does, within the given regulations, basic household work (among other things taking care of the children of the host family), and generally studies the language of the Host Country.

62. International commuter

An international commuter is a person who works in another country than his Country of Residence, and thus commutes on a regularly basis (daily, weekly,...) between both countries.

63. Expatriate / Expat / Inpat /TCN

An expat is a person who lives, not permanently, and eventually works in another country than his/her Home Country.

64. Immigrant/Emigrant

An immigrant or emigrant is a person who lives, permanently, and eventually works in another country than his/her Home Country. Because of the permanent aspect, they will be regarded as Residents.

Masterkey²Health

CROSS-BORDER HEALTH & ASSISTANCE

General Conditions common to all modules

Article 1 Insurer

IPA
Inter Partner Assistance NV (member of AXA-group)
Louisalaan 166 box 1
1050 Brussels
BELGIUM
Licensed for branch Accident (01), Health (02) and Assistance (18)
License number 0487.

Article 2. Description of the insurance contract (→1)

2.1. Modules and Options

The modules “Medical Care” and “Assistance” form the compulsory basis in this contract. It can be extended with other modules such as “Accident & Critical Illness” and/or “Disability Pension”.

Both basic modules again offer a basic cover which can be extended with options.

Options can only be taken out as a supplement of the compulsory basic cover.

2.2. Extent of cover

This insurance (→1) will provide cover to the insured person according to the conditions which are mentioned in the Particular Policy Conditions (→2), within the extent and limits described in the Benefits List.

1.3 Area of cover (→26)

The insurance will provide cover in the Country of Residence (→29) as mentioned in the Particular Policy Conditions (→2). The cover will be extended during trips in countries outside the Country of Residence but only within the chosen Area of cover :

10: Europe (→ 27)

12: Europe + 90 days/year worldwide (excl. N-America)

13: Europe + 90 days/year worldwide (incl. N-America)

20: Worldwide (excl. N-America)

23: Worldwide (excl. N-America) + 90 days/year worldwide (incl. N-America)

30: Worldwide (incl. N-America) (→ 28)

If the Country of Residence is different to the Country entitled for Social Security (→31), (which can e.g. happen with international commuters(→62)), the cover will be extended to both countries for the insured persons who have Social Security cover in both countries.

If a (temporary) abode abroad (→32) is expected to last for more than 90 consecutive days, the insured person must report this to the Company immediately.

1.4 Deductibles (→15)

The deductibles mentioned in the Particular Policy Conditions shall apply per claim. Only for the Medical Care insurance will it apply once per insurance year and per insured person.

In the event of a suspension or termination of the coverage, no reduction or pro rata adjustment of the deductible already applied will be made.

Article 3. Duration and end of the insurance

3.1. Duration of the insurance

The insurance will be effective from the commencement date (→11) mentioned in the Particular Policy Conditions (but not before the date the first premium has been paid) for a 1 year period as a minimum and is renewable automatically for successive 1 year periods.

3.2. End of the insurance

The policy can be cancelled as follows:

3.2.1. By the policy holder(→5):

By registered written termination letter from the policy holder:

- On due date (→12) with at least 3 months prior notice;
- In connection with a claim, within 30 days after the Company has taken a final position;
- In connection with a premium increase or alteration of conditions:
 - If the policy holder has been notified about the increase or alteration at least 4 months before the yearly due date, he/she has the right to cancel the policy with at least 3 months prior notice. The contract ends then on the due date.
 - If the policy holder has been notified about the increase or alteration less than 4 months before the yearly due date, he/she has the right to cancel the policy within a period of 3 months following the mailing date of the notification. By doing so the contract ends one month after the day of notification, date of the receipt or, in case of registered letter, the date of deposition at the post office, but not before the yearly due date.

In case of death of the policy holder, the eventual other insured persons can terminate the contract, by sending a registered letter within 30 days after decease.

3.2.2. By the Company (→3):

Unless otherwise mentioned in the General Policy Conditions specific to the different modules and options, by registered letter from the Company:

- if in connection with an event the insured person (→6) has deliberately given a misrepresentation of facts or failed to notify important information to the Company, of which, if the information was known, never would have lead to cover that risk. In this case the insurance will end on the date mentioned in the letter of termination. The Company will observe at least 30 days prior notice.
- In case of non-payment in respect with the procedure explained in art. 5.2.

Article 4. Contract modification

The policy holder can ask the Company to change the Particular Policy Conditions (→2). If this modification leads to an increase of the covered risks, the acceptance will be subjected to the conditions applied at that moment.

Every modification must be acted in an addendum to the policy or another equivalent document.

Article 5. Premium payment

5.1. Premium payment in general

Premiums are determined by the Company and will be payable, unless otherwise mentioned, in advance including eventual (local) premium taxes and contributions.

The initial premium is due on the date of commencement (→11) as stipulated in the Particular Policy Conditions (→2).

The policy holder (→5) may choose between quarterly, and annual payments. Quarterly premiums are 26% of the annual premiums.

The premium must be paid within 30 days after its due date (→12).

Premium payment is possible by bank transfer, cheque, credit card or cash.

The Company reserves the right to adjust the premiums once a year starting from the renewal date:

- based on eventual changes in cover ;
- based on the loss experience during the previous calendar year (e.g. because of the increased prices in medical care);
- in case of a fundamental modification in the legislation regarding one of the Social Security systems;
- in case of introduction or modification of a legislation that influences this contract.

This in relation to the modification of the concerned legislation in question and its financial consequences for the Company and after having notified the policy holder.

The premium for medical care is also age related and will therefore be adjusted on the first premium due date after the insured's (→6) following birthdays: 20, 30, 40, 50, 60, 70.

5.2. Non-payment or unpunctual payment

The policy holder (→5) will be responsible for punctual payment of the premium to the Company (→3). In the event that a premium is not received by the Company on the due date, the Company will send a registered letter. 15 (fifteen) days after sending this registered letter the Company has the right to suspend or annul the contract if the premium is still not received. Any policy suspension or annulment for non-payment will start after expiry of above-mentioned period.

The policy holder maintains responsibility for any amount due (premiums, interests and costs). The cover of a suspended policy will only start again when all amounts due have been received and accepted by the Company, with respect of the provisions of eventual special clauses in the General or Particular Policy Conditions. No right to any benefit will exist for reimbursement of any damage arising in the period the insurance is suspended.

Article 6. General exclusions

The insurance will not cover damage or expenses caused by, or as a result of:

6.1 War risk/terrorism

Direct or indirect active engagement in (civil) war, invasion, riots, lock-outs, acts of a foreign enemy, hostilities (whether war be declared or not), civil commotion, rebellion, revolution, insurrection, terrorism, military or usurped power or any illegal act.

6.2 Criminal acts

The committal of any criminal act, as perpetrator, co-perpetrator or accomplice, by the insured (→6) or by the beneficiary (→7) as interested party of the insurance benefits.

6.3 Weapons

The possession and/or the active use of weapons by an insured person (→6) or beneficiary (→7) as interested party of the insurance benefits.

6.4 Nuclear reactions

- Nuclear accidents as described at the Paris Convention of July 29th, 1960.
- Ionising radiations or contamination by radioisotopes.

An exception will apply when the insured person (→6) is exposed to nuclear reactions as result of any medical treatment.

6.5. Alcohol/drugs

The use of alcohol, intoxicants, drugs or medicines (except when the medicines are prescribed and used in accordance with prescription).

6.6. Sports

- Practicing sports as a (subsidiary) profession.
- Practicing dangerous sports such as:
 - Preparation for or participation in speed races with motor vehicles or other vehicles, motor boats or bicycles;
 - Amateur flying, delta flying, parachuting;
 - Rafting, deep sea diving;
 - Equestrian competitions;
 - All combat and self-defence sports;
 - Rugby;
 - Glacier trips without a guide, mountaineering;
 - Ski alpinism, ski jumping, ski bob;
 - Ski sailing; ice sailing, bobsledding, tobogganing, skeleton, swing bo;

6.7. Other exclusions

- Wilfulness or consent of the insured (→6) or the beneficiary (→7) as interested party of the insurance benefits;
- Suicide or attempted suicide;
- Reckless act or severe negligence;
- Active engagement in fights or risky ventures in which the insured person endangers his/her life or body.

Article 7. Claims

7.1. Reporting a claim

Claims should be reported as soon as possible to the Company. For this purpose a claim form should be completed according to the applicable instructions and returned together with the original and detailed bills and all supporting vouchers.

The right to compensation will expire if it is not reported within three (3) years after the date on which the damage occurred.

7.2. Complementary intervention

In the event that the damage or expenses are also recoverable from other insurance companies, or a Social Security Institution, this insurance will only apply to complement the cover in the other policies or schemes up to the given limits in our Benefits List.

7.3 Subrogation

For any payment under this policy, the Company will be subrogated to all rights and demands the insured person (→6) may claim concerning recovery against any third party or organisation. The insured will be obligated to give his full cooperation to secure such rights.

7.4. Dispute and expertise

In case the policy holder (→5) or the insured person (→6) does not agree with a medical matter, then this should be reported to the Company within 15 days after notification of the decision.

The dispute will be submitted on contradiction to a medical commission of 2 experts-doctors, one designated by the Policy holder and/or the Insured, and one by the Company. If these doctors don't agree, they designate a third expert-doctor, whose role is to provide a decisive answer.

If one of the parties does not designate an expert, or if both experts do not agree about the choice of the third expert, the designation will be done by the Court of First Instance from the head office of the Company, on appeal of the plaintiff.

Every party carries the fees of his own expert; the fee of the third expert will be carried by both parties at equal share.

The same principle will apply for the fees of doctors to whom they appeal.

Article 8. Exchange rates

Premiums should always be paid in the currency mentioned in the Particular Policy Conditions (→2). All exchange and bank costs are at the expense of the Policy holder (→5).

Claims will be reimbursed to the insured person (→6), or in the currency mentioned in the Particular Policy Conditions, or in the currency of his/her choice. The date of the exchange will be the date of reception of the invoice. In this case, the eventual difference in exchange rate between the date of reception and the date of payment will be at the expense of the Company.

The used rate will be the official interbank rate.

Article 9. Obligations of the insured person

The insured person (→6) will be obligated to:

1. report the event which may give rise to a claim to the Company within 30 days or as soon as possible.
2. supply the Company with all particulars and documents as soon as possible.
3. keep the Company informed of new facts and developments in the case.
4. take all reasonable measures and precautions to minimize the damage and the consequences for the Company.
5. lend his full cooperation to the claim settlement and withhold every action that may harm the Company's interests.

If the insured has not fulfilled these obligations, and this turns out to be a disadvantage to the Company, the previously named will have the right to reduce the compensation amounting to this disadvantage.

The insured person loses any right to reimbursement, taking into account the circumstances under which the event occurred or with respect to any other component of the claim, when he/she:

- has given a misrepresentation of facts or has made an untrue statement;
- withholds information of which he/she could - or reasonably should - know that it might be important to the Company in its assessment.

Article 10. Notifications

Notifications by the Company (→3) to the policy holder (→5) will be made regularly to the policy holders' last address known to the Company.

The policy holder and/or the insured will be obligated to notify the Company of any changes of name or address mentioned in the General Policy Conditions (→2), changes in existing cover with third parties or changes in profession of the different Insured Persons. The Company must also be notified in the event of death of the policy holder or one of the Insured Persons (→6).

The Company cannot be held responsible for the consequences if the policy holder and/or the insured fails to notify such events.

All notifications, claims, correspondence, physician's diagnosis and bills, etc... should be in one of the following languages: Dutch, English, French, German or Spanish.

All communications sent out by the Company will be done in the contract language.

Article 11. Applicable law, Disputes

This insurance is carried out according to Belgian law and especially by the Insurance Act of 25th of June 1992.

Any disputes concerning interpretation and/or the execution of this contract will only be settled by Belgian Courts.

Article 12. Privacy code

All (medical) information of policy holders (→5), insured persons (→6) and beneficiaries (→7) that are delivered or yet to be delivered to the Company may be included in the Company's register of clients, with the view to accepting the risks, administering the contracts, settling the claims, collecting the premiums and customer service in general. To offer you an optimal service, we can give this information to service providers, acting on the order of the Company. All information will be handled with the greatest discretion.

The involved persons give explicit permission for the registration of these particulars in the scope of this contract. This registration is determined in the Belgian Law of December, 8th 1992 concerning the protection of the personal privacy.

All involved persons have the right to look into their own particulars and have them corrected if necessary.

Masterkey²Health

CROSS-BORDER HEALTH & ASSISTANCE

General Conditions specific to module 1. Medical Care

Article 13. Type of Plan, possibilities and consequences

13.1. Full cover Plan (100% insurance)

This plan foresees a cover according to the Benefits List. The insured persons (→6) have the right to choose a doctor (→36), specialist (→37) and hospital (→34).

3 types of Full Cover Plans are available: Light, Standard and Gold. The Plan that is applicable to you is mentioned in your Particular Policy Conditions (→2).

13.2. Top-Up Plan (additional insurance)

People with a compulsory Health Fund (→32) cover can opt for a Top-Up Plan. This Top-Up Plan is available to most compulsory health insurance schemes in the EU, and is also available for:

- the EU-Civil Servants health insurance scheme,
- for the Belgian Overseas Social Security scheme (DOSZ/OSSOM)
- for the French Social Security scheme for Frenchmen abroad (CFE)

This Top-Up Plan is an addition to the Social Security Scheme of the Insured Person (→6). This means that the Social Security Scheme and the Top-Up Plan **together** insure a 100%-cover according to the Benefits List.

Again 3 types of Top-Up Plans are available: Light, Standard and Gold. The Plan that is applicable to you is mentioned in the Particular Policy Conditions (→2).

The insured persons keep their free choice of doctor (→36)/ specialist (→37) and hospital (→34). However, if the local Health Fund has regulations about this free choice, or only works with particular doctors or hospitals, then the insured person is requested to follow these regulations. If not, the Company will reduce its compensation to the rateable part as if the Insured Person would have followed the regulations.

To determine the correct reimbursement the Company needs an attestation from the Health Fund stating their part of the reimbursement.

The insured person will always inform the Company, as soon as changes have been made in his/her Social Statute and/or the Health Funds cover.

13.3. Sleeper Plan (waiting insurance)

When the Insured Person (→6) benefits from a compulsory collective medical cover from his/her employer he/she can opt for a Sleeper Plan.

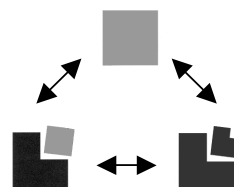
In this plan the cover is limited to the basic guarantee Assistance as defined in Module 2.

In this plan the Insured Person only pays part of the premium to preserve his/her future rights (acceptation, waiting periods).

During that period of suspended medical cover no reimbursements will be done by the Company.

The Insured Person must inform the Company, within 30 days after leaving the collective employers' plan (e.g. in case of retirement). That way they are exempt from medical underwriting procedures and they avoid new waiting periods.

The insured person must always inform the Company, as soon as changes have been made to the Social Statute, the Health Funds cover and/or the employers' insurance cover.



13.4. Changing from one plan to another.

Changing to a Full Cover plan is always possible, except in countries where these kind of plans are forbidden for persons with a compulsory Health Fund cover (e.g. France).

In all other cases of change from one type of plan to another, the Company needs proof, in form of an attestation from the Health Fund (→ 1.32) or Social Security Institute (E-form), or a copy of the employers' policy, stating the cover details of the benefits.

In the event of a change to a Full Cover Plan, without any proof of change in the situation, the Company reserves the right to demand a new medical underwriting procedure.

In case of a change from one type of plan to another, the premium will be settled pro-rata.

It is the Insured Persons' obligation to inform the Company within 30 days by written notice of all changes of the Social Statute, of Health Fund cover or of the employers' policy. Please also read on that subject art. 9 and art. 10 of the General Conditions.

13.5. Intellectual property of the Concept

This concept of adapting the policy to the clients' situation of Social Security is developed and worked out by Expat & Co bvba – Lange Haagstraat 72 – B 1700 Dilbeek - Belgium, and is registered as a concept model at B.B.D.M (i-depot) N°3193/2005.

Article 14. Eligibility

The persons eligible for subscription to the insurance are the persons who:

- are sound of health and able-bodied at the commencement date (→11);
- are younger than 70 years old.

Article 15. Basic cover: Hospital Plan

The hospital plan must be taken out before any other supplementary option can be added.

The insurance will cover the medical expenses incurred by the Insured Person (→6) according to the chosen type of plan, version and the applicable reimbursement rates and limits. Those are listed in the Benefits List.

15.1. Hospitalization (→41)

Refund for all necessary medical (→21) hospital accommodation, doctors' fees, medication and appliances, nursing charges provided to an insured person (→6) occupying a hospital (→34) bed.

Supplementary costs of a Private Room are not covered in the Light version, except:

- when medically necessary (→21);
- in case of intensive care.

These exceptions must be stated by the treating specialist (→37).

Palliative Care is limited to the amount of days mentioned in the Benefits List. Palliative Care and Mortuary Costs are only covered when mentioned on the hospital invoice.

15.2. Bone marrow, tissue or organ transplants

The expenses for medically necessary (→21) hospital admission, pre- and post hospitalization treatment of the donor will be reimbursed in full on the basis of the chosen plan and version of the insured receiver. Under no circumstances will the amount of reimbursement for donor and receiver together exceed the given limits mentioned in the Benefits List.

15.3. Pregnancy & Childbirth

This guarantee includes normal childbirth, pregnancy complications, home delivery, pre- and postnatal treatment by a doctor and/or obstetrician (→39). It will not include pre- and postnatal exercises.

The maternity costs will only be reimbursed, within the given limits in the Benefits List, on the condition that the date of delivery has passed the applicable waiting period (→13) of the insured mother (10, 12 or 24 months).

An elective caesarean will be reimbursed at the cost of a normal delivery.

The provisions of the Hospital Plan will also apply to the newborn children from the time of birth and irrespective of any congenital diseases or defects, at the conditions:

- they have been presented to the Company for insurance within thirty (30) days after their birth;
- all other children, living with the insured parent(s) at the same address, have been insured under this cover;
- the date of delivery has passed the applicable waiting period (→13) of the insured (→6) mother.

The exclusions foreseen in article 19.1 will not apply in that event.

Costs for one (1) polysomnographic registration (sudden infant death test) will also be reimbursed within the first 6 months after birth.

15.4. Pre- and Post Hospitalization

Will be reimbursed within the given limits in the Benefits List:

- Prescribed Inpatient and Outpatient Treatments before and after hospital admission (→41), and which are directly related to that admission;
- Prescribed medication (→48) in direct relation to the admission;
- Physiotherapy following an inpatient treatment prescribed by the treating specialist (→37). The reimbursable expenses do not include pre- and postnatal exercises, manual therapy, sports massage and occupational therapy.

15.5. Home nursing (→46)

Home nursing can also be reimbursed, within the given limits and according to following conditions:

- The home nursing immediately follows hospitalization and is necessary to replace hospital nursing;
- The home nursing is prescribed by the treating specialist and is performed by a registered nurse.

15.6. Physical rehabilitation

Treatment in a rehabilitation centre (→35) immediately following an inpatient treatment, can be refunded within the given limits.

15.7. Psychiatric treatment (→47)

Treatment of psychiatric disorders in an open hospital (→34) can be refunded within the given limits.

15.8. Emergency dental treatment

Within the given limits, the necessary and reasonable emergency dental treatment expenses, carried out by a licensed dental practitioner (→38) will be refunded, to replace or restore healthy natural teeth damaged or lost as a result of an accident (→16). Eventual oral surgery (of the jaw) will be fully reimbursed as an other surgery.

15.9. Accommodation expenses (→52) for a parent accompanying a minor child

Parent accommodation for one (1) parent accompanying a minor child (→10) in the hospital (→34) will be fully reimbursed during a maximum of 30 days.

If the parent can not stay in the hospital overnight and the hospital is more than 75 km or 1 hour drive from the home residence, the Company can pay for accommodation in a hotel in the direct neighbourhood of the hospital within the given limits in the Benefits List.

15.10. Abroad (→32)

During a stay of the insured person outside the Country of Residence (→29) or the Country entitled for Social Security (→31), only emergency and medically necessary expenses will be reimbursed in relation to an **acute illness** (→17), an **acute attack of a chronic illness** (→18), or **accident** (→16) occurring during the stay.

No expenses will be reimbursed in case of a planned admission in a hospital (→34) abroad, except upon prior authorisation of the Company and the eventual Health Fund (→33) in case of a Top-Up plan.

There will be no cover outside the Area of cover (→26).

15.11. Preventive Check-Ups and Vaccinations

Once per policy year every insured person (→6) can have a general check-up with a general practitioner (→36) for preventive reasons.

Besides, every insured adult woman (+18) can have a uterine-cervix- and breast-cancer test, while men above 45 can have a prostate cancer test, with a specialist (→37), at charge of the Company, within the given limits.

All necessary vaccinations will be reimbursed, within the given limits.

15.12. Patient transportation

Road transportation by ambulance, if urgent and medically necessary (→21), will be reimbursed within the given limits after an accident (→16), acute illness (→17) or an acute condition of a chronic illness (→18), a delivery, or from hospital to hospital by a doctor's prescription.

If urgent, the expenses for transport (→38) by taxi, car or train are reimbursed as well.

An emergency and medically necessary helicopter transport is reimbursed from the place of incident to the hospital.

All other transportation must be **pre-approved** by the alarm centre (→4) in order to be compensated.

15.13. Hospital cash

If a patient may benefit from an inpatient (→41) or day patient (→42) medical treatment that is totally free of charges (hospital accommodation, doctors' fees, nursing charges, medicines, bandages, appliances ...) he/she can receive a daily allowance per night he/she occupied a hospital bed, within the limits as mentioned in the Benefits List. This can occur in countries where Social Security reimburses 100% of the treatment.

To receive this Hospital Cash benefit the insured person (→6) should produce a certificate or any form of proof of the hospital stay (hospital address, name of treating practitioner, period and reason of stay).

15.14. Critical illnesses (→19)

This option will cover all medically necessary (→21) inpatient (→41), day patient (→42) and outpatient treatment (→43) expenses concerning one or more of the listed Critical Illnesses in full. Prescribed medication (→48) is also reimbursed. The covered critical illnesses are listed in the Benefits List and the Glossary.

The diagnosis of the illness must be confirmed by biological or anatomopathological examinations, medical imaging or other medical recognised examinations, and will be subject to an expertise by a medical adviser designated by the Company.

Article 16. Options

The options will cover the medical expenses incurred by the insured person according to the chosen plan and version and the applicable reimbursement rates and limits as listed in the Benefits List.

16.1. Option 1: Elective home country treatment

If the insurance has been extended with Option 1, the special terms below will also apply:

Option 1 can only be taken out as a supplement to the Hospital Plan.

An insured person can opt to be treated in his/her Home Country (→30) for important or critical operations, within the given limits, and under the condition that:

- the Company has given prior approval.
- the total expenses of the treatment do not exceed the limits mentioned in the Benefits List – "Hospital Plan";
- The given limits mentioned in the Benefits List – Option 1: "Elective Home Country Treatment" are the maximum reimbursements on top of the normal expenses the Company would have paid for an identical treatment in the Country of Residence (→29) and/or Country entitled for Social Security (→31).

No transportation expenses (→49) are paid, except in the Gold version, the Company reimburses 50% of the travel expenses in economy class.

No accommodation expenses (→52) are paid, except for hospital accommodation and the expenses for escorting a minor child (→10) as mentioned in the Benefits List under the basic Hospital Plan.

16.2. Option 2: Outpatient treatment (→43)

If the insurance has been extended with Option 2, the special terms below shall also apply:

Option 2 can only be taken out as a supplement to the Hospital Plan.

Following expenses will be reimbursed within the given limits:

- The fee payable to the general practitioner (→36) or specialist (→37) for consultations and visits for medical treatment, examinations, small surgical operations provided to an insured person not occupying a hospital bed;
- The expenses for laboratory tests, medical imaging, electrophysiology (ECG, EEG, EMG), IRM and nuclear medicine used to diagnose or treat medical conditions.
- Prescribed guidance by a dietician, speech therapist and stress counsellor under the supervision of the treating practitioner or specialist;
- The fees for outpatient Physiotherapy. The reimbursable expenses do not include, manual therapy, sports massage and occupational therapy;
- Pre/Postnatal exercises after the applicable waiting period (→6) for pregnancies in the Hospital Plan;
- Outpatient psychiatric care (→47) and psychotherapy ;
- Prescribed medication (→48).
- The fees payable to the acupuncturist, chiropractor, homeopath or osteopath fee (→44);
- The expenses for antroposophic and homeopathic medication prescribed by a qualified physician, therapist (→40) or homeopath (→44).

16.3. Option 3: Dental cover, optical & hearing aids

If the insurance has been extended with Option 3, the special terms below shall also apply:

Option 3 can only be taken out as a supplement to the Hospital Plan.

The following treatments are covered as routine dental treatment, within the given limits: dental check, tooth cleaning, fillings, root treatment, tooth extraction, surgery, anaesthesia and X-ray examination.

The following treatments are covered within the given limits as special dental treatment (→45): bridgework, crowns, implants, periodontitis, orthodontics and dentures. Special dental treatment is subject to a waiting period (→13) of 12 or 24 months, depending on the chosen version.

One (1) pair of glasses or contact lenses per insurance year are covered within the given limits.

For frames a lump sum is paid per given period and after presentation of the invoice.

Sunglasses and coloured lenses are excluded.

Hearing Aids prescribed by an ear specialist (→37), are covered for maximum one (1) appliance every 3 years per hard of hearing side and within the given limits.

Article 17. Collective schemes

17.1. Advantage C1: Acceptance of pre-existent disorders

This advantage is only available within collective and compulsory medical plans for an objective defined group of at least 10 insured staff members in a Full Cover Plan or Top-Up Plan. Sleeper plans are not taken into account.

People accepted under this advantage do not have to undergo a medical acceptance procedure, and will be covered even for diseases and injuries occurred before the date of commencement (→11) of this policy within the given limits.

They will keep this advantage when they change to an individual policy, on the condition that they were insured for at least 2 consecutive years in the collective scheme, and the application of the individual policy is less than 30 days after they left the collective policy.

For groups starting from 5 insured staff members a declaration of good health will do.

Article 18. Claim settlement

18.1. Reimbursements

Reimbursement will be paid, following the Company's approval of the expenses as being covered by the insurance, after the original, detailed and receipted bills together with the policy number have been submitted to the Company.

In case of a Top-Up Plan the original bills should be replaced by a copy accompanied by an original attestation of the Health Fund (→33) stating their part of the reimbursement.

Reimbursements will be limited to the usual, customary and reasonable charges in the country in which the treatment is provided.

Under no circumstances will the amount of reimbursement exceed the amount shown on the bill. If the insured receives reimbursement from the Company in excess of the amount to which he/she is entitled, the insured will be obligated to repay the Company the excess amount immediately, otherwise the Company will set off the excess amount in another account between the insured (→6) and the Company (→3).

18.2. Deductibles (→15)

If a deductible has been chosen, it will be applied per insured person (→6) and per policy year.

In case the insured person asks for a modification of the deductible, the modification will only take place on the next renewal date (→12).

All Insured Persons in the same policy will have the same deductible.

The reimbursements will be paid once the company's reimbursable expenses have met the deductible.

If admission to a hospital (→41) does not end in the same insurance year in which it began the deductible shall only be applied once for this admission.

In case of suspension, termination or change of the cover no reduction of the deductible already applied will be made.

18.3. Waiting periods (→13)

The waiting periods listed below will apply:

- For expenses incurred in relation to pregnancy and childbirth and all consequences thereof, the right to reimbursement will only take effect twelve (12) months after the commencement date. For the Light version this waiting period is extended to twenty-four (24) months, and for the Gold version it is reduced to ten (10) months.
- For expenses incurred for Special Dental Treatment (→45) the right to reimbursement will only take effect twenty-four (24) months after the commencement date. For the Gold-version the waiting period is reduced to twelve (12) months.

The waiting periods are not applicable if the new policy / module / option replaces a previous contract, with the same valid guarantees, within thirty (30) days after the end date of the previous contract, and under the condition that the waiting periods under the previous policy were fully expired.

Article 19. Exclusions

Additional to the general exclusions mentioned in the General Conditions art. 6, there will be no reimbursement of expenses:

1. incurred for any disease, illness or injury known to the policy holder (→5) and/or the insured (→6) at the time of application, unless agreed upon with the Company;
2. that can be claimed on the strength of a Social Security scheme. This exclusion will remain in full force in the Top-Up Plan if a claim is not compensated by the Social Security because a prescribed procedure has not been followed or an obligation has not been fulfilled (see art. 13.2);
3. for cell therapy;
4. for the bare issue of medical certificates;
5. for cosmetic surgery and treatments, unless it is a matter of mutilation as a result of an accident (→16), disease or a serious defect present and noted at birth;
6. alternative medical treatment, other than mentioned in the Glossary article 44. and in article 16.2;
7. treatment of sexual dysfunction;
8. for the cost of fertility tests and fertility-promoting treatments;
9. sterilization and abortion, unless medically necessary (→21), stated by the specialist;
10. to undo a voluntarily undergone sterilization;

11. contraception, unless medically necessary (→21) stated by the treating practitioner;
12. venereal diseases however caused;
13. for services or treatment at any long term care facility, spa clinic, hydro sanatorium, nature cure clinic or institution that is not a hospital (→34), or any kind of care which is not part of a medical or surgical treatment, including stays in nursing homes;
14. treatment of diseases or injuries during military service;
15. contaminations or epidemics which have been placed under the direction of public authorities;
16. for the required personal contributions towards medical examination of the population, charged by the authorities;
17. treatments performed by the insured, his/her spouse, parents or children or a practice owned by one of these mentioned persons. The proven costs of materials and medicines will, however, be reimbursed in accordance with the plan.

The insured person is requested, in case of a Top-Up Plan, to follow the regulations of the Health Fund (→33) strictly concerning approvals, referrals and free choice of doctor/hospital. No additional compensation will be due for expenses which would be covered by Social Security, if the Insured Person would have respected the regulations of the Health Fund.

Article 20. Methods of treatment

Physicians (→36), specialists (→37), dentists (→38), etc. performing the treatment must have authorisation in the country of practice. Furthermore, the method must be approved by the public health authorities in the country, where the treatment takes place. Methods of treatment not yet approved by the public health authorities, but under scientific research will only be covered if approved in advance by the Company's medical consultants.

Article 21. Obligations of the insured person

The insured person (→6) is obligated to:

1. notify the Company, within 30 days or as soon as possible, and if possible in advance, of the event of an admittance to a hospital (→34) of one of the insured persons;
2. cooperate for a quickest possible recovery and in any medical examination desired by the Company or any observation in a hospital designated by the Company.
3. give full cooperation to the medical adviser appointed by the Company to acquire necessary information;
4. submit all the bills and receipts as soon as possible to the Company;
5. make sure that all the bills are itemized, so that it can be understood easily and without any further inquiries from the claims adjuster of the Company.
6. make sure that doctors bills, possibly made by computer, are being signed by the practitioner rendering the medical care;
7. ensure that the bills for emergency dental treatment are enclosed with a statement of the treating dentist (→38);
8. do everything that is in his/her power to keep the damage and the consequences of the accident to a minimum;
9. transfer all necessary particulars to the Company, or to the experts designated by it, and not withhold any facts or circumstances that may be relevant to the Company.

If above-mentioned obligations are not fulfilled the Company reserves the right to reduce compensation as far as the caused disadvantage.

Masterkey²Health

CROSS-BORDER HEALTH & ASSISTANCE

General Conditions specific to module 2. Assistance

Article 22. Eligibility

The persons who have subscribed to the Module Medical Care are eligible.

The right to assistance or reimbursement includes only the actions taken by the Company itself, or for which it has given its approval.

Article 23. Basic cover

The basic cover Assistance is automatically included in the module Medical Care. Depending on the capacity of the insured person (→6) he/she has right to the cover of:

- Assistance for residents (→59)
- Assistance for expatriates (→63)
- Assistance for international commuters (→62)
- Assistance for international students (→60) / au-pairs (→61) / trainees (→60)
- Travel assistance for all insured persons

The other assistance covers can be taken out as an option:

- Travel assistance – Baggage
- Travel assistance - Cancellation/Travel interruption

Article 24. Assistance for residents (→59)

24.1. Diverse information medical services

Upon request of the insured person (→6), and if available, the Company can provide information about various medical centres, ambulance services, physicians, dentists, nurses and pharmacists (on call), opticians, and firms renting medical appliances, situated nearest to the residence.

The intervention has as only purpose to provide the insured person with useful information. The Company can not be held responsible for the price and/or quality of the supplied services.

24.2. Second opinion of Company's consulting physician

In case the insured person (→6) received medical advice, for which he/she would like to have a second opinion, the insured can appeal by phone to the Company's consulting physician.

Attention: note that online medical advice cannot establish a sound diagnosis. The intervention has as only purpose to provide the insured person with useful information. The Company, nor the physician, can be held responsible for the quality of the supplied services.

24.3. Administrative assistance in case of illness or accident (→16)

In case the insured person (→6) has to be admitted in a hospital, the Company will help him/her out administratively to fulfil the necessary formalities for the hospital (→34) stay. In case of decease of an insured person, the Company intervenes in the following steps:

- taking contact with funeral undertakers;
- helping in composing the mourning cards;
- information about the first administrative steps.

24.4. Booking of hospital room

In case the insured person (→6) has to be admitted in a hospital, the Company will organise the booking of the hospital room.

24.5. Sending a physician or medical team on the spot

In case of an illness or accident (→16) and if the medical team of the Company considers it necessary, the alarm centre will send a physician or medical team on the spot to evaluate and organise the measures which are best to be taken.

The Company's medical team will, from the first appeal, get in contact with the treating physician in order to render assistance in the best possible way and adapted to the situation of the insured person.

In all cases the organisation of the first aid will happen by the local authorities.

24.6. Transportation of the insured person to and from the hospital.

In case the insured person (→6) has to be admitted in hospital following a medical incident and after intervention of the first aid services and/or the treating physician, the Company organises at its expense (through the Medical Care cover) the transportation of the insured person per ambulance, if necessary under medical surveillance, to the nearest or most appropriate hospital (→34), as well as the return to his/her legal residence if the insured person is still immobilised.

24.7. Forwarding urgent messages

Upon request of the insured person (→6), the Company will forward urgent messages free of charge to every person in relation with the insured cover and actions set out.

All communications to be sent are subject to justification of the request and must state the message clearly and explicitly, as well as the correct name, address and phone number of the person to be contacted.

Every document regarding penal, financial, civil or commercial liability results will be communicated on full responsibility of the author, whose identity must be known. The content must be in accordance with the local and eventual international law and can not hold any liability against the Company.

24.8. Transportation of the insured person after hospitalization

In case, after a hospital admission (→41) following a medical incident, the insured person can not travel by proper means, the Company will organise, at its expense, the round-trip to the hospital or medical centre for medical control visits or to his/her workplace, limited in time as mentioned in the Benefits List.

24.9. Transportation of the remains

The Company will organise, at its expense, the transportation of the remains from the place of decease or from the mortuary to the place of burial or cremation in the Home Country (→30).

Article 25. Assistance for expatriates (→63)

On top of the benefits from "Assistance for residents", expatriates can enjoy the following benefits:

25.1. Direct medical advice of the Company's consulting physician

In case medical advice is wanted and no physician is immediately available, the insured person (→6) can appeal by phone to the Company's consulting physician.

Attention: note that online medical advice cannot establish a coherent diagnosis. The intervention has as only purpose to provide the insured person with useful information. The Company, nor the physician, can be held responsible for the quality of the supplied services.

25.2. Expenses for tracking in case of worrisome disappearance for more than 24 hours

The Company will cover the expenses for tracking, limited as mentioned in the Benefits List, made to save the insured person's (→6) life or physical integrity, on the condition that the tracking action is lead by the local authorities or by official relief organisations.

25.3. Repatriation or transportation after medical incident

In case the insured person (→6) has been hospitalised following a medical incident and the Company's medical team considers it necessary to transfer him/her to a better skilled medical centre, or a centre nearer to the residence or Home Country (→30), the Company will organise, at its expense, the repatriation (→50) or transportation (→49) of the insured person, if necessary under medical surveillance.

The decision concerning transport and the means of transport, will only be taken by the Company's consulting physician and this in function of technical and medical importance.

It is made compulsory to have the Company's physician's approval for every transport.

The Company also takes charge of the organisation and expenses for transportation of one (1) insured person while accompanying the repatriated insured person to the place of hospitalization (→41) or the usual residence.

25.4. Decease of an insured person (→6)

25.4.1. In case of burial or cremation in the Home Country

In case the family decides to bury or cremate the insured person in the Home Country, the Company will organise the repatriation of the mortal remains and takes charge of:

- the expenses for the post-mortem treatment;
- the cost of a coffin, limited as mentioned in the Benefits List;
- the expenses for transportation of the remains from the place of decease to the place of burial or cremation.

The expenses in relation with the ceremony and funeral or cremation itself will not be paid for by the Company.

If the insured person stays abroad alone, the Company will organise at its expense a round-trip for a family member (→8) or close relative (→9) to accompany the remains. The accommodation expenses (→52) will be reimbursed, as mentioned in the Benefits List under "Travel and accommodation expenses".

25.4.2. In case of burial or cremation outside the Home Country

In case the family opts for a burial or cremation in another country than the Home Country, the Company will organise, at its expense, the same actions as mentioned in art. 25.4.1. In addition, the Company takes charge of the round-trip of 2 close relatives (→9) to the place of burial or cremation. The accommodation expenses (→52) of these persons will be reimbursed, as mentioned in the Benefits List under "Travel and accommodation expenses".

In case of cremation outside the Home Country with a ceremony in the Home Country, the Company takes charge of the expenses for the repatriation of the urn to the Home Country.

The intervention of the Company is under all conditions limited to the expenses that would have been taken charge of for the repatriation of the mortal remains to the Home Country. The choice of the service providers intervening in the repatriation process belongs exclusively to the Company.

25.5. Repatriation of the insured family members

In case of repatriation of an insured person (→6) following hospitalization (→41) or decease, the Company organises and takes charge of the expenses for return to the Home Country of the other family members (→8) to their Home Country (→30).

25.6. Repatriation of the abandoned vehicle

In case of hospitalization (→41), decease or repatriation of the insured person (→6) following a traffic accident, and if no other insured person can drive the vehicle (→51), the Company takes charge of the return of the vehicle to the residence, the employers' address where the insured person works, or to a specified garage. The choice of the means of transport for the repatriation belongs exclusively to the Company. The eventual toll rates, garage charges and fuel expenses remain at charge of the insured person. This cover is only valid in Zone 10 (→26).

25.7. Travel and accommodation expenses (→52)

The Company organises and takes charge of the travel and accommodation expenses, as mentioned in the Benefits List, for:

- the urgent return of an insured person (→6) to the Home Country (→30) because a close relative (→9) is deceased, or has been hospitalised in a life-threatening or very critical condition;
- the necessary presence of maximum one (1) close relative, in case an insured person is hospitalised in a life-threatening or critical medical condition. These expenses will only be paid if the insured person has not yet died before the time of departure;
- the necessary presence of one (1) person to accompany an insured person in case of an emergency evacuation;
- the necessary presence of one (1) insured person in relation with major damage to the real property in the Home Country.

The cover can only be applied at presentation of a death certificate, proof of hospitalization or proof of damage.

25.8. Sending a substitute

In case of decease, hospitalization (→ 41) for more than 10 days, or repatriation of an insured person (→6) and if the presence of a substitute is indispensable, the Company will give a round-trip ticket to a substitute, and take care of the accommodation expenses (→52) as mentioned in the Benefits List.

This cover is only valid for collective underwriting of corporate clients.

Article 26. Assistance for international commuters (→62)

On top of the benefits from "Assistance for residents", international commuters can enjoy following benefits:

26.1. Repatriation of the insured person (or remains) to the Country of Residence

In case the insured person (→6) has been hospitalised (or deceases) following a medical incident and the Company's medical team considers it necessary to transfer him/her to a medical centre (or mortuary) in the Country of Residence (→29), the Company will organise at its expense the repatriation (→50) or transportation (→49) of the insured person, if necessary under medical surveillance.

If the condition of the insured person requires no hospitalization (→41), he/she will be transported to the usual residence.

The decision concerning transport and the means of transport, will only be taken by the Company's consulting physician and this in function of technical and medical importance. It is made compulsory to have the Company's physician's approval for every transport.

The Company also takes charge of the organisation and expenses for transportation of one (1) insured person while accompanying the repatriated insured person to the place of hospitalization (→41) or the usual residence.

26.2. Repatriation of the abandoned vehicle

In case of hospitalization (→41), decease or repatriation of the insured person (→6) following a traffic accident, and if no other insured can drive the vehicle (→51), the Company takes charge of the return of the vehicle to the residence, the employers' address where the insured person works, or to a specified garage. The choice of the means of transport for the repatriation belongs exclusively to the Company. The eventual toll rates, garage charges and fuel expenses remain at charge of the insured person. This cover is only valid in Zone 10 (→26).

26.3. Travel and accommodation expenses (→52)

The Company organises and takes care of the travel and accommodation expenses, as mentioned in the Benefits List, for:

- the necessary presence of maximum one (1) close relative (→9), in the event an insured person is hospitalised in a life-threatening or critical medical condition. These expenses will only be paid if the insured person has not yet died before the time of departure;
- the necessary presence of one (1) person to accompany an insured person in case of an emergency evacuation.

The cover can only be applied when presenting a proof of hospitalization.

26.4. Cash advance

In case of a covered incident in the country of work that forms subject of a request for intervention by the Company and, when the occasion arises after reporting to the local authorities, the Company will on request of the insured person (→6) do everything that is in its power to provide him/her the countervalue of an amount, as mentioned in the Benefits List. This sum must be transferred beforehand to the Company in cash, by remittance or per by bank certified cheque.

26.5. Advance of penal bail

In case a legal action is taken against the insured person (→6) in the country of work, the Company will advance the penal bail required by the local authorities up to an amount as mentioned in the Benefits List.

This sum must be transferred beforehand to the Company in cash, by remittance or per by bank certified cheque.

26.6. Advance of solicitor's fee

In case a legal action is taken against the insured person (→6) in the country of work concerning a traffic accident, the Company will organise an appointment with a solicitor and advance the amount of the solicitors' fees up to an amount as mentioned in the Benefits List.

This sum must be transferred beforehand to the Company in cash, by remittance or per by bank certified cheque.

Article 27. Assistance for international students (→60) / au-pairs (→61) /trainees (→60)

On top of the benefits from "Assistance for residents", international students, au-pairs and trainees can enjoy following benefits:

27.1. Expenses for tracking in case of worrisome disappearance for more than 24 hours

The Company will cover the expenses for tracking made to save the insured person's (→6) life or physical integrity, on condition that the tracking action is lead by the local authorities or by official relief organisations, limited as mentioned in the Benefits List.

27.2. Repatriation of the insured person (or remains) to the Country of Residence (→29)

In case the insured person (→6) has been hospitalised (or deceases) following a medical incident and the Company's medical team considers it necessary to transfer him/her to a medical centre (or mortuary) in the Country of Residence (→29), the Company will organise at its expense the repatriation (→50) or transportation (→49) of the insured person, if necessary under medical surveillance.

If the condition of the insured requires no hospitalization (→41), he/she will be transported to the usual residence.

The decision concerning transport and the means of transport, will only be taken by the Company's consulting physician and this in function of technical and medical importance. It is made compulsory to have the Company's physician's approval for every transport.

The Company also takes charge of the organisation and expenses for transportation of one (1) insured person while accompanying the repatriated insured person to the place of hospitalization (→41) or the usual residence.

27.3. Reimbursement of the registration fee in case of interruption of the study by the insured person

The Company reimburses, pro rata temporis, the insured person's (→6) loss of registration fee, up to the limits mentioned in the Benefits List, because of an involuntary interruption of the study following a serious accident (→16) or serious illness of the insured person himself/herself or that of a family member (→8). Under registration fee is understood: the expenses paid to the school to take part in a study program of a High School or University.

27.4. Reimbursement of the expenses for cancellation of the rent in case of interruption of the study by the insured

The Company reimburses, pro rata temporis, the insured person's (→6) expenses for cancellation of the rent of the student accommodation, up to the limits mentioned in the Benefits List, because of an involuntary interruption of the study following a serious accident (→16) or serious illness of the insured person himself/herself or that of a family member (→8).

27.5. Repatriation of the abandoned vehicle

In case of hospitalization (→41), decease or repatriation of the insured person (→6) following a traffic accident, and if no other insured can drive the vehicle (→51), the Company takes charge of the return of the vehicle to the residence or to a specified garage. The choice of the means of transport for the repatriation belongs exclusively to the Company. The eventual toll rates, garage charges and fuel expenses remain at charge of the insured person. This cover is only valid in Zone 10 (→26).

27.6. Travel and accommodation expenses (→52)

The Company organises and takes care of the travel and accommodation expenses, as mentioned in the Benefits List, for:

- the urgent return of an insured person (→6) to the Home Country (→30) or Country of Residence (→29) because a close relative (→9) has died, or has been hospitalised in a life-threatening or very critical condition;
- the necessary presence of maximum one (1) close relative (→9), in the event an insured person is hospitalised in a life-threatening or critical medical condition. These expenses will only be paid if the insured person has not yet died before the time of departure;
- the necessary presence of one (1) person to accompany an insured person in case of an emergency evacuation.

The cover can only be applied when presenting a death certificate or a proof of hospitalization.

27.7. Accommodation expenses in the intervening period of transfer to another host family

In case of a transfer to another host family in the same country, because of an irreconcilable conflict between the insured person (→6) and the host family, the Company will pay for the accommodation expenses limited per day and in total as mentioned in the Benefits List, and with a maximum of one claim per year.

27.8. Cash advance

In case of a covered incident in the country of study/work that forms subject of a request for intervention by the Company and, when the occasion arises after reporting to the local authorities, the Company will on request of the insured person (→6) do everything that's in its power to provide him/her the countervalue of an amount, as

mentioned in the Benefits List. This sum must be transferred beforehand to the Company in cash, by remittance or per by bank certified cheque.

27.9. Advance of penal bail

In case a legal action is taken against the insured person (→6) in the country of study/work, the Company will advance the penal bail required by the local authorities up to an amount as mentioned in the Benefits List.

This sum must be transferred beforehand to the Company in cash, by remittance or per by bank certified cheque.

27.10. Advance of solicitor fees

In case a legal action is taken against the insured person (→6) in the country of study/work concerning a traffic accident, the Company will organise an appointment with a solicitor and advances the amount of the solicitors' fees up to an amount as mentioned in the Benefits List.

This sum must be transferred beforehand to the Company in cash, by remittance or per by bank certified cheque.

Article 28. Travel Assistance

On top of the preceding benefits all insured persons can enjoy following benefits:

This cover is valid worldwide.

28.1. Preceding travel information

The company provides the insured person (→6), upon request, following online information concerning a stay abroad:

- currencies and exchange rates
- formalities concerning visa, passport and other identity certificates;
- customs formalities;
- vaccinations;
- time difference;
- hygiene precautions;
- holidays;
- climate and clothing advice;
- means of transport.

The Company can also, if available, refer the insured to physicians and/or hospitals abroad (→32).

28.2. Trace and rescue expenses

The Company will cover the expenses for tracing and rescue, as mentioned in the Benefits List, made to save the insured person's (→6) life or physical integrity, on the condition that the rescue action is lead by the local authorities or by official relief organisations.

In case of a ski accident (→16) with physical injuries on a ski run the Company will reimburse the expenses resulting from the accident to bring the insured back down per sledge or helicopter, after presenting an original proof. The accident must absolutely be reported to the Company within 72 hours after occurrence.

This cover is excluded when this occurs outside the well-defined ski run without a guide recognised by the local authorities.

28.3. Repatriation or transportation in case of a medical incident

In case the insured person (→6) has been hospitalised following a medical incident and the Company's medical team considers it necessary to transfer him/her to a better skilled medical centre, or a centre nearer to the residence, the Company will organise at its expense the repatriation

(→50) or transportation (→49) of the insured person, if necessary under medical surveillance.

If the condition of the insured requires no hospitalization (→41), he/she will be transported to the usual residence.

The decision concerning transport and the means of transport, will only be taken by the Company's consulting physician and this in function of technical and medical importance. It is made compulsory to have the Company's physician's approval for every transport.

The Company also covers the organisation and expenses for transportation of one (1) insured person while accompanying the repatriated insured person to the place of hospitalization (→41) or the usual residence.

28.4. Repatriation of the remains

In case of death of an insured person (→6) as a result of an accident (→16) or illness abroad (→32) the Company will organise and pay for the local statutory arrangements and the transport of the remains to the Home Country (→30), according to the limits mentioned in the Benefits List.

- If the family decides to bury or cremate the insured person locally or elsewhere, the Company will organise and pay for this arrangement (inclusive roundtrip for close relatives) to no more than the arrangement to the former residence in the home country would have cost.

28.5. Repatriation of the other insured persons

In case of repatriation of an insured person (→6), the Company organises and covers the expenses for return of the other insured persons to their residence or the continuation of their journey. The cover "continuation of the journey" is limited to the expenses of repatriation (→50) of the insured persons to their residence. The cover is only applied if the other insured persons can not use the same means of transport as on the outward journey or the means foreseen for the return journey.

28.6. Repatriation of the baggage

In case of repatriation of an insured person (→6), the Company organises and covers the expenses of the transportation of the baggage to the residence of the insured person.

28.7. Repatriation of the abandoned vehicle

In case of immobilisation, hospitalization (→41), decease or repatriation of the insured person (→6) following a traffic accident, and if no other insured can drive the vehicle (→51), the Company covers the expenses for returning the vehicle to the residence or sending a substitutional driver. The choice of means of transport for repatriation belongs exclusively to the Company. The eventual toll rates, garage charges and fuel expenses remain at charge of the insured person. This cover is only valid in Zone 10 (→26).

28.8. Sending essential medication / medical appliances

The Company will do everything in its power to organise and pay for the search and disposal of essential medication or medical appliances, prescribed by a competent medical authority, locally unfindable, but available at the Country of Residence (→29). It is made compulsory to have the Company's medical team's approval for delivery. The sending depends on availability of means of transport and must be in accordance to the local and international laws. The insured person (→6) commits himself/herself to reimburse the price of the medication or appliances which

were put at his/her disposal (except when covered in another cover of this contract), increased with the clearance expenses, and this within a period of two months after sending.

The Company's medical team shall always give approval.

28.9. Forwarding urgent messages

Upon request of the insured person (→6) the Company will send free of charge urgent messages to every person in connection with the insured cover and actions set out. All communications to be sent are subject to justification of the request and must state the message clearly and explicitly, as well as the correct name, address and phone number of the person to be contacted. Every document whereby penal, financial, civil or commercial liability results will be communicated on full responsibility of the author, whose identity must be known. The content must be in accordance with the local and eventual international law and can not hold any liability to the Company.

28.10. Assistance in case of breakage, loss or theft of a prosthesis.

In case an insured person can not use a prosthesis (glasses, lenses,...) because of breakage, loss or theft, the Company will do everything in its power to send, at its expenses charge and via the fastest way, a new prosthesis. The sending depends on availability of means of transport and must be in accordance to the local and international laws. The insured person (→6) commits himself/herself to reimburse the price of the prosthesis which were put at his/her disposal (except when covered in another cover of this contract), increased with the clearance expenses, and this within a period of two months after sending.

28.11. Assistance in case of loss or theft of travel documents, cheques, bank cards or credit cards

In case of loss or theft of travel documents and after the insured person (→6) reported it to the local authorities, the Company will put the necessary tickets at the disposal of the insured person to continue his/her journey or to return to his/her residence. The insured person commits himself/herself to reimburse the price of the tickets which were disposed to him (except when covered in another cover of this contract, e.g. baggage), increased with the clearance expenses, and this within a period of two months after sending.

In case of loss or theft of identity documents and after the insured person reported it to the local authorities, the Company will get the insured person in contact with the local embassy or consulate for the disposal of the necessary identity certificates, and pay for the travel expenses to and from the embassy/consulate, limited as mentioned in the Benefits List.

In case of loss or theft of cheques, bank cards or credit cards and after the insured person reported it to the local authorities, the Company will act towards the financial institutions to take the necessary precautions.

Under penalty of decline of cover, the insured person has to report the loss or theft to the local authorities. Under no circumstances can the Company be held liable for incorrect transfer of information provided by the insured person.

28.12. Cash advance

In case of a covered incident abroad (→32) that forms subject of a request for intervention by the Company and, when the occasion arises after reporting to the local authorities, the Company will upon request of the insured person (→6) do everything in its power to provide him/her the countervalue of an amount, as mentioned in the Benefits List. This sum must be transferred beforehand to the Company in cash, by remittance or per by bank certified cheque.

28.13. Advance of penal bail

In case a legal action is taken against the insured person (→6) abroad (→32), the Company will advance the penal bail required by the local authorities up to an amount as mentioned in the Benefits List.

This sum must be transferred beforehand to the Company in cash, by remittance or per by bank certified cheque.

28.14. Advance of solicitor fees

In case a legal action is taken against the insured person (→6) abroad (→32) concerning a traffic accident, the Company will organise an appointment with a solicitor and advances the amount of the solicitors' fees up to an amount as mentioned in the Benefits List.

This sum must be transferred beforehand to the Company in cash, by remittance or per by bank certified cheque.

28.15. Linguistic assistance

In case the insured person (→6) abroad (→32) experience linguistic problems in connection with the current actions, the Company will offer help by doing the necessary translations for a good understanding of the procedure.

In case the translations are not related to the assistance or health services, the Company communicates to the insured person the particulars of a interpreter. The interpreter fees are at charge of the insured person.

28.16. Travel and accommodation expenses (→52)

The Company organises and covers the travel and accommodation expenses, as mentioned in the Benefits List, for:

- the urgent return of an insured person (→6) because a close relative (→9) has deceased, or has been hospitalised in a life-threatening or very critical condition;
- the necessary presence of maximum one (1) close relative, in the event an insured person is hospitalised in a life-threatening or critical medical condition. These expenses shall only be paid if the insured person has not yet died before the time of departure;
- the necessary presence of one (1) person to accompany an insured person in case of an emergency evacuation;
- the necessary presence of one (1) insured person in connection with major damage to the real property in the Home or Residence Country (→29,30).

In case of a strike of the airport or railway personnel, a natural disaster, war, terrorist attack or sabotage, whereby the insured person experiences a delay (of more than 12 hours), the Company will take charge of:

- or the accommodation expenses;
- or the disposal of a substitute car to continue the journey; and this up to the limits mentioned in the Benefits List.

The Company covers the expenses for the extended stay of an ill or injured insured person, if he/she, on medical prescription from a physician, may not set out the return journey. The decision for an extended stay needs prior approval from the Company's consulting physician. These

expenses are limited per medical incident up to the limits given in the Benefits List.

If an ill or injured person has to extend his journey, the Company also covers the accommodation expenses of the other insured travelling companions. These expenses are limited per medical incident up to the limits given in the Benefits List. The decision needs prior approval from the Company's consulting physician.

The cover can only be applied when presenting a death certificate, proof of hospitalization or proof of damage.

28.17. Reimbursement for ski lift pass

In case the condition of the injured insured (→6) requires hospitalization (→41) of more than 24 hours or a repatriation organised by the Company, the cost of the lift pass will be reimbursed pro rata temporis, and limited as mentioned in the Benefits List.

28.18. Business Lifestyle (only for collective underwriting in the Gold version).

The Company organises, upon request of the insured person, following services, accorded to a work related activity:

- Information and reservation of a hotel, or restaurant for a business dinner in one of the European capitals.
- Information and reservation of a taxi, a limousine or, in case of emergency (departure within 24 hours on weekdays and within 48 hours in weekends) of a transport ticket for road or air transport, depending on availability and conditions of the carrier. This ticket must be collected by the insured person (→6) at least 2 hours before departure at the desk of the carrier;
- Particulars of a rent-a-car agency, disposal of a local public transport map; information about the itinerary till address of accommodation;
- Sending flours and gifts worldwide;
- Information about date, hour and place of important spectacles in the biggest world cities.
- Work related services: addresses of seminar centres and conference rooms, enterprises renting audiovisual material, catering services;
- Organisation and disposal of interpreters, secretaries;
- Forwarding professional documents disposed by the employer.

The Company can not be held responsible for the price and quality of the interventions exercised by the service providers.

All costs are at charge of the insured, except for the time of organisation by the Company.

28.19. Exclusions

Additional to the general exclusions mentioned in the General Conditions art. 6, there will be no compensation or reimbursement for damage or expenses following illnesses or defects known – or reasonably should be known – by the insured person (→6) prior to the commencement date of the contract, except when accepted by the Company, or when the treating physician, prior to the departure has made a written statement, that the insured was able to travel.

Article 5. Option 1: Baggage (→53)

If the insurance has been extended with Option 1, the special terms below will also apply.

Option 1 can only be taken out as a supplement to the Assistance Plan.

The baggage option is limited in the number of consecutive days, and is subject to a deductible (→15), as mentioned in the Benefits List.

This cover is valid worldwide.

29.1. Assistance in case of loss or theft of baggage

In case of loss or theft of baggage the Company will inform the insured person (→6) about the formalities of reporting the theft or the loss of the baggage.

In case of loss or theft of baggage the Company organises, on request of the insured person, and covers the expenses of sending a suitcase with personal substitutional belongings, of which the total weight is limited to 20 kg. The suitcase must be delivered beforehand at one of the representation offices of the Company, together with a detailed inventory of the content.

Furthermore the Company reimburses the insured person the real value of the lost or stolen goods, within the limits given in the Benefits List.

In addition, the insured person has the right to the same compensation for the purchase of the first requisites as in the case of delay (see further art. 29.2.).

In case of loss or theft of skis the Company covers the rent of similar skis OR reimburses pro rata temporis the cost of the lift pass upon presentation of the original, and limited to the amounts mentioned in the Benefits List.

29.2. Baggage delay

In case of delay of more than 12 hours (or at least 1 night) of the baggage the Company covers the expenses for the purchase of the first requisites up to the limits mentioned in the Benefits List.

29.3. Exclusions

In addition to the general exclusions mentioned in the General Conditions art. 6, there will be no reimbursement for damage or expenses concerning:

1. any item confiscated or detained by customs or police authorities;
2. breakage of china, pottery, glass or other fragile articles, other than photographic lenses;
3. breakage of strings and ripping of skins on musical instruments;
4. theft of baggage when left unattended, other than locked in secured buildings or locked out of sight in the boot of a motor vehicle;
5. any unaccompanied baggage, that is forwarded or posted and therefore not accompanying the insured person (→6) while travelling;
6. loss or theft of baggage not reported to the police within 24 hours of discovery and supported by a written police statement;
7. wear and tear, depreciation, vermin, internal mechanical or electrical breakdown, any gradually operating cause (like humidity, cold or heat) any process of cleaning, repair, restoration or alteration;
8. defacement, scratches, dents etc. to suitcases, as long as the suitcases can still be used for their intended use;

9. animals;
10. losses resulting from currency fluctuations;
11. stamps, coins and similar collections;
12. glasses, lenses, hearing aids, prosthesis;
13. money (→54) that was not in possession of the insured person or was not put away in a safe.

29.4. Claim settlement - Obligations of the insured person

The insured person (→6) must fulfil following obligations:

- take all necessary and useful precautions to protect the baggage;
- in case the baggage is put away in a car, close the doors and the boot by key, close the windows and sunroof;
- put special and precious items and jewels that are not worn away in a safe;
- in case of damage:
 - in case of theft: have an official report immediately established by the local authorities and have traces of the burglary duly noted;
 - in case of total or partial damage, or non-delivery of the baggage by the carrier: file a complaint with the carrier within the legal terms, have them draw up an official report and a certificate of definitive loss (P.I.R. Property Irregularity Report);
 - keep the transport documents and baggage labels;
 - in all cases, inform the Company within 48 hours after return (except in case of force majeure), and conform to the instructions and send all information and document which can be necessary or useful to the Company;
 - proof the correctness in quality and quantity and present the purchase voucher of special and/or precious items.

The reimbursement will be based on the real value, which is the actual new price decreased with depreciation of 15% per annum for wear and tear.

The Company (→3) can decide to have the goods repaired and to pay only for the repair cost.

Article 30 - Option 2 : Travel cancellation/ Travel interruption

If the insurance has been extended with Option 2, the special terms below will also apply.

Option 2 can only be taken out as a supplement to the Assistance Plan.

The option Travel Cancellation/Travel Interruption is limited in the number of consecutive days, and is subject to a deductible (→15), as mentioned in the Benefits List.

This cover is valid worldwide.

Article 30.1. Travel cancellation

This cover will compensate the cancellation expenses which are at the expense of the insured person (→6), following the conditions of the travel contract, because of a cancellation for one of the following reasons:

1. illness, accident (→16) or death of :
 - the insured person, his life partner, a close relative (→9);
 - a person who lives together with the insured person on the same address and is in his/her care and at his/her charge.
2. resignation of the employment contract of the insured person by his employer for economic reasons;
3. cancellation of leave of the insured person by his employer because of unavailability of a replacing colleague due to illness, accident or death;
4. compulsory presence of the insured person due to the conclusion of an employment contract with a minimum duration of 3 months;
5. necessary presence of self-employed insured person because of the unavailability of a replacing colleague due to illness, accident or death;
6. unavailability due to illness, accident or death of a person charged with taking care of a minor (→10) or handicapped child;
7. major material damage to real property belonging to or rented by the insured person and occurring within 30 days before departure date;
8. obligated presence of the insured person called:
 - as a witness or member of the jury in court;
 - for military service;
 - for a re-examination in the period between departure date and 15 days after return date of the journey;
9. if the insured person is called for the adoption of a child;
10. inability of the insured person to receive, for medical reasons, a vaccination required for the destination;
11. refusal of the entry visa by the authorities of the country of destination;
12. theft or total immobilisation of the private car of the insured person due to a traffic accident or fire happening at the time of departure or during the haul to the destination;
13. delay at the time of embarkation, foreseen in the travel contract, at departure or during a hop, due to immobilisation of more than one hour because of a traffic accident or force majeure during the haul to embarkation.

The cover for cancellation is also granted in case of cancellation by a travel companion due to one of the above-mentioned reasons, as long as the travel companion also subscribed the option "Cancellation/Interruption" with the Company.

Article 30.2. Travel interruption

This cover will compensate the non used travel days if the insured person (→6) has to interrupt his/her journey, for one of following reasons:

1. illness, accident (→16) or death of :
 - the insured person, his life partner, a close relative (→9);
 - a person who lives together with the insured person at the same address and is in his/her care and at his/her charge.
2. necessary presence of self-employed insured person because of unavailability of a replacing colleague due to illness, accident or death;
3. unavailability due to illness, accident or death of a person charged with taking care of a minor (→10) or handicapped child;
4. major material damage to real property belonging to or rented by the insured person and occurring within 30 days before departure date;

5. obligated presence of the insured person called as a witness or member of the jury in court;
6. if the insured is called for the adoption of a child;
7. theft or total immobilisation of the private car of the insured person due to a traffic accident or fire that happened during the journey;
8. delay at the time of embarkation, foreseen in the travel contract, at departure or during a hop, due to immobilisation of more than one hour because of a traffic accident or force majeure during the haul to embarkation.

The cover for cancellation is also granted in case of cancellation by a travel companion due to one of the above-mentioned reasons, as long as the travel companion also subscribed the option "Cancellation/Interruption" with the Company.

30.3. Exclusions

In addition to the general exclusions mentioned in the General Conditions art. 6, there will be no compensation for damage or expenses concerning:

1. natural disasters;
2. physical damage due to an accident (→16) or illness for which a medical or paramedical treatment was prescribed by the treating physician, before the conclusion of the insurance contract;
3. epilepsy, diabetes, evolution of a congenital disease;
4. chronic (→18) or pre-existing disease of the insured person (→6), except when no medical or paramedical treatment was necessary during the month before conclusion of the travel contract and according to the treating physician there was no contraindication for travelling;
5. accidents and disorders due to sports excluded in art. 6.6.;
6. psychological, psychosomatic, mental or nervous disorder except when they require an uninterrupted hospitalization (→41) of at least one week.
7. complications, problems or interruption of pregnancy;
8. insolvency of the insured person;
9. defect or bad condition of the private car planned for travelling;
10. delay due to traffic problems and other normal incidents;
11. administrative, visa and other similar expenses.

The above mentioned exclusions are not only applied to the insured person but also to the person whose medical condition is the cause of the demand for intervention and as far as these persons are not older than 75 years of age.

30.4. Claim settlement

30.4.1. In case of travel cancellation, the Company (→3) will compensate:

1. Before commencement of the travel contract: 100% of the cancellation indemnity, contractually due to the insured person (→6);
2. In case of cancellation by the travel companion and if the insured person decides to travel alone: the extra hotel- and change expenses;
3. In case of immobilisation of the private car the insured person can set out the journey in a rented car. In this case the Company will intervene in the net renting price of the car up to an amount equal to the counted cancellation indemnity. Toll rates, fuel and insurance expenses remain at the expense of the insured person.

The intervention of the Company will never exceed the insured amount and will always be calculated based on the cancellation indemnity in the conditions of the travel contract valid for cancellation within 48 hours after the insured person has knowledge of the incident that caused the cancellation.

30.4.2. In case of travel interruption, the Company (→3) will compensate:

1. The non-refundable part of the travel price at prorata of the amount of non used travel days, calculated as from the moment of return home at the residence or as from the day of hospitalization (→41) abroad (→32).
The insured person (→6) can choose between :
 - either immediate compensation for non-used travel days;
 - or a voucher valid for one year to book a next trip in the same travel agency, with the same tour operator. In that case the compensation is increased by 10%.
2. In case of immobilisation of the private car during the travel, the insured person can continue the journey in a rental car. In this case, the Company will intervene in the net renting price of the car up to an amount equal to the counted interruption indemnity. Toll rates, fuel and insurance expenses remain at the expense of the insured person.

30.5. Obligations of the insured person (→6)

The insured person must fulfil following obligations:

- Inform the Company immediately and send a written declaration within 7 days from the moment the insured person has the possibility to do so;
- Conform to the instructions of the Company and send all information and documents that can be necessary or useful to the Company;
- Take all necessary and useful precautions to reduce the damage to a minimum, i.e. from the moment the insured person has knowledge of the incident that can cause a cancellation of the trip, he/she will notify the travel agency or the tour operator immediately.

Masterkey²Health

CROSS-BORDER HEALTH & ASSISTANCE

General Conditions specific to module 3. Personal Accident & Critical Illness

Article 31. Eligibility

Persons eligible for subscription to the insurance:

- are sound of health and able-bodied at the commencement date (→11);
- are younger than 60 years of age;
- have subscribed to the Modules Medical Care and Assistance.

Article 32. Extent of cover

This cover guarantees payment of benefits mentioned in the Benefit List, in case of death or permanent disability (→22) of the insured person by accident (→16) or in case of a definitive diagnosis of a incurable critical illness (→19).

Insured persons doing physical labour or working with machines will only be covered for Private Accidents and Critical Illness.

Article 33. Exclusions

In addition to the general exclusions mentioned in the General Conditions art. 6, no benefit can be claimed for damage caused by or concerning:

- Any intentional act carried out by the insured person (→6);
- A pre-existing health condition of the insured person, unless these circumstances are known and were accepted by the Company, as stated in the Particular Policy Conditions, or as the result of a prior accident for which the Company already paid, or is due to pay benefits;
- Mental disorders, regardless what the cause may be.
- Protrusion of intervertebral disk (hernia nuclei pulposi), tennis elbow (epicondylitis lateralis) or golfers arm (epicondylitis medialis);
- Accidents happening to an insured person as a rider of a motorcycle with a capacity of 50cc or more, if he/she has not yet reached the age of 25.
- Accidents relating to the use of a power plane, other than as a passenger.

Article 34. Obligations

This insurance does not provide any cover if the insured person (→6) or, in the event of death the beneficiary (→7), has not fulfilled any of the following obligations and has consequently threatened the interests of the Company.

34.1. Reporting a claim

In case of accident (→16), the insured person (→6), or in case of impossibility the beneficiary (→7) or the policy holder (→5), is obliged to notify the Company as soon as possible, but at the latest within thirty (30) days after the accident occurred.

In case of death the Company should be notified at least 48 hours before the burial or cremation to determine the cause of death. Policy holder and beneficiary are obliged to give their full cooperation.

34.2. Obligations of the insured person (→6) after an accident

The insured person is obliged:

- to seek medical treatment as soon as possible and to do everything that is in his/her power to keep the damage and the consequences of the accident to a minimum;
- to be examined by a medical consultant designated by the Company;
- to transfer all necessary particulars to the Company, or to the experts designated by it, and not withhold any facts or circumstances that may be relevant to the determination of the extent of permanent disability (→22).

36.3. Obligations of the policy holder (→5)

The policy holder is obliged to give his/her full cooperation to the insured persons' (→6) fulfilment of the responsibilities as mentioned above.

It is also the responsibility of the policy holder to notify the Company of any newborn child within thirty (30) days after the birth. Cover can then be in force from the date of birth, provided that all the children qualifying for the purpose have been insured under this cover.

Article 35. Claim settlement

35.1. Right to benefit in the event of death

The right to benefit occurs when the insured person (→6) has died as a direct result of an accident (→16).

If, with respect to the same accident, a benefit for permanent disability (→22) has already been paid out, it will be deducted from the benefit payable for death. There will be no reclamation of benefit already paid out.

35.2. Right to benefit in the event of permanent disability (→22)

The right to benefit occurs when the insured person (→6) is permanently disabled as a direct result of an accident (→16). The benefit will be determined as a percentage of the insured lump sum according to the percentage of disability (see article 35.4). If, prior to the determination of the permanent disability the insured person should die more than 1 month after the accident, the right to benefit will continue to exist. The benefit will then be determined based on medical reports, on the assumption that the insured person would not have died.

35.3. Right to benefit in the event of a critical illness (→19)

The right to benefit occurs when the insured person (→6) has received a definitive diagnosis of one of the listed critical illnesses that is incurable.

If prior to the definitive diagnosis the insured person should die, the right to benefit will continue to exist for the beneficiaries, if notified to the Company at least 48 hours before burial or cremation.

35.4. Determination of the benefit percentage

The degree of permanent disability (→22) will be determined by a medical consultant designated by the Company as soon as the insured person seems to be in a stable condition. The consultant will determine the percentage of functional loss of a certain part of the body or organ, and/or the percentage of functional loss of the body as a whole, according to objective standards and with the latest edition of the "Official Belgian Scale for determination of the degree of Invalidity" (O.B.S.I.).

The degree of invalidity will be determined without regard to externally applied prosthetic devices and apparatus. However, if internal prosthetic devices and apparatus have been applied, the lesser functional loss obtained by the use of this apparatus will be taken into account.

The benefit percentage will be equal to the percentage of functional loss.

35.5. Cumulative benefits

If different accidents (→16) or illnesses happen to one insured person (→6) during this cover, the sum of all benefits will never exceed the overall limit mentioned in the Benefits List.

35.6. Payment of the benefit

The benefit will be paid to the beneficiary (→7) which is the insured person (→6) himself or in case of death his/her inheritors or the rightful claimers in equal parts, unless otherwise stated in the Particular Policy Conditions.

Article 36. End of the guarantee

Unless otherwise mentioned in the Particular Policy Conditions (→2) the Personal Accident & Critical Illness insurance will automatically end upon the first renewal date (→12) after the 60th birthday of the insured person(→6).

36.1. Non cancellation guarantee

Insured persons (→6) under this plan enjoy non cancellation guarantee until the age of 60, which means that the Company has no right to cancel the policy, except in case of non payment or (attempted) fraud or misrepresentation of facts.

However the Company reserves the right to cancel this cover in case of cancellation by the policy holder of the compulsory basic cover Medical Care and Assistance.

In case of aggravation of risk because of change in the professional activity or move to a more dangerous area, the Company reserves the right to adapt the premium to the new situation or to cancel the policy. The policy holder (→5) then has the right to cancel the cover if he/she does not agree with the new premium, with a thirty (30) days notice after the announcement of the premium increase.

Masterkey²Health

CROSS-BORDER HEALTH & ASSISTANCE

General Conditions specific to module 4 - Disability Pension

Article 37. Eligibility

Persons eligible for subscription to the insurance:

- are sound of health and able-bodied at the commencement date (→11);
- are older than 18 years and younger than 56 years of age;
- exercise a professional activity and benefit from a professional income;
- have subscribed to the modules Medical Care and Assistance.

37.1. Change of professional activity.

Every change in the profession or work of an insured person (→6) must be reported to the Company within 30 days.

If in the view of the Company the change does not carry an increase of risk, this coverage will remain in force without alteration.

In case of a risk increase acceptable to the Company, the premium and conditions for this new risk may be adjusted. The policy holder (→5) will be entitled to cancel the guarantee in compliance with the terms set out in art. 3.2.1. of the General Policy Conditions.

If the change should not be acceptable to the Company, the Company may limit the cover to private accidents and illnesses or even terminate this cover with notice of at least thirty (30) days.

As long as an acceptable change of risk has not been reported or the coverage has not been adjusted, benefit for professional accidents will be paid in the proportion that the old premium due bears to the new premium.

Article 38. Extent of cover

The disability insurance guarantees benefits in case of disability due to accident (→16), illness, injury, or complicated pregnancy. The amount of benefits depends on the degree of disability.

Article 39. Exclusions

In addition to the general exclusions mentioned in the General conditions art. 6, no benefits can be claimed for disability caused by or concerning:

- any intentional act carried out by the insured person;
- a pre-existing health condition of the insured person, unless these circumstances are known and were accepted by the Company, as stated in the Particular Policy Conditions (→2), or are the result of a prior accident (→16) for which the Company already paid out, or is due to pay benefits;
- Mental or subjective disorders, regardless of the cause, unless :
 - those for which diagnosis is based on organic symptoms,

- those known and accepted by the Company, as stated in the Particular Policy Conditions (→2);
- those which are the result of a prior accident for which the Company already pays out, or is due to pay benefits;
- Accidents happening to an insured person as a rider of a motorcycle with a capacity of 50cc or more, if he/she has not yet reached the age of 25;
- Accidents related to the use of a power plane, other than as a passenger.

Article 40. Obligations

This insurance does not provide cover if the insured person (→6) and/or the Policy holder (→5) has not fulfilled any of the following responsibilities and has consequently threatened the interests of the Company.

In case of non-fulfilment of an obligation mentioned in the present contract, leading to an inaccurate evaluation of the risk or claim, the Company may partially or completely cancel the right to benefits and reserves the right to request refund of any unduly paid benefits. In this case, the Company may terminate the disability cover.

The disability pension insurance will be void in case of intentional omission, or inaccuracy in the insured person's declarations, leading the Company to an inaccurate evaluation of the risk elements.

40.1. Reporting a claim

In case of disability, the insured person (→6) is obliged to notify the Company as soon as possible, but at the latest within thirty (30) days, of an accident (→16), illness or complicated pregnancy from which a right to benefit might arise.

A medical report has to be sent to the Company, including all the information regarding the cause, the start, the course and the consequences of the disability, as well as the treatment undergone and a description of the professional activities of the insured person.

The Company reserves the right to request any other information that it deems necessary or to designate doctors to examine the insured person as far as this may be required to determine the benefits to be paid. The ensuing medical fees are at the Company's expense. The insured person authorises in advance all doctors he/she has received treatment from to communicate any information regarding the insured person's health to the doctor designated by the Company.

The Company must be informed within one (1) month after the occurrence of any increase or decrease regarding the degree of disability or if the insured person has totally recovered from the disability. The Company will then immediately adapt benefits to the new degree, under reservation of all rights of information request or examination by a doctor designated by the Company.

In case of death of the insured person (→6), the policy holder (→5) is obliged to notify the Company as soon as possible.

40.2. Obligations of the insured person (→6) in the event of an accident (→16), illness or complicated pregnancy.

The insured person is obliged:

- to undergo medical treatment as soon as possible and to do everything that is in his/her power to keep the damage and the consequences of the accident to a minimum;
- to be examined by a medical consultant designated by the Company;
- to transfer all necessary particulars to the Company, or to the experts designated by it, and not withhold any facts or circumstances that may be relevant to the determination of the extent of disability.
- to inform the Company as soon as possible in the event of a temporary stay abroad (→32) of more than 90 days.

40.3 Obligations of the policy holder (→5)

The policy holder is obliged to give his/her full cooperation to the insured person's (→6) fulfilment of the responsibilities as mentioned above.

Article 41. Claim settlement

41.1. Right to benefit

Right to benefits occurs:

- when the degree of disability of the insured person (→6) is equal to or higher than 25%;
- upon completion of the qualifying period (→14);
- upon production of the documentation mentioned under art. 40;
- subject to the insured person being 18 years or older;
- subject to the insured person not having reached the age of 60 at the beginning of the disability.

The payment of the benefit occurs proportionally to the degree of disability. Once the disability reaches 67%, the Company will consider it as Total Disability (→25) and the payment will be 100% of the agreed benefit, as mentioned in the Particular Policy Conditions (→2).

Right to benefits ends:

- when the degree of disability drops below 25%;
- at the latest when the insured person reaches the age of 65;
- upon death of the insured person;
- upon cancellation of the disability insurance.

41.2. Determination of the disability

The degree of disability will be determined by a medical consultant designated by the Company as soon as the insured person seems to be in a stable condition.

The degree of disability is determined according to physiological and economic criteria.

The consultant will determine the percentage of physiological disability according to objective standards and with the latest edition of the "Official Belgian Scale for determination of the degree of Invalidity" (O.B.S.I.).

The degree of disability will be determined without regard to externally applied prosthetic devices and apparatus. However, if internal prosthetic devices and apparatus have been applied, the lesser functional loss obtained by the use of this apparatus will be taken into account.

The degree of economic disability (→23) will be determined while taking into account the professional activities of the insured person (→6) at the moment of the claim, as well as his/her capacities to readapt to a professional activity compatible with his/her knowledge, capabilities and social situation, under normal economic conditions.

The benefit percentage taken into consideration corresponds to the highest degree of both types of disability.

41.3. Qualifying period (→ 14)

The duration of the qualifying period is stated in the Particular Policy Conditions (→2). During this period, no benefit is due.

41.3.1. Waiting period in case of relapse

In case of a medically proven relapse within three (3) months following the end of the disability, the resulting disability will be considered as a continuation of the initial disability.

This means that the qualifying period is no longer applicable, under the condition that this qualifying period has been entirely completed since the beginning of the initial disability.

In case the qualifying period was not entirely completed since the beginning of the initial disability, it will be applicable for the remaining time, starting at the verification of the relapse.

In case the relapse occurs more than three (3) months after the end of the initial disability, the resulting disability will be considered as a new disability.

41.4. Payment of benefits

41.4.1. Waiver of premium payment.

During the period of disability, and proportionally to the degree and duration of disability, it is not required to pay the premiums of the disability insurance for the beneficiary of the benefits. The waiver of premium is granted until the rights to benefits ends.

Nevertheless, premiums remain payable as long as no decision has been taken regarding the right to benefits and as long as the qualifying period (→14) is not fully completed. Once the right to benefits has been acknowledged by the Company, any premiums paid after the commencement of disability will be refunded in proportion to the degree and duration of the disability.

41.4.2. Pension

The benefits of the (temporary) disability pension are due at the end of every month, proportionally to the rights acquired, in the course of this month.

The monthly pension is either constant (→56), increasing (→57) or indexed (→58), depending on the formula chosen and mentioned in the Particular Policy Conditions (→2).

Article 42. End of the guarantee

Unless otherwise mentioned in the Particular Policy Conditions (→2) the Disability Pension will automatically end:

- on the date mentioned in the Particular Policy Conditions (→2);
- upon the first renewal date (→12) after the 60th birthday of the insured person (→2). Nevertheless, if the disability commences before this date, benefits will continue to be paid out, but only as long as the disability lasts and at the latest until the insured person turns 65.
- After interruption of the insured professional activities or the disappearance of the insured persons' professional income, except if this interruption and/or disappearance is related to a case of disability, insured under this cover.

42.1. Non cancellation guarantee

Insured persons (→6) under this plan enjoy non cancellation guarantee until the age of 60, which means that the Company has no right to cancel the policy except in case of non-payment or (attempted) fraud or misrepresentation of facts.

However the Company reserves the right to cancel the disability insurance in case of cancellation by the policy holder (→5) of the compulsory basic cover (Medical Care – Hospital Plan).

In case of an increase of cover (even a reinstatement to its original form after a period of decrease), the Company reserves the right to start the medical underwriting procedure again and to refuse the additional cover or to accept it against special conditions.

In case of an aggravation of risk because of change in the professional activity or move to a more dangerous area (→26), the Company reserves the right to adapt the premium to the new situation or to cancel the policy. The policy holder then has the right to cancel the coverage if he/she does not agree with the new premium, with a thirty (30) days notice after the announcement of the premium increase.