[LA MOBILITÉ]
INDIVIDUALS

Asia Expat

General conditions 2011

Ref As 2011

Creating a new face of insurance.

For further information about your policy, we can be contacted Monday to Thursday
from 8.30 to 18.00 (8.30 to 17.30 on Friday) - Paris time
Tel: +33 (0)1 73 02 93 93 - Fax: +33 (0)1 73 02 93 90 - Email: info@aprilmobilite.com

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● Note

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

1. SERVICES AVAILABLE UNDER YOUR POLICY

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

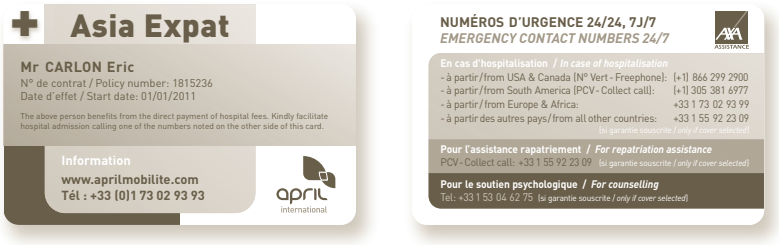
With this service *You* have no *Hospitalisation* costs to pay. Simply ask us to contact the hospital or clinic to which *You* have been admitted and *We* will settle your hospital bill on your behalf.

To ensure that your stay in hospital is covered, please ask your doctor to complete a *"Confidential Medical Certificate"* giving the reason for your *Hospitalisation*. This form should then be sent to our Medical Examiner. For more information, see paragraph 9.1.2.

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

- from the USA or Canada or certain regions of Mexico, call (+1) 866 299 2900 (Freephone),
- from a country in South America, call (+1) 305 381 6977 (reverse charges),
- from a country in Europe or Africa, call + 33 (0)1 73 02 93 99, Fax: + 33 (0)1 73 02 93 70,
- from other countries, call + 33 (0)1 55 92 23 09.

These numbers are also listed on your APRIL Mobilité Insurance Card, issued at the time of application:



1.2. REPATRIATION ASSISTANCE:

To request repatriation assistance:

In order to benefit from repatriation assistance, *You* must obtain prior approval from APRIL Mobilité Assistance (see paragraph 9.2).

To request assistance, *You* can contact us:

- **By making a reverse charge call to France** on +33 (0)1 55 92 23 09,
- **By fax** on +33 (0)1 55 92 40 50.

1.3. ONLINE SERVICES:

At www.aprilmobilite.com (Individuals) *You* can access your insurance website using your secure login and password.

If *You* are *Insured*, *You* can view:

- your reimbursement advice notes (and those of your family members), details of cover and current general conditions,
- your personal and bank details.

***You* can download the forms *You* will need to request a reimbursement** (see paragraph 9.1):

- *Confidential Medical Certificate* (to be completed by your doctor in the event of *Hospitalisation*),
- *Request for prior agreement* (to be completed by your doctor before commencing certain types of medical care or treatment),
- Claim for reimbursement (to be enclosed with your medical bills and prescriptions).

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

- view your personal details and those of your insurance consultant,
- check your *Premium* payments and payment method.

GENERAL CONDITIONS (CONTINUED)

1.4. WHERE TO SEND YOUR CLAIMS FOR REIMBURSEMENT AND YOUR *REQUESTS FOR PRIOR AGREEMENT*:

To apply for reimbursement:
Fill in the claim for reimbursement, **enclose your original invoices and medical prescriptions** and send them to:

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

To send a *Request for prior agreement*:
Certain medical treatments and procedures require the prior agreement of our Medical Examiner (valid for 6 months).
You should therefore ask the doctor prescribing the procedure or treatment to complete a form called *Request for prior agreement* and send it to us with an itemised estimate at the address above or by email to prestation@aprilmobilite.com before commencing any treatment (see paragraph 9.1.3).

2. DEFINITIONS

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

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

A

ACCIDENT: any physical injury not intended by the victim, which is the result of a sudden action with an external cause. Pursuant to Article L.1315 of the French Civil Code, *You* are responsible for providing proof of the *Accident* and of the direct cause-and-effect relationship between the *Accident* and the costs incurred.

C

CLAIM: event, illness or *Accident* giving rise to payment during the life of the policy.
COUNTRY OF NATIONALITY: the country shown on the Application form or, in the absence of the Application form, the country shown on your passport or on any other official identity document under the heading « nationality ».

E

EFFECTIVE DATE: date on which the contract takes effect. It is specified on the *Membership certificate*.
EXCLUSIONS: that which is not covered by the insurance contract. All contracts include *Exclusions* from cover.

H

HOST COUNTRY: country of residence where *You* live for the duration of your stay *Abroad*.

I

INSURANCE YEAR: period of twelve consecutive months that separates the two anniversary dates of the *Effective date* of the cover.

M

MEDICAL AUTHORITY: person holding a medical or surgical diploma which is valid in the country where *You* are staying.
MEMBER: individual or company who is a member of this group plan effected by the Association of APRIL Mobilité Insured and who pays the *Premium*.
MEMBERSHIP CERTIFICATE: document serving as proof of insurance which *We* issue to the *Member* confirming their cover under the Asia Expat plan and specifically mentioning the *Insured*, the *Effective date* of cover, levels of cover and options selected. The *Membership certificate* reflects the special conditions of the policy.

P

PREMIUM: sum paid by the *Member* in exchange for the cover granted by the insurer.
PRINCIPAL INSURED, « YOU »: individual accepted by the insurer and to whom cover under the policy applies.

S

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

U

US: APRIL Mobilité.

2.2. DEFINITIONS WHICH APPLY SPECIFICALLY TO MEDICAL EXPENSES COVER:

A

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

C

CONFIDENTIAL MEDICAL CERTIFICATE: medical questionnaire supplied by our medical department in the event of *Hospitalisation* and completed by a doctor who has carried out an examination of your state of health.

D

DAY HOSPITALISATION: hospitalisation of less than 24 hours where *You* are allocated a bed but do not stay overnight.
DEPENDENT CHILD: your child or that of your *Spouse*:
- under 21 years of age,
- under 26 years of age, in full-time education.

The children are considered dependent when they fulfil the conditions listed above even if they carry out a professional activity temporarily (seasonal work...) or part-time (odd jobs...) provided that they can prove that they do not have any illness cover from this activity.
DIRECT PAYMENT OF HOSPITAL FEES: if *You* are hospitalised for more than 24 hours, *You* may be eligible for direct payment of hospital fees with no upfront payment, subject to the review of your *Confidential Medical Certificate*. *You* can activate this service using the emergency contact numbers listed in paragraph 1.1 or by presenting your insurance card to the hospital or clinic.
DAILY HOSPITAL CHARGE: portion of daily hospital costs not covered by French Social Security.

H

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

I

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

R

REQUEST FOR PRIOR AGREEMENT: form completed by a competent *Medical authority* allowing the patient to obtain our prior agreement before commencing certain procedures or treatments.

W

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

2.3. DEFINITIONS WHICH APPLY SPECIFICALLY TO REPATRIATION ASSISTANCE COVER:

A

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

F

FAMILY MEMBER: spouse, common-law-spouse, child, brother, sister, father, mother, parents-in-law, grandchildren, grandparents or legal guardian living in your *Country of nationality*.
FRIEND: any individual designated by *You* or by one of your beneficiaries living in your *Country of nationality*.

I

ILLNESS: any sudden and unforeseen alteration of your state of health confirmed by a qualified *Medical Authority*.
INSURED, « YOU »: expatriate individual, under the age of 71, covered under the ASIA Expat policy residing outside their *Country of nationality*. In the case of family membership, as long as they are resident in your *Host country*, the following are also covered:
- your *Spouse*,
- your children as long as they are under the age of 31, single and financially dependent on *You*.

Children under 31 in full-time education and not living under the same roof are also covered.

M

MEDICAL TEAM: structure adapted to each particular case and defined by APRIL Mobilité Assistance's liaison doctor.

S

STABILISATION: stabilisation of the state of health of a vicitim of an *Accident* or person suffering from an *Illness*.

2.4. DEFINITIONS WHICH APPLY SPECIFICALLY TO DEATH AND TOTAL AND IRREVERSIBLE LOSS OF AUTONOMY COVER:

B

BENEFICIARY: person or persons chosen by the *Insured* to receive insurance benefits.
In the event of the *Insured*'s death, the lump sum is paid to the *Beneficiary* (or *Beneficiaries*) named either on the application form or at a later date by the *Insured*. The *Insured* may amend the designation if it is no longer appropriate unless the designation has been accepted by the *Beneficiary* in which case it cannot be revoked. The designation of a *Beneficiary* can also be carried out by means of a privately witnessed document or by an authenticated deed before a notary. Where the *Beneficiary* is named, the *Insured* may add their name and contact details to the policy.
The consequences of the *Beneficiary*'s acceptance are the following:
The *Insured* must give their agreement to any acceptance of benefits due under the policy by the person designated. The acceptance can take the form of an endorsement signed by the insurer, the *Insured* and the *Beneficiary* or an authenticated deed or privately witnessed document signed by the *Insured* and the *Beneficiary* and notified to the insurer. The *Beneficiary*'s acceptance renders the designation irrevocable and no amendments can be made to the policy without their agreement. If there is no named *Beneficiary*, or if the designation proves to be null and void, the amounts due in the event of death will be paid first to the surviving *Spouse* on

condition that he or she was neither divorced nor legally separated from the *Insured* when the sums became due, second, equally, to their children, living, unborn or represented as such; third, equally to their ascendants and fourth to their other heirs.
For total and irreversible loss of autonomy, the *Beneficiary* is the *Insured*.

D **DEPENDENT CHILD:** see definition provided under point 2.2 above.

I **INSURED, « YOU »:** *Principal insured* and/or their *Spouse*.

2.5. DEFINITIONS WHICH APPLY SPECIFICALLY TO SICK LEAVE FROM WORK COVER:

I **INSURED, « YOU »:** *Principal insured* and/or their *Spouse*.

W **WAITING PERIODS:** period of sick leave during which no compensation will be paid by the insurer.

3. BENEFITS AND TERRITORIALITY

3.1. WHAT IS COVERED BY YOUR POLICY?

Membership of the plan covers you, depending on the options and levels of reimbursement selected, for the following services:
- medical expenses,
- repatriation assistance,
- death and total and irreversible loss of autonomy,
- sick leave from work.

These benefits can be selected independently, except for the sick leave from work cover which implies previous death and total and irreversible loss of autonomy cover.

3.2 WHERE ARE *YOU* COVERED?

For medical expenses:
Cover is valid in your *Host country* (Cambodia, Indonesia, Laos, Malaysia, the Philippines, Taïwan, Thailand and Vietnam). It also applies during stays of less than 90 consecutive days in your *Country of nationality*. Cover is extended to the rest of the world (excluding the Bahamas, Canada, the United States, Japan and Switzerland) in the event of an *Accident* during stays of less than 60 consecutive days.

For repatriation assistance:
Cover is valid in the zone comprising the following countries: Cambodia, Indonesia, Laos, Malaysia, the Philippines, Taïwan, Thailand and Vietnam. It also applies during stays of no more than 90 consecutive days worldwide.

For death, total and irreversible loss of autonomy and sick leave from work:
Cover is valid in your *Host country* (Cambodia, Indonesia, Laos, Malaysia, the Philippines, Taïwan, Thailand and Vietnam). It also applies during stays of less than 90 consecutive days in your outside your *Host country.*

For a stay of more than 90 consecutive days outside your *Host country*, the *Member* must inform APRIL Mobilité of the move to another geographical zone.

As a result of heightened tension, cover in certain countries is excluded. A comprehensive list of temporarily excluded countries can be consulted on www.aprilmobilite.com or by calling us on + 33 (0)1 73 02 93 93. The list of excluded countries is liable to change.

4. WHO CAN BE COVERED BY THE POLICY?

To be covered by the insurance, *You* must:
- be at the *Effective date* of the contract :
  - under 71 years old for repatriation assistance benefit,
  - under 66 years old for medical expenses benefit,
  - under 65 years old for death and total and irreversible loss of autonomy benefits and sick leave from work benefits,
- reside in one of the following countries (other than your *Country of nationality*): Cambodia, Indonesia, Laos, Malaysia, the Philippines, Taïwan, Thailand and Vietnam for the duration of the policy,
- for sick leave from work benefits, *You* must be in employment without any special arrangements for health reasons,
- have met the medical requirements laid down in the policy and have completed and signed the Health questionnaire a maximum of six months before the *Effective date* of the policy.

The members of your family may also benefit from cover under this policy, i.e.:

Medical expenses:
- your *Spouse*,
- your *Dependent children*.

Repatriation assistance:
- your *Spouse*,
- your single and financially dependent children up to the age of 31.

Children under the age of 31 in full-time education and not living under your roof are also covered.

For death and total and irreversible loss of autonomy cover and sick leave from work:
- your *Spouse*.

Membership rests on your declarations and those of the *Member* and on the good faith of both parties.
Cover is subject to our medical approval. *We* reserve the right to request additional medical information based on the responses given in the Health questionnaire.
If *You* (or one of your family members) present an aggravated risk, *We* can either accept the application under special conditions or reject it.

5. EFFECTIVE DATE, DURATION AND CANCELLATION OF THE POLICY

5.1. WHEN DOES YOUR POLICY TAKE EFFECT?

On the date shown on your *Membership certificate* and, at the earliest, on the 16th of the month or on the first day of the month following receipt of your completed application (including the Application form and the Health questionnaire, both completed and signed) subject to the suspensory condition of payment of the first *Premium* and subject to our acceptance, proven by an issued *Membership certificate* specifying the cover selected.

5.2. *WAITING PERIODS* WHICH APPLY TO YOUR POLICY:

The cover takes effect for each of the *Insured* on the *Effective date* of the policy subject to the application of the following *Waiting periods* for medical expenses cover:
- 6 months for expenses for dental treatment,
- 6 months for physiotherapy, chiropractics and acupuncture,
- 9 months for maternity-related expenses (pregnancy, birth).

Any expenses related to treatment or procedures prescribed before the *Effective date* of the policy or during the *Waiting periods* are excluded from cover and will not be reimbursed.
The *Waiting periods* may be cancelled (except for maternity cover) if *You* can prove that *You* had medical expenses cover equivalent to or greater than the ASIA Expat benefits in the month preceding the *Effective date* of the policy.
Cancellation of the *Waiting period* is subject to our agreement following a review of the cover to which *You* were previously entitled.

GENERAL CONDITIONS (CONTINUED)

5.3. DURATION OF COVER AND RENEWING YOUR POLICY:

Membership of this policy is effective for a period ending on 31st December of the year during which it came into effect. It is renewed automatically on 1st January of each year for a period of one year and for as long as the plans remain in force.
Your medical expenses cover is life-long from the date of membership, that is, the insurer may not cancel your policy other than in the cases listed in paragraph 5.4. « Your cover comes to an end ».

5.4. YOUR COVER COMES TO AN END:

a) if the *Member* cancels at the annual renewal date of 31/12 by registered letter at least 2 months before this date (sent before the 31/10). The *Member* may cancel the individuals types of cover which make up their policy (although sick leave from work cover must be combined with death and total and irreversible loss of autonomy benefits);
b) if the *Premium* is not paid (see paragraph 6.3);
c) in the event of termination of the plan by the insurer or by the Association of APRIL Mobilité Insured on the annual due date (in this case the Association will inform each *Member*);
d) for *You* and each member of your family, when *You* no longer meet the conditions of insurance (see paragraph 4);
e) if *You* are no longer an expatriate. Supporting documentation must be produced;
f) once *You* reach the age of:
- 71 for repatriation assistance cover,
- 65 for death and total and irreversible loss of autonomy benefits and sick leave from work cover and waiver of *Premiums*.

In the event of termination by the insurer or the Association as per paragraph *c)* above, the insurer agrees to maintain, at the *Member*'s request, medical expenses cover equivalent to that in force on the date of termination. When the period of cover exceeds 2 years following the *Effective date* of policy, the same rules apply to cover for death and total and irreversible loss of autonomy and sick leave from work.

Penalties for false declaration
Whether in respect of declarations made at the time of application or those made during the life of the policy, any intentional concealment or false declaration and any omission from or misrepresentation of the risk, will, depending on the circumstances, invoke the application of articles L.113-8 and L.113-9 of the French Insurance Code.
In addition, any omission, concealment, false declaration, intentional or not, in making a *Claim*, failure to declare other concurrent insurance cover, the submission of inaccurate supporting documentation or the use of any fraudulent means puts the *Insured* and the *Member* at risk of withdrawal of cover and termination of the policy.

5.5. HOW TO CANCEL YOUR POLICY:

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

If the *Member* signed the insurance contract as a result of door-to-door canvassing:
The following provisions under article L112-9-I of the French Insurance Code apply: *"Any person who is canvassed at their home or residence or place of work, even if this visit was at their own request, and who signs an insurance proposal or contract for a purpose which is not related to their commercial or professional activity, may cancel this agreement by sending a letter by recorded delivery with proof of receipt during a period of 14 days from the day of signature of the agreement without requiring to specify the reason for the cancellation or being subject to penalties. (...). As soon as he (or she) become(s) aware of any circumstances which give rise to a claim under the policy, the member loses this right to cancel."*

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

If the *Member* applied for cover via a distance contract:
The *Member* may cancel the contract within 14 days of receipt of the *Membership certificate*.
The cancellation is backdated so that the policy is considered never to have existed. *We* will refund to the *Member* within 30 days any monies paid. However, *We* will retain the entire *Premium* if the *Member* cancels the policy when a *Claim* has arisen during the period of consideration.

For death benefit, total and irreversible loss of autonomy and sick leave cover:
Signing the Application form does not constitute a binding agreement for the *Member* who can cancel the policy within 30 days of receipt of the *Membership certificate*.
The cancellation is backdated so that the policy is considered never to have existed. The *Member* will then receive a refund of any sums that they may have paid within 30 days of receipt of the registered letter. If the *Insured* has made a claim under the policy during the 30 day period, the right to cancel no longer applies.

In all cases, in order to exercise this right to cancel:
The *Member* should send a letter by recorded delivery with proof of receipt to: APRIL Mobilité - Service Suivi Client - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE.

The *Member* may word this letter as follows:
« I, the undersigned ..... (first name, surname, address)
wish to cancel my "ASIA Expat" policy n°.....
Signed at .....on.....Signature.....».

6. PREMIUM

6.1. HOW IS YOUR *PREMIUMS* CALCULATED?

The *Premium*, which is calculated according to age bracket, increases on 1st January of each year in line with the age of the *Insured*.
The age of the *Insured* used to calculate the first year's *Premium* is the age on the *Effective date* of the policy. For each following year, the age of the *Insured* used to calculate the *Premium* is the age of the *Insured* on 1st January of that year.
Any taxes due to be paid by the *Member* are included in the *Premium*. Any adjustment in the rate of these taxes will bring about an adjustment in the level of the *Premium*.
In the case of family cover for medical expenses, the age of the eldest *Insured* determines the level of the *Premium*. Over the age of 65, an individual *Premium* must be paid.

The *Premium* may be adjusted on 1st January of each year depending on the claims history of the insured group. The composition of the group takes into account the age reached, occupation, country of residence, the cover and options selected and whether membership is individual or for the family. The *Insured*'s state of health and their level of medical expenditure are not taken into account for the calculation of the *Premium*.

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

6.2. PAYMENT METHODS:

Premiums are payable in advance in US dollars (USD) annually, twice-yearly and quarterly according to the payment method selected by the *Member* and shown on the application form.
- bank transfer,
- cheque (annual payment only).

6.3. WHAT HAPPENS IF THE *PREMIUM* IS NOT PAID?

If the *Premium* remains unpaid 10 days after its due date, *We* will serve the *Member* with formal notice with suspension of cover 30 days later. The policy will be terminated 10 days after the expiry of this 30-day period. Legal action may be taken to secure payment of any unpaid *Premiums*.

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

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

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

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

GENERAL CONDITIONS (CONTINUED)

7. READJUSTMENT OF BENEFITS AND PREMIUM LEVELS

The benefits and *Premiums* due in the event of sick leave from work are readjusted on 1st January each year in line with the level of the French Social Security ceiling in force on 1st January of the previous year, throughout the life of the policy.
In order to determine the level of benefit due, the insured sums are those in force on the first day of the period of sick leave.

8. HOW TO AMEND YOUR POLICY

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

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

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

9. WHAT IS COVERED AND HOW TO ACCESS THE SERVICES

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

9.1. MEDICAL EXPENSES:

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

9.1.1 TYPE AND LEVEL OF REIMBURSEMENTS

The reimbursement of all medical expenses supported by the appropriate documentation is guaranteed for all treatments listed on the benefits table which are prescribed by a qualified medical authority and which would be covered under the French Social Security scheme (unless otherwise stipulated in the schedule of benefits).
For treatment dispensed in France, the conditions required to implement the benefits are defined with reference to the general classification of treatments dispensed by the French Social Security scheme.

Choose from two medical expenses options depending on your requirements: BASIC and ADVANCED.

For medical expenses invoiced in a currency other the USD, the exchange rate applied will be the one in force on the date when the treatment was received.

Only expenses related to treatment received during the period of cover will be reimbursed.

In the event of complications requiring at least one period of *Hospitalisation* during pregnancy or complications at the birth or premature birth, corresponding costs and those related to any congenital abnormality will be covered at 100% of *Actual costs* up to the annual upper limits per *Insurance year* shown on the Maternity benefits schedule.

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

TYPE OF COVER	BASIC OPTION	ADVANCED OPTION
Hospitalisation		
Annual upper limit of reimbursement per *Insurance year*	USD 1,000,000	
Hospitalisation with or without surgery	100% of *Actual costs*	
Day Hospitalisation	100% of *Actual costs*	
Direct payment of hospital fees during approved *Hospitalisation* for more than 24 hours	provided on request 24 hours a day, if prior agreement has been obtained	
Ambulance if hospital costs covered by APRIL Mobilité	100% of *Actual costs*	
Daily hospital charge (in France)	100% of *Actual costs*	
Private room	100% of *Actual costs*	
Staying with your child in hospital	100% of *Actual costs*, up to 10 days per year (for children under 18)	
Cancer treatment (chemotherapy and radiotherapy)	100% of *Actual costs*	
Treatment of AIDS	100% of *Actual costs*	
Organ transplant	100% of *Actual costs*, up to USD 200,000 per year	
Pre and post *Hospitalisation* treatment incurred within 30 days before admission, and 90 days following hospital discharge	100% of *Actual costs*, up to USD 3,000	
Emergency treatment	100% of *Actual costs*	
Nursing at home*	100% of *Actual costs*, up to 182 days per year	
Emergency dental treatment following an *Accident*	100% of *Actual costs*, up to USD 50,000 per year	
Maternity *Waiting period* 9 months		
Upper limit of reimbursement per *Insurance year*	USD 5,000	
Pre and post natal treatment	100% of *Actual costs*	
Delivery	100% of *Actual costs*	
Medical expenses - Outpatient services		
Annual upper limit of reimbursement per *Insurance year*	not covered	USD 5,000
Consultations and visits: general practitioners	not covered	100% of *Actual costs*
Consultations and visits: specialists	not covered	100% of *Actual costs*
Diagnostic tests / x-rays	not covered	100% of *Actual costs*
Prescription drugs	not covered	100% of *Actual costs*
Physiotherapy and chiropractor treatment *Waiting period:* 6 months**	not covered	100% of *Actual costs*, up to USD 60 per session, up to 15 sessions per year
Acupuncture - *Waiting period:* 6 months **	not covered	100% of *Actual costs*, up to USD 45 per session, up to 10 sessions per year
Hormone replacement therapy	not covered	100% of *Actual costs*, up to USD 2,000 per year
Dental care *Waiting period* 6 months**		
Upper limit of reimbursement per *Insurance year*	not covered	USD 1,000
Routine oral examination (including scaling & polishing)	not covered	100% of *Actual costs*, up to USD 100, once per year
Dental treatment: extraction, amalgam filling, x-rays, periodontal scaling	not covered	100% of *Actual costs*

** Treatment or procedures requiring a prior agreement (see paragraph 9.1.3).*

*** The waiting period may be cancelled (except for maternity cover) if You had equivalent or higher level cover which was cancelled less than one month previously. Proof of this previous insurance and the exit certificate must be produced (see paragraph 5.2).*

GENERAL CONDITIONS (CONTINUED)

9.1.2. HOW TO REQUEST *DIRECT PAYMENT OF HOSPITAL FEES FOR STAYS OF MORE THAN 24 HOURS*

We can make a *Direct payment of your hospital fees* if you are admitted for a period of more than 24 hours. *We* will deal directly with the hospital on your behalf.

To ensure that your stay in hospital is covered, please ask your doctor to complete a form called "*Confidential Medical Certificate*" providing the reason for your admission to hospital. This form should be sent to our Medical Examiner.

To obtain this form or any other information prior to your admission to hospital, please use the following emergency numbers (also shown on your APRIL Mobilité card):

- from the USA or Canada, call (+1) 866 299 2900 (Freephone),
- from a country in South America call (+1) 305 381 6977 (reverse charges),
- from a country in Europe or Africa, call + 33 (0)1 73 02 93 99, Fax: + 33 (0)1 73 02 93 70,
- from other countries, call + 33 (0)1 55 92 23 09.

To help us process your application:

- for scheduled *Hospitalisation*, please provide us with the medical documents mentioned below at least 5 days before your admission to hospital. This allows us to arrange for direct payment of your costs should your request be approved;
- for emergency *Hospitalisation*, please contact us as soon as possible. *We* will then send *You* a *Confidential Medical Certificate* form for your doctor to complete. This certificate is essential to the assessment of your application.

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

Certain medical treatments and procedures require the prior agreement of our Medical Examiner (valid for 6 months). Before starting any treatment, *You* should ask the doctor prescribing the treatment to complete the form *Request for prior agreement* and provide an itemised bill.
The form *"Request for prior agreement"* is available on your insurance website by going to www.aprilmobilite.com or by calling + 33 (0)1 73 02 93 93.

Courses of treatment (nursing at home, pre and post natal treatments...) are subject to prior agreement if more than 20 visits are prescribed per *Insurance year*.

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

APRIL Mobilité
Service Remboursements
110, avenue de la République
CS 51108
75127 Paris Cedex 11, FRANCE
E-mail: prestation@aprilmobilite.com

9.1.4. HOW TO CLAIM REIMBURSEMENT OF COSTS

Documents to enclose with your claim for reimbursement

Please complete the **reimbursement claim form** available on your insurance website at www.aprilmobilite.com or by calling +33 (0) 1 73 02 93 93 or by email: info@aprilmobilite.com and send it to us no later than 6 months following the date of treatment, along with the following documents:

- original copies of medical bills, fees and prescriptions, paid and dated, proof of payment, medical prescriptions mentioning your surname, your first name and your date of birth, the type of *Illness*, and the nature and date of visits and treatments received. Prescriptions must clearly show the name and price of the drugs, and indicate the local currency;
- if the treatment was dispensed in France, *You* should enclose the original of the medical expenses claim form, prescriptions and pharmacy price labels as well as statements of any medical expenses reimbursed by other insurance providers. These documents must show your policy number;
- if the treatment requires prior agreement, the *Request for prior agreement* form approved by our medical department.

To claim the reimbursement of your *Hospitalisation costs*, *You* should:
(if *You* have not used the direct payment service for hospital fees outlined in paragraph 9.1.2.)

- ask your doctor to complete the *Confidential Medical Certificate* showing the dates and nature of the complaint and the date of the first symptoms or the circumstances of the *Accident* including an *Accident* report.
- send it along with the hospital report to our Medical Examiner:
  - by fax: + 33 (0)1 73 02 93 60,
  - by email: hospitalisation@aprilmobilite.com,
  - by post: 110 avenue de la République, CS 51108, 75127 Paris Cedex 11, FRANCE.

The « *Confidential Medical Certificate* » form is available on your insurance website at www.aprilmobilite.com or by calling +33 (0)1 73 02 93 93 or by e-mail: info@aprilmobilite.com.

Your applications for reimbursement should be sent to us at the following address:

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

In the event of a dispute regarding the amount of payment, *You* must notify us within 6 months following the date on the reimbursement advice note. No claim will be accepted after that period.

***You* can be reimbursed:**
• by bank transfer to a foreign bank account in USD:
  - for reimbursements up to the equivalent of €250, bank charges will be shared,
  - for reimbursements over the equivalent of €250, *You* will be responsible for all bank charges.
• by bank transfer to a French bank account on request (ask us for details).
To guarantee safe receipt of your reimbursement, *We* do not issue cheques in USD.

All reimbursements are subject to the fulfilment of the above conditions.

Double Insurance:
Reimbursements from the insurer combined with those from any other public or private insurance provider cannot exceed the amount of expenses actually incurred. Double insurance operates within the limits of each type of cover regardless of the date of commencement of cover. Within these limits *You* can claim reimbursement from the provider of your choice.

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

The limit of reimbursements of *Actual costs* incurred is determined by the insurer for each service or treatment covered.

9.2. REPATRIATION ASSISTANCE:

How to benefit from repatriation assistance

You must obtain **prior agreement from APRIL Mobilité Assistance** to qualify for the following cover:

- either by calling France on +33 (0)1 55 92 23 09,
- or by fax +33 (0)1 55 92 40 50.

GENERAL CONDITIONS (CONTINUED)

APRIL Mobilité Assistance only intervenes in a medical capacity after emergency aid has been organised on the orders of a qualified *Medical authority*.

After the initial call, the *Medical team* contacts the on-site doctor in order to take the action best suited to the condition of the sick or injured person.

9.2.1. RULES GOVERNING THE APPLICATION OF THE INSURANCE

If *You*, or a relative or friend, organise any of the assistance services mentioned below, APRIL Mobilité Assistance will only pay for these services if they were informed and had given *You* their express agreement. A reference number must be obtained. In this case, the costs incurred will be reimbursed on presentation of supporting documentation and limited to the level of costs which would be been incurred by APRIL Mobilité Assistance had they organised the services themselves.
APRIL Mobilité Assistance cannot be held responsible for any delays or failures in the provision of their services in the event of industrial action, riots, popular uprisings, reprisals, restrictions on the free movement of goods and people, acts of terrorism or sabotage, state of war, civil war, acts of a foreign enemy whether war is declared or not, nuclear explosion, exposure to ionizing radiation and other fortuitous events or acts of God.

9.2.2. REPATRIATION FOR MEDICAL REASONS

In the event of *Accident* or *Illness*, APRIL Mobilité Assistance's doctors contact the local doctors to make the decisions best suited to your condition, based on the information collected and solely on medical considerations.
If the APRIL Mobilité Assistance *Medical team* recommends that *You* are repatriated, APRIL Mobilité Assistance will organise this based solely on medical needs determined by the *Medical team*.

The repatriation destination is:
- either the most appropriate hospital,
- or the nearest hospital to your residence in your *Country of nationality* (or in your country of origin, if different) or to your primary residence in your *Host country*,
- or your residence in your *Country of nationality* (or in your country of origin, if different) or your primary residence in your *Host country*.

If *You* are hospitalised in a medical centre outside of the hospital sector of your usual residence in your *Country of nationality* or your primary place of residence in your *Host country*, APRIL Mobilité Assistance organises your return after confirmation that your condition has stabilised and takes care of your transfer to your primary place of residence in your *Host country* or your *Country of nationality*.
The means of repatriation can be a light medical vehicle, ambulance, train, scheduled airline or air ambulance.
The final choice of a hospitalisation location, date, your need for a companion and the means used is exclusively the decision of the *Medical team*.
Any refusal of the solution offered by the *Medical team* will result in the cancellation of the assistance cover.
APRIL Mobilité Assistance can request that *You* use your own travel ticket if it can still be used or changed.

9.2.3. PRESENCE OF ONE OF YOUR *FAMILY MEMBERS* FOR HOSPITALISATION

If your condition does not allow or does not necessitate your repatriation and if the local hospitalisation exceeds 10 consecutive days, APRIL Mobilité Assistance provides a round trip economy air fare or a 1st class train ticket for a *Family member* to visit *You*.
APRIL Mobilité Assistance will arrange and pay for their accommodation costs (room and breakfast only) for a **maximum of 10 nights at USD 115 per night.** No other temporary accommodation will give rise to compensation of any kind.
This cover is acquired only if none of (legally adult) your *Family members* is on site.

9.2.4. REPATRIATION OF THE BODY OR ASHES TO THE DOMICILE

In the event of your death, APRIL Mobilité Assistance organises and pays for the repatriation of the body or ashes from the place of death to the place of burial in your *Country of nationality* (or your country of origin, if different).
APRIL Mobilité Assistance will cover any post mortem care, the casketing and transportation requirements.
The expenses for the coffin related to transportation organised by the assistance service are covered up to a **maximum of USD 2,200**.

The funeral, ceremony, local transportation and burial or cremation expenses remain at the expense of your family.
The choice of companies involved in the repatriation process is exclusively that of the assistance service.

9.2.5. PRESENCE OF A *FAMILY MEMBER* OR *FRIEND* TO ACCOMPANY THE DECEASED

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

9.2.6. LIMITATIONS ON COVER

When APRIL Mobilité Assistance organises and takes charge of your repatriation or transport, *You* may be asked to first use your own travel ticket.

When APRIL Mobilité Assistance has, at its own cost, assured your return, *You* must return the unused travel ticket to APRIL Mobilité Assistance.

9.3. DEATH AND TOTAL AND IRREVERSIBLE LOSS OF AUTONOMY /DOUBLE BENEFIT:

9.3.1. DEATH BENEFIT

***a)* Choice and level of lump sum**

This cover provides payment of a lump sum to the named *Beneficiary* or *Beneficiaries* in the event of your death before your 65th birthday.
The amount of the lump sum varies between USD 20,000 and USD 400,000. The *Member* is free to choose the amount.
The *Member* can choose a different amount in the future; if a higher sum is selected, medical formalities will be required.

***b)* Death benefits any cause**

In the event of your death regardless of the cause, the insurer pays the named *Beneficiary* or *Beneficiaries* a lump sum equal to 100% of the sum selected.

***c)* Accidental death benefits**

In the event of your death in an *Accident* (including work-related accidents or illnesses), the insurer pays an additional sum equal to 100% of the sum selected and paid under paragraph b) above.

The cover applies on condition that the death occurs at the latest 6 months after the *Accident* or the recognition of the work-related illness.

Work-related illnesses are those listed in the schedules published in application of Article L 461-1 of the French Social Security code.

***d)* Formalities to be completed in the event of a *Claim* and payment of benefits**

The death must be declared as soon as possible by sending the insurer, c/o APRIL Mobilité, the supporting documents necessary for payment, including:

- a copy of the death certificate;
- a medical certificate from a doctor having verified the death, showing the date of death and specifying if it was due to natural causes or *Accident*;
- a report issued by the police or other competent authority in the event of death following an *Accident*;
- a document proving the identity of the *Beneficiary/Beneficiaries*.

The insurer reserves the right to request additional documentation.

The lump sum is paid to the named *Beneficiary/Beneficiaries* within fifteen days following the date of receipt of the supporting documents by the insurer. If there are several *Beneficiaries*, the lump sum will not be divided up by the insurer who will release the sum in return for a receipt signed jointly by the *Beneficiaries*.

9.3.2. TOTAL AND IRREVERSIBLE LOSS OF AUTONOMY

***a)* Definition of the benefits**

Total and irreversible loss of autonomy: where *You* are totally and permanently medically unfit for gainful employment and require the assistance of a third party to carry out basic daily tasks. Total and irreversible loss of autonomy due to an illness or *Accident* covered under the policy and which is confirmed before your 65th birthday is treated in the same way as death. Death benefit is calculated from the date of medical confirmation of the state of total and irreversible loss of autonomy and is paid to *You* in advance.
To be eligible for benefits, your total and irreversible loss of autonomy must be stabilised before the date of retirement and, at the latest, before your 65th birthday even if the *Accident* or illness which gave rise to the condition predates this.
Early payment of death benefit in the event of total and irreversible loss of autonomy cancels all other death benefit (with the exception of double benefit) and sick leave from work cover under the policy.

***b)* Procedure for making a *Claim* and payment of benefits**

The declaration of a state of total and irreversible loss of autonomy rests with *You* and *You* must provide proof to the insurer by sending us the necessary supporting documents including:

- a detailed certificate from the attending physician;
- where applicable, notification of payment from a Social Security scheme of a disability pension requiring the assistance of a third party;
- document proving identity and/or marital status;
- a report issued by the police or other competent authority in the event of death following an *Accident*;
- if necessary, document specifying the cause and circumstances of the *Accident* having caused total and irreversible loss of autonomy.

Recognition and audit by the insurer of the state of total and irreversible loss of autonomy

Until such times as the benefit is paid, the insurer may carry out any audits and subject the claimant to any medical examinations deemed useful in order to evaluate, diagnose or monitor the state of total and irreversible loss of autonomy.

In the event of a dispute between your physician and that of the insurer regarding the state of total and irreversible loss of autonomy, *You* and the insurer shall jointly choose a third physician to make the decision.

***You* agree to abide by the jurisdiction of the courts of Paris and waive the right to any proceedings in any other country.**

Payment of the lump sum

The insured amount due is payable six months after the date of recognition by the insurer of the state of total and irreversible loss of autonomy and subject to the permanence of this state.

9.3.3. LUMP SUM IN THE EVENT OF THE DEATH OF YOUR SPOUSE SIMULTANEOUS TO OR FOLLOWING YOUR OWN (DOUBLE BENEFIT)

***a)* Definition of the benefits**

If your *Spouse* dies before the age of 65, whether this event occurs simultaneously (in the 24 hours before or after your death) or later on your death (in the 6 months following your death) a sum is paid to any *Dependent child/children* who remain dependent on your *Spouse* under the terms of the policy at the time of their death.

The amount of this lump sum is fixed at 50% of the sum defined in paragraph *b)* of paragraph 9.3.1. and paid on the death of your spouse.

***b)* Formalities to be completed in the event of a *Claim* and payment of benefits**

The required supporting documentation for payment includes:

- a copy of the death certificate;
- a medical certificate from the doctor having certified the death, showing the date of death and specifying if it was due to natural causes or an *Accident*;
- a report issued by the police or other competent authority in the event of death following an *Accident*;
- a document proving identity and marital status of the *Beneficiary/Beneficiaries*.

The lump sum is paid under the conditions described in paragraph 9.3.1.

Allocation of the lump sum: the sum is paid to the *Dependent child/children* on the date of your death and on condition that they were living with the *Spouse* under the terms of the policy on the date of your death.

9.3.4. WAIVER OF *PREMIUM* - CONTINUATION OF COVER DURING SICK LEAVE FROM WORK

a)* Waiver of *Premium

If *You* are on total sick leave from work following an illness or *Accident* occurring before your 65th birthday, the *Premium* for the selected benefits (except *Personal liability* and repatriation assistance cover) is waived:

• if *You* did not select sick leave from work benefits: from the 91st day of total and continuous sick leave from work,

• if *You* selected sick leave from work benefits: from the 31st or 61st day of total and continuous leave from work depending on the option selected.

To be considered as being on total and continuous sick leave, *You* must be in a state of total temporary incapacity to work or in a state of total permanent disability as defined in paragraph 9.4.1.2, recognised by the insurer.

***b)* Continuation of cover**

As long as the *Member* is exempt from paying the *Premium* under the terms described in paragraph *a)* above, the benefits payable in the event of death and total and irreversible loss of autonomy are maintained under the conditions described in the corresponding paragraphs.

The continuation of cover is granted for the duration of any period of sick leave giving right to waiver of *Premium*.

It ends when *You* are medically certified to be in a condition to return to your professional activity, regardless of the nature of this activity.

In the event of termination of the policy, the benefits are maintained at the amount reached on the date of termination.

9.4. SICK LEAVE FROM WORK:

9.4.1. SICK LEAVE COVER

This cover can only be selected if *You* are already covered for death under the policy (paragraph 9.3.1.) and are in paid employment.

9.4.1.1. PURPOSE OF THE INSURANCE

This cover provides a daily allowance in the event of temporary total incapacity to work or an annual amount in the case of your permanent disability, following an illness or an *Accident*.

9.4.1.2. DEFINITIONS

Total incapacity to work means a total temporary incapacity following an illness or an *Accident* that causes *You* to be medically certified as physically unable, as recognised by the insurer, to carry out any professional activity.

Permanent total or partial disability means a disability following an illness or *Accident* making it totally or partially physically impossible for *You*, as certified medically and recognised by the insurer, to carry out your normal profession or a profession in which *You* could earn an amount equal to that which *You* received before taking leave from work due to an illness or *Accident*.

9.4.1.3. LEVEL OF BENEFITS

***a)* Temporary incapacity**

When the insurer recognises *You* to be in a state of complete temporary incapacity to work, he pays you a daily allowance starting after a total and continuous sick leave of 30 days or 60 days, caused by an illness or *Accident*, based on the option selected.

The amount of daily allowance is selected by the *Member* between a minimum and a maximum based on the minimum obligatory amount of death benefits selected. The amount is shown on the *Membership certificate* for the first year of cover and then on the last *Premium* bill.

The amount of daily allowance paid over one month must not exceed 70% of your gross monthly income.

***b)* Permanent disability**

You are recognised to be in a state of permanent disability under two conditions:

• if *You* are physically disabled;

and

• if *You* are professionally disabled.

The degree of functional disability is determined on a scale of 0 to 100%, regardless of professional considerations, based on a reduction in physical or mental capacity following *an Accident* or illness.

The degree of professional disability is then determined on a scale of 0 to 100% according to the degree and type of functional disability in relation to the profession exercised, taking into account the nature of the professional activity prior to the *Accident* or illness, the normal conditions of the profession and the ability to pursue the profession after the *Accident* or illness.

Having determined the degree of functional and professional disability, the degree of disability is determined according to the following scale of disability.

The level of the benefit the *Member* selected is shown on the *Membership certificate*, i.e. 360 times the amount of daily allowance selected.

- If the disability rate "n" determined by the insurer, by expert opinion, is greater than or equal to 66%, the disability is considered to be total. The amount of the payment is equal to the amount of cover selected.
- If the degree of disability "n" determined by the insurer, by expert opinion, is between 34% and 65%, the disability is considered to be partial.

DEGREE OF DISABILITY

PROFESSIONAL RATE	FUNCTIONAL RATE								
	20	30	40	50	60	70	80	90	100
10						37	40	43	46
20				37	42	46	50	55	58
30			36	42	48	53	58	62	67
40			40	46	52	58	63	69	74
50		36	43	50	56	63	68	73	79
60		38	46	53	60	66	73	79	84
70		40	48	56	63	70	77	83	89
80		42	50	58	66	73	80	87	93
90		43	52	61	67	76	83	90	97
100	34	45	54	63	71	79	86	93	100

The amount of the payment is equal to n/66th of the total selected disability payment, "n" being the degree of disability determined by the insurer.

No benefits are due if the degree of disability "n" is determined by the insurer to be less than or equal to 33%.

9.4.1.4. GENERAL PROVISIONS FOR SICK LEAVE FROM WORK COVER

***a)* Recognition and audit by the insurer of the state of incapacity or disability**

The insurer may evaluate, recognise and audit your state of incapacity or disability. For this purpose the doctors, agents or representatives of the insurer must be able to visit *You*. *You* must agree to see them and provide them with an accurate account of your condition.

If *You* object to the check-ups and/or medical exams, the insurer may by rights suspend the payment of benefits.

In the event of a dispute between your physician and that of the insurer regarding the state of temporary total incapacity to work or on the state of total or partial permanent disability, *You* and the insurer shall jointly choose a third physician to make the decision.

***You* agree to abide by jurisdiction of the courts of Paris and to waive the right to legal action in any other country.**

***b)* Payment of benefits**

Temporary incapacity: this allowance though acquired daily is paid monthly in arrears for as long as *You* are in a complete state of temporary, total incapacity to work up to the day the permanent state of disability is recognised and, at the latest, up to the 1095th day starting from the date of sick leave or from the date of the late declaration. Payment ends, at the latest, on the day *You* reach your 65th birthday.

Permanent disability: the level of payments can be reviewed in the event of a change to the state of disability. The benefit is paid to *You* quarterly in arrears, for the duration of the disability, up to the end of the quarter of the calendar year in which *You* reach the age of 65.

***c)* Return to work for a period of less than two months**

When *You*, having received the benefit described above and returned to work, require another period of sick leave less than two months later, the aforementioned benefits are once again paid without the application of the *Waiting period* (30 or 60 days depending on the option selected by the *Member*) if the policy is still valid on the new date of sick leave and if it can be proved that the new period of absence from work has the same cause as the previous one.

***d)* Upgrading of benefits**

The daily allowances and annual pensions paid when *You* are unable to work are readjusted on the 366th day following the day *You* ceased to work and on the same date every year. They are increased in line with the level of the French Social Security ceiling in force on 1st January of the previous year and within the limits of the funds available. These benefits shall remain at the level reached in the event of termination of the policy.

9.4.1.5. FORMALITIES TO BE COMPLETED WHEN MAKING A *CLAIM*

The declaration of sick leave from work is your responsibility and *You* must notify the insurer c/o APRIL Mobilité by registered letter within 30 days of the date of sick leave. This declaration must be accompanied by:

- a medical certificate specifying the date of sick leave, the probable duration of the incapacity and the nature of the illness or *Accident*,
- proof of paid employment,
- for salaried *Insured*: a declaration of sick leave from your employer and proof of gross earnings over the last 12 months including bonuses and your employer's contact details.
- for non-salaried *Insured*: a copy of your income tax return for the previous year.

The insurer reserves the right to request additional supporting documents.
Any sick leave declared after this 30-day period will give rise to no payment for the period preceding the declaration.

At the end of the period of sick leave, *You* must send a return to work certificate to the insurer c/o APRIL Mobilité.
If the incapacity lasts beyond the date planned for the return to work, a new medical certificate must be provided indicating the probable duration of the new period of sick leave and the nature of the illness or *Accident*.
This requirement is repeated each time that incapacity is extended beyond the expected date of return to work.

10. WHAT IS NOT COVERED BY YOUR POLICY

10.1. *EXCLUSIONS* WHICH APPLY TO THE MEDICAL EXPENSES COVER:

In addition to the *Exclusions* common to all cover outlined in paragraph 10.5 below, the following are excluded from the medical expenses cover:

- any medical or surgical expenses not prescribed by a qualified *Medical authority* that would not be covered by the French Social Security scheme (unless otherwise stipulated in the table of benefits);
- any cosmetic or anti-ageing treatments, weight-loss and weight gain treatments and thermal cures;
- psychotherapy, psychoanalysis, mental illness, depression or anxiety treatments, psychiatric care (*Hospitalisation*, consultations, medication...);
- related expenses such as telephone charges in the event of *Hospitalisation* or expenses judged to be excessive, unreasonable or unusual in the country in which they were incurred;
- transportation expenses (in case of *Hospitalisation*) other than an ambulance to the nearest, most appropriate medical centre;
- non-surgical *Hospitalisation* expenses or stays in sanatoriums or homes, when the hospital or medical centre treating the *Insured* is not approved by the public authorities;
- medical auxiliaries services (other than physiotherapy, chiropractics treatment and acupuncture);
- any prosthetics or dentures;
- treatment requiring prior agreement, dispensed without prior agreement.

10.2. *EXCLUSIONS* WHICH APPLY TO THE REPATRIATION ASSISTANCE COVER:

In addition to the *Exclusions* common to all cover outlined in paragraph 10.5 below, the following facts or events, with respect to repatriation assistance, are not covered and will not give rise to any compensation whatsoever nor to any intervention on the part of APRIL Mobilité Assistance:

- any interventions and/or reimbursements related to medical visits, check-ups, or preventative screenings;
- infections or benign injuries that can be treated on site and that do not prevent *You* from continuing your travel;
- convalescence, infections in the process of being treated and not yet cured and/or requiring further treatment;
- illnesses which had been identified prior to departure and which were at risk of aggravation or relapse;

- infections requiring hospitalisation in the 6 months prior to departure;
- any consequences (check-ups, further treatment, recurrences) of an infection having caused repatriation;
- pregnancy barring unforeseeable complications but in all cases:
  - pregnancy and any complications and, in all cases, after the 28th week;
  - births and post natal complications relating to newborns;
  - termination of pregnancy;
- cosmetic surgery;
- the consumption of alcohol and the consequences thereof under local legislation;
- trips undertaken for diagnosis and/or treatment;
- the consequences of the failure of, unfeasibility of, or reaction to any vaccination or treatment desired or essential for travel;
- congenital illnesses or deformities.

Not covered are:
- medical expenses;
- cures, stays in rest homes and physiotherapy;
- contraception and fertility treatment;
- spectacles and contact lenses;
- cosmetic prostheses, dentures, hearing aids;
- regular transportation required as a result of the *Insured's* health..

10.3. *EXCLUSIONS* WHICH APPLY TO THE DEATH AND TOTAL AND IRREVERSIBLE LOSS OF AUTONOMY/DOUBLE BENEFIT COVER:

See paragraph 10.5.

10.4. *EXCLUSIONS* WHICH APPLY TO THE SICK LEAVE FROM WORK COVER:

Sick leave from work benefit is awarded only when the absence from work is due to illness or an *Accident*. As maternity is not itself an illness, any absences during pregnancy will be covered under the policy only if they are due to illness (i.e. on medical grounds). Any leave granted for reasons of maternity or paternity is not due to illness and is therefore excluded under the policy. The *Exclusions* listed in paragraph 10.5 also apply to sick leave benefit.

10.5. COMMON *EXCLUSIONS* FOR ALL BENEFITS:

In addition to the *Exclusions* listed for each benefit, all costs and consequences are excluded from cover in relation to:
- intentional acts by the *Member* or the *Insured* and/or infractions of the law of the country where the *Insured* is travelling;
- civil or foreign wars, riots, insurrections, strikes, piracy or sabotage, voluntary participation in fights or popular movements, acts of terrorism regardless of location and protagonists except in the case of legitimate self-defence;
- suicide or suicide attempts in the first year of cover, the use of drugs or narcotics without a medical prescription;
- alcoholism or drunkenness by the *Insured* (alcohol level higher than that defined by the traffic law applicable on the day of the *Claim* in the country where the incident took place);
- direct or indirect effects of changing the structure of the atomic nucleus, climatic changes such as storms and hurricanes, earthquakes, floods, tidal waves or other disasters except in the case of indemnity for natural disasters;
- *Accidents* or illnesses, infections, deformations before the *Effective date* of the policy subject to relapses or not stabilised, congenital illnesses or deformations not declared at the time of application;
- dangerous sports such as microlighting, hang-gliding,paragliding, driving cars, motorcycles or go-carts, parachuting, mountain climbing, rock climbing,underwater diving except for free-diving up to 50 meters, caving, the skeleton, ski jumps, bobsleighing,

bungee jumping, rafting, canyoning, kitesurfing, airballooning, jet-skiing and sports practised off piste: skiing, cross-country skiing, sledging, snowboarding;
- participation in all sports competitions and entertainment, practising sports in a club or federation, in a professional capacity, as well as all sports requiring the use of a terrestrial, nautical or aerial engine;
- air navigation *Accidents* except if the *Insured* is an ordinary passenger and is on board a craft for which the owner and the pilot have all the appropriate authorisations and licenses;
- sailing or pleasure cruising on the high seas;
- carrying out all professional activity on an oil rig.

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

11. GENERAL PROVISIONS

11.1. WHO INSURES YOUR POLICY?

This policy is effected by the Association of APRIL Mobilité Insured (regulated by the Associations Act of 1901, located at 110, avenue de la République, 75011 Paris, FRANCE whose purpose is to study, effect and promote, to the benefit of its members, all types of insurance, encourage a spirit of international solidarity between them, make available to them all appropriate means of information and administration and ensure their representation with respect to all insurance companies):

for medical expenses, death and total and irreversible loss of autonomy and sick leave from work:
optional group insurance plans with Axéria Prévoyance (plan numbers A3MASIAFDS2010 and A3MASIAPREV2010), a French Endowment Life Insurance company regulated by the French Insurance Code. A public limited company with fully paid capital of € 31,000,000, registered with Companies House in Lyon under number 350 261 129, located at 83-85, boulevard Vivier Merle, 69003 Lyon, FRANCE;

for repatriation assistance cover:
an optional insurance plan with ACE Europe (contract number FRBBBAO1857) with assistance services provided by AXA Assistance (contract number 7203176), a company regulated by the French Insurance Code. Head office: 100 Leadenhall street, London EC3A3BP, UNITED-KINGDOM. Company registered abroad with Companies House in England and Wales under number 1 112 892. General management in France based at Le Colisée, 8 avenue de l'Arche, 92419 Courbevoie Cedex, FRANCE. Registered with Companies House in Nanterre under number 450 327 374 (APE code: 660E).

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

11.2. LEGAL:

The bodies responsible for regulating insurance activities are:
- for medical expenses, death and total and irreversible loss of autonomy and sick leave from work benefits: Prudential Supervision Authority (ACP) located at 61, rue Taitbout, 75436 Paris Cedex 09, FRANCE;
- for repatriation assistance cover: Financial Services Authority, located at 25 The North Colonnade, Canary Wharf, London E14EHS, UNITED KINGDOM.

APRIL Mobilité is regulated by the Prudential Supervision Authority (ACP), located at 61, rue Taitbout, 75436 Paris Cedex 09, FRANCE.

Membership of the Asia Expat policy is evidenced by the Application form, the general conditions and the *Membership certificate*. It is subject to French legislation and in particular to the French Insurance Code. The benefits and levels of reimbursement provided will be automatically adjusted in line with legislative and regulatory developments governing policies under French law.

11.3. LIMITATIONS:

All action deriving from this contract is limited to a period of 2 years from the date of the event giving rise to the same, pursuant to articles L.114-1 and following of the French Insurance code. For death benefit, the period is extended to 10 years when the *Beneficiaries* are your heirs.

GENERAL CONDITIONS (CONTINUED)

11.4 SUBROGATION:

It is stipulated that the insurer shall not renounce the rights and actions pertaining to it by virtue of Article L.121-12 of the French Insurance code, relating to the summary remedy it may seek for third party liability.
If *You* are involved in a road traffic *Accident* (involving a motorised vehicle), *You* must communicate to the insurance provider of the person having caused the *Accident*, when requested, the name of your third party healthcare provider. Failure to do so may invalidate your insurance cover.

11.5. AUDIT:

The insurer reserves the right to challenge the grounds of certain decisions and to demand that *You* provide any proof necessary to determine exact cover, particularly by forwarding medical certificates, operative reports and/or reassessment by the insurer's medical examiner.

11.6. CONCILIATION:

If *You* require clarification of any aspect of the policy, *You* should contact us (110, avenue de la République, CS 51108, 75127 Paris Cedex 11, FRANCE).
If *You* are not satisfied with the response given, *You* may request the opinion of a mediator. Details on how to contact the mediator are available from the address above.

11.7. DATA PROTECTION AND FREEDOM OF INFORMATION:

You have the right to receive and correct any information on *You* contained in any file used by APRIL Mobilité, its representatives or insurers. The right to access and correct information may be exercised at our headquarters (Law 78.17 of 6th January, 1978, amended).