

International Expatriate Medical Insurance



Insurance Product Information Document

We have set out the following information below to provide you with an initial overview of the Expat Medical Insurance. This information document is therefore not exhaustive. Full pre-contractual and contractual information is contained in the recommendation, the application form, the insurance policy and the accompanying conditions of insurance and mandatory disclosures. To be well informed, please read all these documents.

What is this type of insurance?

With this product we provide an international health insurance product for private individuals and their dependents. This plan is for EEA residents residing outside of their home country temporarily and for third country residents residing within the EEA area, holding a valid/active work permit and having their ordinary residence inside the EEA. The policy for incoming residents into the EEA will only become effective once the individual is physically within the EEA area.



What is insured?

- ✓ Accidents.
- ✓ Illness or the occurrence of a medical emergency.

What will be reimbursed?

- ✓ Treatment costs.
- ✓ Medical repatriation.

What is the insured sum?

- ✓ For the sums insured please refer to the agreed table of benefits.

Where am I covered?

- ✓ The scope of the Geographical Area is worldwide excluding the the U.S. Territories, Canada, the Caribbean and the Home Country of the Insured Person.



What is not insured?

- x Tests and treatment relating to infertility.
- x All pre-existing conditions
- x All claims relating directly or indirectly to pregnancy.
- x All claims related to Epidemic and Pandemic.



Are there any restrictions on cover?

- Not all conceivable cases are insured. The following are excluded from insurance cover, for example:
- ! Accidents which are caused by war, civil war or warlike events.
 - ! Damage, claims or accidents made by any person who has intentionally caused damage.
 - ! Fees for private rooms for inpatient treatments.



What are my obligations?

- You must answer all questions in the application form fully and truthfully. It may be necessary to amend the insurance contract if there is any change to the circumstances you disclosed at the start of the contract. You must therefore disclose whether and how the circumstances regarding your original information in the application for insurance have changed.
- In the case of a claim, you are subject to certain obligations with which you must comply. One such obligation is that you must inform the Insurer of each insured event without delay.
- **All inpatient claims require an advance agreement of costs via the 24 hour emergency service before any treatment is commenced.**
- You are also obliged to take all reasonable measures at your own initiative, which are considered appropriate for avoiding and mitigating the loss. If the insurer gives instructions in this regard, then you must follow such instructions.

- You are obliged to provide the Insurer with detailed and accurate loss reports and to provide the Insurer at its request any information which the Insurer considers necessary in order to ascertain the insured event and the duty to provide benefit.



When and how do I pay?

Premiums have to be paid in full before the chosen start date of the insurance - fees that arise due to the payment are entirely at the expense of the policyholder/insured, before the start date of the rates and before the annual renewal due date of the insurance. Taxes and charges as established by the applicable laws will be added to the amount of the premium, and have to be paid in full by the policyholder/insured.



When does the cover start and end?

The insurance coverage starts on the date and under the conditions defined in the insurance policy. The coverage expires on the same day that the insurance policy expires. All treatments received outside of the policy duration are not covered. In any event the insurance cover shall end at the time at which the insured person is no longer eligible. The maximum insurance period is five (5) years.



How do I cancel the contract?

The insurer and the policyholder have the right to terminate the policy by notifying the other party in writing by letter or e-mail at the latest one (1) month before the end of the current contractual year.