

GENERAL CONDITIONS 2020

MyHEALTH BUSINESS

Repatriation

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1. PURPOSE OF THE PLAN

This plan sets out the terms and conditions of application of the insurance cover provided by the policyholder to all expatriate staff of member companies who have purchased the core "Assistance" option or the comprehensive "Repatriation and Personal liability" option of the MyHealth Business (MHB) plan from APRIL International Care France.

2. DEFINITIONS

ACCIDENT:

Any unintentional physical injury suffered by an Insured which is the result of a sudden and unexpected action with an external cause:

- Infections directly caused by a covered Accident,
- Poisoning and bodily injuries as a result of unintentional ingestion of toxic or corrosive substances,
- Asphyxiation due to an unexpected release of gases or vapours, or drowning,
- Frostbite, heatstroke, sunstroke, and starvation and exhaustion following a shipwreck, forced landing, collapse, avalanche or flood,
- Bodily injuries resulting from an Act of terrorism or Sabotage, or an Attack or Assault of which the Insured is a victim.

Accidental medical events are not classed as covered Accidents: Cerebrovascular accident (stroke), rupture of cerebral Aneurysm, Cardiac Event or Myocardial infarction (heart attack), and cerebral embolism and meningeal haemorrhage, subject to the terms of the supplementary benefit applicable in the event of a Cardiac event, Cerebrovascular accident or rupture of cerebral Aneurysm.

ACTS OF TERRORISM OR SABOTAGE, AND ATTACKS: any clandestine action with an ideological and/or political motive carried out by individuals or groups directed against persons or public or private entities in order to:

- carry out a criminal action intended to harm the lives of others,
- alarm the population and create an atmosphere of general insecurity,
- disrupt public transport and the operation of businesses or organisations manufacturing or processing goods or providing services.

MEMBER: a legal entity, domiciled in France, which has signed up to these group agreements arranged by the Association des Assurés APRIL, and which pays the Premiums.

ASSAULT: any unintentional physical injury to the Insured, resulting from the deliberate, sudden and brutal action of another person or group of persons.

ASSISTANCE PROVIDER: refers to the entity responsible for providing the assistance services. The services under this agreement are provided by Europ Assistance.

INSURED: any individual under the age of 71, regardless of their nationality, who is an employee or is under the responsibility of the member company having purchased the MyHealth Business plan, who is working as an expatriate abroad on behalf of the company and who was designated by the company before the plan took effect.

And if the family plan has been purchased:

- their spouse, in law or in fact, or any person in a civil partnership with the Insured,
- their unmarried children under the age of 21 with no professional income,
- their unmarried children under the age of 28 if they are in full-time education (certificate required), have no professional income and are financially dependent on them,
- their physically or mentally disabled children, whatever their age, if they have no professional income and if they are dependent on them for tax purposes.

INSURER: Chubb European Group SE, a company governed by the French Insurance Code, with share capital of 896,176,662 euros, with its registered office at La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie France, registered with the Nanterre Trade and Companies Register under number 450 327 374.

SERIOUS PHYSICAL INJURY: an accident or illness of an unpredictable nature that could lead, in the short term, to a significant worsening of the Insured's condition if the appropriate medical care is not provided promptly.

MEDICAL AUTHORITY: any person holding a valid medical or surgical diploma in the country where the Insured is located.

BAGGAGE: the Insured's travel bags and suitcases and the personal effects and items contained in them, as well as any other items which have been checked in with a carrier.

BENEFICIARY: The Beneficiary is the person who receives payment from the Insurer of the compensation provided under the plan following a covered Loss. In the event of the Insured's accidental Death, the Beneficiary is:

- Their surviving Spouse from whom they are neither divorced nor legally separated by final decree on the date of the accidental Death.

- Failing which their children born or unborn, living or represented, in equal parts.
- Failing which their heirs, in equal parts.

The Insured has the right to designate a Beneficiary or substitute one Beneficiary for another. This designation or substitution may be formalised either by means of an endorsement to the Plan, or by completing the formalities set out in Article 1690 of the French Civil Code, or by means of a will.

The stipulation attributing the benefit of the insurance to a specific Beneficiary becomes binding if it is accepted by the Beneficiary, in accordance with the conditions set out below: as long as the Insured and the stipulator are alive, acceptance is formalised by an endorsement signed by the Insurer, the stipulator and the Beneficiary. It may also be formalised by an authenticated deed or privately witnessed document signed by the stipulator and the Beneficiary and will only be binding on the Insurer if they are notified of it in writing.

Beneficiaries cannot be the persons who deliberately cause the Accident or Loss.

SPOUSE: Spouse means:

- The person related to the Insured by marriage and not legally separated.
- Cohabitant: the person living in a marital relationship with the Insured, in the same community of interest as a married couple who can produce a certificate of cohabitation or marital relationship.
- The person in a civil partnership with the Insured.

STABILISATION: medically stationary state of health of a person who has had an accident or is suffering from an illness.

BODILY INJURY: damage causing a person physical harm.

CONSEQUENTIAL FINANCIAL LOSS: any damage other than bodily injury or material damage which is the direct and immediate consequence of insured bodily injury or material damage.

MATERIAL DAMAGE: damage to the structure or substance of a thing resulting from an insured event.

MEDICAL TEAM: structure adapted to each individual case and defined by the Europ Assistance liaison doctor.

HOSPITAL: Any public or private hospital facility which meets the legal requirements of the country in which it is located and which:

- Receives and cares for the sick and injured who are staying there,
- Admits the sick and injured only under the supervision of the doctor or doctors working there who must always be on call,
- Ensures the proper functioning of the appropriate medical equipment to diagnose and treat these sick or injured persons and, if necessary, is able to perform surgical operations on its premises or in a facility under its supervision,
- Provides care by or under the supervision of nursing staff.

EVENT/INSURABLE EVENT: any circumstances liable to cause or having caused a Loss. A combination of Insurable events with the same cause and origin is classed as a single Event.

EXCLUSIONS: that which is not covered under the insurance plan. All plans include exclusions from cover.

EXCESS: the share of losses payable by the Insured.

ILLNESS: sudden and unforeseeable deterioration in the Insured's health as certified by a competent medical authority.

FAMILY MEMBER: spouse, child, brother, sister, father, mother, parents-in-law, grandchildren, grandparents or legal guardian, domiciled in the Country of nationality.

COUNTRY OF ASSIGNMENT: the country where the Insured is working.

COUNTRY OF NATIONALITY OR ORIGIN: the country of which the Insured is a national.

EXCLUDED COUNTRIES: depending on events that may be taking place there, cover is excluded for certain countries. The complete list of excluded countries is available on the website www.april-international.com or on request by calling +33 (0)1 73 02 93 93 or sending an email to info.expats@april-international.com. This list of excluded countries is subject to change.

FRIEND OR RELATIVE: any person designated by the Insured and domiciled in the Country of nationality.

CLAIM FOR COMPENSATION: a Claim for compensation is a request for an out-of-court or legal settlement from a Third Party or their dependants made to the Insured or their Insurer.

LOSS/CLAIM: Event which meets the required conditions under the Plan and is likely to result in the provision of one of the benefits purchased.

- For Personal liability cover outside the Country of residence:

Damage suffered by the injured Third Party where this Damage is likely to result in the provision of a benefit under the Plan.

Any Damage or set of Damages caused to Third Parties incurring the liability of the Insured resulting from an Insurable event and having given rise to one or more claims for compensation also constitutes a Loss.

- For other benefits

It is an Event which meets the required conditions under the Plan and which is likely to result in the provision of one of the

benefits purchased.

All Damage resulting from a single original cause constitutes a single Loss.

POLICYHOLDER: Association des Assurés APRIL (3A), Association governed by the French law of 1901 - 114, boulevard Marius Vivier Merle- 69 439 Lyon Cedex 03 France

THIRD PARTY: Any person or legal entity with the exception of:

- The Insured themselves, their Family members and the persons accompanying them.
- Agents of the Corporate policyholder, whether or not they are employees, in the exercise of their duties.

USA/Canada: The United States of America and Canada, including their territories or possessions.

3. SCOPE OF COVER

The benefits provided under this plan can be claimed Worldwide and strictly and exclusively during the Insured's entire period of expatriation or secondment on behalf of the Member company.

The benefits take effect from the time the Insured leaves home in their country of residence in the European Union to travel to the country of secondment or expatriation and ceases when they return on a permanent basis to the country of origin or residence in one of the countries of the European Union.

The benefits can be claimed twenty-four hours a day (24/7), in a private as well as a professional capacity, throughout this entire period.

Depending on events that may be taking place there, cover is excluded for certain countries.

The complete list of excluded countries is available on the website www.april-international.com or on request by calling +33 (0)1 73 02 93 93 or sending an email to info.expat@april-international.com. This list of excluded countries is subject to change.

4. WHO IS COVERED UNDER THE PLAN?

To be eligible for the insurance, *You* must:

- Be under the age of 71, regardless of your nationality, be an employee or placed under the responsibility of the member company having purchased the MyHealth Business plan, be an expatriate working abroad on behalf of the company and be designated by it before the plan takes effect.

And if the family plan has been purchased:

- your spouse, in law or in fact, or any person in a civil partnership with the Insured,
- your unmarried children under the age of 21 with no professional income,
- your unmarried children under the age of 28 if they are in full-time education (certificate required), have no professional income and are financially dependent on you,
- your physically or mentally disabled children, regardless of their age, if they have no professional income and if they are dependent on you for tax purposes.

5.1. EFFECTIVE DATE, DURATION AND RENEWAL OF MEMBERSHIP

5. EFFECTIVE DATE AND DURATION OF THE PLAN

A member company's membership of the plan takes effect on the date shown on the membership certificate, provided it is approved and returned within a maximum of two months from its date of issue, together with all the individual application forms duly completed and signed by each eligible member of personnel.

- membership is granted for a period ending on 31st December of the year in which it took effect;
- it is automatically renewed on 1st January of each year for successive periods of one year, unless terminated by the insurer or the member company, notified by registered letter sent at least two months before each renewal date.

5.2. CESSATION OF COVER

Membership of the plan comes to an end in all cases:

- on the date of termination of the compulsory group insurance plan by the contracting association or the insurer,
- on the date of termination of membership by the member company or the insurer,
- on the date on which the member company is disenrolled by the contracting association,
- on the date on which the company no longer belongs to the contracting association,
- if the premiums are not paid by the member company or if the member company refuses to accept the premium increase,
- at the end of the insurance year during which the Insured reaches the age of seventy-one (71),

- on the date on which the Insured no longer has secondee or expatriate status. The cover comes to an end thirty (30) days after the Insured's permanent return to their country of origin or residence.

6. WHAT YOUR PLAN COVERS AND HOW TO MAKE A CLAIM

6.1 REPATRIATION

It is essential to obtain **prior approval from Europ Assistance** in order to claim the following benefits.

CONDITIONS OF APPLICATION

Europ Assistance only intervenes in a medical capacity after emergency aid has been organised on the orders of a qualified Medical Authority.

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

If *You* or the persons accompanying you organise any of the assistance services listed below, these costs will only be reimbursed if Europ Assistance has been notified of this procedure, given their express approval and provided you with a case number.

In this case, costs are reimbursed based on supporting documentation and up to the amount that Europ Assistance would have incurred if they had organised the service themselves.

Europ Assistance will not be held responsible for any delays or failures in the provision of their services in the event of strikes, riots, popular movements, reprisals, restrictions on the free movement of goods and people, acts of terrorism or sabotage, a state of belligerency, civil or foreign war whether or not war is declared, nuclear decay, exposure to ionising radiation and other fortuitous events or cases of force majeure.

The conditions and levels of cover are applicable per insured person, up to the limits specified for each type of cover.

MEDICAL REPATRIATION

In the event of an Accident or sudden Illness, the Europ Assistance doctors contact the local treating doctors and take the decisions best suited to the Insured's condition based on the information gathered and solely on medical necessity.

If the Europ Assistance Medical team recommends the Insured's repatriation, Europ Assistance will organise and cover the cost of the repatriation solely on the basis of the medical priorities determined by its Medical team.

The repatriation destination is either:

- the most appropriate hospital, or
- the hospital nearest the Insured's home in their Country of nationality (or their country of origin, if different) or their primary residence in their Country of assignment, or
- the Insured's home in their Country of nationality (or their country of origin, if different) or their primary residence in their Country of assignment.

If the Insured is hospitalised in a healthcare facility outside the hospital district of their usual place of residence in their Country of nationality or their primary residence in their Country of assignment, Europ Assistance will organise their return trip after the medically confirmed Stabilisation of their condition and will cover the cost of their transfer to their primary place of residence in their Country of assignment or their home in their Country of nationality.

Repatriation may be carried out by light sanitary vehicle, ambulance, train, scheduled airline or air ambulance. The Medical team is solely responsible for the final choice of the place and date of Hospitalisation, the need to be accompanied, and any means to be used. Any refusal to accept the solution proposed by the Medical team will result in the cancellation of the personal assistance cover.

Europ Assistance may ask you to use your own travel ticket if it can be used or changed.

REPATRIATION OF OTHER INSURED PERSONS IN CASE OF THE INSURED'S MEDICAL REPATRIATION

In case of the Insured's medical repatriation, Europ Assistance will organise the return trip home for the insured family members travelling with them.

Europ Assistance will cover the cost of a one-way ticket by air in economy class or by train in 1st class provided the original means for their return journey cannot be used or changed.

ACCOMPANYING CHILDREN

If the *Insured* is repatriated and is unable to care for their *Dependent children* under the age of 18 who are also Insured under the plan, Europ Assistance will provide a person of their choice with a round-trip ticket by air in economy class or by train in 1st class to bring their *Dependent children* back to their *Country of nationality*.

SEARCH AND RESCUE COSTS (If the comprehensive Assistance option has been selected)

The purpose of this cover is to provide for the reimbursement of search and rescue costs incurred by the intervention, in a public or private location, of fully equipped, specialised teams, including the use of a helicopter. This cover tops up or takes over from any

other similar concurrent benefits.

In all cases, the benefit is capped at a maximum of €5,000 per person and €15,000 per event.

RETURN TO THE COUNTRY OF ASSIGNMENT FOLLOWING STABILISATION (If the comprehensive Assistance option has been selected)

If, following medical repatriation, the employee is able to return to work, Europ Assistance, with the agreement of their *Medical team*, will organise their return to their *Country of cover*. Europ Assistance will cover the cost of a one-way ticket by air in economy class or by train in 1st class.

PRESENCE OF A FAMILY MEMBER IN CASE OF HOSPITALISATION (If the comprehensive Assistance option has been selected)

If the Insured's condition does not allow or does not require their repatriation and if they are hospitalised locally for more than 6 consecutive days, Europ Assistance will provide a *Family member* with a round-trip ticket by air in economy class or by train in 1st class to join the Insured abroad. This benefit is only provided if there is no legally adult *Family member* with them. Europ Assistance will also arrange and cover the cost of their hotel accommodation (bed and breakfast only) **for a maximum of 10 days at €80 per night. No other temporary accommodation solution will be reimbursed.**

SOURCING AND DELIVERY OF MEDICATION NOT AVAILABLE LOCALLY (If the comprehensive Assistance option has been selected)

In the event that essential drugs or their equivalents cannot be obtained locally and were prescribed before departure by the treating doctor in the *Country of nationality* (or in the country of origin, if different), Europ Assistance will attempt to source them in France.

If they are available, they will be sent as soon as possible subject to the constraints of local legislation and available means of transport.

This service is available for one-off requests. It does not apply, under any circumstances, to long-term treatments that require regular deliveries or requests for vaccines. The Insured is responsible for the cost of the medication unless it is covered under their medical expenses benefit. The *beneficiary* agrees to reimburse the amount plus any custom clearance charges within a maximum period of 30 days from the shipment date.

CARE OF CHILDREN UNDER THE AGE OF EIGHTEEN (If the comprehensive Assistance option has been selected)

If the *Insured* is hospitalised and the *Dependent children* cannot take care of themselves or be looked after by a *Family member*, the *Insurer* will cover the cost of:

- care of the *Dependent children* at the Insured's home for up to a **maximum of 20 hours**;

This entire benefit is **capped at €500**.

RETURNING OR CARING FOR PETS IF THE INSURED IS REPATRIATED (If the comprehensive Assistance option has been selected)

Europ Assistance will arrange and cover the cost of returning a pet, if the *Insured* and all of the *Family members* are repatriated to the *Country of nationality* (or the country of origin if different) or the country of residence. The repatriation, as well as the most appropriate means, will be decided and chosen by Europ Assistance. **This repatriation is covered up to a maximum of €500** regardless of the number of pets being repatriated.

Europ Assistance will not be held responsible if this repatriation cannot be arranged due to the legislation in force in the country of secondment or expatriation or due to it being prohibited by the local authorities for any reason whatsoever.

Under no circumstances can this benefit be provided for wild animals.

CARE OF PETS (If the comprehensive Assistance option has been selected)

If the Insured is hospitalised and if the pets cannot be taken care of, the *Insurer* will cover the cost of an appropriate boarding facility for the duration of their stay in hospital **up to a maximum of €500** regardless of the number of pets.

HOME HELP (If the comprehensive Assistance option has been selected)

The *Insurer* will cover the cost of providing a home help to carry out housework at the Insured's home, either when they return home from hospital, or from the date of their admission to hospital, or while they are confined to the home.

The insurer will reimburse the cost of the home help for a maximum of **10 hours** allocated at their convenience during the month following the date of their *Hospitalisation* or their return home or while they are confined to the home, up to **a maximum of €250**.

REPATRIATION IN THE EVENT OF AN ACT OF TERRORISM OR SABOTAGE OR AN ATTACK OR ASSAULT (If the comprehensive Assistance option has been selected)

If the Insured is the victim of an *Act of Terrorism* or *sabotage* or an *Attack* or *Assault* resulting in *Bodily Injury* or a state of shock, Europ Assistance will arrange their repatriation to their *Country of nationality* (or the country of origin if different). The repatriation, and the most appropriate means, are decided and chosen by Europ Assistance.

POLITICAL EVACUATION AND NATURAL DISASTERS (If the comprehensive Assistance option has been selected)

If the Insured, on the advice of the local authorities or those of their *Country of nationality*, due to events rendering the political regime unstable or due to a natural disaster (such as an earthquake or flood), is obliged to leave their expatriation location, they should, on returning to their *Country of nationality*, provide Europ Assistance with all documents enabling them to obtain the reimbursement of the return trip by air (economy class) or train (1st class), **up to a maximum of €1,500**.

The Insured must be able to prove that, as a result of events rendering the political regime unstable or following a natural disaster, the French Ministry of Foreign Affairs has classified the zone where they are living as one to which travel is “strongly discouraged” (red zone).

This benefit is not available in *Excluded countries*.

REPATRIATION OF THE BODY IN THE EVENT OF DEATH AND COST OF A COFFIN (If the comprehensive Assistance option has been selected)

In the event of the Insured's death, Europ Assistance will arrange and cover the cost of repatriating the body or ashes from the place of death to the place of burial in their *Country of nationality*, residence, expatriation or origin (if different).

Europ Assistance will cover the cost of post-mortem care, casketing and transportation requirements. Coffin expenses in connection with transportation organised by the assistance service are covered **up to a maximum of €2,500**. The funeral, ceremony, local transportation and burial or cremation expenses remain payable by the family. The choice of companies involved in the repatriation process is exclusively that of Europ Assistance.

RETURNING INSURED FAMILY MEMBERS TO THEIR HOME (If the comprehensive Assistance option has been selected)

If the Insured's body is repatriated, Europ Assistance will arrange the return trip home for the insured *Family members* who were travelling with them.

Europ Assistance will cover the cost of a one-way ticket by air in economy class or by train in 1st class provided the means initially planned for the return journey cannot be used or changed.

PRESENCE OF A FRIEND OR RELATIVE TO ACCOMPANY THE DECEASED (If the comprehensive Assistance option has been selected)

If the presence of a Family member or Friend is essential to identify the body of the deceased Insured and to complete the repatriation or cremation formalities, Europ Assistance will provide a round-trip ticket by air in economy class or by train in 1st class.

This benefit is only available if the Insured was alone abroad at the time of their death.

Europ Assistance will arrange local accommodation and cover the cost of a hotel (bed and breakfast only) for a *Family member* or a Friend **for a maximum of 4 consecutive nights and up to €50 a night. No other temporary accommodation solution will be reimbursed.**

LEGAL ASSISTANCE ABROAD (EXCLUDING THE COUNTRY OF NATIONALITY) (If the comprehensive Assistance option has been selected)

Following an unintentional breach of the laws and regulations of their *Country of assignment*, and for all non-criminal acts, Europ Assistance will intervene, subject to the request being made in writing, if legal action is taken against the *Insured*. This benefit does not apply to matters related to their professional activity. Europ Assistance will cover the local legal fees **up to a maximum of €2,500 per event**.

ADVANCE OF BAIL ABROAD (EXCLUDING THE COUNTRY OF NATIONALITY) (If the comprehensive Assistance option has been selected)

Europ Assistance will advance the cost of bail set by the authorities to free the Insured or enable them to avoid incarceration.

This advance is made through the intermediary of a local lawyer **up to a maximum of €15,000 per event**.

The *Insured* must reimburse this advance to Europ Assistance:

- following restitution of bail in case of nonsuit or acquittal,
- within 15 days of judicial sentencing being carried out in case of conviction,
- in all cases, within 3 months of the date of payment.

TRAVEL ASSISTANCE (If the comprehensive Assistance option has been selected)

When travelling *Abroad*, in the event of the loss or theft of personal effects (identity documents, means of payment, baggage) or travel tickets, and having reported the loss or theft to the competent authorities, Europ Assistance will make every effort to assist

the Insured.

Europ Assistance is not authorised to stop payments on behalf of third parties. If replacement documents are produced in the *Country of nationality*, Europ Assistance will deliver them by the most rapid means.

Europ Assistance may make an advance of **up to €2,000 per event** to enable the Insured to purchase essential items.

In the event of the loss or theft of a travel ticket, Europ Assistance may advance the cost and send a new, non-negotiable ticket.

These advances may be made in return for a guarantee provided either by the *Insured* or by a third party. Any advances must be reimbursed within a period of 30 days from the date on which the funds are made available.

DELIVERY OF URGENT MESSAGES (If the comprehensive Assistance option has been selected)

If it is not practically possible for *You* to send an urgent message and if *You* make the request, Europ Assistance will send messages or news to the Insured's family members, friends or employer free of charge and by the most rapid means.

The messages remain the responsibility of their authors who must be identified and who are fully responsible for them. Europ Assistance acts solely as an intermediary in the transmission of the messages. Europ Assistance may also act as an intermediary in the opposite direction.

EARLY RETURN HOME IN THE EVENT OF THE DEATH OR HOSPITALISATION OF A FAMILY MEMBER (If the comprehensive Assistance option has been selected)

Europ Assistance will provide the Insured with a round-trip ticket by air in economy class or by train in 1st class in the event of the death or *Hospitalisation* for more than 5 days of a *Family member* in the *Country of nationality* (or the country of origin if different). The outward trip must take place within 8 days of the death or *Hospitalisation*. This benefit can be claimed when the death or *Hospitalisation* occurs later than the date of the Insured's departure.

Europ Assistance reserves the right, prior to the provision of its services, to request proof of the covered event (hospital report, death certificate etc.). This benefit cannot be used more than once per *Insurance year* for the same causal event. A causal event is the event causing the benefit to be claimed. For this benefit, this means that the same illness cannot give rise to several early returns home within the same *Insurance year*.

In order to claim this benefit, the *Insured* must contact Europ Assistance to obtain their Prior approval. Otherwise, Europ Assistance has the right to refuse to reimburse any tickets which the Insured may have bought themselves.

TRANSLATION OF LEGAL OR ADMINISTRATIVE DOCUMENTS (If the comprehensive Assistance option has been selected)

When the *Insured* is *Abroad* or in case of medical repatriation, if they have serious difficulty understanding legal or administrative documents in the local language, Europ Assistance will arrange and cover the cost of translating these documents into their native language. Europ Assistance will provide cover up to a maximum of **€500 per Insurance year**. Europ Assistance will not be held responsible for the consequences of poor translations or misunderstandings on the Insured's part.

LIMITATIONS ON COVER

If Europ Assistance arranges and covers the cost of repatriation or transportation, the Insured may be asked to use their own travel ticket.

If Europ Assistance has paid for their return trip, the Insured must return the unused travel ticket to Europ Assistance.

6.2 LOSS, DAMAGE OR DESTRUCTION OF PERSONAL BAGGAGE (If the comprehensive Assistance option has been selected)

During trips made by the Insured, the insurer will cover the loss, damage or total or partial destruction of Baggage.

The insurer will only provide cover in the following cases:

- if the loss, damage or destruction occurs while the *Baggage* is in the care of a carrier and has been checked in,
- if the loss, damage or destruction is the result of a catastrophic event such as a fire, flood, collapse or *Act of terrorism*.

Cover limits

The insurer will cover *Baggage* up to **€2,000**.

6.3 PERSONAL LIABILITY (PRIVATE CAPACITY) (If the comprehensive Assistance option has been selected)

PURPOSE OF THE BENEFIT

This benefit covers the financial consequences of any damage for which the Insured and the insured members of their family are held liable in a private capacity, including during the commute to and from work and excluding any work-related activity. The benefit is available if the liability for damage caused to a third party during the trip or stay outside the Country of nationality falls on them or any person for whom they are responsible.

COVER LIMITS

Bodily injury, material damage and consequential financial loss: up to €7,500,000 per Claim and per Insurance year including:

Material damage and consequential financial loss: up to €750,000 per Claim and per Insurance year. Excess of €150 per Claim.

How to make a claim

As soon as the Insured becomes aware of any circumstances that may give rise to a Claim under the plan, they must inform the insurer, via April International, by registered letter within a period of no more than 15 days. Details of the circumstances surrounding the Claim and their consequences should also be provided.

SPECIAL PROVISIONS

Disputes

In the event of a dispute regarding the measures to be taken to settle a disagreement, the matter may be submitted to a third party designated by mutual agreement or, failing that, to the President of the “Tribunal de Grande Instance” of Paris acting in summary proceedings. Expenses incurred in the implementation of this option will be covered by the insurer.

However, the President of the “Tribunal de Grande Instance” of Paris may decide otherwise if the *Insured* has implemented this option under improper conditions.

If the Insured has undertaken litigation at their own cost and obtains a solution that is more favourable than that proposed by the insurer or by the above-mentioned third party, the insurer will reimburse the costs which the Insured incurred up to the cover limit.

When the procedure described above is implemented, the time limit for legal remedy is suspended for all legal proceedings covered by the insurance and which the *Insured* may undertake, until the third party tasked with proposing a solution has disclosed its content.

Choice of legal representation

In the event of legal or administrative action requiring the involvement of a lawyer or any other person qualified by law or under the regulations in force to represent the Insured's interests, the Insured has free choice and the insurer will pay the fees directly. If they do not know a lawyer, the insurer may make one available to them. This free choice is also applicable if there is a conflict of interest between the *Insured* and the insurer.

Procedure – Transactions

In the event of proceedings involving liability covered by this insurance, the insurer reserves the right, subject to the cover limits, to direct the proceedings and pursue all avenues of remedy before all civil, commercial or administrative jurisdictions.

Should the Insured obstruct the exercise of this option, the insurer will have the right to withdraw their cover.

In the case of proceedings before a criminal court and if the victim(s) has/have not been compensated, the insurer will have the right, with the Insured's agreement, to take responsibility for their criminal defence or to take part in the proceedings. In the absence of this agreement, the insurer may, nevertheless, defend your civil interests. The insurer can also pursue all avenues of remedy on your behalf, including an appeal in cassation, when criminal interests are no longer involved. Otherwise, the insurer can only exercise them with the Insured's agreement. The *Insured* is prohibited, within the cover limits, from reaching a settlement with the injured parties.

Any admission of liability or transaction carried out without the involvement of the insurer will not be enforceable; the acknowledgment of a material fact is not considered to be an admission of liability.

7. WHAT IS NOT COVERED UNDER YOUR PLAN

7.1. EXCLUSIONS FROM REPATRIATION COVER:

In addition to the Exclusions which apply to all cover as listed in the paragraph below, costs resulting from the following facts or events are not covered under the repatriation cover and will not give rise to any compensation whatsoever nor to any intervention on the part of EUROP Assistance:

- benign conditions or injuries which can be treated locally and do not prevent the *Insured* from continuing with their trip;
- convalescence and conditions which are being treated and have not yet stabilised and/or require further planned treatment;
- *Illnesses* which had been identified prior to departure and which were at risk of aggravation or relapse;
- conditions requiring Hospitalisation in the 6 months prior to departure;
- any consequences (check-ups, further treatment, recurrences) of a condition which led to repatriation;
- pregnancy other than unforeseeable complications but in all cases:
 - pregnancy and any complications and, in all cases, after the 28th week;
 - childbirth and post-natal complications relating to newborns;
 - elective termination of pregnancy;
- cosmetic surgery;
- the consumption of alcohol and its consequences under local legislation;
- travel undertaken for diagnosis and/or treatment;
- the consequences of the failure of, unfeasibility of, or reaction to any vaccination or treatment required or mandatory for travel;
- congenital *Illnesses* or deformities.

The following are not covered:

- medical expenses;
- cures, stays in rest homes and rehabilitation;
- contraception and fertility treatment;
- glasses and contact lenses;
- cosmetic prostheses, dentures and hearing aids;
- regular transportation required as a result of the *Insured's* health;
- events arising from the *Insured's* participation as a competitor in sporting competitions, bets, games, contests, rallies or their preparatory trials;
- the consequences of any neuropsychic, psychological or psychosomatic disorders, any manifestation requiring neuropsychiatric treatment, and in particular nervous depression or anxiety;
- expenses resulting from pregnancy, maternity and related complications, childbirth and related complications, fertility treatments and termination of pregnancy.

Europ Assistance can only intervene in the following circumstances:

- can only intervene within the limits of the agreements given by the local authorities;
- can under no circumstances replace local emergency rescue services or cover any costs incurred as a result of their intervention;
- will not be held responsible for any failure or difficulty in carrying out its obligations as a result of cases of force majeure or events such as riots, civil war, foreign war, popular movements, revolution, strikes, seizure of control or restrictions enforced by the forces of law and order, official prohibition, piracy, detonation of an explosive device, nuclear or radioactive fallout or adverse weather conditions;
- is not obliged to intervene in cases where the Insured has deliberately breached the laws in force in the countries through which they are travelling or in which they are temporarily staying as a secondee or an expatriate;
- events which occurred as the result of the Insured's participation as a competitor in sporting competitions, bets, games, contests, rallies or their preparatory trials.

7.2 EXCLUSIONS FROM SEARCH AND RESCUE COVER:

- search and rescue costs resulting from a failure to observe the rules of caution laid down by the site operators and/or regulatory provisions governing the activity being practised by the *Insured*;
- search and rescue costs resulting from the practice of a professional sport and participation in an expedition or competition, unless otherwise expressly stipulated.

7.3 EXCLUSIONS FROM LOSS, DAMAGE OR DESTRUCTION OF PERSONAL BAGGAGE COVER:

- dentures and optical or other prostheses, glasses and contact lenses;
- cash, personal papers, business documents, administrative documents, traveller's cheques, credit cards, airline tickets, travel tickets and vouchers;
- *Damage* caused by normal wear and tear, depreciation or inherent defects of the baggage;
- damage caused by mites or vermin or by cleaning, repairs or restoration or misuse of the baggage by the *Insured*;
- *Damage* resulting from confiscation, seizure or destruction on the orders of an administrative authority;
- valuables, jewellery and furs;
- keys or other similar items (for example, magnetic swipe cards or badges);
- any baggage or personal effects left unattended by the Insured;
- mobile phones;
- IT and audio-visual equipment, cameras, video cameras or hi-fi equipment entrusted to a carrier;
- costs which may be compensated under another insurance plan or costs for which the Insured has been compensated.

7.4. EXCLUSIONS FROM PERSONAL LIABILITY COVER:

In addition to the *Exclusions* which apply to all benefits as listed in paragraph 7.5 below, the following are not covered:

- damage resulting from any professional activity whatsoever or the exercise of the functions of elected offices;
- driving any motorised or animal-drawn vehicle;
- the consequences of any material damage or bodily injury suffered by the *Insured*;
- *Material damage* caused by fire, explosion, or water damage having begun or occurred in the buildings or premises of which the Insured is the owner, tenant or of which they have private use in any capacity whatsoever;
- noise and disturbances caused by neighbours;
- *Damage* caused by asbestos (including asbestos fibres or dust), lead (including lead-containing particles), toxic moulds or fungal contamination and pollution *Damage* in the USA/Canada;
- *Damage* resulting from the use of automobiles or motor vehicles, sail or motorboats, aircraft or saddle animals of which the Insured or the persons for whom they are civilly liable have ownership, control or custody;
- *Damage* to property resulting from fire, explosion or water damage if it occurs on premises of which the Insured is the owner or occupier or tenant. However, *Damage* occurring in a hotel room rented by the Insured (or their employer) for a period of less than thirty consecutive days remains covered on the express condition that the Insured has not taken up residence there;
- non-consequential *Financial loss*;
- all consequences of contractual commitments made by the Insured insofar as the resulting obligations exceed those

- which would be binding under common law;
- legal compensation commonly described as 'Punitive' or 'Exemplary Damages' and generally defined as compensation over and above actual damages which may be awarded to victims by courts in the US or Canada if they consider that the person having caused the Damage has demonstrated 'anti-social' or 'more than negligent' behaviour and 'wilful ignorance of its consequences';
- the consequences of any neuropsychic, psychological or psychosomatic disorder, any manifestation requiring neuropsychiatric treatment, and in particular nervous depression or anxiety.

The following *Damage* is also excluded:

- *Damage* to property, including animals, which the Insured is driving or riding or of which they have custody or use even when entrusted to them on a voluntary basis;
- *Damage* resulting from a professional or remunerated activity as well as the holding of public office or a position in a trade union;
- *Damage* resulting from the Insured's involvement in an Act of Terrorism or Sabotage, an Attack, a Riot or a Popular movement;
- *Damage* resulting from non-accidental pollution;
- *Damage* to goods, objects, products or animals sold by the Insured;
- *Damage* caused by horses or other equines, by dogs in category 1 or 2 as defined in Article 211-1 of the French Rural Code, and by wild animals;
- all financial consequences of personal liability incumbent on the Insured in their capacity as an employer due to an occupational accident or occupational illness affecting one of their employees in the performance of their duties;
- *Damage* resulting from the Insured's social management of their employees or ex-employees, job applicants, their dependants and social partners.

7.5. EXCLUSIONS APPLICABLE TO ALL COVER:

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

- intentional acts by the *Member* or the Insured and/or breaches of the law of the country where the Insured is staying;
- civil or foreign wars, riots, insurrections, strikes, piracy or sabotage, voluntary participation in fights or popular movements, acts of terrorism regardless of location and protagonists (except in the case of self-defence);
- voluntary participation by the *Member* or the Insured in acts of terrorism, regardless of the location of the events;
- suicide or suicide attempts in the first year of cover;
- the use of drugs or narcotics without a medical prescription;
- alcoholism or drunkenness on the part of the Insured (alcohol level higher than that defined by the road traffic law applicable on the day of the *Loss* in the country where it occurred);
- road traffic accidents involving two-wheeled vehicles if the Insured was not wearing a helmet;
- direct or indirect effects of changing the structure of the atomic nucleus, climatic events such as storms and hurricanes, earthquakes, floods, tidal waves or other disasters unless these are covered under compensation for natural disasters;
- *Accidents* or *pre-existing Illnesses* before the *Effective date* of the plan which were not declared at the time of application for membership and which are subject to relapses or not stabilised and congenital illnesses or deformities unless they were declared and accepted at the time of application for membership of the plan.
- any professional activity on an oil rig.

Specific conditions for the cover of sports and sporting activities

Professional athletes or students on a sports-study course, including ballet, dance and circus schools, are covered under this plan only in a private capacity. The costs and consequences of the following are also excluded from all cover:

- dangerous sports such as microlighting, hang-gliding, paragliding, driving cars, motorcycles or go-carts, parachuting, mountaineering, climbing (other than on artificial climbing walls), hiking/trekking requiring the use of ropes/ice axes/crampons, rock climbing, underwater diving other than free-diving to 50 meters, caving, skeleton, ski jumping, bobsleighing, bungee jumping, rafting, canyoning, kitesurfing, air ballooning, jet-skiing, free-running, parkour, ice hockey, speed riding, base jumping, sky surfing, freefall and the following sports when practised off piste: skiing, cross-country skiing, sledging and snowboarding;
- the Insured's involvement in any form of bets (with the exception of sporting competitions), brawls (except in self-defence) or involvement in offences and crimes within the meaning of the applicable criminal law;
- the piloting of any type of flying device or the practice as a pilot or a passenger of any air sports and in particular hang-gliding, parachuting, paragliding or microlighting;
- participation in all sports competitions and training, practising sports in a club or federation in a professional capacity;
- sports requiring the use of any land, sea or air vehicle;
- hunting;
- air navigation accidents unless the Insured is an ordinary passenger and is on board an aircraft operated by a public passenger transport company;
- sailing or cruising on the high seas in a personal or professional capacity (more than 200 nautical miles from land).

8. CLAIMS REPORTING, REQUIRED DOCUMENTS AND REIMBURSEMENT OF COSTS

8.1 INSURANCE CLAIMS

As soon as they become aware of a fact likely to trigger a claim under this Plan and at the latest within five 5 days, the Insured must, subject to Forfeiture of benefits, other than in unforeseen circumstances or cases of force majeure, notify the insurer in writing or verbally against receipt. Payment of the compensation or lump sums is made by the Insurer in countries of the European union and in euros.

Claims should be reported in one of the following ways:

Online (easiest and quickest method): <https://www.chubbclaims.com/ace/fr-fr>

By post:

Chubb European Group SE
Service Indemnisations Assurances de Personnes
La Tour Carpe Diem
31, Place des Corolles, Esplanade Nord,
92419 Courbevoie Cedex
France

By email: AHdeclaration@chubb.com

All medical documents must be sent in a confidential envelope marked "For the attention of the medical advisor".

8.2 PERSONAL ASSISTANCE COVER

For the provision of assistance services, before taking any action triggering cover under the plan, the Insured must contact

Europ Assistance
Telephone: +33 (0)1 41 61 23 25

specifying the Plan number, the contact details of the Member company, their own first and last names and their job title.

8.3 FORFEITURE OF BENEFITS APPLICABLE TO ALL COVER

No compensation is payable for any Loss reported to the Insurer more than five (5) days after its occurrence if this delay causes any prejudice whatsoever to the Insurer.

A Member company or an Insured who intentionally provides false information or uses fraudulent or falsified documents with the intention of misleading the Insurer will lose all entitlement to benefits for the Loss in question.

All necessary measures must be immediately taken to limit the consequences of the Loss and hasten the Insured's recovery. The Insured must agree to undergo the medical treatment required by their condition. The Insured will lose all entitlement to benefits if they do not comply with this requirement to limit the extent of the Loss.

The Insurer's doctor must have free access to the Insured in order to determine their condition. Any unjustified refusal to comply with this examination, once formal notice has been issued by registered letter, will result in forfeiture of benefits.

8.4 DOCUMENTS TO BE PROVIDED

- For all benefits

The Plan number, contact details for the Member company, their own first and last names and their job title.

A copy of the employment contract or a copy of the amendment to the employment contract notifying the Insured of their expatriate or seconded status, their place of assignment and the agreements with regard to the secondment or expatriation of their Family members.

- For personal liability cover

As soon as the Insured becomes aware of a fact likely to trigger a claim under this Plan and at the latest within five (5) days, the Insured must, subject to Forfeiture of benefits, other than in unforeseen circumstances or cases of force majeure, notify the insurer in writing or verbally against receipt.

They must also:

- Inform the Insurer as soon as possible of the circumstances of the Loss, its known or presumed causes and the nature and approximate amount of the Damage.
- Take all appropriate measures to limit the extent of the Damage already identified and prevent the occurrence of further Damage.
- Send the Insurer, as soon as possible, all notices, summonses, subpoenas, extrajudicial documents and procedural documents which they have been sent, given or served.

If the Insured fails to comply with the obligations listed under the three preceding bullet points, the Insurer is entitled to compensation in proportion to the Damage which this failure to comply may cause them.

9. GENERAL PROVISIONS

9.1 WHO INSURES YOUR PLAN?

This plan is an agreement between the "Association des Assurés APRIL" (an association governed by the French law of 1901, located at 114 boulevard Vivier Merle, 69439 Lyon Cedex 03 France, whose purpose is to study, effect and promote, to the benefit of its members, all types of insurance, encourage a spirit of international solidarity between them, make available to them all appropriate means of information and administration and ensure their representation with respect to all insurance companies. The statutes of the association are available at the end of this document):

For repatriation and personal liability cover:

Compulsory group insurance plan with **Chubb European Group SE**, a company governed by the French Insurance Code, with share capital of 896,176,662 euros, located at La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, registered with the Nanterre Trade and Companies Register under number 450 327 374.

9.2 COMPLIANCE WITH ECONOMIC AND TRADE SANCTIONS

The Insurer is not deemed to provide benefits and is not liable for the payment of any claims or resulting compensation if the provision of these benefits or the payment of this claim or compensation exposes the Insurer or its parent company to any sanctions, prohibitions or restrictions enforced under United Nations resolutions or economic and trade sanctions, or under the laws or regulations of the European Union, the United Kingdom, or national legislation or legislation of the United States of America.

9.3 EXPERT APPRAISAL IN CASE OF DISAGREEMENT

If there is a medical difference of opinion, each party will appoint their own doctor in order to arrange a joint expert appraisal. If these doctors cannot come to an agreement, they will call on a third doctor to make a final ruling, with the third doctor acting as arbitrator.

If one of the parties fails to appoint a doctor or if the doctors representing the parties do not agree on the choice of the third doctor, the appointment will be made by the President of the "Tribunal de Grande Instance" in the Insured's Home district.

Each party pays the expenses and fees of the doctor they appointed and half of the expenses and fees of the third doctor.

9.4 DIRECTING LEGAL PROCEEDINGS

For Losses covered under the Personal liability cover and within the limits which apply to this cover, the Insurer will take sole charge of any legal proceedings brought against the Insured and may use any means of obtaining remedy.

The Insurer will cover the costs and fees of investigation and inquiry, expert testimony and legal representation as well as the cost of the proceedings. These costs and fees will be deducted from the amount of the applicable benefit.

By directing the Insured's defence, the insurer should not be deemed to be relinquishing their right to make use of any exceptions to cover of which they were unaware at the time of taking up the direction of the defence.

In the event of criminal proceedings where civil costs are or will be sought, at this or any other subsequent hearing, the Insured agrees to involve the Insurer in their defence without this commitment affecting the scope of the cover provided under this Plan.

Subject to Forfeiture of benefits, the Insured must not attempt to interfere in the direction of proceedings when the subject of the proceedings falls under the Personal liability cover.

9.5 TRANSACTIONS

Only the Insurer has the right, within the limits of the cover they provide, to reach a settlement with injured parties.

No transaction or admission of liability without the involvement of the Insurer will be enforceable.

However, the acknowledgment of a material fact is not considered to be an admission of liability, nor is the mere fact of having provided emergency aid to a victim by way of assistance which any person has a moral duty to do.

9.6 ARBITRATION

This plan is arranged and purchased in good faith and the contracting parties agree, in the event of a dispute, not to take legal action until arbitration has been attempted.

To this end, they will each appoint a mediator. In the event of a disagreement between the two mediators as to the dispute resolution, they will choose a third mediator by mutual agreement to decide by majority rule.

Each party will pay the fees and expenses of the mediator they appointed and, where applicable, one half of the fees of the third mediator.

9.7 LIMITATION PERIOD

All legal action arising from an insurance contract is barred two years from the event which gave rise to it in accordance with the conditions set out in Articles L.114-1 and L.14-3 of the French Insurance Code.

Article L. 114-1 of the French Insurance Code states:

"All legal action arising from an insurance contract is barred two years from the event which gave rise to it. However, this time limit runs:

In the event of non-disclosure, omission or false or inaccurate declaration in respect of the risk incurred, only from the day on which the insurer became aware of it.

In the event of a Loss, only from the day on which the relevant parties became aware of it, if they can prove they were unaware of it until then.

If the action taken by the Insured against the Insurer arises from a claim for compensation from a third party, the limitation period runs only from the day on which this third party brings legal action against the Insured or has received compensation from them.

The limitation period is extended to ten years for life insurance policies where the beneficiary is a separate person from the Insured and in personal accident insurance policies where the beneficiaries are the heirs of the deceased Insured.

In respect of life insurance policies, notwithstanding the provisions of paragraph 2, the action taken by the beneficiary must be brought within thirty years of the Insured's death."

Article L. 114-2 of the French Insurance Code states:

"The limitation period is interrupted by one of the ordinary causes of interruption and by the appointment of experts following a Loss.

The interruption of the limitation period may also be initiated by a registered letter with proof of delivery sent from the Insurer to the Insured regarding action for payment of the premium and from the Insured to the Insurer regarding the payment of compensation."

Article L. 114-3 of the French Insurance Code:

"Notwithstanding article 2254 of the French Civil Code, the parties to the insurance contract cannot, even by mutual agreement, modify the duration of the limitation period, nor add to the motives for its suspension or interruption."

The ordinary causes of interruption of the limitation period listed under Article L.114-2 of the French Insurance Code are set out in Articles 2240 to 2246 of the French Civil Code as follows.

Article 2240 of the French Civil Code:

Acknowledgement by the debtor of the right of the person against whom they were seeking interruption of the limitation period.

Article 2241 of the French Civil Code:

A legal claim, even in summary proceedings, until the end of the hearing. This also applies when the legal claim is brought before a court which has no jurisdiction or where the act of referral to the court is cancelled by the effect of a procedural irregularity.

Article 2242 of the French Civil Code:

The interruption resulting from the legal claim shall remain in force until the conclusion of the proceedings.

Article 2243 of the French Civil Code:

The interruption is void if the claimant withdraws their application or allows the suit to lapse, or if they are defeated in their claim.

Article 2244 of the French Civil Code:

The limitation period or time limit is also interrupted by interim measures taken in implementation of the code of civil enforcement procedures or by an act of enforcement.

Article 2245 of the French Civil Code:

A summons served on one of the joint and several debtors by means of legal action or an enforcement order or the recognition by the debtor of the right of the person against whom they were prescribing interrupts the limitation period against all the others, even against their heirs.

However, a summons served on one of the heirs of a joint and several debtor or the recognition by that heir does not interrupt the limitation period with regard to the other joint heirs, even in the case of a mortgage debt, if the obligation is divisible. Such a summons or recognition interrupts the limitation period with regard to the other co-debtors only for the share of the obligation for which that heir is liable.

To interrupt the limitation period entirely, with regard to the other co-debtors, the summons needs to be served on all the heirs of the deceased debtor or the right needs to be recognised by all of these heirs.

Article 2246 of the French Civil Code:

A summons served on the principal debtor or their recognition interrupts the limitation period for taking action against the surety.

9.8 SUBROGATION

Up to the amount of the compensation paid and the costs incurred in respect of provisions giving rise to benefits in kind and costs incurred by the Insurer, the Insurer is subrogated under the terms of Article L. 121-12 of the French Insurance Code to the rights and actions of the Policyholder and the Insured against any person responsible for the Loss.

Similarly, where all or part of the benefits provided in implementation of the provisions of the Plan are covered in whole or in part by another insurance policy, a health insurance body, French Social Security or any other organisation, the Insurer is subrogated to the rights and actions of the Insured in respect of the aforementioned bodies and insurances.

The Plan is subject to the principle of indemnity in accordance with Article L. 121-1 of the French Insurance Code.

It should be noted that, in accordance with the principle of indemnity, the compensation payable by the Insurer cannot exceed the actual amount of the damage and cannot be a source of improved financial position.

9.9 COMPLAINTS AND MEDIATION

Complaints - Chubb Customer Service

In the event of a complaint regarding the Plan, the Insured can write to:

Chubb European Group SE
Service Clients Assurances de Personnes
La Tour Carpe Diem
31, Place des Corolles, Esplanade Nord,
92419 Courbevoie Cedex
France
Telephone (standard charges): 01 55 91 47 28
Email: gestionpartenariats@chubb.com

Mediation and legal action

Without prejudice to any legal remedies available to the Insured and/or the Policyholder, in the event of a disagreement with the Insurer on the implementation of this Plan, the Insured and/or the Policyholder may, before taking any legal action, refer the matter to the French Insurance Ombudsman at the following address

La Médiation de l'Assurance
TSA 50110
75441 Paris Cedex 09
France
www.mediation-assurance.org

9.10 PROTECTION OF PERSONAL DATA

The Insurer uses personal data which the Policyholder provides to them or, where applicable, to the Policyholder's insurance broker for the purchase and administration of this Insurance policy, including in the event of a claim made under the Policy.

This data includes basic information such as the Insured's first and last names, address and policy number, but may also include data such as their age, state of health, finances or claims history, if relevant to the insured risk, the benefits provided by the Insurer or the claims reported by the Policyholder or the Insured.

As the Insurer belongs to an international group of companies, the Insured's personal data may be shared with other companies of its group located in foreign countries when it is necessary to share the data for the administration or implementation of the insurance policy, or for the storing of the Insured's data. The Insurer also works with service providers and administrators who may have access to the Insured's personal data, in accordance with the Insurer's instructions and under the Insurer's control.

Insured persons benefit from rights in respect of their personal data, in particular rights of access and, where appropriate, the right to have their data erased.

This clause is a short version of the Insurer's policy on the processing of the Insured's personal data. For more information, the Insured and the Policyholder may refer to the Privacy Policy which can be accessed via the following link:

<https://www.chubb.com/uk-en/footer/privacy-policy.aspx>. Insured persons and the Policyholder may also request a hard copy of the Privacy Policy from the Insurer at any time by submitting their request by email to the following address: dataprotectionoffice.europe@chubb.com.

9.11 APPLICABLE LAW AND SUPERVISORY AUTHORITY

Chubb European Group SE is subject to the supervision of the French Prudential Supervision and Resolution Authority (*Autorité de Contrôle Prudentiel et de Résolution* or ACPR) located at 4, place de Budapest, CS 92459,75436 PARIS CEDEX 09 France.

The Plan is subject to French law and is governed by the provisions of the French Insurance Code.

april International Care

Head Office:

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A French simplified joint-stock company (S.A.S.) with capital of €200,000.
Registered with the Paris Trade and Companies Register under number 309 707 72
Insurance intermediary - registered with ORIAS under number 07 008 000 (www.orias.fr)
Prudential Supervision and Resolution Authority (ACPR) - 4 place de Budapest - CS 92459 - 75436 Paris Cedex 09 – FRANCE
Product designed and administered by APRIL International Care France and insured by Groupama Gan Vie (for medical expenses and personal benefits), Chubb European Group SE (for repatriation, delayed departure, personal liability, internships, tenant's liability and baggage insurance) and Solucia PJ (for Legal assistance).

NAF6622Z - VAT No. FR6030970772



Insurance made easy.

APPENDIX

TABLE OF BENEFITS



Insurance made easy.

TYPE OF BENEFIT	CORE OPTION	COMPREHENSIVE OPTION
Accident or illness		
Medical repatriation or medical transportation to the most appropriate hospital or to the country of nationality (or country of origin if different)	100% of actual costs	100% of actual costs
Search and rescue costs	Not covered	Up to €5,000 per person And €15,000 per event
Returning the insured to the country of expatriation following stabilisation	Not covered	One-way ticket by air in economy class or train in 1 st class
Presence of a family member if the insured is hospitalised for more than 6 days and was alone abroad	Not covered	Round-trip ticket by air in economy class or train in 1 st class €80/night for 10 nights
Sourcing and delivery of medication not available locally	Not covered	100% of actual costs
Repatriation of other beneficiaries in the event of the insured's medical repatriation	One-way ticket by air in economy class or train in 1 st class	One-way ticket by air in economy class or train in 1 st class
Accompanying children	Round-trip ticket by air in economy class or train in 1 st class	Round-trip ticket by air in economy class or train in 1 st class
Death of the insured		
Returning the body or ashes to the home	Not covered	100% of actual costs
Cost of a transport coffin for repatriation of the body by air		Up to €2,500
Presence of a relative or friend at the burial abroad if the deceased insured was expatriated alone		Round-trip ticket by air in economy class or train in 1 st class And €50/night for 4 nights
Repatriation of other beneficiaries: family members, spouse and children living with the insured		One-way ticket by air in economy class or train in 1 st class
Loss or theft of identity papers, baggage or travel tickets		
Advance of funds abroad	Not covered	Up to €2,000
Advance of a new ticket abroad		One-way ticket by air in economy class or train in 1 st class
Delivery of urgent messages		100% of actual costs
Loss, damage or destruction of personal baggage		Up to €2,000
Unintentional breach of the laws of a country		
Legal fees abroad	Not covered	Up to €2,500 per event
Advance of bail abroad		Up to €15,000 per event
Language difficulties		
Translation of legal or administrative documents	Not covered	Up to €500 per insurance year
Other benefits		
Repatriation of the insured to their country of origin in the event of an act of terrorism, sabotage, attack or assault	Not covered	Actual costs
Political evacuation and natural disasters		One-way ticket by air in economy class or train in 1 st class Maximum €1,500
Care of dependent children under the age of 18		20 hours, maximum €500
Returning or caring for pets if all family members are repatriated		Maximum €500
Home help		Covered up to 10 hours Maximum €250

TYPE OF BENEFIT	CORE OPTION	COMPREHENSIVE OPTION
Personal liability (private capacity)		
All bodily injury, material damage and consequential financial loss combined, up to a maximum of:	Not covered	€7,500,000
<ul style="list-style-type: none">Claims for compensation for all types of damage combined in the USA and Canada		Up to €1,500,000
Food poisoning		Up to €1,500,000
<ul style="list-style-type: none">Material damage and consequential financial loss combined - excess of €150 per claim		Up to €750,000
<ul style="list-style-type: none">Damage to third parties (fire, explosion and water damage caused to third parties in rented or borrowed premises) - excess of €150 per claim		Up to €150,000