

Student health insurance

General Insurance Conditions

GIC-2014-SPISCP

Studentpass International

International students, academics,
interns, au pairs abroad up to 365 days

1. Definitions

- 1.1 Who is the insurer ?
- 1.2 Contract and insurance documents
- 1.3 Territory, coverage and claim

2. General provisions which apply to all Evasan insurance cover

- 2.1 Legal basis
- 2.2 Obligations of the insured party

3. Specific insurance conditions for the product SWISSCARE travel air bag

- 3.1 Purpose of cover
- 3.2 Territory
- 3.3 Insurance policy term
- 3.4 Flexibility
- 3.5 Option: Additional premium for a security extension of cover
- 3.6 Reimbursement of the insurance premium
- 3.7 Main cover: Assistance

4. Service specific to assistance

- 4.1 General condition
- 4.2 Evasan's services
- 4.3 Limitations of cover

5. Services associated with adjoining risk medical emergency expenses

- 5.1 General Conditions
- 5.2 Tables of benefits
- 5.3 General exclusions of the medical benefit

6. Service if delay in luggage

- 6.1 Services from Evasan
- 6.2 Limitation of insurance coverage

7. Service for luggage insurance

- 7.1 Services from Evasan
- 7.2 Special limitations of the insurance coverage
- 7.3 Obligations of the insured party

8. Service concerning the paying of a lump sum for an accident

- 8.1 Age limit
- 8.2 Services from Evasan
- 8.3 Payment of the capital in the case of death
- 8.4 Payment of the capital in the case of invalidity
- 8.5 Estimation parameters for compensation
- 8.6 Limitation of the services
- 8.7 Obligations in case of claim

9. Entry into force

1. Definitions

1.1.1 Who is the insurer ?

A SOS Evasan S.A., based in P.O.B. 5, 1267 Vich, Switzerland (“Evasan”), insures all risks enumerated in the General Conditions of Insurance (“GCI”).

1.1.2 Who is the insurance taker ?

A The natural person or legal entity applying for and taking out the insurance policy on his own behalf or on behalf of a third party, and, who, as a result, are liable to pay the insurance premium.

B When the insurance is taken out for a third party the insured party is the sole beneficiary. Any commitments the insurance taker may have made to third parties have no effect on the parties to the contract, even when those commitments have influenced its signing. Explicit exceptions in the Special Conditions of Insurance (“SCI”) are reserved.

1.1.3 Who is the insured (party) ?

A The person who will benefit from Evasan’s services.

Only the persons or group of person designated as beneficiary on the policy or on a list attached to the insurance policy are considered as insured.

B Can be an insured any person aged up to 70 years old that will sojourn on the geographical territory as defined in the insurance conditions, for any kind of studies, professional perfection, or any other activities for which they have the right to be exempted from the compulsory health insurance.

C The generic term “insured party” and any correlative terms will be used indiscriminately in the following text to refer to both genders.

1.1.4 What is a next of kin ?

A Any person who has a close relationship with the insured party, whilst not necessarily being related.

1.1.5 What is a third party ?

A A person who is not in any way related to the insured party, is not his/her spouse or cohabiter and is not connected to them through work nor functioning as a corporate organ.

1.2 Contract and insurance documents

1.2.1 What is an insurance proposal ?

A The application submitted by the applicant to the insurer with a view to taking out an insurance policy. This application does not signify that the contract has been concluded.

B The fact that the insurer has sent out the insurance proposal form to the applicant does not constitute an offer to take out insurance nor can it replace an insurance policy.

1.2.2 What is a certificate of insurance ?

A A document issued by the insurer to the applicant on request so that he can approach authorities (consulates, etc.) with a view to completing any necessary procedures. With this document that is issued only after receiving the premium payment, the insurer declares his willingness to enter into an agreement with the applicant provided that all the essentials in the contract are subsequently fulfilled. A confirmation is not an insurance policy. The insurer has the right in case of a reimbursement of the premium to give the relative information to the third parties concerned.

1.2.3 What is an insurance contract?

A The insurance contract is a mutual and agreed statement of the wishes of the applicant and the insurer, covering all the essentials of their relationship.

B The key points of the policy to be fulfilled are as follows:

- a’) review and approval of the GCI and SCI as submitted with the form;
- b’) completion and signature of the insurance proposal form and its potential enclosures;
- c’) Collection of the premium by the insurer;
- d’) acceptance of the applicant’s application by the insurer and his willingness to conclude a contract.

C An insurance policy for a third party can never cover nor be interpreted to cover the policy holder and a third party simultaneously.

1.2.4 What is an insurance policy document ?

A The document which confirms and proves the existence of an insurance policy and records the rights and obligations of the parties.

If the content or the amendments of the policy are not concordant with the met agreement, the insurance taker has the right within 14 days to ask for their correction, after this delay the content of the policy will be considered as accepted.

1.3 Territory, coverage and claim

1.3.1 What are the country of origin, the destination, country of sojourn, and the territory ?

A Pursuant to the policy terms the country of origin encloses the country or countries in which the insured party and/or the beneficiary has:

- a) his legal domicile;
- b) resided in a permanent manner before travelling to the country of destination.
- c) the country or countries of which he is a national.

B The destination is the place to which the insured party intends to travel during his trip.

C According to the insurance conditions the country of sojourn is the country in which the insured party has the right to stay during a certain lapse of time, where he is allowed to take on certain activities in the sense of art. 1.1.3 paragraph 2 or 3 (such as studies, looking for a job, etc.)

D The contractual territory is the geographical or political area as defined in the policy, in which the contractual obligations come into force and in which are the country of destination as well as the place of sojourn.

1.3.2 The insured territory

A The insured is covered world wide during any sojourn outside of his country of residence. The coverage is suspended when the insured penetrates the country of his country of origin or enters a territory that was excluded by the specific insurance conditions.

1.3.4 Comencement of the guaranty

A The coverage starts at the day indicated on the insurance policy. The date cannot be prior to the conclusion of the contract. In cas of the a waiting period the coverage becomes effectif after the expiration of the same. No claim will be covered for any claim occurred prior to the stating date. Any claim occurred after the starting date may only be rejected if they are the consequence of an even occurred prior to the starting date or occurred during the waiting period.

1.3.5 What is a claim ?

A The unintentional damageable event for which an insurance claim may be made, which occurs within the period and under the conditions specified in the contract and which causes the insurer to fulfil his obligation to provide his services to the insured party within the legal and contractual constraints.

1.3.6 What is an accident ?

A Any sudden, imprevisible and involuntary event affecting the human body for which a claim maybe made as a result of a violent and external source which causes bodily harm to the insured party and can be identified objectively.

1.3.7 What is a compensation ?

A The compensation is the coverage of all cost due under the benefits of the insurance by the insurer. The maximal limit of every benefit is defined as the "benefit limit"

1.3.8 What is a sudden illness ?

A Any unintended negative change in health calling for a medical consultation, treatment or care and which is not the result of an accident and is not due to a pre-existing condition.

1.3.9 What is a pre-existing health condition ?

A Any alteration, illness, physical or mental disorder which existed before the date of taking out insurance cover, and the manifestation, consequences or complications hereof need treatment, consultation or medical intervention during the cover period in the event of further symptoms or complications. It is strongly recommended that the insured undergoes, at his own expense, a thorough medical check-up prior to the taking out an insurance coverage.

1.3.10 When does the risk enter the domain of health insurance coverage?

A A risk materializes and is considered as a case for the health insurance coverage when due to illness or accident the necessity arises to grant medical care or treatment.

B The risk comes into effect when the medical treatment commences and ends, as soon as the indispensable medical results show that further treatment is no longer necessary.

C Should the treatment be extended to an illness or the consequences of an accident and is in no causal relationship to the incident occurred, the claim will be considered a new one.

D Also covered is the maternity care comprising consultations, treatment and medical examinations directly related to the pregnancy and made before, during, and after the birth. Ambulatory medical exams that are prescribed by law for targeted diagnostically purposes are also assimilated to a claim.

1.3.11 What is a hospitalisation ?

A Admission to a hospital establishment for medical intervention for a period of at least 24 hours.

B A hospital establishment comprises clinics and medical units that are managed by doctors and medical staff and serve without exception sick people and people having had an accident.

C Not comprised are wellness hotels and thermal baths, establishments for elderly people and chronically-ill as well as social-medical and similar establishments which are not suited for the treatment of acute illness.

D Thermal and cure resorts are establishments that are officially recognized thermal baths/ resorts. They are run as well as placed under the surveillance of a physician.

1.3.12 What is a stabilisation centre?

A The place where the insured party is taken following an incident in view to preparing for transfer or repatriation.

1.3.13 What is a waiting (reserve) period ?

A An initial waiting period (reserve) which takes effect at the same time as the effective period of cover and during which the insured person has no claim to certain benefits as laid down in the terms of the policy.

1.3.14 What is a deductible, a share, a contribution in percentage?

A Deductibles are applied according to the amount stipulated in the policy and are supported by the insured party per each new claim.

B. Each contractual year the insured party has the obligation to participate with a certain percentage in the benefits claimed. The share according to the chosen insurance coverage comprises:

a') a fixed sum per contractual year («quota share»), and/or

b') a fixed share of 10% of those costs which are exceeding the given limit of the contractual deductible per each risk.

1.3.15 What is an “Alarm Centre” ?

A This is the assistance facilities and the team comprising doctors, technicians and operators provided by Evasan to offer 24/7 service to insured parties every single day of the year.

1.3.16 What is meant by “luggage” ?

A Suitcases or other containers (travel bags, rucksacks, etc.) and the personal effects which they contain.

1.3.17 What are personal effects ?

A Items intended for personal use by the insured party during the journey, i.e. clothes, shoes, toiletries, etc.

1.3.18 What is meant by precious items?

A Items which are made from or which contain precious metals (platinum, gold, silver), precious stones or pearls or any other valuable substance (ivory, amber, etc.).

1.3.19 What are valuables ?

A Items which are not precious items but which still have a market value such as furs, works of art (paintings, statues, etc.), spectacles, binoculars, cameras, camcorders, audiovisual equipment, computer equipment, videos, sports equipment (skis, tennis racquets, golf clubs, surfboards, etc.).

1.3.20 What is compensation ?

A Compensation entails covering the costs of all services which the insurer is required to provide in the event of a claim. The upper limits of the services specified by the SCI which apply to each aspect of cover are given as compensation limit

2. General provisions which apply to all Evasan insurance cover

2.1.1 Legal basis

A The insurance policy is governed by the present GCI and by the SCI which apply to each additional aspect of cover as included in each policy taken out by the policy holder. The SCI can be completed by additional SCI in order to take into account the insured's individual situation. Besides its imperative statutory provisions, the Swiss Federal Insurance Act (LCA) applies as an ancillary source. The general provisions shall apply provided that the special provisions which apply to each product do not specify otherwise.

B Evasan is responsible for the cover and the benefits of assistance during a journey or in the frame of other events enumerated in the contract. The extension of the guarantee will be determined in the insurance policy, in additional written agreements to come, in the Conditions as well as in legal provisions in force. 3. The General Conditions are valid as long as the conditions tailored to the individual cover do not deviate from it.

2.1.2 Insured events

A Insured events are events which, without falling under those excluded by the policy terms, arise outside the country of domicile or habitual residence during the policy term and which are covered by the terms of the policy.

2.1.3 Contact with the insurer

A On behalf and on request of Swisscare, Evasan provides assistance to the Swisscar clients and provides them with their Alarm and call Centre.

B Evasan will, on their own behalf as well as on behalf of Swisscare, take over the administration of the insurance documents, as well as take messages from the insured.

2.1.4 Policy term

A The policy term is the period of time, agreed beforehand by the parties to the policy, within which the insured party may take one or more periods of cover. The latter will be specified by the SCI.

2.1.5 Periods of cover

A Periods of cover are periods of time within the policy term during which the insured party is protected from the risks detailed in his cover. Again the latter will be specified by the SCI.

B The policy term commences from midnight (12 pm) on the date specified in the policy and ends at midnight (12 pm) on the final day of the policy.

C According to the type of cover contracted, the policy holder may be covered for several distinct periods as long as the starting date and the end date fall into the policy term.

D In any case a period of cover, at the earliest, will start at midnight (12 pm) of the starting date of the policy term and will end, at the latest, at midnight (12 pm) on the day of the end of the policy term.

2.1.6 Premiums Receipt

A The premiums receipt of the premium payment by the insurer is an essential part of the policy, no matter what the method of payment is.

2.1.7 Additional premium for sports and leisure activities

A The sports option covers the risks associated with practising sports or other leisure activities which are not excluded by the GCI or SCI.

B If the insured party intends or is likely to practice one of these activities during the period of cover, he is required to mention this in his application. If his application is accepted by Evasan, confirmation of the sports option and an additional premium will be mentioned on the policy.

2.1.8 Partial benefits

A If the insured party does not use or only uses part of the benefits provided by Evasan, the latter is not required to supply cash compensation or alternative services of any kind whatsoever.

B If the costs resulting from a claim are less than the costs specified in the policy document, the insured party is not entitled to claim the difference.

2.1.9 Double insurance

A If the same interest is covered in respect of the same risk and for the same period of time by more than one insurer to the extent that the combined sums insured exceed the insurance value, the holder is obliged to inform the insurer of this fact in writing and without delay.

B If the policy holder has intentionally omitted to notify the insurer of these facts or taken out a double insurance in view of obtaining an illicit profit, the insurer shall henceforth automatically be relieved of any contractual obligation in this respect.

2.1.10 Aggravation of risk

A An aggravation of risk is of significance if it affects an important factor in the evaluation of the risk whose extent had been established during the drafting of the contract. All factors that might influence the decision of the insurer to accept the policy or to accept it under the agreed conditions are important (especially important is the insured party's state of health, if he undertakes dangerous activities, etc.).

B If the insured party causes a significant aggravation of risk during the term of the insurance, the insurance provider will cease to be bound by the policy. The insured party has the obligation to inform the Call Centre immediately followed by a letter or an e-mail to the insurer.

C If the aggravation of risk is not caused by the insured party this will only lead to an automatic cancellation of the policy if the insured party has omitted to notify the insurer as stated here above. If the insured party provides such a notification the insurer reserves the right to terminate the policy within the 14 days following the notification.

2.1.11 Extent of expenses covered

A The services provided in the context of the insurance conditions should be effective, appropriate and economical. Effectiveness, adequacy and economicity have to be scientifically proven. If this is not the case the insurer reserves the right to reasonably reduce the amount of services he provides.

2.1.12 Data processing – Inquiries

A The insured party entitles the insurer to process all necessary data for his database and the data required for claim indemnification and the liquidation of the case.

B The insured benefits from the Swiss guarantees as to the protection, processing and confidentiality of his personal data.

2.1.13 Payment of insurance benefits

A The insurer will only be requested to grant his services and benefits, if all the requested documents proving the incident have been submitted.

B The submitted documents, invoices, expenditures, etc. have to be original ones. The insurer has the right to ask for evidence that the bills, the reimbursement of which is being requested, were already paid. In the event of another insurance company participating in the reimbursement of the expenditures, copies of the invoices will suffice provided a receipt issued by the other insurance company is submitted.

C All invoices and honorary notes have to bear the name and address of the doctor, the patient, the date of treatment, details of the different medical services as well as the diagnosis (name of the affliction). The prescriptions have to be addressed to the insurer and have to be accompanied by the honorary fees of the doctors, bills for medication, equipment. Medical orders have each to bear the name of the affliction.

D The submission of a medical centre's document certifying the stationary treatment (inpatient care) in a hospital together with admission and discharge always stating the treated affliction is compulsory. If the doctor does not name the affliction of the patient or does not wish to describe it, the insurer is free to refuse its benefits or to order a prior medical examination.

E All bills and honorary fees have to be submitted to the insurer immediately on receipt.

F The insurer has the right to reimburse the authorized bearer or sender of the correct and complete documents.

G Costs of treatment in case of illness in a foreign currency will be converted at day's value (date of receipt) into Euro or Swiss francs.

H Expenses such as inherent costs of transmissions and translations will be deducted from the benefits.

I the application of the "tiers payant"-system remains reserved.

2.1.14 Extinction

A The guarantee expires at the last day of the coverage as stipulated in the insurance policy, including for any declared claims.

B If for medical reasons, the insured cannot leave the territory at the end of the coverage, the insurer with the additional premium will extend the coverage if he receive the written demand from the insured with the medically established file, that has to be also approved by the insurer's medical team. The coverage will be extended until the moment that the insured may proceed to his travel home. The maximal extension is up to 2 months.

2.1.15 Peremption

A The delay is of one year, starting on the date of the event that generated the claim.

2.1.16 Failure of disclosure

A If the person submitting the insurance proposal has, while insurance policy was being concerted, omitted or stated inexactly information of an important fact that he knew of or should have known of, Evasan has the right to terminate the policy in writing within the four weeks after it has had knowledge of the nondisclosure. In such a case, the obligation to provide its services also comes to an end as regards

Studentpass International Master Policy 2013 any incidents that took place when the information not disclosed influenced the occurrence or the scope of those incidents. To that extent the insurer is entitled to reimbursement for the services already provided.

2.1.17 Subrogation

A The rights and claims of any natural person or legal entity that benefits in whole or in part from the guarantees provided in the insurance policy as stated in the conditions of insurance against the third party responsible for the event shall pass to the insurer up to the level of compensation and costs paid by the insurer with a view to fulfilling this contract.

B Should the insured have a right to compensation (damages) by a third party and notwithstanding the contractual subrogation, this right has to be passed on in written form to the insurer up to the level of the amount of the benefits the insured is likely to receive from the third party. Thus, this right will pass to the insurer. If the insured party waives his right to compensation or its relative security, without prior agreement of the insurer, the latter will be released from his obligations up to the sum the insured would have received or could have been entitled to by the third party.

2.1.18 Intransferability of debts to third parties

A No claim or debt possibly stemming from the insurance policy can be transferred. Particularly, the beneficiary cannot transfer his entitlements to a next of kin, hospital, company, insurance taker, work colleague, authorities, etc.

2.2. Obligations of the insured party

2.2.1 Medical confidentiality

A By accepting this document, the insured party releases all doctors and (para-) medical staff who have examined him both before and after the claim from their obligation to maintain medical confidentiality with respect to Evasan. Under penalty of forfeiture of its policy rights, the insured party commits himself to explicitly reiterate this authorisation after the claim has occurred and/or to sign the ad hoc authorisation form Evasan may submit to him.

2.2.2 Declaration in the event of an incident

A In order to benefit from Evasan's services, the Alarm Centre (accessible 24/7, 365 days a year) must imperatively be contacted at once, i.e. at the first apparition of the claim and prior to any consultation:

Phone: +41 22 929 52 52 - Fax: +41 22 929 52 55

B If the insured party proves that he was entirely incapable of notifying Evasan or having them notified after the incident took place, especially because there was immediate danger to his life, any objectively possible speedy notice given by the insured party, policy holder, next of kin, the police, a medical establishment or any participant in the incident, will be considered a valid notice and will be considered as a valid notification by the insured party himself.

2.2.3 Documents to be provided in case of an incident

A At the latest 90 days after the occurrence of the incident, 60 days after the documents were issued or, otherwise, 30 days after receipt of the documents by the insured party (proven by postal stamp or official certification), the insured party must spontaneously and at his own expense, provide the insurer with the original requested documents listed below:

- a) The accident report and/or statements drawn up by the police authorities, fire department or any other emergency service;
- b) The complete medical report written by the doctor consulted, the hospital the insured was admitted to or treated in, in relation with the claim;
- c) Medication and other prescriptions for the apothecary; d) Original invoices for the medical treatments undergone by the insured party, his sojourn in hospital and purchases of medication;

B Furthermore, the insured party and the policy holder have to provide spontaneously the insurer with any other information and proof relative to the incident, which might help to clarify the circumstances of the incident/claim and estimate the extent of its consequences, provided they ought to know of this information.

C In view of clarifying the circumstances of the announced incident, and in order to estimate the extent of its consequences and verify its veracity the insurer reserves the right to request, from the insured party and at the latter's expense, supplementary information, facts and proof. If the insurer formulates his request in writing he can grant a delay of at least 10 days (formal notice) in order to receive these documents. If the insured party lets the time elapse, he will lose all his rights to the claim.

D On the insurer's request, the insured party has to undergo a medical check-up done by a doctor appointed and paid for by the insurer. 5. The present clause does not affect the use of the "tiers payant"-system, whenever the latter shall apply.

2.2.4 Consequences attached to the violation of the obligations

A Besides the consequences of disregarding the articles mentioned before, the insured party who infringes his contractual obligations has to support the following consequences:

a') Should a disregard of the obligations happen with the intention of defraud, the contract with the insured party will be automatically null and void. The insurer will thus no longer be bound to providing services and benefits and can ask for a refund of the indemnification already received by the insured party.

b') Should a disregard of the obligations happen willfully or out of culpable negligence, the insurer is no longer bound to the contract and therefore no longer in obligation to compensate if the notification has been made to the insured party within 4 weeks from the moment he became aware of the violation and its consequences.

c') in the event of other violations or disregards as to the insured party's obligations, the insurer has the right to reduce in case of a claim his benefits according to the damage incurred.

B The policy holder and/or the insured party are solely responsible for the execution of the contractual obligations that they incur.

2.2.5 Deductible

A No deductible are applied on the medical cost coverage. All the insured aged between 60 and 70 years old have a fixe participation on every claim of 50.– Euros per claim.

B In case of direct billing of a claim, the insurer will reimburse the amount deducted of the participation and the insured commits himself to pay to the medical provider his part. In case of reimbursement the insurer will reimbursed the amount covered net of the deductible or participation.

2.2.6 General exclusions

A The following situations are excluded from the scope of insurance, so that Evasan is relieved of any obligation to provide its services:

- a')** if the insured party commits acrime or an offence which leads to the claim;
- b')** any health effects resulting from ionising radiation (nuclear irradiation);
- c')** health or bodily harm stemming from the knowingly or unknowingly manufacturing of chemical, biological or biochemical substances or the use of such or electro-magnetic waves as weapons (notwithstanding eventual collateral causes). All risks stemming from ABC weapons, nuclear energy and other ionising radiation.
- d')** Any claim stemming from an act of god (force majeure) or a natural disaster deriving from the unusual intensity of a natural agent (eg. volcanic eruptions, meteoritical fall, tidal wave, earthquake);
- e')** if the insured party undertakes any hazardous activities which might give rise to substantial changes in the risk covered;
- f')** if the insured party takes part in high-risk sports (parachuting, acrobatics, racing involving mechanical or motor vehicles, ski jumping, skiing outside marked territories, paragliding, canyoning, boxing, rugby and martial arts, etc.);
- g')** war, whether declared or otherwise, and in all cases 48 hours after the Swiss Foreign Affairs Department or other official authorities have confirmed the start of hostilities;
- h')** revolution, acts of sabotage, hooliganism or vandalism; strikes, roadblocks established during mass demonstrations and, in general terms, disturbances of any kind and measures taken to re-establish public order;
- i')** epidemics and pandemics;
- j')** if the insured party takes drugs and/or alcohol

and/or other hallucinogenic products leading or contributing to the incident;

- k')** suicide or attempted suicide;
- l')** if an incident occurs in a country which is excluded under the policy or if it happens outside the effective cover periods.

2.2.7. General limits of cover

A Notwithstanding the other exclusions Evasan has the right to refuse provision of its services in the following cases and if deemed necessary, to cancel the contract:

- a')** if the insured party or any third party as specified in Point 2.2 does not report the incident immediately to Evasan's Alarm Centre;
- b')** if Evasan does not give prior mandatory approval before arranging and accepting responsibility for assistance or treatment, hospitalisation or the acquisition of medication by the insured party;
- c')** if the insured party does not provide Evasan with the necessary information and original documents or does not submit them within the delay;
- d')** any pre-existing health condition, as defined in Section 1.3.9. Moreover, Evasan reserves the right to reduce the amount of its benefits if the health condition of the insured person, even though not having pre-existed, bears heavy risks such as diabetes, high blood pressure, hypercholesterolemia, etc;
- e')** incidents, troubles and complications associated with pregnancy where the risk was known or might reasonably have been foreseen before the date of departure ;
- f')** if the insured party does not notify the insurer of the existence of another insurance policy covering the same risks;
- g')** if the insured party fails to take measures which might reasonably have been expected to avoid substantial aggravation of the risk and thus prevent the incident from occurring in the first place;
- h')** any refusal to collaborate with respect to Section 2.2.

B If the insured party or any person making decisions on behalf of the insured party declines to accept the contractual services (eg. offer of repatriation) proposed in the event of an incident, the contract shall be suspended. Any costs incurred as a result of the insured party declining the insurer's services shall be assumed entirely by the insured party. In case that the insured party changes his mind before the end of the cover period, he shall assume any costs in relation with his prior refusal to accept the insurer's benefits (eg. costs induced by the extension of hospitalisation, etc.) as well as if his change of mind.

C Under penalty of forfeiture of any contractual rights, the insured party and the insurance taker abstain from interfering with the claim's handling by Evasan without the latter's prior written consent.

2.2.8. Applicable law and place of jurisdiction

A The parties are agreed that Swiss material law shall be apply to their present contractual relationship.

B The parties are also agreed that for any disputes which might arise between them in respect of interpretation or application of the present insurance contract, the place of jurisdiction shall be as follows:

a') the jurisdiction at the Swiss domicile or head office of one of the parties if the action is brought by the insured party;

b') the jurisdiction at the defendant if the action is brought by the insurer.

C only the French version of the general and specific conditions is applicable.

3. Specific insurance conditions for the product Swisscare Travel Air Bag

3.1. Purpose of cover

A Evasan insures and provides assistance, within the legal and contractual frame, to people who are in difficulty or emergency situations while on a journey or a visit inside a territory laid down in the policy

B This additional cover complements the obligatory social security insurances as well as other insurances which the insured party may have taken out previously if this has proved to be insufficient. The same goes for other services provided by the affiliation to an association.

Catalogues of Services

Insurance Benefits

Benefits limit (EUR)

Before the trip

A Assistance

1	Usefull informations	Real costs	
---	----------------------	------------	--

During the trip

B Insurance - Assistance

1	Evacuation & medical repatriation	Max	150'000.-
2	Search & Rescue in mountain and sea	Max	20'000.-
3	Medical repatriation	Max	50'000.-
4	Ambulance transport	Max	5'000.-
5	Medical costs due to a sudden illness or an accident	Max	500'000.-
6	Dental Costs	Max	1'000.-
7	Medical accompaniment	Real costs	
8	Long-distance medical advice	Real costs	
9	Recommendation of local specialists	Real costs	
10	Emergency dispatch of medication	Real costs	
11	Transport of a next of kin in case of hospitalisation over 7 days	One economy airline ticket	
12	Cost of living related to the point 12 of the next of kin	Max 7 nights	80.-/night
13	Mortal remains repatriation Max.	Max 20'000.-	
14	Repatriation of other insured parties involved in the same incident	One economy airline ticket	
15	Advance of fund for first necessity	Max	500.-
16	Bail out advance	Max	5'000.-
17	Urgent message dispatch	Max	Real charges

C Luggage and personal effects			
1	Delay of luggage > 6h	Max	150'000.-
2	Lost or stolen luggage or damaged luggage during transport	Max	20'000.-
3	Medical repatriation	Max	50'000.-
D Luggage and personal effects		(Per event)	
1	In case of death	Max	25'000.-
2	In case of invalidity	Max	50'000.-

All the above benefits are applicable only during the validity of the insurance-assistance policy

*All limits are mentioned in the insurance policy and in the proposal, limits may vary according to your choices at the subscription.

3.2 Territory

A The insured party is covered worldwide, however, outside the country in which he has his permanent or habitual residence

B The right to potential benefits ends as soon as the insured party has returned to his permanent or habitual residence.

3.3. Insurance policy term

A The period of cover represents up to a maximum of 12 months.

B When the other essential conditions are met, the duration of the policy starts at midnight of the day the premium payment was received and ends at midnight on the day set in the policy.

C All of the periods of guarantee has to start within the validity of the policy and ends with at 24th hour of the day stipulated in the policy.

3.4 Flexibility

A The insured party can trigger several chronologically separate periods of cover within the policy's term of validity.

B In any case, only the following documents are accepted as proof of having sojourned and entered: passport with an official entry and exit stamp from the destination territory or any other official certification from a competent authority of the aforementioned territory; if such a document cannot be provided:

a validated ticket bearing both name and date (e.g. plane tickets, trains, buses etc). If the

insured party does or cannot provide any such document of their trip and their entry in the destination country, the commencing date of the period of cover laid down in the insurance policy will be authoritative.

3.5 Option: Additional premium for a security extension of cover

By means of an additional premium mentioned on the policy, a security cover period of up to max. 5 days may be taken in favour of the insured. This security cover becomes effective if the insured cannot be held responsible for not being able to return to his country of domicile or to his habitual country of residence on time and prior to the ending of the contract's coverage (i.e. following the closing of the airport due to a natural catastrophe).

3.6. Reimbursement of the insurance premium

Evasan is willing to reimburse the insurance premium in the event that:

- a')** the insured party or a rightful person is able to prove with original medical certificates, death certificate of the insured party, certification that they have been summoned by the authorities (police, judiciary or administrative) or with other original documents that there is an objective impediment to travel. In such cases the reimbursement can be requested as long as no more than a third of the duration of the cover has lapsed.
- b')** the insured party does not obtain a visa for the country of destination; Evasan undertakes to refund the insurance premium within 30 banking days following the written notification by the policy holder attaching the letter of rejection from the competent authority. The refund can only take place prior to the date on which the period of cover is due to become effective.
- c')** Evasan will deduct an administrative fee of 15% of the premium but a minimum of EUR 30.- in case of any reimbursement.

3.8.1 Main cover: Assistance

A Evasan will assist persons within the legal and contractual frame who find themselves confronted with difficulties when travelling outside their country of domicile or habitual country of residence.

B Provided that Evasan be immediately informed and has an objective possibility to intervene, the insurer will provide immediate assistance to the beneficiary when the latter finds himself in difficulties as a result of a chance event, in the cases and conditions specified in the contract. However, providing emergency assistance does not prejudice to Evasan's decision as to the financial cover according to the GCI and SCI.

C This aid may consist of services in cash or in kind. The services in an adjoining risk cover aim to facilitate the main cover services.

3.8.2 Cover of adjoining risk: Costs for medical emergency

Evasan will cover emergency medical and hospital costs resulting from a sudden illness or an accident which occurs when the insured party is travelling outside his country of domicile or habitual residence.

3.8.3 Cover of adjoining risk:

Delay of luggage

In the event of a delay of luggage, Evasan will cover the costs of a bridge over for first necessity and essential items (toiletries bag).

3.8.4 Cover of adjoining risk:

Luggage

In the event of unintentional loss, damage, robbery or theft of luggage Evasan will pay the insured party and refund the value of the luggage.

3.8.5 Cover of adjoining risk:

Capital in the event of accident

A Evasan pays a capital in the event of an accident as per Art.1.3.6 resulting in death or invalidity.

B Are also considered as consequences of an accident the following :

- a')** sprains, tears of muscles and tendons;
- b')** poisoning or burns from the absorption or involuntary inhalation of substances or toxic or corrosive liquids;
- c')** frostbite, heatstroke, sunstroke, and diseases caused by ultraviolet (except sunburns);
- d')** accidental drowning..

3.8.6 Maximum amount of indemnity per case

A Payments of compensation by Evasan per basic event (independent from the number of the thereof directly or indirectly resulting damages) will be limited as follows:

under art. 4.2.1. to 4.2.11.: EUR 250'000.-

under art. 5.2.1 to 5.2.7.: EUR 500'000.-

under art. 6.1. and 7.1.: EUR 2'500.-

Up to EUR 25'000.- for the Art.8.3 and up to EURO 50'000.- for the Art.8.4

B All damages caused or resulting from a disaster or a natural event which happen within the following 168 consecutive hours (e.g. tsunami, flooding, volcanic eruptions as well as volcanic ash blocking the airspace for planes, landslides, tornados, cyclones or similar events) are considered one damage independently from the number of the insured afflicted. If the indemnity exceeds the maximum amount of indemnity stipulated in the insurance policy, the beneficiaries will each receive an indemnity pro rata. 4.1.1.

4. Services specific to Assistance

4.1.1 Object of this type of cover

A Evasan insures and provides assistance, within the legal and contractual frame, to people who are in difficulty or emergency situations while on a journey or a visit inside a territory laid down in the policy,

B Under its obligations flowing from the assistance cover, Evasan will provide immediate help, be it in cash or in kind, to the insured encountering difficulties as a result of a chance event, in the cases and conditions specified in the contract.

C Providing emergency assistance does not exclude the possibility of receiving aid according to the conditions of insurance. However, this decision will only be taken by the insurer after having received all the necessary documents and information.

4.2 Evasan's services

The following assistance benefits may be granted under this contract:

4.2.1 Search and rescue of the insured

Evasan participates in the costs for search and/or rescue incurred by the competent authorities up to the sum of EUR 20'000.-

4.2.2 Transfer and repatriation

A As soon as the insured party's condition who has experienced a sudden illness or an accident requires it and provided the doctors responsible for the insured party give their consent, Evasan will pay for his transfer to the nearest appropriate hospital. Evasan covers the cost for a medical transfer up to a maximum of EUR 150'000.-.

C As soon as the condition of the insured party, who has experienced a sudden illness or an accident, permits and provided the doctors responsible for the insured party give their consent, Evasan will arrange and pay for his repatriation to his domicile or habitual residence, up to a limited sum of 50'000 EUR.

D If the insured party or his next of kin decide not to be repatriated to his habitual residence, Evasan will organise repatriation to his domicile. Evasan has the right to choose the means of transportation it deems most appropriate (by air, land or sea). Evasan will cover all reasonable and usual repatriation costs actually incurred relative to the transport.

C Services such as transfer and/or, when necessary, repatriation for reasons of health will only be provided subject to the approval of the Evasan medical department, which liaises closely with the doctors treating the patient or the doctors in the local emergency centre.

4.2.3 Costs for local medical transportation per ambulance

A The insurer covers the costs of up to EUR 800.- for urgent medically indicated transportation or rescue, so as to provide him with an appropriate treatment at the nearest possible hospital or an approved medical service. The medical services are of his choice according to the applicable law as to mandatory basic health insurances but have to be on the provider list according to the contract and the statutes governing mandatory basic health care.

B Medical transportation and rescue related costs will only be reimbursed if the insured party's state of health does not allow him to use public or private transportation.

C The insurer will cover 50% of the costs related to evacuation and transportation up to a maximum of EUR 400.- per contractual year, in the event of:

- a') an illness or accident intentionally provoked by the insured party, self mutilation or attempted suicide;
- b') addiction or alcoholism;
- c') ethylic state, open drunkenness or if proven that the insured party while being involved in an accident had alcohol in his blood of more than 0,8 g/l.

4.2.4 Repatriation of mortal remains

A In the event of the death of the insured party during the journey or visit, Evasan will arrange for his mortal remains to be repatriated – if materially feasible - from the place of his death to the funeral site within his country of domicile or habitual residence. The repatriation is carried out in accordance with the applicable national laws and international conventions.

B Evasan will cover the transfer costs of the mortal remains up to a maximum of EUR 15'000.- and will take care of all formalities required for the transportation of the mortal remains.

C When they are objectively necessary so as to make transportation possible Evasan will cover the following costs up to a maximum amount of EUR 5'000.-: costs related to initial preservation of the body, maintenance, laying in coffin, arrangements specifically related to transportation, preservation services required by law, preparation and coffin costs for the simplest model required for transport and in accordance with local and international laws. Excluded from Evasan's services are costs related to embalming, burial, funeral ceremony or other expenses.

4.2.5 Medical accompaniment

During transfer or, when necessary, repatriation, the insured party is accompanied and assisted by medical staff and/or paramedical staff who disposes of the necessary competence and expertise as to the patient's particular condition and designated by the medical experts of Evasan.

4.2.6 Long-distance medical advice

In the event the insured party requires long-distance medical advice, Evasan puts him, at the insurer's expense, in contact with an independent doctor who is qualified to answer the questions pertaining to his state of health. Evasan cannot be held liable for the opinion thus obtained and the consequences it may have.

4.2.7 Indication of local medical specialists

If an initial examination reveals that the insured party is in a critical condition and which requires a specialist's intervention, Evasan will supply the insured party, at his request or at the request of the doctor treating the patient at the place where the incident occurred, with the name of a doctor specializing in this area provided that such a specialist exists in the region. Evasan cannot be held liable for the doctor's treatment and its possible consequences.

4.2.8 Emergency dispatch of medication

Evasan will arrange and pay for the dispatch of medication required in order to treat the insured party if it cannot be had in the country in which the incident took place. This is of course subject to the condition that the medication can be bought in Switzerland and may be rightfully used in the country of destination. Evasan will bear the costs associated with dispatching this medication.

4.2.9 Transmission of urgent messages

Evasan undertakes to transmit urgent messages free of charge on behalf of the insured party to any person in the country of domicile or habitual residence of the insured party and nominated by the latter if the insured party is not capable of communicating with the nominated person himself.

4.2.10 Repatriation of other insured parties involved in the same incident

Evasan will arrange and pay for the repatriation costs of any insured parties involved in the same incident if they are unable to return by the intended means of transport provided they are also insured with Evasan for the same cover.

4.2.11 Transport of next of kin

If the insured party requires hospitalisation for at least 7 days prior to transfer or repatriation, Evasan will arrange and pay for a return journey in economy class for a next of kin to travel to the hospital in question. The latter is however responsible for his own accommodation expenses.

4.3. Limitations of cover

A In addition to the general contractual exclusions and limits, the insurer is not obliged to provide cover in the following events or has the right, if he deems necessary, to terminate the contract:

- a’)** if the incident has not been immediately notified to the Alarm Centre by the insured or a third person involved;
- b’)** if medical examinations or other medical investigations plus hospital treatment have been undertaken/organized by the insured party without having received the insurer’s compulsory prior approval prior;
- c’)** if the communication by the insured of important documents and information needed for the control or treatment of the case are still missing or have reached the insurer with delay;
- d’)** if the diagnosis reveals that the present health condition had been a pre-existing condition according to art. 1.3.7. Furthermore, the insurer reserves his right to reduce his benefits if, although the present health condition was not a pre-existing one, its onset has revealed important factors of risk such as diabetes, high blood pressure and hypercholesterolemia, etc.;
- e’)** if incidents, discomforts and complications occur in relation with pregnancy whose risk was known or foreseeable before the day of the departure;
- f’)** if the insured party has involuntarily or voluntarily omitted to inform the insurer of the existence of another insurance covering the same risk or in case of non-disclosure;
- g’)** if the insured party did not take the necessary precautions which would or could have avoided a substantial aggravation of the risk leading to a claim;
- h’)** if the insured party refuses cooperation with the insurer, especially in the sense of article 4.4.

B Any refusal on the part of the insured party or the person deciding for him as to the benefits (such as repatriation) provided in a case of a claim and according to the policy will entail an immediate suspension of the assistance coverage and the benefits. Costs and expenditures will have to be borne by the insured party.

If the insured changes his mind before the end of the cover period, he will have to bear the costs stemming from the refusal to accept the initial benefits (e.g. costs relating to prolonged hospitalization etc.) and from his change of mind.

C The insured party and the policy holder will lose their rights to benefits if they do not restrain from any form of intervention in the administration of the claim by the insurer without the latter’s prior consent.

5. Services associated with adjoining risk: medical emergency expenses

5.1.1. Object of this coverage

A During his stay of the insured inside the said territory the insured party benefits from services of the health insurance in case of illness or accident (when no accident insurance covers the incident).

B This coverage completes (subsidiarity) any benefits that are provided by the compulsory social insurances, other insurance branches (e.g. accident insurance, health insurance of the country of origin), service agreements or associations to which the insured is a party or pays a contribution, whenever the latter do not offer the insured person a sufficient protection.

C the contributory benefits have to be appropriate, efficient and economic.

5.1.2. Recognition of medical service providers

A In the event of a treatment in Switzerland only those invoices will be taken into consideration that have been established by qualified medical service providers who are apt and authorised to administer health care (according to art. 35-40 LAMal).

B In the event of a treatment in another country as stipulated in the contract, only invoices issued by qualified persons, possessing recognized and valid diploma of the country in which the insured party is being treated and where they are authorized to practice will be taken into consideration.

5.1.3. Extent of the insurance benefits

A The usual tariffs in the territory of the treatment define the amount and the duration of the insurance benefits.

B If no special conditions have been negotiated such as the compulsory consultation of a pre-defined medical network, the insured party can be treated by an established and recognized doctor or dentist of his choice. Should a recognized doctor be established in another area as the

insured party invoice the travel to and from his medical office (kilometric or travel indemnity), the insurer is entitled to indemnify the sole travel costs to the possible nearest doctor.

5.2. Table of benefits

Benefits	Coverage
Ambulatory treatment	100%
Hospitalisation	100%
Emergency dental care due to an accident	80%
X-Ray and laboratory cost	100%
Medecines	100%

5.2.1 Evasan's services

A Evasan will pay for medical emergency expenses resulting from an admission to hospital following an accident or a sudden illness which occurs during his travel outside his country of domicile or habitual residence, up to the amount specified in the policy, but subject to a maximum of EUR 500'000.-.

B The following costs for inpatient care in a hospital, based on the quality of the general ward in Switzerland or based on the basic standard of the contractual territory, are covered:

- a') inpatient in a public or private medical establishment;
- b') admission into a hospital and chirurgical intervention (surgery);
- c') (para) medical costs arising during the hospital care as an inpatient;

C The insurer provides the services for medical examination, healing methods and medication generally accepted by the conventional medicine. Moreover, he will provide his benefits for methods and medication that have proven to be

effective in practice when conventional methods or conventional medication do not exist or cannot be applied. The insurer can, however, reduce his services by adapting them to the amount that he would have to pay if conventional methods and medication were applied.

5.2.2 Laboratory and X-ray expenses

The costs for lab examinations, x-rays, scanner and IRM, if prescribed by a doctor for valid reasons, will be completely reimbursed.

5.2.3. Emergency dental treatment

A The costs of an urgent dental treatment are covered, but limited to the amount of 1'000 EUR for the life of the policy

B Covered is also the treatment of serious lesions of the masticator system provoked by an accident provided they are not covered by another insurance or a third person (e.g. service provider, etc.).

C A deductible of 20% of the costs for each dental treatment will be borne by the insured party.

5.2.4. Physiotherapy, Logopedics and Orthoptics

A A sum of up to EUR 100.- will be granted over a period of three contractual years for a medical prescription for treatments like physiotherapy, logopedics and orthoptics.

B Will be covered only with the prior consent of the insurer.

5.2.5. Chiropractics und osteopathy

A The costs for chiropractics are only covered if the chiropractor in the country of sojourn is authorized and licensed to perform within the contractual territory.

B The costs are limited to up to EUR 200.—per policy life

5.2.6. Medication

A Medication approved of by the State's authorities and accepted by the mandatory basic health insurances are covered by 100%. Homeopathic treatments are also covered.

B Medication, wound dressings and medical equipment have to be prescribed by an approved doctor or another agreed specialist. Doctors, belonging to the insured party's or to the insurance taker's family or next of kins will not be

taken into consideration.

C The prescribed medication has to be bought at the chemist's and not in a drugstore since the latter are not subject to the same severe controls. The purchase of more than one package of the same medication has to be written on the doctor's prescription.

D Products such as pure alcohol for medical use, cotton, sun protection, products for dental care, shampoo, food for special diets, mineral water, special sorts of wine, fresh or dried glands, contraceptives, cosmetics, sanitary products, anti-alopecia, insect repellent spray, etc. are non medical substances and therefore not covered.

5.2.7 General exclusions of the medical benefit

The following situations and their consequences are excluded from the insurance cover, so that the insurer shall not provide any benefits:

a') if the insured party commits a crime, an offence or a carelessness which leads to the claim;

b') if the insured party takes drugs and/or alcohol and/or hallucinogenic products and toxic substances which lead or contribute to the incident, except by and if the mandatory health insurance require coverage;

c') there are damages and harmful effects to health that resulted from the production and the use, intentionally or unintentionally, of chemical, biological, bio-chemical, electro-magnetical substances meant to be used as a weapon (independently from any possible concurring causes), as well as damages due to ABC means, nuclear and other forms of radiations.

d') if the incident occurred outside the territory fixed in the contract or outside the effective period of cover.

5.2.8 Special limitations to the insurance cover

A In addition to the exclusions stated in the GCI and SCI, Evasan may refuse to grant the following services:

a') general medical examinations, analyses or similar investigations as well as any treatment undertaken by the insured party, his doctor or the hospital establishment to which he was admitted and which has not been approved of by the medical staff of Evasan beforehand. Treatment and other services given by persons belonging to his family, a spouse or a next-of-kin are not covered.

b') Spontaneous consultations with a specialist;

c') treatment of symptoms not caused by a properly diagnosed pathological condition;

d') treatment of a pre-existing medical condition and any of its consequences or complications;

e') treatment of symptoms of an illness or an injury that any reasonable person would have taken care of immediately and prior to the effective starting date of the insurance cover; costs related to an illness or an injury that were not stabilised at the time of departure;

f') afflictions of psychic, psychological or psychiatric origin as well as their symptoms and consequences;

g') the consequences of a complaint in the course of being treated and requiring a period of convalescence;

h') complaints occurring during the trip taken for the purpose of diagnosis and/or treatment;

i') costs for care and treatment whose therapeutic character is not recognized under Swiss law;

j') the consequences of situations bearing the following risks: declared risks of infection in the context of epidemics, exposure to infectious biological agents, chemical agents, incapacitating agents, neurotoxins, provided the local or national health authorities of the country of destination or of travel have ordered a quarantine;

k') hospital as well as medical expenses from the day on that Evasan would have the possibility and the right to organise the repatriation of the insured party;

l') Acquisition by the insured party of medication not prescribed by a doctor approved of by Evasan;

n') expenses relative to contraceptives, interruption of pregnancy and birth;

expenses related to optical aid (glasses, contact

lenses, etc.) plus optical implants or prostheses;

o') operations for aesthetical reasons and similar;

p') rehabilitation, physio- and kinesitherapy, chiropractic costs; thermal cure and thalassotherapy costs;

q') expenses associated with the purchase of vaccines and vaccination costs.

B Furthermore, the insured party is not covered:

a') if he undertakes a trip against medical advice;

b') after being diagnosed with a terminal illness;

c') if the insured party has the intention of obtaining medical treatment for a pre-existing condition;

d') if he undertakes his journey during an illness or period of inability to work;

e') if she undertakes her journey during pregnancy exceeding the 6th month gestation;

f') if he undertakes his journey when a doctor has recommended an operation which has not yet been performed.

6. Service if delay in luggage

6.1. Services of Evasan

Evasan will pay the expenses up to the contractual sum and up to a maximum of EUR 500. - for the following events occurring during a trip:

- a')** indispensable purchases such as necessary clothing and toiletries should the luggage which was properly registered in the frame of an insured trip and in custody with the airline fail to reappear within an 8 hours delay after the arrival of the insured party at the airport.
- b')** a compensation per case of delay will be increased for the supplement amount of EUR 250.-, if the insured party still finds himself without his luggage after 48 hours after his arrival at destination. This compensation will be paid less the compensation that would have been paid after 8 hours of delay.

6.2 Special limitation of insurance coverage

A In addition to the exclusions and limitations specified in the GCI and SCI, Evasan is not required to provide any services in following situations:

- a')** delay on chartered flights. Only regular flights that make their take-off and arrival times public are considered insured and covered. In the event of an objection, the "ABC World Airways Guide" is applicable as a reference of departure and arrival times of airplanes and their correspondences;
- b')** if there is a delay of luggage when the insured party finds himself back at his domicile or habitual residence;
- c')** if the insured party does not, within 8 hours after having taken note of the delay or the loss of his luggage, inform a competent person inside the airline;
- d')** in the event of the customs or government institutions confiscating or keeping the luggage.

B Furthermore, Evasan declines compensation for the following claims, if:

- a')** indispensable purchases as well as clothing and toiletries were bought only two days after the effective arrival at the airport of destination;
- b')** indispensable purchases as well as clothing and toiletries were bought only after the delayed luggage was delivered by a carrying business to the insured party at his destination.

7. Services for luggage insurance

7.1. Services from Evasan

Evasan reimburses the insured party according to the sum stipulated in the policy, however up to a maximum sum of EUR 5'000. - for following events that occurred during the trip:

- a')** Robbery or simple theft less the deductible of EUR 250. - per claim;
- b')** loss or damage less the deductible of 10% of the claim amount.

7.2 Special limitations of the insurance coverage

A In addition to the exclusions and limitations specified in the CGA and CPA, Evasan is not required to provide any services in following situations:

- a')** luggage and personal belongings insured during their handling by a transportation company designated or belonging to the flight company or handled by a public transportation means and therefore covered by a liability insurance;
- b')** documents recorded on tape or film, collections, alarm systems, computer material (soft or hardware), telephone, office or professional material, keys, pens, lighters, bikes, trailers, camping cars and all vehicles and means of transport, glasses, contact lenses;
- c')** passports, identity cards, authorisation of residence and other travel or identity documents;
- d')** tickets and transportation titles;
- e)** articles of value that are not locked up or kept safe outside the time when they are being used;
- f')** jewellery, precious metals and stones, other valuables which are not in a safe when not being used;
- g')** objects of art with collector's value;
- h')** all objects bought during the trip including souvenirs;
- i')** objects left in a vehicle (even locked);
- j')** banknotes, cheques and travellers' cheques, other marketable security paper, credit cards as well as other means of payment exceeding EUR 1'000.-;
- k')** cards to buy petrol, stamps, commercial samples, and commercial goods, tickets for events or performances.

B Furthermore, Evasan is not obliged to provide services in the event of:

- a')** confiscation and withholding of luggage by customs, administration or police authorities;
- b')** accidents caused by smokers, dribbling or leaking liquids, deterioration or faulty material;
- c')** accidents caused by insects, other animals or by climatic conditions;
- d')** indirect damages incurred by a failed right of use, fines.

7.3. Obligations of the insured party

In order to obtain the right to indemnification, the insured party is obliged to immediately transmit the claim in writing to Evasan by attaching the following documents:

- a')** the notice of loss registered with the conveyor;
- b')** the report of the damage signed by the police at the place of the damage;
- c')** report of any witnesses;
- d')** a copy of the claim presented to the hotel manager, the conveyor or the keeper of the deposit as to the damaged object;
- e')** original invoice of the costs of repair;
- f')** the original invoice proving the acquisition of the object of the claim giving date and price; the receipt of the acquisition of the foreign currency.

8. Services concerning the paying of a lump sum for an accident

8.1 . Age limit

The paying out of a lump sum for an accident will only be made, if the insured party was over 16 and under 70 years of age on the day of the insurance conclusion.

8.2 Services from Evasan

A Evasan will pay a lump sum in the event of an accident leading to death or disability (cf. Art. 1.3.6. GCI).

B In the frame of this risk coverage an accident is moreover understood as follows:

- a') distensions, torn muscle fibres and tendons;
- b') poisoning and burns stemming from an involuntary taking or inhalation of toxic and corrosive products;
- c') frost bites, overheating of the body, heat stroke as well as burns from ultraviolet rays (exception is made when sunburns);
- d') involuntary drowning.

8.3 Payment of the capital in the case of death

A The capital stipulated in the insurance policy will be paid provided the insured party dies from the consequences of the accident within the 12 months following the accident.

The maximum indemnity will not exceed the sum of EUR 25'000.-. As to children aged under 16, the indemnity will not exceed a maximum sum of EUR 5'000.-.

B The capital lump sum will usually be paid to the legal heirs, unless the insured has decided otherwise in a written will.

C In the event the insured party meets with an accident which ends with his death, the lump sum stipulated in the policy will be paid less the pension already paid for his disability following the same accident.

8.4 Payment of the capital in the case of invalidity

A The capital will be calculated according to and based on principles listed below provided the insured party suffers within the 12 months that followed the accident from inalterable changes in his physical and mental health stemming from this accident.

B The capital in case of invalidity amounting to a total of max. EUR 50'000. - is calculated according to the degree of disability and the sum stipulated in the insurance policy:

- a') Incurable and total mental illness, total blindness, permanent and complete permanent paralysis, amputation or loss of two limbs; 100%
- b') Total loss or blindness on one eye 25%
- c') Complete and incurable deafness on both ears; 40%
- d') Complete and incurable deafness on one ear; 15%
- e') amputation or complete disability of limbs:
 - arm, lower arm or hand 50%
 - index 10%
 - other fingers 5%
 - two fingers (excepted thumb and index) 8%
- f') amputation or complete disability of limbs:
 - thigh (over the knee) 50%
 - part of leg underneath the knee 45%
 - one foot 40%
 - big toe 5%
 - any other toe 1%

C The invalidity is considered to be complete (100%) if the insured party is since 12 months after the accident permanently unable to work or cannot take on any paid activity.

A partial disability is given when the ability of the insured person is considerably restricted while working or following any paid activity.

D In case of loss or complete inability of use of one of his limbs (hand above wrist, foot above ankle) which means an irrevocable loss of use of one hand, arm or leg, Evasan may calculate the indemnification to be provided on the basis of a lesser degree of the disability.

8.5 Estimation parameters for compensation

A Taken into account will only be the effective functional disability of a limb or the affected organ notwithstanding the profession the insured party exerts or exerted.

B The loss of a member or an organ not functioning properly before the accident will not be indemnified. Damage to limbs or organs not functioning properly before the accident will only be indemnified by paying the difference between the functionality before and after the accident, if existing.

C Should more than on part of a limb be damaged by the same accident, the amount of indemnification for each damaged part of the limb cannot exceed the amount that would have been paid for a total loss of a limb.

D The physical and psychological damages not listed in the above catalogue will be indemnified according to the following criteria: the physiological condition of the insured person; the lack of care and treatment which are due to a certain negligence of the insured person; the effects that the accident would have had on a healthy and unharmed person who profits from a sensible medical treatment.

8.5 Limitation of the services

In addition to the exclusions and limitations specified in the GCI and SCI, Evasan is not required to provide any services if the consequences of the following facts lead to disability or death:

- a')** an attempted or completed criminal act done by the insured person;
- b')** accidents during a flight (all kinds of airplanes);
- c')** accidents due to practising sports as part of an official competition organised by a sporting association for which a license is issued, plus training with a view to entering competition;
- d')** accidents due to exercising a manual profession or when hunting;
- e')** humanitarian missions, warlike situations or war;
- f')** physical damages stemming from illness such as epilepsy;
- g')** physical damages resulting from tests or from using atomic, chemical or bacteriological weapons, x-rays, radium and radium enrichment

as well as its derivatives, unless the wounds were afflicted in the frame of handling a defect apparatus or by mishandling of equipment, or are the consequences of the necessary treatment needed because of the insured accident.

h') in the event of an aneurysm, brain stroke, paralysis or delirium tremens, mental disorder, disease of the brain or disease of the spinal marrow as well as deafness or blindness that already existed.

8.7.1. In the case of disability

In order to have a right to Evasan's services the insured party must notify Evasan within 5 days after the occurrence of the event. Evasan will reserve the right to order a medical examination by one of their fiduciary physician or a well known specialist at any time. The resulting costs will be borne by Evasan.

8.7.2. In the event of death

A The rightful heirs are obliged to notify Evasan of the death and its origins/causes within 24 hours. Furthermore, they will have to agree as soon as possible to an autopsy made by a medical examiner designated by Evasan's.

B The resulting costs (if any) will be borne by Evasan. The notification of death must be made even though there has already been the notification of the accident or a disability.

8.7.3 Documents to provide

The documents have to be sent to Evasan at the latest within 30 days after having been issued.

The concerned documents are as follows:

- a')** a detailed original medical report;
- b')** the accident report and/or the statements drawn by the authorities;
- c')** the original death certificate or a legally attested document.

9. Entry into force

The present CGI & SCI shall take effect from 01.10.2013 and replace all previous versions of the SCI concerning the same product.

StudentPass International Plan Benefits

	Standard	Comfort	Premium
Medical assistance during the trip	€ 250'000	€ 250'000	€ 250'000
Urgent medical removal - evacuation	€ 150'000	€ 150'000	€ 150'000
Medical repatriation	€ 50'000	€ 50'000	€ 50'000
Local ambulance	€ 5'000	€ 5'000	€ 5'000
Medical assistance during the transportation	Free of charge		
Sea and mountain search and rescue	€ 20'000	€ 20'000	€ 20'000
Indication of local medical specialists	Free of charge		
Repatriation of the mortal remains in case of death	€ 20'000	€ 20'000	€ 20'000
Expenses for a relative accompanying repatriated	€ 80 / day Max 7 days		
Accommodation costs for a relative staying in hospital	€ 500	€ 1'000	€ 2'000
Flight ticket for a relative to visit the insured in hospital	One Air ticket economy class		
Repatriation of accompanying person travelling with the insured person	One Air ticket economy class		
Emergency medical dispatch	Full refunded		

Medical expenses further to illness or accident	€ 30'000	€ 100'000	€ 500'000
Medical expenses further to sport accident	€ 3'000	€ 10'000	€ 20'000
In patient treatments / Hospitalisation	€ 25'000	€ 85'000	€ 450'000
Hospital accomodation	Semi privat room		Privat room
Prescription drugs & materials (in-patient and day-care)	Full refunded		
Surgical fees, anaesthesia and theatre charges	Full refunded		
Surgical appliances and prostheses	Full refunded		
Diagnostic tests	Full refunded		
Rehabilitation treatment (immediatly after or instead of hospy)	€ 1'000	€ 2'000	€ 3'000
CT, MRI scan, PET and CT - PET scan (in-patient)	Full refunded		
Out Patient Treatments / Ambulatory	€ 500	€ 15'000	€ 50'000
Day-care treatment and out patient surgery	Full refunded		
CT, MRI scan	Full refunded		
practitioner fees and prescribed drugs	Full refunded		
Specialist fees	Full refunded		
Diagnostic fees	Full refunded		
Chiropractic treatment, homeopaty, acupuncture	full refunded Max € 500		
Prescribed physiotherapy	full refunded Max € 500		
Urgent dental treatment	€ 300	€ 500	€ 1'000
Emergency dental treatment	80% refunded		

Travel assistance	€ 10'000	€ 10'000	€ 10'000
Alarme center	24h/24h - 7/365		
Advance of bail bond to be reimbursed by insured	€ 5'000	€ 5'000	€ 5'000
Advance of urgent funds to be reimbursed by insured	€ 500	€ 500	€ 500
Dispatch of urgent messages	full refunded Max € 2'500		
Luggage & personal stuff	€ 50 / item Max € 1'000		
Delayed baggage > 6h	€ 50 / hour Max € 600		
Replacement of stolen passeport	€ 400	€ 400	€ 400
Personnal accident disablement benenefits	€ 75'000	€ 75'000	€ 75'000
Personal accident death	€ 25'000	€ 25'000	€ 25'000
Personal accident disablement	€ 50'000	€ 50'000	€ 50'000
Third party liability	€ 500'000	€ 500'000	€ 500'000

For any question or communications
Should you have any oral or written question
or communication to make in relation to this
insurance product, its conclusion, conditions and
implementation, the MOBILITY HELPDESK is
happy to oblige and to inform or, as the case may
be, to connect you with
the competent service:

Phone: +41 (0) 840 001 001
Fax: +41 (0) 840 002 001
E-mail: info@swisscare.ch
c/o Swisscare Insurance AG,
chemin de Bealieu 8
CH-1752 Villars sur Glâne.