

GENERAL CONDITIONS 2017-2018

Réf : ExS Cov

EXPAT STUDENT



Insurance made easy.



For further information about your policy, we can be contacted Monday to Friday from 8.30 am to 6 pm - Paris time.

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

1. SERVICES AVAILABLE UNDER YOUR POLICY

1.1 DIRECT PAYMENT OF HOSPITAL CHARGES:

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

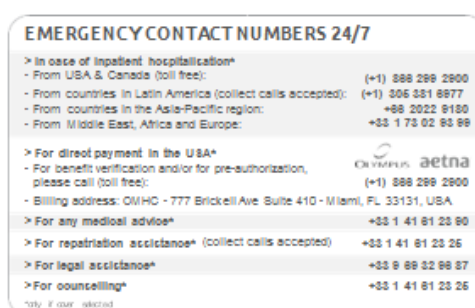
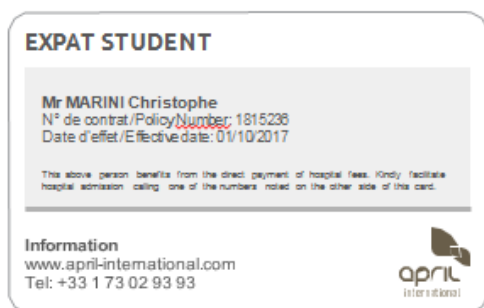
It is essential that *You* contact *Us* before being admitted to hospital. If *You* do not follow this procedure, an *Excess* of 20% will be applied to your reimbursement.

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

To request Direct payment of hospital charges:

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

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



1.2 REPATRIATION ASSISTANCE:

To request repatriation assistance:

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

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

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

1.3 THIRD PARTY PAYMENT SERVICE IN THE USA:

1.3.1 THIRD PARTY PAYMENT SERVICE WITHIN THE AETNA NETWORK

You are entitled to the direct payment of your medical expenses when the corresponding treatment is dispensed and billed in the United States. This service operates within the limits of cover under the present policy.

This service is available for:

- consultations with general practitioners and specialists,
- diagnostic tests,
- X-rays,
- medical examinations and treatment,

carried out by medical service providers belonging to the AETNA network.

How does it work?

We ask you to contact us prior to your medical appointment in order to benefit from the third party payment service.

Why?

1. *We* can direct you to a health professional who is appropriate to your situation,
2. *We* make contact with them to tell them that *you* benefit from an APRIL International agreement that includes a third party payment service,

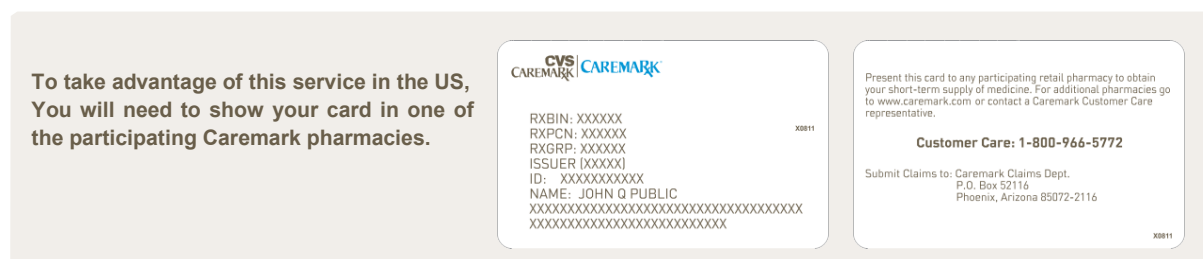
- This way, you can be sure that you will not have to pay the charges yourself.

For further information on this service and to obtain contact details for partner medical service providers near *You*, *You* can:

- contact us on (+1) 866 299 2900,
- visit www.omhc.com/april.

If your treatment is not fully covered by your policy or if it does not qualify for reimbursement under the policy, the bill for your contribution to costs will be sent to *You* directly by the medical provider. *You* may be asked to provide a credit or debit card as a guarantee of payment.

1.3.2 THIRD PARTY PHARMACY PAYMENTS



If *You* selected the United States as your *Country of destination*, once your application has been approved, *You* will receive your third party pharmacy card by post.

By showing your third party pharmacy card in one of the Caremark pharmacies in the US, *You* will not have to pay for the items covered by your policy and *We* will settle your bill directly with the pharmacy.

The list of participating pharmacies is available at www.caremark.com.

We cannot propose the third party payment service in the USA if *You* have been accepted under special conditions (with a medical exclusion for example).

1.4 THIRD PARTY PAYMENT SERVICES IN MEXICO:

If *You* selected Mexico as your *Country of destination*, *You* are entitled to the direct payment of your medical expenses if the treatment is dispensed and invoiced in Mexico, within our network of partner healthcare professionals, ChoiceNet International (CNI).

To take advantage of this service, *You* must contact *Us* before making any arrangements or undertaking any treatment:

- by telephone 24/7 on + (1) 800 212 9527 (toll free from Mexico) or +52 (55) 41 70 85 90 (local number),
- by email at CNIteam@choicenet.mx.

We will make an appointment for *You* with the healthcare professional best suited to your needs.

When *You* take out your insurance policy, *You* will be sent a third party payment card to show to healthcare professionals belonging to the ChoiceNet International (CNI) network.

This service is available from healthcare professionals belonging to the ChoiceNet International (CNI) network for:

- Hospitalisation,
- consultations with GPs and specialists,
- diagnostic tests,
- x-rays,
- rehabilitation sessions.

Your medical expenses are reimbursed within the limits of the cover provided under this policy.

If your treatment is not fully covered by your policy, *You* will need to pay the part of your bill not covered by your insurance directly to the healthcare professional.

We cannot propose the third party payment service in Mexico if *You* have been accepted under special conditions (with a medical exclusion for example).

1.5 DOCTOR'S HOME VISITS IN NORTH AMERICA (USA, MEXICO):

To request a home visit:

- in USA, call + (1) 800 649 7119,



- in Mexico, call +(1) 800 212 9527.

In emergencies, during evenings or weekends, when your doctor is unavailable, *We* can provide a home consultation service. To avoid long waits in A&E, *You* will be put in touch with a doctor who will make a preliminary diagnosis by telephone before advising *You* on what *You* should do next: arrange a home visit or attend A&E.

With this service, *You* will not have to pay the home visit charges specified in your policy. Your bill is sent directly to *Us* for payment. Depending on the medical care provided, *You* may be required to pay part of the fee.

The doctor's home visits service is available in the following cities (at 01/08/2017):

In the US: Anaheim, Atlanta, Baltimore, Beverly Hills, Bonita Springs, Boston, Breckenridge, Burbank, Chicago, Copper Mountain, Dallas, Fort Myers, Ft. Lauderdale, Hollywood, Houston, Keystone, Las Vegas, Los Angeles, Manhattan, Miami, Naples, Orlando, Philadelphia, Phoenix, San Diego, San Francisco, Scottsdale, Vail, Washington DC.

In Mexico: Acapulco, Cabo San Lucas, Cancun, Mazatlan, Puebla, Mexico D.F. (excluding certain areas), Puerto Vallarta-Nuevo Vallarta, Tijuana.

1.6 LEGAL ASSISTANCE SERVICE:

To take advantage of the legal assistance service (see paragraph 8.3), please contact us:

- by telephone: +33 (0)9 69 32 96 87,
- by email: expat@soluciapij.fr.

1.7 ONLINE SERVICES SERVICE:

At www.april-international.com, get personalised information through the "Customer zone" section. Use your ID number and password, which have been sent to *You* by email when *You* took out your policy, to log on.

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

- your reimbursement statements, details of cover and current General conditions,
- your personal and bank details,
- submit your claims for reimbursement online using the Easy Claim module details.

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

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

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

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

1.8 WHERE TO SEND YOUR CLAIMS FOR REIMBURSEMENT, YOUR REQUEST FOR PRIOR AGREEMENT OR YOUR CONFIDENTIAL MEDICAL CERTIFICATE

To apply for reimbursement:

> Electronically, for medical expenses up to €400:

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

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

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

> By post:

Fill in the Claim for reimbursement, **enclose your original invoices and medical prescriptions** (see paragraph 8.1.4) and send them to:

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

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

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

Certain types of medical treatment or procedures are subject to the *Prior agreement* of our Medical Examiner (valid 6 months). Before starting any treatment, *You* will therefore have to send an itemised estimate of costs and a form called "*Request for prior agreement*" to the address shown above or by email to claims.expats@april-international.com (see paragraph 8.1.3). In the event of *Hospitalisation*, please ask your doctor to complete the form called "*Confidential medical certificate*" (see paragraph 8.1.2).

2. DEFINITIONS

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

2.1 DEFINITIONS WHICH APPLY TO ALL COVER UNDER THE POLICY:

ACCIDENT: any unintentional personal injury suffered by the *Insured*, stemming from the abrupt, sudden, violent, fortuitous and unforeseeable action of an external cause. Under Article L.1353 of the French Civil Code, *you* are responsible for providing proof of the *Accident* and of the direct cause-and-effect relationship between it and the costs incurred.

CLAIM: event, illness or *Accident* giving rise to payment during the life of the policy.

COUNTRY OF NATIONALITY: the country shown on your passport or on any other official identity document under the heading « nationality ».

COUNTRY OF DESTINATION: main country of residence during your stay *Abroad*.

DEPENDENT CHILD: dependent child for tax purposes under the age of 18 inclusive.

EFFECTIVE DATE: date on which the policy takes effect. It is specified on the *Membership certificate*.

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

EXCLUSIONS: that which is not covered by the insurance contract. All contracts include exclusions from cover.

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

INSURED, « YOU »: all individuals covered 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*.

MEDICAL AUTHORITY: person holding a medical or surgical diploma which is valid in the country where *You* are staying.

MEMBER: individual or company who is a member of this group plan effected by "l'Association des Assurés d'APRIL International" and who pays the *Premium*.

MEMBERSHIP CERTIFICATE: document serving as proof of insurance, which *We* issue to the *Member* confirming their cover under the Expat Student policy and specifying the *Insured*, the *Effective date* and the cover selected. The *Membership certificate* reflects the special conditions of the policy.

PRE-EXISTING CONDITION: a medical condition that has manifested itself before the date of signature of your Application form (including your Health questionnaire). A *Pre-existing condition* is defined as any illness of this type of which *You* were aware or of which *You* could reasonably have been aware when *You* purchased this insurance.

PREMIUM: sum paid by the *Member* in exchange for the cover granted by the insurer.

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

PUPIL / STUDENT: an individual enrolled in an educational establishment in their *Country of destination* who is in possession of a student card or can produce a certificate of attendance at school or university.

REPORTED ACCIDENT: an *Accident* recorded by a competent authority present at the scene (police, firefighters or paramedics) where a certificate was issued specifying the circumstances of the incident, the nature of the injury and the date of the *Accident*.

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

SUDDEN ILLNESS: any sudden and unexpected alteration in the state of health, certified by a competent *Medical authority*.

USWE: APRIL International Expat.

2.2 DEFINITIONS WHICH APPLY SPECIFICALLY TO MEDICAL EXPENSES COVER:

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

COMPLICATIONS OF PREGNANCY AND CHILDBIRTH: these are complications that arise during the prenatal period of pregnancy and, in this context, will be covered in the following cases: ectopic pregnancy, gestational diabetes, pre-eclampsia, miscarriage, risk of miscarriage and stillbirth or hydatidiform mole. The following pathologies are also covered if they appear during childbirth and require an obstetric procedure: postpartum haemorrhage and retained placenta.

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

DAILY HOSPITAL CHARGE: portion of daily hospital charges in France not covered by French Social security.

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

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

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

PRIOR AGREEMENT: certain types of treatment or procedures are subject to the *Prior agreement* of our Medical Examiner. Before starting any treatment, *You* will therefore have to send *Us* an itemised estimate of costs and a form called "*Request for prior agreement*".

In the event of *Hospitalisation*, please ask your doctor to complete the form called "*Confidential medical certificate*".

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

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

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:

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

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

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

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

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

2.4 DEFINITIONS WHICH APPLY SPECIFICALLY TO LEGAL ASSISTANCE COVER:

IDENTIFIED THIRD PARTY OR OPPOSING PARTY: individual or legal entity, whose identity and address *You* know, who is responsible for damage caused to *You* or who is challenging one of your legal rights.

LITIGATION, CONFLICT OR DISPUTE: disagreement or challenge to the law, the prejudicial or reprehensible nature of which may lead to a claim being made or legal proceedings being taken against *You* by an *Identified third party*.

2.5 DEFINITIONS WHICH APPLY SPECIFICALLY TO PERSONAL LIABILITY PRIVATE CAPACITY, INTERNSHIPS AND TENANT'S LIABILITY COVER:

BODILY INJURY: damage causing a person physical harm.

CONSEQUENTIAL DAMAGE: damage other than *Bodily injury* and *Material damage* that is the direct and immediate consequence of *Bodily injury* or *Material damage* covered under the policy.

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

PERSONAL LIABILITY: legal obligation of all people to rectify damages they cause to others.

2.6 DEFINITIONS WHICH APPLY SPECIFICALLY TO PERSONAL ACCIDENT COVER:

BENEFICIARY: natural person who receives *Compensation* or money from the insurer.

COMPENSATION: sum paid to repair damages or injuries suffered by yourself.

(TOTAL OR PARTIAL) DISABILITY: disability following an *Accident* making it totally or partially physically impossible (as medically verified and recognised by the insurer) for *You* to continue with the course in which *You* are enrolled or your au pair program.

PERSONAL ACCIDENT: cover for the payment of a lump sum in the event of your death or Disability as a result of an *Accident*.

2.7 DEFINITIONS WHICH APPLY SPECIFICALLY TO TUITION INSURANCE:

EXAMINATIONS AND ACADEMIC COMPETITIONS: a test which a *Pupil* or *Student* takes in order to assess their skills and enable them to move up to the next level.

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

REPEAT YEAR: the requirement for a *Pupil* or *Student* to repeat a year of study:

- following *Hospitalisation* during the period of the *Examination* or *Academic Competition* or within the preceding 10 days,
- following the accidental death of a *Family member* during the period of the *Examination* or *Academic Competition* or occurring during the 10 preceding days.

SCHOOL FEES: the annual amount of enrolment fees and the cost of board or half board charged to the *Insured* or to their financial guarantor.

3. POLICY BENEFITS AND TERRITORIALITY

3.1 WHAT IS COVERED BY YOUR POLICY?

Membership of the plan provides *You* with the following cover:

- reimbursement of medical expenses from the 1st euro spent,
- repatriation assistance cover,
- legal assistance,
- *Personal liability* private capacity, internships and tenant's liability,
- *Personal accident*,
- tuition insurance.

3.2 WHERE ARE YOU COVERED?

There are two zones of cover available depending on your *Country of destination*:

Zone 1: Canada, China, Hong Kong, Mexico, Singapore, Switzerland, United Kingdom and the United States.

Zone 2: All countries not listed in zone 1.

You are covered in the pricing zone which includes your *Country of destination*.

In pricing zone 1: You are covered for a year at a time worldwide, including in your *Country of nationality* during temporary return visits of less than 90 consecutive days between two stays in the *Country of destination*.

In pricing zone 2: You are covered for a year at a time in the countries of zone 2, including in your *Country of nationality* for temporary return visits of less than 90 consecutive days between two stays in the *Country of destination*. You are covered in pricing zone 1 only in the event of *Accidents* and *Sudden illnesses* during temporary visits of less than 90 consecutive days between two stays in the *Country of destination*.

As a result of heightened tension in certain countries, prior confirmation must be obtained from Us that the cover is valid there.

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

4. WHO IS COVERED BY THE POLICY?

To be covered by the insurance, You must:

- have between 12 and 40 years of age during the entire period of cover;
- reside outside of your *Country of nationality* for the duration of the policy;
- be a *Student* or *Pupil* status for the entire duration of the policy or be living with a host family on an au pair placement;
- produce a photocopy of your current student card or certificate of attendance at school or university before 31st October of each *Insurance year* or a copy of the contract with the host family for au pair placements;
- have met the medical requirements laid down in the contract and have completed and signed the Health questionnaire a maximum of six months before the *Effective date* of cover.

Members of your family can also be covered under this policy (if they are listed on your *Membership certificate*), providing the aforementioned conditions are met, namely:

- your *Spouse*, if they also have *Student* or *Pupil* or au pair status, are themselves living outside their *Country of nationality* for the entire duration of the policy and are legally adult,
- your *Dependent children*.

Membership rests on your declarations and those of the *Member* and on the good faith of all 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 your application under special conditions or reject it.

5. EFFECTIVE DATE, DURATION AND CANCELLATION OF THE POLICY

5.1 WHEN DOES YOUR POLICY TAKE EFFECT?

On the date specified on the *Membership certificate* and, at the earliest, on the 16th of the month or on the first day of the month following receipt of the application (including the Application form and Health questionnaire for all insured persons, completed and signed), subject to payment of the first *Premium* and our acceptance of the application.

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

5.2 WAITING PERIODS WHICH APPLY TO YOUR POLICY:

The benefits take effect for each of the *Insured* on the *Effective date* of the policy subject to the application of a 10-month *Waiting period* for maternity-related costs covered under healthcare.

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

5.3 DURATION OF COVER AND RENEWING YOUR POLICY:

Membership of this policy is effective for a period ending each year on the 30th of September. It is renewed automatically on 1st October of each year for a period of one year and for as long as the plans remain in force, provided that You and each member of your family meet the conditions of insurance (see paragraph 4).

The maximum duration of cover is 6 years.

5.4 YOUR COVER COMES TO AN END:

- a) if the *Member* cancels at the annual renewal date of 30/09 by registered letter at least 2 months before this date (sent before the 31/07).
- 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 "l'Association des Assurés d'APRIL International" on the annual due date (in this case the Association will inform each *Member*);
- d) when *You* no longer meet the conditions of insurance (see paragraph 4);
- e) if *You* are no longer an expatriate. Supporting documentation must be produced (for example, proof that *You* are covered under the Social Security scheme of your *Country of nationality*);
- f) once *You* reach the age of 41;
- g) after 6 years of insurance, from the *effective date* of the policy.

In the event of termination by the insurer or the Association as per subsection 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.

Penalties for false declaration:

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

In addition, any omission, concealment, false declaration, intentional or not, in making a *Claim*, failure to declare other concurrent insurance cover, the submission of inaccurate supporting documentation or the use of any fraudulent means puts the *Insured* and the *Member* at risk of withdrawal of cover and termination of the policy. *We* reserve the right to initiate legal action in order to seek compensation for any damage caused to *Us*. *You* will be required to pay back any benefits that were unduly paid to *You* under this policy.

5.5 HOW TO CANCEL YOUR POLICY:

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

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

The following provisions under article L112-9-1 of the French Insurance Code apply: "Any person who is canvassed at their home or residence or place of work, even if this visit was at their own request, and who signs an insurance proposal or contract for a purpose which is not related to their commercial or professional activity, may cancel this agreement by sending a letter by recorded delivery with proof of receipt during a period of 14 days from the day of signature of the agreement without requiring to specify the reason for the cancellation or being subject to penalties. (...). As soon as they become aware of any circumstances which give rise to a claim under the policy, the policyholder loses this right to cancel."

If the *Member* has entered into a distance contract (on phone or Internet) :

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

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

To exercise their right to cancel, the *Member* must notify *Us* of their decision to cancel their policy by means of a clearly-worded letter sent to the following address within the timescales specified above:

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

To do this, simply complete the waiver form available on page 28 or and send a letter using the following template:

"I, the undersigned..... (first name, surname, address), wish to cancel my Expat Student policy numberSigned in on.....
.....Signature....."

Cover will cease on the date of receipt of the cancellation letter and *We* will refund to the *Member* any *Premiums* already paid, with the exception of those corresponding to the period of cover that has already elapsed.

If benefits have already been paid under this agreement, the *Member* will no longer be entitled to exercise their right to cancel.

6. PREMIUMS

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

6.1 HOW IS YOUR PREMIUM CALCULATED?

The *Premium* increases on 1st October 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 of the *Insured* 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 October of that year.

Taxes currently payable by the *Member* are included in the *Premium*. Any change in the level of these taxes will be reflected in the amount of the *Premium*.

The *Premium* is payable on an individual basis for each insured family member.

The *Premium* may increase on 1st October of each year depending on the claims history of the insured group. The composition of the group takes into account the age and the *Country of destination*.

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 euros annually, twice-yearly, quarterly or monthly according to the payment method selected by the *Member* and shown on their Application form:

- credit or debit card;
- cheque in euros;
- bank transfer (costs of bank transfer are the responsibility of the *Member*);
- SEPA direct debit taken from a euro account domiciled in the single euro payments area (SEPA area).

Payment in monthly instalments is only available by SEPA direct debit.

6.3 WHAT HAPPENS IF THE PREMIUM IS NOT PAID?

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

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

Please note that failure to pay the *Premium* and the subsequent termination of the policy does not cancel the debt. *We* will take appropriate action to obtain payment of the *Premium* due and will have recourse to a debt recovery firm specialising in international debts.

The *Member* is liable for any administration charges incurred as a result of any action taken by *Us* or by our service providers.

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

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

7. AMENDMENTS TO YOUR POLICY

7.1 HOW TO AMEND YOUR POLICY:

Any changes to your insurance cover are subject to the prior agreement of the insurers. If approved, they will take effect no earlier than the first of the month following receipt of the request to make the change.

Our Customer Service can be contacted on tel: +33 (0)1 73 02 93 93 or by email: customerservice.expat@april-international.com.

In case *You* change your *Country of destination*, please send *Us* the school attendance certificate issued by your new educational establishment, or a copy of the new contract with the host family for au pair placements.

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

7.2 THE INFORMATION YOU NEED TO BRING TO OUR KNOWLEDGE:

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

8. WHAT IS COVERED AND HOW TO ACCESS THE SERVICES

Double insurance:

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

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

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

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

8.1 MEDICAL EXPENSES:

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

8.1.1 TYPE AND LEVEL OF REIMBURSEMENT

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

Expenses are reimbursed item by item in accordance with the benefits schedule.

For medical expenses invoiced in a currency other than the euro, 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.

Benefits overall limits:

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

8.1.2 WHAT TO DO IF YOU ARE HOSPITALISED

Prior agreement

Hospitalisation is always subject to *Prior agreement*.

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

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

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

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

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

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

To obtain the *Direct payment of your hospital charges*:

We can make a *Direct payment of your hospital charges* (including *Day hospitalisation*) to the hospital to which You have been admitted. In this case, We will contact the hospital directly.

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

- from the USA and Canada, call (+1) 866 299 2900 (Freephone),
- from countries in Latin America, call (+1) 305 381 6977,
- from countries in the Asia-Pacific zone, call +66 (0)2 0229 180,
- from Middle East, Africa and Europe, call +33 (0)1 73 02 93 99.

If You have not used the *Direct payment for hospital charges* service, see paragraph 8.1.4 to find out how to claim for reimbursement of the bill You have settled.

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

8.1.3 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 a *Request for prior agreement* and provide an itemized estimate.

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

The following require *Prior agreement*:

- *Hospitalisation*,
- physiotherapy treatments and nursing care, if more than 10 sessions are prescribed per Insurance year.

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

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

BENEFITS SCHEDULE

MEDICAL EXPENSES

> Maximum amount of medical expenses per *Insurance year* and per *Insured*: €1,000,000€

HOSPITALISATION* (excluding routine healthcare and maternity)

Medical or surgical <i>Hospitalisation*</i> or <i>Day hospitalisation</i> : Transfer by ambulance (if <i>Hospitalisation</i> is covered by APRIL International) Hospital room and board (including <i>Daily hospital charge</i> in France) Medical and surgical fees Pathology, diagnostic tests and drugs Medical procedures	100% of <i>Actual costs</i>
<i>Hospitalisation*</i> for the treatment of mental or nervous disorders	80% of <i>Actual costs</i> , up to 20 days per year
<i>Direct payment of hospital charges</i>	provided on request 24 hours a day, if <i>Prior agreement</i> has been obtained
Private room	100% of <i>Actual costs</i> , up to €80 per day

ROUTINE HEALTHCARE* (excluding maternity)

Consultations and procedures carried out by GPs	100% of <i>Actual costs</i> (limited to €80 for each additional consultation after the first 2 per year)
Consultations and procedures carried out by specialists	100% of <i>Actual costs</i> (limited to €110 for each additional consultation after the first 2 per year)
Consultations and procedures carried out by psychiatrists	100% of <i>Actual costs</i> (limited to €80 and to 5 consultations per year)
Nursing care** following <i>Hospitalisation</i> and/or a <i>Reported accident</i>	100% of <i>Actual costs</i>
Physiotherapy**	100% of <i>Actual costs</i> , up to €500 per year
Pathology, diagnostic tests, X-rays and drugs	100% of <i>Actual costs</i>
Dental treatment	100% of <i>Actual costs</i> , up to €300 per year
Prescribed glasses and contact lenses	100% of <i>Actual costs</i> , up to €100 per year

* *Hospitalisation* is always subject to *Prior agreement*. An *Excess* of 20% will be applied if *You* do not follow this procedure, before being admitted to hospital (see paragraphs 8.1.2 and 8.1.3).

** Subject to *Prior agreement* if more than 10 sessions are prescribed per *Insurance year* (see paragraph 8.1.3).

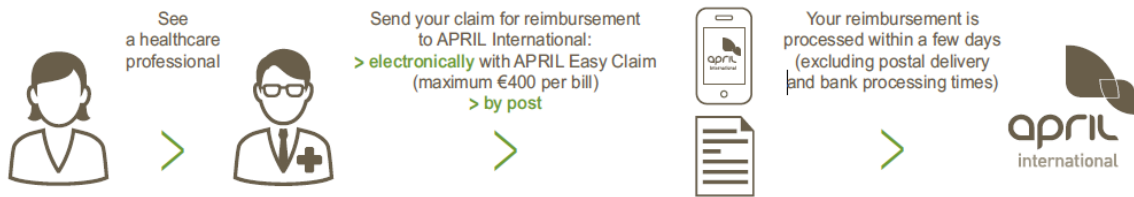
MATERNITY*: *Waiting period* of 10 months

Cover valid only if your *Country of destination* is among the following: Canada, China, Hong Kong, Mexico, Singapore, Switzerland, United Kingdom and the USA.

Direct payment of hospital charges in the event of childbirth	provided on request 24 hours a day, if prior agreement has been obtained
Childbirth: <i>Hospitalisation*</i> , private room, living expenses and medical and surgical fees	100% of <i>Actual costs</i> , up to €7,500 per pregnancy, private room limited to €80 per day (increased to €15,000 per pregnancy in case of surgical delivery).
Consultations, drugs, tests and pre and post natal care	
<i>Complications of pregnancy and childbirth</i>	100% of <i>Actual costs</i>

***Hospitalisation* is always subject to *Prior agreement*. An *Excess* of 20% will be applied if *You* do not follow this procedure, before being admitted to hospital (see paragraphs 8.1.2 and 8.1.3).

8.1.4 HOW TO CLAIM REIMBURSEMENT OF COSTS



To obtain a reimbursement:

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

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

You must **keep the original invoices for a period of 2 years** from the date on which *You* submitted the claim for reimbursement.

You may be asked to produce them in order for your claim to be processed.

> **By post:**

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

Please send your claims for reimbursement to the following address:

APRIL International Expat

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

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

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

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

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

You can be reimbursed:

- by cheque in euros,
- by bank transfer to a bank account in France (send *Us* details of your bank account),
- by bank transfer to a bank in the USA. International bank details are required including the account number, SWIFT code, your bank's address and an ABA routing number,
- by bank transfer to an account in another country. International bank details are required including the account number, SWIFT code and your bank's address.

Depending on the country in which your bank account is located, bank charges may apply. They will be deducted from your reimbursement:

- for a transfer in a French bank account: no bank charge will apply;
- for a transfer in an European bank account (outside France): bank charges are shared 50%-50% between *You* and *Us* whatever the amount of the payment;
- for a transfer effected in the rest of the world (outside Europe):
 - for payments under €75, bank charges are shared 50%-50% between *Us* and *You*,
 - for payments over €75, bank charges are entirely supported by *You*.

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

8.2 REPATRIATION ASSISTANCE:

How to benefit from repatriation assistance cover:

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

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

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

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

8.2.1 RULES GOVERNING THE APPLICATION OF THE INSURANCE

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

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

8.2.2 REPATRIATION FOR MEDICAL REASONS

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

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

Repatriation may be to:

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

If *You* are hospitalised in a health centre outside the hospital district of your usual place of residence in your *Country of nationality* or primary place of residence in your *Country of destination*, APRIL Assistance will organise your return after it has been established that your condition is stable, and *You* will be transferred to your home in your *Country of nationality* or in your *Country of destination*.

Repatriation may be carried out by light sanitary vehicle, ambulance, train, scheduled airline or air ambulance.

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

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

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

8.2.3 PRESENCE OF A FAMILY MEMBER FOR HOSPITALISATION

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

APRIL Assistance will organise and cover accommodation costs (room and breakfast only) **for up to 10 nights at a rate of €80 per night.**

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

8.2.4 EARLY RETURN HOME IN THE EVENT OF THE DEATH OR HOSPITALISATION OF A FAMILY MEMBER

APRIL Assistance will provide *You* with an economy class return airline ticket or a 1st class train ticket in the event of the death or hospitalisation for more than 5 days of a *Family member* in your *Country of nationality*.

The trip must take place within 8 days of the death or hospitalisation.

Starting from the *Effective date* of your policy, a waiting period of 6 months will apply in case of illness of your *Family member*.

This cover applies when the death or hospitalisation occurs subsequent to your departure.

APRIL Assistance reserves the right, prior to the provision of any service, to request proof of the covered event (hospital certificate, death certificate etc).

In order to benefit from this cover, *You* must contact APRIL Assistance to obtain their prior agreement. Otherwise, APRIL Assistance has the right to refuse to reimburse any tickets which *You* may have bought yourself.

8.2.5 SUPPLY AND DELIVERY OF MEDICATION NOT AVAILABLE LOCALLY

In the event that indispensable drugs or their equivalents cannot be obtained locally and were prescribed before departure in your *Country of nationality* (or in your country of origin, if different), APRIL Assistance will source them in France.

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

This service is available for one-off requests. In all cases, it does not apply to long term treatments that require regular dispatches or requests for vaccines.

You are responsible for the cost of the medication. *You* agree to reimburse the amount plus any custom clearance charges within a maximum period of 30 days from the shipment date.

8.2.6 SEARCH AND RESCUE SERVICES

This cover aims at guaranteeing that *You* will be reimbursed for any search and rescue costs requiring 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 similar cover that may have been taken out with another insurer, the limits of which have been reached.

In all cases, the cover is limited to **a maximum of €5,000 per *Insured* and up to €15,000 per event.**

Cover is limited to the amount that *You* must pay, based on invoices, in full or in part, to official entities that have taken part in search or rescue efforts. *You* (or anyone acting on your behalf) must provide APRIL Assistance with immediate verbal notice no more than 48 hours after the intervention, indicating the reasons for the same.

8.2.7 REPATRIATION OF THE BODY IN THE EVENT OF DEATH AND COST OF THE COFFIN

In the event of your death, APRIL 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 in your country of origin, if different). APRIL Assistance will cover any post mortem care, and casketing and transportation requirements.

The expenses for the coffin related to transportation organised by the assistance service are covered up to **a maximum of €1,000**. The funeral, ceremony, local transportation and burial or cremation expenses remain at the expense of your family.

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

8.2.8 ADVANCE OF BAIL ABROAD (EXCEPT IN YOUR COUNTRY OF NATIONALITY)

APRIL Assistance advances the cost of bail requested by the authorities to free *You* or to allow *You* to avoid incarceration.

This advance is made through an on-site lawyer up to **a maximum of €15,000 per event.**

You must reimburse this payment to APRIL Assistance:

- after restitution of bail in the case of nonsuit or acquittal,
- within 15 days of judicial sentencing being carried into effect in the case of conviction,
- in all cases, within three months of the date of payment.

8.2.9 SENDING URGENT MESSAGES

If it is materially impossible for *You* to send an urgent message and if *You* request it, APRIL Assistance sends, free of charge and by the most rapid means, messages or news from *You* to *Family members* or *Friends*. The messages remain the responsibility of their authors who must be identifiable and their sole concern. APRIL Assistance acts solely as an intermediary in the transmission of the messages. APRIL Assistance can also serve as an intermediary in the opposite direction.

8.2.10 TRAVEL ASSISTANCE IF PERSONAL ITEMS ARE LOST OR STOLEN

When travelling *Abroad*, in the event of loss or theft of your personal effects (identity documents, means of payment, luggage) or travel documents and after the declaration to the competent authorities, APRIL Assistance will make every effort to assist *You*. APRIL Assistance is not authorised to stop payments on behalf of third parties.

When replacement documents are produced in your *Country of nationality*, APRIL Assistance will deliver them by the most rapid means. APRIL Assistance can send an advance **equal to €1,000 per event** in order to allow *You* to purchase basic necessities.

In the event of the loss or theft of a travel document, APRIL Assistance will advance the cost of a new non-negotiable travel document.

These advances can be made in return for a guarantee provided by either *You* or by a third party. The reimbursement of any advance must be carried out within a period of 30 days starting from the date funds were made available.

8.2.11 TRANSLATION OF LEGAL AND ADMINISTRATIVE DOCUMENTS

When *You* are *Abroad* or in case of medical repatriation, if *You* have serious difficulty understanding legal or administrative documents in the local language, APRIL Assistance will organise and cover the cost of the translation of such documents in your mother tongue. APRIL Assistance's cover is limited to **€500 per Insurance year**. APRIL Assistance will not be held responsible for the consequences of poor translations or misunderstandings on your part.

8.2.12 PRESENCE OF A FRIEND TO ACCOMPANY THE DECEASED

If the presence of a *Family member* or a *Friend* is indispensable to identify the body of the deceased *Insured* and for the formalities of repatriation or cremation, APRIL Assistance provides a return economy class airline ticket or 1st class railway ticket.

This benefit can only be implemented if the *Insured* was alone at the time of his death.

APRIL Assistance organises local accommodation and pays for the hotel (bed and breakfast only) of a *Family member* or a *Friend* **for a maximum duration of 4 consecutive nights and up to €80 a night.**

No other temporary accommodation arrangements will be covered.

8.2.13 RETURN AFTER STABILISATION IN YOUR COUNTRY OF DESTINATION

If following medical repatriation, *You* are able to return to your studies *Abroad*, APRIL Assistance, after agreement with their *Medical team*, organises your return to your *Country of destination*. APRIL Assistance bears the cost for the one-way economy class airline ticket or 1st class railway ticket.

8.2.14 RETURN OF INSURED FAMILY MEMBERS

In the event of medical repatriation or repatriation of the body of the *Insured*, APRIL Assistance organises the return trip to the residence of the *Family members* who are travelling with the *Insured*.

APRIL Assistance bears the cost of a one-way economy class airline ticket or 1st class railway ticket unless the original return tickets can be used or changed.

8.2.15 ACCOMPANYING CHILDREN

If *You* are repatriated and are unable to care for your children under the age of 18 who are also covered by the policy, APRIL Assistance will provide a person of your choice with a return economy class airline ticket or a 1st class railway ticket to bring your children back to your *Country of nationality* (or country of origin if different).

8.2.16 LIMITATIONS ON COVER

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

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

8.3 LEGAL ASSISTANCE:

8.3.1 LEGAL AND PREVENTION HELPLINE

A team of specialist lawyers is available to inform *You* of your rights and provide practical legal advice. *You* can also seek advice on preventive measures to safeguard your rights and interests in order to avoid a *Dispute*. *You*

may consult this service regarding any area of law and obtain a response in **French, English, Spanish or German**. The helpline is available by calling + 33 (0)9 69 32 96 87, 24/7. *You* will be asked for your policy number when using this service.

8.3.2 LEGAL ASSISTANCE IN THE EVENT OF *LITIGATION*

If *You* are faced with *Litigation* from an opposing *Identified third party* and if your request is legally grounded and this *Litigation* has been filed against *You* in a private capacity or as an employee, *You* are entitled to cover in the following areas of **up to €16,000 per *Litigation* and per *Insurance year***.

- **Criminal law:** *You* are covered for the defence of your interests if *You* are brought before a criminal court or an administrative commission following an event insured under the *Personal liability private* capacity, internships and tenant's liability cover (see paragraph 8.4) insofar as *You* are not represented by the lawyer acting for the insurer in the defence of your civil interests.
- **Accommodation:** *You* are covered for *Disputes* with your landlord. This includes *Disputes* relating to maintenance work inside the property, interior design or improvements, *Disputes* relating to neighbourhood disturbances, disputes over service charges.
- **Local government:** *You* are covered for *Disputes* *You* have with local government (excluding tax authorities), public services and local authorities.
- **Internet purchases:** *You* are covered for *Disputes* relating to transactions carried out on an internet website.
- **Remedy:** the insurer will intervene to claim compensation from the person identified as responsible for any personal injury or material damage *You* suffer as the result of an *Accident*.

A team of lawyers will make every effort to settle your *Litigation* and defend your interests to the best of their ability. They are available to help *You* prepare the best possible case.

To take advantage of this cover, *You* must provide sufficient documentary evidence to prove that legal action is being taken against *You* (bills, estimates etc.). Consequently, this preliminary phase is at your own expense.

Search for an amicable solution

Following an in-depth review of your case, lawyers specialising in negotiation will take the required legal action against the Opposing party in order to prioritise an amicable solution to your *Dispute*. This procedure is the most effective and fastest way of enforcing your legal rights.

Payment of legal expenses

If no amicable solution can be found, or if the situation requires it, the insurer will take your *Litigation* to the competent court and cover the costs incurred in the pursuit of legal action (lawyer's fees, legal expertise, costs and fees of solicitors and bailiffs) within the limits clearly specified as follows:

COVERED LEGAL COSTS	UPPER LIMITS
Successful amicable remedy	€250 per case
Expert appraisal (investigation)	€275 for the first intervention €90 for each subsequent intervention
Preliminary appeal (administrative matters)	
Representation before an administrative committee, civil commission or disciplinary hearing	
Out-of-court settlement brought to completion	€400 per case
Successful mediation or conciliation witnessed by a judge	
Summary or ex-parte proceedings	€400 per court order
Community court judge	€340 per case
Police court/litigation	€340 per case
Court of first instance (and courts at the same level)	€520 per case
High court (and courts at the same level)	€750 per case
Court of Appeal	€850 per case
Court of Sessions, Court of Cassation, Council of State	€1,500 per case

These fees include secretarial and travel costs and are shown including all taxes.

If the case is brought before a foreign court, the insurer will pay the fees corresponding to the equivalent French jurisdiction.

The insurer covers the cost of enforcing the ruling in your favour if the debtor can be located and is solvent. Otherwise the insurer's intervention will cease.

If *You* require the services of a lawyer, the insurer will cover their fees. *You* can choose your usual lawyer or select a qualified lawyer from the competent court. Alternatively, the insurer may, if *You* prefer, provide *You* with the name of a legal partner. *You* must make this request in writing.

How to benefit from the cover:

As soon as *You* become aware of the *Litigation* for which *You* require assistance, *You* must declare it by calling +33 (0)9 69 32 96 87 or by sending an email to expat@soluciapj.fr or by writing to Solucia PJ - 3 boulevard Diderot - CS 31246 - 75590 Paris Cedex 12-FRANCE.

If there is a delay in declaring the *Litigation* and if this delay proves to be prejudicial to the insurer, they may refuse to intervene. The *Litigation* must have occurred after the *Effective date* of cover and must be declared during the period of validity of the policy. If *You* declare the *Litigation* in writing, *You* must send a declaration giving specific details of the circumstances of the *Litigation*, your policy number, your address and telephone number and the address and telephone number of the opposing party and all documentation in support of your claim. Costs must not be incurred nor action undertaken without the insurer's agreement. Any action to be taken will be agreed jointly between *You* and the insurer. If prior agreement is not given, the cost and consequences of any action will be at your own expense, unless it is a matter of urgent risk mitigation.

Arbitration clause

In the event of a dispute between *You* and the insurer, the insurer will apply Article 127- 4 of the French Insurance Code which set out the procedure for settling a *Dispute*. *You* and the insurer may agree to appoint a third party to act as arbitrator in the dispute. If the appointment of a third party cannot be agreed mutually, the third party will be appointed by the Presiding Magistrate of a High Court, acting in chambers, the costs being paid by the insurer.

However, the Presiding Magistrate of the High Court may decide otherwise if he considers the procedure to have been improperly used. If *You* undertake litigation at your own expense and obtain a resolution more favourable than that proposed by the insurer - or by the designated third party - the insurer will reimburse the costs incurred by *You* within the limits of cover under the policy. *You* can also submit the dispute for assessment by a third person, freely chosen by *You*, who is recognised to be independent and authorized to give legal advice.

You must notify the insurer of this appointment and this person's fees will be paid by the insurer up to a maximum of €200.

The instigation of arbitration proceedings shall suspend all deadlines for lodging an appeal, until the third party has proposed a solution. This suspension applies to all judicial bodies which are covered under the policy and to which *You* may apply.

Conflicts of interest

In the event of a conflict of interest, in particular when two persons insured by the insurer are in dispute, *You* can freely choose a lawyer or qualified person to assist *You*. Fees and expenses will be paid by the insurer within the limits of this policy.

8.4 PERSONAL LIABILITY PRIVATE CAPACITY, INTERNSHIPS AND TENANT'S LIABILITY:

8.4.1 PURPOSE OF THE COVER

The insurer covers the pecuniary results of any *Personal liability* that *You* may incur by virtue of the laws and regulations in force in the country where *You* are staying, in a private capacity.

Cover applies in the event of *Bodily injury* or *Material damage* which *You* may cause to another person resulting in particular from:

- your own actions or those of persons for whom *You* are responsible;
- things or animals owned or kept by yourself;
- any sport or outdoor activity that *You* may practise (except *Exclusions* mentioned in paragraph 9);
- liability incurred through participation in internships, with regard to the internship manager, for damages caused to materials used during the internship;
- renting an apartment.
 - for damages caused to neighboring apartments,
 - in the event of material or bodily harm to your guests.

This benefit does not in any way replace home insurance and is not an exemption from local compulsory insurance schemes.

8.4.2 LIMITATIONS ON COVER

- *Bodily injury*: €4,500,000 per Claim.
- *Material and Consequential damage*: €460,000 per Insurance year; Consequential damage is included for up to 20% of the insured amount, that is €92,000. *Excess of €75 per Claim.*
- *Material damage* caused during internships: €12,000 per Insurance year. *Excess of €75 per Claim.*

How to benefit from the cover:

As soon as *You* become aware of any circumstances that may give rise to a *Claim* under the policy, *You* must inform the insurer, through our intermediary, **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.

8.5 PERSONAL ACCIDENT:

8.5.1 ACCIDENTAL DEATH

The insurer shall pay the *Beneficiary* or *Beneficiaries* a fixed sum of €10,000. If the *Insured* is less than 16 years of age at the time of their death, payment is in all cases limited to funeral costs. Cover applies to death occurring no more than six months after an *Accident* that has caused fatal injuries. **However, if the *Insured* dies after having received *Compensation* for permanent *Disability* from the insurer for the same *Accident*, their heirs will receive the sum stipulated in the event of death, minus the amount of the said *Compensation*.**

Attribution of benefits

In the event of the *Insured's* death the lump sum is paid to the *Beneficiary* (or *Beneficiaries*) designated either on the Application form or at a later date by the *Insured*. *You* 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 be carried out by means of a privately witnessed document or by an authenticated deed before a notary. If *You* have named a specific *Beneficiary*, *You* can have their contact details included in the policy document.

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 they were not legally separated from *You* when the lump sum became payable or to the cosignatory of a Civil Partnership Contract with *You*; second, equally, to your children born, unborn, living or represented as such; third, equally to your ascendants and fourth to your other heirs.

In the event of the *Insured's* death and if the *Insured* is aged between 16 and 18, the lump sum will be paid to their parents in equal parts or to any other of their heirs.

How to benefit from the cover:

The death must be declared by sending the insurer, through our intermediary, the supporting documents necessary for payment, including:

- an extract of the death certificate;
- an extract of the birth 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*;
- any document proving the identity and/or marital status;
- any document stating the cause and circumstances of the *Accident* that led to the death;
- an admission certificate issued by the hospital;
- any document that proves the existence of the *Accident* and the direct cause-and-effect link between the *Accident* and the death.

Settlement is made with the nominated *Beneficiary* within 20 days of receipt of these documents. If there is more than one *Beneficiary*, payment is indivisible and the insurer will settle upon receipt signed jointly by the interested parties.

On receipt of the completed claim, and if benefits are due, *We* will pay the lump sum within thirty (30) days. If payment is not made within this period, the outstanding lump sum will generate interest in accordance with current legislation.

If benefits are due, the death lump sum payable on the *Insured's* death is revalued from the date of death until receipt of the documentation required for payment or, where appropriate, until the lump sum is transferred to the Caisse des Dépôts et Consignations, at a rate set by decree.

If the *Beneficiary* or *Beneficiaries* cannot be identified or traced within a period of ten (10) years from notification of the death, the insurer will be obliged to pay the lump sum to the Caisse des Dépôts et Consignations (CDC). Sums deposited with the Caisse des Dépôts et Consignations (CDC) which are not claimed will be transferred to

the State at the end of a period of twenty (20) years from the date of their transfer to the Caisse des Dépôts et Consignations (CDC).

8.5.2 IN THE EVENT OF TOTAL OR PARTIAL PERMANENT DISABILITY FOLLOWING AN ACCIDENT

In the event of total permanent *Disability*, that is a degree of *Disability* of 100%, the insurer will pay *You* the **fixed sum of €40,000**.

In the event of partial permanent *Disability*, payment will be reduced based on the recognised degree of *Disability*.

The degree of *Disability* is determined by the insurer's Medical Examiner after stabilisation of the injuries.

- If the degree of partial permanent *Disability* is less than 20%, no *Compensation* is due.
- If the degree of partial permanent *Disability* is greater than 20%, *Compensation* shall be equal to €40,000 multiplied by the recognized degree of *Disability*.

If *You* are affected by a *Disability* prior to the occurrence of the covered *Accident*, injuries resulting from the former will not be taken into account. However, if the limb or organ already affected is affected by other injuries, *Compensation* will be based on the difference between the state of the limb before and after the *Accident*. If *You* have not undergone the treatment that *You* were prescribed, *Compensation* will be based on the estimated consequences of the same *Accident* if the required treatment had been followed.

How to benefit from the cover:

You must declare the *Accident* claim in written to the insurer, through our intermediary, **within 30 days of the date it took place** excluding fortuitous events or cases of force majeure. The claim must include all details on the seriousness, causes and circumstances of the *Accident*. *You* must also:

- forward all documents proving your identity and/or marital status;
- forward a certificate from the doctor called to give first aid, describing the exact nature and current state of the injuries, as well as their consequences;
- forward all documents needed to establish the fact and significance of the *Accident*;
- submit to a medical exam by the insurer.

8.6 TUITION INSURANCE:

The purpose of this benefit is to cover the cost of *School* fees in the event of:

- A *Pupil* or *Student* having to repeat an academic year following *Hospitalisation* on the days of the *Examination* or *Academic Competition* or occurring within the 10 days preceding the *Examination* period; this *Hospitalisation* must be for more than 3 days unless it occurs on the day before or on the day of an *Examination*;
 - A *Pupil* or *Student* needing to repeat an academic year following the Accidental death of a *Family member* on the days of the *Examination* or *Academic Competition* or occurring within the 10 preceding days.
- To benefit from this cover, *You* must be a *Pupil* or *Student*.

If *You* are obliged, due to the occurrence of one of the two events mentioned above, to repeat your academic year, APRIL Assistance will cover the cost of the school or university fees for the coming Repeat year up to a maximum of €10,000, provided that:

- *You* are unable to attend the same *Examination* or *Academic Competition* at a later session in the same academic year,
- *You* are under the age of 41 years on the date of enrolment,
- The *Repeat year* actually takes place.

You will be entitled to compensation only if *You* re-enrol on the same course and for the same *Examination* or *Academic Competition*.

How to benefit from the cover:

As soon as *You* become aware of any circumstances which may give rise to a *Claim* under the policy, *You*, or any person acting on your behalf, must inform the insurer, through our intermediary, **by registered letter with acknowledgment of receipt no later than 5 days after their occurrence**.

What documents should be submitted with your claim?

In the event of death of a *Family member*:

- your policy number;
- a photocopy of proof of your enrolment in your school or university;
- a medical certificate, sent under confidential cover, specifying the date and causes of death as well as the date of the first symptoms and details of the treatment being received on the date of death;
- a copy of the death certificate;
- in cases of accidental death, any document, particularly the police report, proving that the death was caused by an *Accident* and describing the circumstances.

In the event of *Hospitalisation* of the *Pupil* or *Student*:

- your policy number;
- a copy of your enrolment certificate in your school or university;
- a copy of the school records obtained since the insured event;
- a certificate from the doctor who prescribed the *Hospitalisation*, sent under confidential cover, describing the injuries and the circumstances of the *Accident* or the origin and nature of the *Illness* and specifying the date on which it was first observed;
- in the event of an *Accident*, any document, particularly the police report, proving that the *Hospitalisation* was the result of an *Accident* and describing the circumstances.

The insurer reserves the right, prior to payment of any compensation, to request any other supporting documentation (medical or legal reports, tax documents etc.) for the purposes of settling the claim.

In all cases, the insurer reserves the right to demand the return of any compensation paid if *You* withdraw from your studies and/or if *You* do not attend the required *Examinations*, other than in cases of force majeure.

9. WHAT IS NOT COVERED BY YOUR POLICY

9.1 EXCLUSIONS WHICH APPLY TO THE MEDICAL EXPENSES COVER:

In addition to the *Exclusions* common to all cover outlined in paragraph 9.7 below, the following are excluded from the medical expenses cover:

- previously reported conditions subject to exclusion from subscription
- any preventive medical and surgical expenses and their consequences.
- any costs incurred for treatment or procedures prescribed before the *Effective date* of the policy or during the *Waiting periods*;
- any medical and surgical expenditure not prescribed by a qualified *Medical authority*;
- care requiring prior approval, exempted without prior agreement (in case of *Hospitalization* without *Prior agreement*, an *Excess* of 20% will be applied to your reimbursement);
- the cost of over-the-counter pharmacy items, cosmetics, personal care products, sunscreens and/or moisturisers, makeup, beauty treatments and comfort care, vitamins and minerals, food supplements, dietetic products, baby foods and mineral water;
- pedicure;
- alternative or complementary medicine;
- medical auxiliaries other than physiotherapists and nurses;
- occupational therapy, logopedics and the treatment of psychomotor disorders;
- psychologist consultations;
- psychotherapy and day patient care (consultations, medicines, diagnostic tests and laboratory tests) related to:
 - mental and behavioural disorders linked to the abuse of drugs, alcohol and other psychoactive substances;
 - phobic anxiety disorders (agoraphobia, social anxiety and panic disorder);
 - mood disorders, manic episodes, depression and bipolar disorder;
 - sleep disorders (insomnia, hypersomnia and somnambulism) and sleep-wake cycle disorder;
 - personality disorders;
- dental implants, periodontics and all orthodontic treatment;
- prostheses, unless as part of a *Hospitalisation*;
- pre-natal classes;
- thalassotherapy and thermal cures;
- the cost of vaccination;
- surgery on the temporo-mandibular joint;
- attention deficit disorder with or without hyperactivity;
- any cosmetic treatment, anti-ageing cures, weight-loss and weight gain treatments;
- any treatment related to infertility, fertility or contraception;
- medicines and treatments to support smoking cessation;
- laser eye surgery (including the correction of myopia) and the treatment of cataracts;
- the cost of sourcing and transporting organs for transplant;
- preventive treatments;
- health checks, routine tests and check-ups;
- treatment not recognised by the *Medical authorities* of the country in which it is dispensed;
- experimental treatment;
- supplies which are not essential to the diagnosis or treatment of the illness;
- related expenses, such as telephone charges in the event of *Hospitalisation* or excessive, unreasonable or unusual expenses considering the country in which they were incurred;
- transport costs other than transfer by ambulance to the nearest suitable care centre;

- stays in nursing homes and convalescent homes unless following *Hospitalisation* due to an *Accident*;
- medical *Hospitalisation* expenses or stays in sanatoriums or homes, when the hospital or medical centre treating the *Insured* is not approved by the relevant public authorities;
- thermometers and blood pressure monitors;
- medicines and treatment related to erectile dysfunction;
- the treatment of alcoholism, drug addiction or any other addiction or illness linked to such dependency;
- stays in a medical teaching institution and similar establishments;
- growth hormones;
- operations and treatments related to sex change;
- self-harm;
- any expenses not required medically.

9.2 EXCLUSIONS WHICH APPLY TO THE REPATRIATION ASSISTANCE COVER:

In addition to the *Exclusions* common to all cover outlined in paragraph 9.7 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 Assistance:

- any interventions and/or reimbursements related to medical visits, check-ups, or preventative screenings;
- infections or benign injuries that can be treated on site and that do not prevent the *Insured* from continuing their travel;
- convalescence, infections in the process of being treated and not yet cured and/or requiring further treatment;
- *Pre-existing conditions* 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;
- fertility treatments;
- 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, dermatological treatments;
- 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.

The following are excluded from the search and rescue cover:

- search and rescue expenses resulting from the non-observance of the rules of caution dictated by the site operators and/or regulatory measures governing the activity practised by the *Insured*;
- search and rescue expenses resulting from the practice of a professional sport, participation in an expedition or competition, unless otherwise expressly stipulated.

9.3 EXCLUSIONS WHICH APPLY TO THE LEGAL ASSISTANCE COVER:

In addition to the *Exclusions* common to all cover and outlined in paragraph 9.7 below, the insurer will not intervene in/if:

- *Disputes* involving the rights of individuals and families;
- if the *Insured's* liability is in question and the damage for which they are responsible should have been covered by compulsory insurance. The insurer will not intervene if cover under any of their insurance policies provides direct compensation for their injury without the requirement to apportion liability;
- *Disputes* relating to artistic, literary, industrial or intellectual property or involving brands, patents or copyright;

- *Disputes* resulting from exceptional risks (civil or foreign war, riots, popular uprisings, acts of terrorism or sabotage and acts of vandalism) or a natural disaster;
- *Disputes* arising from intentional wrongdoing on the *Insured's* part;
- *Disputes* relating to a *Conflict* between the *Insured* and the insurer unless the Arbitration or Conflicts of interest clauses have been applied;
- *Disputes* relating to the expression of political or trade unionist views;
- *Disputes* relating to investment properties;
- *Disputes* relating to urban planning;
- *Disputes* relating to customs and excise;
- *Disputes* relating to the holding of office in a company constituted under civil or commercial law or to the Insured's participation in its administration or management;
- *Disputes* relating to any professional activity on any basis other than as an employee (voluntary, association or trade union);
- *Disputes* relating to financial guarantees granted outside the family or as part of a professional activity;
- *Disputes* over the *Insured's* debt or insolvency, settling of a debt or securing of payment terms;
- *Disputes* arising from a breach of the Highway Code of the country where the *Insured* is staying.

The insurer will in no circumstances cover:

- fines and sums of any kind that the *Insured* may be required to pay or reimburse to the opposing party;
- expenses and fees related to the assessment of damage caused to the *Insured* and investigations to identify or find the adversary;
- "no win no fee" costs;
- costs and interventions made necessary or aggravated solely by the *Insured's* own actions;
- actions and related costs incurred without the consent of the insurer (including referral to a lawyer);
- representation, petition and travel costs if the *Insured's* lawyer is not admitted to the bar of the competent court;
- sums paid as a guarantee to the court and bail.

9.4 EXCLUSIONS WHICH APPLY TO THE PERSONAL LIABILITY PRIVATE CAPACITY, INTERNSHIPS AND TENANT'S LIABILITY COVER:

In addition to the *Exclusions* common to all cover outlined in paragraph 9.7 below, the following are not covered:

- damage resulting from any professional activity (except for damage to materials used during internships);
- the pecuniary results of contractual liability that the *Insured* incurred beyond any liability incurred with regard to the
- internship manager for damages caused to materials used during the said internship;
- the traffic risks set forth in French Acts 58208 (February 27, 1958) and 85.677 (July 5, 1985) on compulsory motor vehicle insurance;
- *Accidents* involving the *Insured* or their employees or agents in the course of their functions as well as their ascendants and descendants;
- damage caused to objects or animals owned or kept by the *Insured*;
- related fines and costs for which the *Insured* may be liable;
- damage resulting from the *Insured's* use of any air navigation devices;
- damage resulting from pollution;
- any spills, scratches or abrasions to sanitary fixtures and any breakage of crockery or damage to bed frames or bedding.

9.5 EXCLUSIONS FROM PERSONAL ACCIDENT COVER:

In addition to the *Exclusions* common to all cover outlined in paragraph 9.7 below, the following are excluded from cover:

- after-effects and consequences of illnesses, heatstroke or other temperature-related effects (unless these are the result of a covered *Accident*), drowning is always covered;
- rupture of aneurysm, attacks of paralysis or apoplexy, angina pectoris and its consequences, all results of vascular illnesses, hernias of all kinds, lumbago, rheumatism, varicose veins dermatosis and, regardless of the circumstances in which they appear, *Accidents* that result from a pathological condition of the victim.

9.6 EXCLUSIONS FROM THE TUITION INSURANCE:

In addition to the *Exclusions* common to all cover outlined in paragraph 9.7, *School fees* for the coming *Repeat year* are excluded from cover if:

- the *Pupil* or *Student* has the opportunity to attend the same *Examination* or *Academic Competition* at a later session in the current academic year;

- the *Hospitalisation* of the *Pupil* or *Student* is the result of an *Accident* or illness for which medical treatment had been received or which required *Hospitalisation* within the six months preceding the date of purchase of the policy;
- the *Hospitalisation* of the *Pupil* or *Student* is not the result of a serious medical condition or if this *Hospitalisation* can reasonably be delayed.

9.7 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);
- of deliberate participation, either by the *Member* or the *Insured*, in acts of terrorism, regardless of where the events take place;
- 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);
- road traffic *Accidents* involving two-wheeled vehicles if the *Insured* was not wearing a helmet;
- direct or indirect effects of changing the structure of the atomic nucleus, climatic changes such as storms and hurricanes, earthquakes, floods, tidal waves or other disasters except in the case of indemnity for natural disasters;
- *Accidents* or *Pre-existing conditions* before the *Effective date* of the policy subject to relapses or not stabilised, congenital illnesses or deformations not declared at the time of application;
- dangerous sports such as microlighting, hang-gliding, paragliding, driving cars, motorcycles or go-karts, motor racing, parachuting, mountaineering, climbing (other than on artificial climbing walls), rock climbing, underwater diving except for free-diving up to 50 meters, caving, the skeleton, ski jumps, bobsleighing, bungee jumping, rafting, canyoning, kitesurfing, Free-running, parkour, ice hockey, speed riding, base jump, sky-surfing, freefall, hiking / trek requiring the use of rope / ice-ax / cleats, ballooning, jet-skiing, self-defence and combat sports 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;
- any sporting activity involving the use or presence of an animal such as horse riding, equestrian competitions or bullfighting;
- hunting;
- participation in sports study courses and programmes
- 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 on a personal or professional basis (more than 200 nautical miles from land);
- carrying out all professional activity on an oil rig.

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

10. GENERAL PROVISIONS

10.1 WHO INSURES YOUR POLICY?

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

for medical expenses:

optional group insurance plans with Axéria Prévoyance (plan number A3MCSLDFDS1E2013), 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 90 avenue Félix Faure, 69439 Lyon Cedex 03, FRANCE;

for repatriation assistance cover and tuition insurance:

optional group insurance plan with CHUBB (plan number FRBOTA11959), a company regulated by the French Insurance Code. Head office: CHUBB European Group Limited, 100 Leadenhall street, London EC3A3BP, UNITED-KINGDOM. Company registered abroad with Companies House in England and Wales under number 1112892. General management in France based at Le Colisée, 8 avenue de l'Arche, 92419 Courbevoie Cedex, FRANCE. Registered with Companies House in Nanterre under number 450 327 374 (APE Code: 660E). The assistance services are provided by APRIL Assistance.

The *Personal liability* private capacity, internships and tenant's liability and *Personal accident* cover are insured by CHUBB (contract number FRBOTA13138), a company regulated by the French Insurance Code. Head office: 100 Leadenhall street, London EC3A3BP, UNITED-KINGDOM. Company registered abroad with Companies House in England and Wales under number 1112892. General management in France based at Le Colisée, 8 avenue de l'Arche, 92419 Courbevoie Cedex, FRANCE. Registered with Companies House in Nanterre under number 450 327 374 (APE Code: 660E).

The **legal assistance cover** is insured by Solucia PJ (contract number 10 006 609) a legal protection insurance company regulated by the French Insurance Code, registered with Companies House in Paris under number 481 997 708. Head office: 3, boulevard Diderot - CS 31246 - 75590 Paris Cedex 12 - FRANCE.

The administration of these plans is delegated to APRIL International Expat, a French simplified joint-stock company (S.A.S.) 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.

10.2 LEGAL:

The bodies responsible for regulating insurance activities are:

- for medical expenses and legal assistance: Autorité de Contrôle Prudentiel et de Résolution (Prudential Supervision and Resolution Authority) located at 61, rue Taitbout, 75436 Paris Cedex 09, FRANCE;
- for repatriation assistance cover, *Personal liability* private capacity, internships and tenant's liability cover, *Personal accident* cover and for tuition insurance: CHUBB European Group Limited supervised by the Prudential Regulation Authority PRA (20 Moorgate, London EC2R 6DA, United-Kingdom) and the Financial Conduct Authority FCA (25 The North Colonnade, Canary Wharf, Londres E14 5HS, United-Kingdom).

APRIL International Expat is regulated by the Autorité de Contrôle Prudentiel et de Résolution (Prudential Supervision and Resolution Authority), located at 61, rue Taitbout, 75436 Paris Cedex 09, FRANCE. Membership of the Expat Student plan is evidenced by the Application form, the current General conditions and the *Membership certificate*. It is subject to French legislation and in particular to its Insurance Code. The benefits and levels of reimbursement provided under the policy will be automatically adjusted in accordance with amendments to legislation and regulations governing contracts under French Law.

10.3 LIMITATIONS:

The information request for the registration, management and execution of membership by APRIL International Expat, the insurers or their agents.

In accordance with Articles L 114-1, L 114-2 and L 114-3 of the French Insurance Code, "Any legal action arising from an insurance policy must be brought within 2 years of the event having given rise to this action".

However, this period shall run:

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

The limitation period is extended to ten years in *Personal accident* insurance policies where the *Beneficiaries* are the heirs of the deceased *Insured*.

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

The limitation period shall be interrupted by one of the ordinary causes that interrupt the limitation period, by the appointment of experts following a loss or if *You* or the *Beneficiary* send *Us* a registered letter with

acknowledgement of receipt in respect of settlement of the claim or if *We* send *You* such a letter in respect of payment of the .

The ordinary causes of interruption of the period of limitation specified in the French Civil code are:

- the acknowledgement by the debtor of the right of the person against whom they were seeking interruption of the period of limitation (article 2240 of the French Civil Code),
- a legal claim (articles 2241 to 2243 of the French Civil Code),
- provisional measures taken in implementation of the Code of Civil Enforcement Procedures or an act of enforcement (article 2244 of the French Civil Code),
- a summons served on one of the joint debtors by means of legal action or an act of enforcement or the acknowledgement by the debtor of the right of the person against whom they were seeking interruption of the period of limitation (Article 2245 of the French Civil Code),
- a summons served on the principal debtor or their acknowledgement in cases of limitation periods applicable to sureties (Article 2246 of the French Civil Code).

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

10.4 SUBROGATION:

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

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

10.5 AUDIT:

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

10.6 COMPLAINTS - MEDIATION:

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

If *You* are not satisfied with the response provided, *You* can contact our Customer Service department at: Address: APRIL International Expat - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 – FRANCE

Email: customerservice.expat@april-international.com.

For your information, our insurance partners Axéria Prévoyance (90 avenue Félix Faure, 69439 Lyon, Cedex 03, FRANCE), CHUBB (Le Colisée, 8 avenue de l'Arche, 92419 Courbevoie Cedex, FRANCE) and Solucia PJ (3, boulevard Diderot, CS 31246, 75590 Paris Cedex 12, FRANCE), have entrusted *Us* with the handling of complaints.

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

If the dispute persists and if no amicable solution can be found, *You* may, without prejudice to other legal remedies available to you, contact the Ombudsman "La Médiation de l'Assurance" - TSA 50110 - 75441 Paris Cedex 09 – FRANCE

If this policy was taken out remotely via the Internet, *You* can also apply to the relevant ombudsman by lodging a complaint on the European Commission's dispute resolution website at the following address: <http://ec.europa.eu/consumers/odr/>.

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

10.7 DATA PROTECTION AND FREEDOM OF INFORMATION:

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

I enjoy the right to access and, if applicable, to rectify all of the information held on me held in these files by contacting APRIL International Expat in writing, at 110 avenue de la République, CS 51108, 75127 Paris Cedex 11, FRANCE.

I am also entitled to issue instructions relating to the preservation, deletion and passing on of the information held on me, following my death.

If no instructions have been issued, my rights will be extinguished at the time of my death, but my heirs will still be able to:

- access personal data files processed in connection with me, for the purpose of identifying and securing the release of any information that will assist with settling and distributing my estate, as well as obtaining digital assets or data akin to family mementos, which can be passed on to my heirs;
- ensure that my death is formally acted upon and, in this connection, to arrange for my user accounts to be closed, and to block any ongoing processing of personal data held on me or to have this updated.

I can exercise this right by sending a letter, accompanied by copies of the front and back of an ID document, to the abovementioned address.

APRIL International Expat may use certain administrative information and pass it on to APRIL group subsidiaries, to enable them to offer me new products or services.

Furthermore, in application of Article L223 -1 and following of the French Consumer Code, *You* are reminded that if, outside of your relationship with *Us*, *You* do not want to be contacted by cold-callers, *You* can opt out by writing to OPPOSETEL at service Bloctel - 6, rue Nicolas Siret - 10000 Troyes - FRANCE, or by visiting the website, www.bloctel.gouv.fr

You can also opt out of any marketing activity by *Us* by contacting *Us* at the above address.

Furthermore, otherwise *We* implement a monitoring procedure to combat insurance fraud. This may result in the application of civil, financial and/or criminal sanctions and inclusion on a list of persons presenting a risk of fraud. In this context, the data may be transmitted to insurers, reinsurers, intermediaries, legal authorities and other bodies involved in Fraud.

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

To waive your policy, please use the tear-off slip below and send it to:
APRIL International Expat - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE

CANCELLATION

Article L.112-9 of the French Insurance Code

Any person who is canvassed at their home or residence or place of work, or in case of distance selling by telephone or online, 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.

Conditions: If you wish to cancel your insurance policy, please fill in and sign this tear-off slip. You should then send it in a sealed envelope to the above address. It must be sent no later than 14 days on the day following signature of your application or, where the deadline expires on a Saturday, Sunday or a bank holiday or other non-working day, on the next working day.

I, the undersigned, wish to cancel my application for insurance under the following policy:

Policy name: **Expat Student Ref. ExS Cov**

Date of signature of Application form: / /

Member's surname:

Member's first name:

Member's address:

Postcode: City:

Country:

Telephone: / / / / /

Name of insurance consultant:

Address of insurance consultant:

Postcode: City:

Country:

Telephone: / / / / /

Date and member's signature:

/ /

Reserved for APRIL International Expat: client reference number



april international | expat

Siège social :
110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE
Tél. : +33 (0)1 73 02 93 93 - Fax : +33 (0)1 73 02 93 90
E-mail : info.expat@april-international.com - www.april-international.com

A French simplified joint-stock company (S.A.S.) with capital of €200,000 - RCS Paris 309 707 727
Insurance intermediary - Registered with ORIAS under number 07 008 000 (www.orias.fr)
Prudential Supervision and Resolution Authority - 61, rue Taitbout - 75436 Paris Cedex 09 - FRANCE



Insurance made easy.

ARTICLES OF ASSOCIATION

ASSOCIATION DES ASSURES D'APRIL INTERNATIONAL

Association régie par la Loi du 1^{er} juillet 1901 et par le décret du 16 août 1901.

Siège social : 110, avenue de la République – 75011 PARIS

UPDATED ON 1 February 2017

Article 1 – Name

A non-profit association is formed between adherents to the present articles of association. The association is governed by the Act of July 1, 1901 and the Decree of August 16, 1901 and exists under the name « Association des Assurés d'April International », or the abbreviation « A³I ».

Article 2 – Headquarters

The headquarters are located in Paris XI, 110 avenue de la République.

The headquarters may be transferred by simple decision of the Board, which has the power to amend the articles for that purpose.

Branch offices may be created abroad by a decision of the Board. The branch offices are governed by the present articles.

Article 3 – Aims and objectives

This association aims 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 any insurance company.

Article 4 – Duration

This association is constituted for an unlimited period. It ceases to exist, however, in the event of voluntary, statutory of judicial dissolution.

Article 5 – Composition

The association consists of:

- « Individual » associate members
- « Corporate » associate members
- founding members who are guarantors of the ethics and values upheld by the association. The college of founding members may appoint other founding members. Associate members agree to pay an annual membership fee, the amount of which is set by the board. The following are also members of the association, but without voting rights, as decided by the board:
 - supporting members and individuals or entities having made a donation to the association.
 - Honorary members, individuals or entities appointed in return for services rendered or for having provided moral support to the association.

Article 6 – Membership

Membership to the association is subject to eligibility for insurance under one of the agreements concluded by the association and payment of the membership fee.

Membership is conferred on the date of receipt of the application and payment of the membership fee subject to the acceptance under the insurance agreement by the insurer. If membership is denied, the membership fee will be refunded not more than thirty days after notification of refusal by the insurer.

Article 7 – Resignation, Exclusion and Death

Membership ceases in the event of:

- death
- resignation submitted by registered letter with proof of receipt addressed to the Chairman joined with a copy of the letter of cancellation of the insurance contracts which were taken out as part of the membership. Such cancellation must meet the conditions stipulated in the contracts
- for legal entities, in the event of liquidation or dissolution
- expulsion by the board for breach of the present articles or if conduct is found to conflict with the financial and moral interests of the association. The membership fee in respect of the current year will be retained by the association.

Article 8 – Liability of members

No member of the association, in any capacity whatsoever, will be personally liable for commitments entered into by the association; only assets of the association are answerable.

Article 9 – Enforceability against members

Membership of the association forms part of the insurance agreements concluded between the association and the insurers. The content of these agreements, specifying in particular the conditions and consequences of termination of the agreements by the association or by the insurer, is issued to members when they join the association and become members of the plan by means of an information booklet and the general conditions.

Article 10 – Board of the Association

1- Composition

The Board consists of 3 to 7 member directors. The first directors are appointed

at the inaugural general assembly. Thereafter, a third of the board is renewed every five years. New board members appointed by the Board and subject to ratification at the next general meeting. Retiring members may be reappointed. The order of retirement is determined by the length of the appointment.

More than half of the board is composed of members who do not or did not during the two years preceding their appointment hold any interest or office in the insurance organisation having signed the insurance agreements concluded by the association and who do not or did not during the same period receive any remuneration from these organisations.

Current directors who hold office or receive remuneration from one of the insurance organisations having signed an insurance agreement with the association agree to immediately notify the Chairman by registered letter, with proof of receipt.

If this declaration were to reduce the number of directors who do not or did not during the two years preceding their appointment hold any interest or office in the insurance organization having signed an insurance agreement concluded by the association and who do not or did not during the same period receive any remuneration from these organisations, to less than 51%, the director in question will automatically forfeit his or her role as director and will be replaced in accordance with this article.

In the event of a vacancy arising by reason of death, resignation or other cause, the board will provisionally replace the members. They will be permanently replaced at the next general meeting. The term of office of any member elected in this way will expire on the due expiry date of the term of office of the member they replaced.

In the absence of ratification, the deliberations and actions of the Board during the period since the provisional appointments shall remain valid.

Any person having reached 18 years of age on the day of their election, who is a member of the association and has paid the membership fee is eligible for board membership.

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Any new application should be brought to the attention of the Chairman of the board by registered letter which must be received at least thirty days before the date of the general assembly along with:

- A copy of proof of identity
- A sworn declaration that no criminal convictions are held or measures referred to in paragraphs 1 to 5 of Article L322-2 of the Insurance Code
- A certificate indicating the existence or absence of any office or remuneration from one of the insurance organisations having signed an insurance agreement with the association.

No-one can be a member of the board of the association, either directly or indirectly or by proxy, administer or manage the association in any capacity, or have the authority to sign on behalf of the association if he or she holds one of the convictions or measures referred to in paragraphs 1 to 5 of Article L322-2 of the Insurance Code.

The board will elect annually from its members by a majority vote, an executive committee comprising: a Chairman, Secretary, Treasurer and, where required, their deputies. Outgoing members of the executive committee may be re-elected. The same person may hold two positions within the executive committee. The Board may be assisted by any person it deems fit, whether or not they are members of the association.

2- Board meetings and deliberations

The board meets as often as the interest of the association require when convened by the Chairman. The board may be convened by any means at his or her convenience. Meetings may be held by telephone conference or by any other means of remote communication. The notice to attend includes a draft agenda. The final agenda is adopted at the opening of the meeting. Only items on the agenda may be put to a vote. The deliberations of the board are minuted and recorded in a register signed by the Chairman and at least one director.

The board will be valid only if more than half the directors are present. Decisions of the board are taken by a majority of the

directors present. In the event of a tie, the Chairman has the casting vote.

Any member of the board, who, without reasonable excuse, fails to attend three consecutive meetings, may be excluded by the board, having first been given the opportunity to comment.

3- Powers

The board is vested generally with the widest powers to act on behalf of the association. It sets the amount of the membership fee payable by members of the association.

It can delegate authority to the Chairman or to a member of the executive committee.

4- Functions and powers of the executive committee

The members of the executive committee are specially entrusted with the following responsibilities:

- The Chairman directs the work of the board and is responsible for the running of the association. He or she is the board's legal representative in legal proceedings and in all civil acts. He or she has full authority in this respect. He or she may delegate his or her powers to another director. In his or her absence, the secretary will take his or her place.

- The secretary is responsible for correspondence, in particular for sending out the various notices to attend meetings. He or she drafts the minutes of proceedings and transcribes them in the records. He or she carries out all formalities required by law.

- The treasurer is responsible for managing the association's assets and accounts. He or she collects revenue and makes payments under the supervision of the chairman. He or she submits an annual administration report to the general assembly in order that it may rule on the accounts.

The functions of the executive committee may not be remunerated in any manner.

5- Remuneration

Directorships are generally not remunerated. However, expenses and disbursements incurred in the performance of their duties are reimbursed on the basis of documentary evidence. The Chairman does not benefit from attendance fees.

The financial report presented at the ordinary general assembly must state the amount of attendance fees paid and the amount of expenses and disbursements reimbursed to directors.

Article 11 – General Assembly

1- Notice to attend

Members of the association who are members on the day of the decision to issue notices to attend meet at least once a year at the ordinary general assembly and as required at an extraordinary general assembly.

Meetings of the general assembly consist of all the association members who have paid the membership fee.

The invitation is personal and precedes by at least thirty days the date set for the meeting of the assembly. The invitation is valid if extended by the board by letter, email or other means of remote communication.

The Meetings are convened by the chairman of the association. An extraordinary general assembly may be convened at the request of at least 10% of members. In this case, the notices to attend must be sent within eight days of filing the request and the meeting must be held within thirty days of these notices being sent out.

Notices to attend must specify the date, time, place and agenda planned and drawn up by the board. They are prepared at least thirty days prior to the meeting of the general assembly.

Draft resolutions signed by at least one hundred members may also be included on the agenda, if they are sent by registered letter to the Chairman of the Board at least sixty days before the date of the meeting.

Only resolutions passed by the general assembly on items on the agenda will be considered valid.

2- Voting

Members of the association have voting rights and one vote at the General Assembly.

Each individual member can only be represented by another individual member. Corporate members are represented by their legal representative.

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Each member has the right to mandate another member or his or her spouse. A single member cannot have more than two votes. The mandate applies to only one general assembly or two if at the first meeting a quorum is not reached, or if two meetings – one ordinary and one extraordinary – are held on the same day.

Blank proxy votes returned to the association are allocated to the Chairman and enable a vote to be held on the adoption of the draft resolutions presented or approved by the board.

3- Holding Assemblies (or meetings of the executive committee)

The presidency of the general assembly is held by the chairman of the board who may delegate his or her authority to another director.

The general assembly cannot validly deliberate unless at least one thousand members are present or represented. If, at the first meeting, the general assembly did not reach a quorum, a second general meeting is convened. The meeting can then deliberate validly regardless of the number of members present or represented.

Proceedings are recorded in the minutes, entered in a special register and signed by the chairman and the secretary. The minutes are available at the association headquarters.

An attendance sheet must be completed and signed by each member present and certified by the chairman and the secretary.

All members, including those who are absent, are bound by the decisions of the general assembly within the limits of the powers conferred by the articles.

4- Ordinary General Assembly

At least once a year, members are invited to attend the ordinary general assembly in accordance with the procedure described above.

The general assembly hears:

- the management report prepared by the board covering the operation of the insurance agreements concluded by the

association. This report is made available to members who request it;

- the auditor's reports;
- the chairman's report;
- the financial report.

The General Assembly, having deliberated and ruled on various reports, approves the accounts for the previous financial year (calendar year) and deliberates on all other points on the agenda.

It provides for the renewal of board members in accordance with Article 10 of these Articles.

Decisions of the Ordinary General Assembly are adopted by a majority vote.

All decisions are taken by a show of hands. For the elections of members of the board, a secret ballot is compulsory.

5- Extraordinary General Assembly

An Extraordinary General Assembly is convened under the conditions defined above. The Extraordinary General Assembly rules on matters within its exclusive jurisdiction: amendments to the Articles, mergers or dissolutions. Decisions must be taken by a two-thirds majority of the members present. Voting is by show of hands.

Article 12 – Rules of Procedure

A rule of procedure may be established by the board to supplement the statutory provisions.

Article 13 – Resources and Expenditures

The association's resources consist of:

- contributions from its associate members
- income from property
- sums received in return for services provided by the association
- subsidies or payments authorised by law
- any other resources not prohibited by law.

The expenses of the association consist of all funds necessary for its operation and representation. These are determined by the board or by any other person authorised by the board for this purpose.

Article 14 – Social Fund

A social fund has been created to be used under the responsibility of the board for the implementation of various measures designed to promote the cohesion and well-being of all members or to provide aid

to those members who find themselves in extreme distress. The conditions of use and procedures for administering the social fund are specified in the association rules of procedure.

Article 15 – Dissolution and Liquidation

The dissolution of the association or its merger or union with another organisation can only be approved if proposed by the board at an extraordinary general assembly in accordance with the conditions described above. The extraordinary general assembly will appoint one or more liquidators who will be given the widest powers to sell off assets and settle any debts.

In accordance with Article L141-6 of the Insurance code, in the event of the liquidation or dissolution of the association, active membership on the date of the dissolution or liquidation will continue as of right between the insurers and the persons who were previously members of the plan.

Article 16 – Reporting and Publication

The board shall complete the reporting and publication formalities required by law. All powers are conferred for that purpose to the bearer of an original of these Articles.

M. Vincent De Meyer
Chairman

M. Jean-Claude Gaubert
Treasurer