INFORMATION
LEAFLET

DG Globe-trotters

Your membership consists of this information sheet and your application form

N°MGENIB1100634SAN ET ADP20245743
(VYV: 1st Euro Health insurance, repatriation),
GSL n°ADP20245743 (Travel assistance, third part liability insurance, luggage insurance, benefits in case of an accident))

Globe-trotters insurance cover

GLOBE-TROTTER INSURANCE

+33 (0)1 55 98 71 78
24H/24 – 7 j/7

HOSPITALISATION
ASSISTANCE
REPATRIATION

For all your medical expenses, send us your reimbursement requests via the dedicated smartphone application

GENERAL SUMMARY

DEFINITIONS APPLICABLE TO ALL GUARANTEES	3
SUMMARY PERSONAL ASSISTANCE AND HEALTH 1ST EURO	4
SUMMARY TRAVEL ASSISTANCE / LUGGAGE / ACCIDENT BENEFITS/ LIABILITY INSURANCE (PRIME AND ACCESS PACKAGES)	17

ARTICLE 1 - DFINITIONS, CONDITIONS AND ASSOCIATED LIMITATIONS APPLICABLE TO ALL VYV IB - GROUPE SPECIAL LINES COVER

Insured :
Individuals who have subscribed to this optional policy through ASPI, aged under 80 when the policy is taken out for a stay in a World Zone excluding the USA and Canada. under 65 years of age if the policy is taken out for a stay in a World Zone including the USA and Canada. The insured is hereinafter referred to as "you".

The Association :
"Association Santé Prévoyance Internationale" (ASPI) is the association (governed by the law of 1901) that has taken out the Contract, which offers its Members the possibility of benefiting from the cover described in the table of Health cover.

Accident (personal) :
A sudden and fortuitous event affecting any physical person, unintentional on the part of the victim, resulting from the sudden action of an external and unforeseeable cause and preventing him or her from travelling by his or her own means.

COM :
Wallis and Futuna, French Polynesia, Saint Pierre and Miquelon, Saint Martin, Saint Barthelemy, New Caledonia.

Waiting period :
Period during which benefits are not paid. A waiting period of 5 days is applied from the date the policy is taken out, if the insured is outside his/her country of origin on the day the policy is taken out and if the policy is not renewed.

Guaranteed travel :
Any trip abroad lasting up to 36 months.

Domicile :
Your main and usual place of residence, as declared at the time of subscription, which constitutes your tax domicile.

DROM :
Guadeloupe, Martinique, Guiana, Réunion and Mayotte.

Effect of guarantees :
Cover takes effect on the date indicated on the application form and expires on the date indicated on the application form. If the insured has taken out cover from abroad and does not already have a current Assur policy, a waiting period of five days will apply to all cover, from the effective date indicated on the application form. The insured must take out their first Assur Travel Globe-trotters insurance policy before their 365th day abroad.

France :
Metropolitan France and the Principality of Monaco.

Franchise :
A lump-sum amount payable by you in event compensation following a claim. The excess may also be expressed in terms of time or as a percentage. The applicable excesses are shown in the tables of cover.

Family package :
The contract includes a "familytariff. Parents and dependent children (aged under 26) living in the same household are eligible.

Abroad :
The term "foreign" means all countries other than your country of residence, corresponding to countries within the area of cover subscribed to and not excluded.

Nullity :
Any fraud, falsification, misrepresentation or false testimony likely affect the guarantees provided for in the agreement shall our commitments null and void and forfeit the rights provided for in the said agreement.

Country of destination :
The countries in which you are staying, which are not excluded and which fall within the area of cover selected at the time of subscription. They must be different from the country of residence.

Country of origin :
Country in which your home is located.

Excluded countries :
Countries in a state of civil or foreign war, notorious political instability, popular unrest, riots, acts of terrorism, reprisals, restrictions on the free movement of people and goods (for whatever reason, including security, weather, etc.).

Ceiling / Coverage :
The cumulative amount of reimbursements made by the Insurer calculated per current year of insurance and per Insured Person (maximum limit for 12 months of cover under one or more contracts), after deduction of any indemnity or benefit of the same nature paid by any public or private organisation in your country of origin or your country of residence/destination. The maximum benefits are defined by plan and by item in the Table of Benefits and in the General Terms and Conditions below.

Renewal :
Insureds covered by Assur Travel Globe-trotters insurance may request the renewal of their cover. The request must be made in writing to Assur Travel before the current cover expires. Assur Travel will examine the request and send a written reply to the insured. If the request is accepted, Assur Travel will inform the insured of the formalities to be completed and the amount to be paid. If, at the time of renewal, the policyholder no longer meets one of the conditions of eligibility for the contract, the application will be systematically rejected. In any event, the 36th month spent abroad marks the end of insurability for the person concerned.

Guaranteed stay :
Stay made by the insured in the area of cover selected at the time of enrolment, outside the country of origin and outside excluded countries, for a maximum period of 36 months.

Underwriter :
the subscribing Association, which signs the contract on behalf of its Members and is solely responsible for payment of the premium, made up of all the Members' contributions.

Territoriality :
Cover applies in the area of cover chosen at the time of subscription (see definition of "Area of cover"), except in your country of residence (except in the case of derogation provided for in Article 2 "Medical and hospitalisation expenses in the country of residence").
Travel outside the area selected at the time of subscription and in excluded countries is not covered.
Generally speaking, countries in a state of civil or foreign war, notorious political instability, popular unrest, riots, acts terrorism, reprisals, restrictions on the free movement of people and goods (for whatever reason, particularly security, meteorological, etc.) are excluded. The contract will take as a reference the indications provided by the French Ministry of Foreign Affairs.

Coverage area :
The policy covers two zones. When taking out the policy, the policyholder irrevocably chooses the zone in which the policy will apply:
World zone excluding USA and Canada: Entire world, excluding excluded countries and USA and Canada. World zone including USA and Canada: the whole world, including USA and Canada and excluding excluded countries.

SUMMARY PERSONAL ASSISTANCE AND 1ST EURO HEALTH INSURANCE

WHAT TO DO IN THE EVENT OF A CLAIM	5
DEFINITIONS AND SCOPE APPLICATION	6
TABLE OF GUARANTEES	7
DESCRIPTION PERSONAL ASSISTANCE COVER	9
EXCLUSIONS PERSONAL ASSISTANCE	11
GENERAL EXCLUSIONS PERSONAL ASSISTANCE	11
OPERATING RULES FOR HOSPITALISATION AND PERSONAL ASSISTANCE COVER	12
OPERATING RULES FOR MEDICAL EXPENSES COVER	12
CONDITIONS FOR REIMBURSEMENT OF HOSPITALISATION AND PERSONAL ASSISTANCE COVER	13
CONDITIONS FOR REIMBURSEMENT OF MEDICAL EXPENSES	13
LEGAL FRAMEWORK	13
APPENDIX: TELECONSULTATION	15
APPENDIX: CLAIM FORM	16

WHAT TO DO IN THE EVENT OF A CLAIM

HOW TO CONTACT OUR SERVICES :

In the event of hospitalisation or a request for assistance

7 days a week - 24 hours a day

Call +33 1 55 98 71 78 quoting agreement number 4768

To enable us to intervene in the best possible conditions, please remember to gather the following information, which you will be asked to provide when you call:

- The name and number of the GLOBE-TROTTERS contract to which you are attached,
- Your first and last name,
- Your home address,
- country, city or town you are in at the time of call,
- Specify the exact address (number, street, hotel, etc.),
- The telephone number where we can reach you,
- The nature of your problem.

On the first call, you will be given an assistance claim number. Remember this whenever you deal with our Service.

YOU ACCESS TO TELECONSULTATION WITH MÉDECINDIRECT.

Got a health question? Consult a French general practitioner or specialist in writing, by telephone or by video 24/7.

médecindirect
à vos côtés, où que vous soyez

24/7 | **In writing** | **By telephone** | **By video**

How to benefit: see "Teleconsultation" appendix

For reimbursement of all your medical expenses (excluding hospitalisation costs)

Claims for reimbursement of medical expenses (excluding hospitalisation) should be submitted to your personal space at www.gapigestion.com or on the Gapi Members application.
You can reach us at
- by telephone from France: **03.20.33.96.76**
- by telephone from abroad: **33.3.20.33.96.76**

preceded by the local access code to the international network
- by e-mail: service-medical@gapigestion.com

To enable us to respond as quickly as possible, please submit the following documents:
- ASSUR TRAVEL membership no. and Globe Trotters contract no.
- RIB (for the 1st request for reimbursement only),
- Invoices for treatment paid,
- Medical prescriptions,
- The signed claim form, together with any reports (consultation/examination/hospitalisation) or any other documents that the insurer deems necessary.

For all medical expenses (excluding hospitalisation costs), submit your receipts via your "GAPI Members" application.
(Keep the originals in a safe place, as you may be asked to produce them if your company carries out an inspection.)

ARTICLE 1 - DEFINITIONS AND SCOPE ASSISTANCE AND HEALTH 1ST EURO

Assistance and 1st euro health cover are governed cumulatively by the definitions applicable to all cover, as well as by the definitions below specific to this part of the contract.

We / The Insurer :
The contract referred to in this information notice is an optional group insurance contract taken out by ASPI with the insurer MGEN under a delegation of underwriting granted to VYV International Benefits (VYV-IB). It is based on the declarations of both the Subscriber and the Members. Hereinafter referred to as "you".
MGEN, registered under SIREN number 775 685 399, Mutual(s) subject to the provisions of Book II of the Mutuality Code, with registered office at 3 square Max-Hymans - 75 748 PARIS Cedex 15, France

The assistance provider :
The assistance company appointed by the insurer Santé et Assistance :
Mutuaide Assistance
126 rue de La Piazza CS 20010 93196 NOISY LE GRAND CEDEX
S.A. with capital of €13,401,270 - Company governed by the
French Insurance Code RCS 383 974 086 Créteil - VAT FR
31 3 974 086.

Accident (personal) :
A sudden and fortuitous event affecting any physical person, unintentional on the part of the victim, resulting from the sudden action of an external and unforeseeable cause and preventing him or her from travelling by his or her own means.

COM :
Wallis and Futuna, French Polynesia, Saint Pierre and Miquelon, Saint-Martin, Saint-Barthélémy, New Caledonia.

Definition personal assistance :
Personal assistance covers all services provided in the event of illness, injury or death a covered trip.

Waiting period :
Period during which benefits are not paid. A waiting period of 5 days is applied from the date the policy is taken out, if the insured is outside his/her country of origin on the day the policy is taken out and if the policy is not renewed.

Guaranteed trip :
Any trip abroad lasting up to 36 months.

Domicile :
Your main and usual place of residence (excluding Switzerland, Russia, Syria, Iran, Cuba and North Korea), which constitutes your tax residence.

DROM :
Guadeloupe, Martinique, Guiana, Réunion and Mayotte.

Epidemic :
Abnormally high incidence a disease over a given period and in a given region.

European Economic Area :
Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom.

Events covered :
Illness, injury or death an insured trip.

Personal assistance services :
The assistance services guaranteed by this agreement can only be activated with the prior agreement of MUTUAIDE ASSISTANCE.
Consequently, MUTUAIDE ASSISTANCE will not reimburse any expenses incurred the Insured.

France :
Metropolitan France and the Principality of Monaco.

Abroad :
The term "foreign" means all countries other than your country of residence, corresponding to countries within the area of cover subscribed to and not excluded.

Illness :
Sudden and unforeseeable deterioration in health certified by a competent medical authority.

Serious illness :
Sudden and unforeseeable deterioration in health certified by a competent medical authority, leading to the issue of a prescription for medication and the cessation of all professional or other activities.

Pre-existing illness :
A medical condition that manifested itself before the took effect. A pre-existing medical condition is any such condition of which You were aware, or of which You could reasonably have been aware at the time the took effect.

Family members :
Your notorious cohabitee, de jure or de facto spouse or any person linked to you by a Pacs, your legitimate or adopted children, your father, your mother, your brothers and sisters including the children of the spouse or cohabiting partner of one of your direct ascendants and your grandparents.

We are organising :
We will take all the necessary steps to give you access to the service.

We take care of :
We finance the service.

Nullity :
Any fraud, falsification, misrepresentation or false testimony likely to affect the guarantees provided for in the agreement shall our commitments null and void and forfeit the rights provided for in the said agreement.

Pandemic :
Epidemic that develops over a vast territory, crossing borders and qualified as a pandemic by the World Health Organisation (WHO) and/or by the competent local public authorities of the country where the disaster occurred.

Country of destination :
The countries in which you are staying, which are not excluded and which fall within the area of cover selected at the time of subscription. They must be different from the country of residence.

Country of origin :
Country in which your home is located.

Ceiling / Coverage :
The cumulative amount of reimbursements made by the Insurer calculated per current year of insurance and per Insured Person (maximum limit for 12 months of cover under one or more contracts), after deduction of any indemnity or benefit of the same nature paid by any public or private body in your country of origin or your country of residence/destination. The maximum benefits are defined by item in the Table of Benefits and in the General Terms and Conditions below.

Quarantine :
Isolation of the person, in the event of suspected or confirmed illness, decided by a competent local authority, with a view to avoiding the risk of the said illness spreading in the context of an epidemic or pandemic.

Guaranteed stay :
The insured in the area of cover selected at the time of enrolment, outside the country of origin and outside excluded countries, for a maximum period of 36 months.

Underwriter :
The subscribing Association, which signs the contract on behalf of its Members and is solely responsible paying the premium, made up of all the Members' contributions.

Emergency dental care :
Cover for emergency dental treatment (dressing, filling, devitalisation, extraction, etc.) following an accident or unexpected illness requiring surgery or medical treatment that cannot wait until you return to your Country of origin. The ceilings in the table cover apply per contract.

Territoriality :
Cover applies in the area of cover chosen at the time of subscription (see definition of "area cover"), except in your country of residence (unless otherwise stipulated in Article 2 "Medical and hospitalisation expenses in the country of residence").
As a general rule, countries in a state of civil or foreign war, notorious political instability, popular unrest, riots, acts terrorism, reprisals, restrictions on the free movement of people and goods (for whatever reason, particularly security, meteorological, etc.) are excluded. The contract will take as a reference the indications provided by the French Ministry of Foreign Affairs.

Ticket :
When a transport ticket is organised and paid for under the terms of this contract, you undertake either to reserve for us the right use the transport ticket(s) you hold, or to reimburse us the amounts for which you will be reimbursed by the organisation that issued your transport ticket(s).

HEALTH COVER AND PERSONAL ASSISTANCE 1/2

	LIMITATIONS		
	FIRST (Age limit: 65)	**ACCESS**	**PRIME**
Medical expenses abroad to the 1st euro (including in the event of an epidemic or pandemic)			
Worldwide	100% of actual costs up to a maximum of €75,000 / policyholder	100% of actual costs with a maximum of €250,000 / policyholder	100% of actual costs with a maximum of 500,000€ / policyholder
Deductible	€30 / condition / policyholder	No deductible	No deductible
Hospitalization			
Advance payment of hospitalisation costs (hospitalisation of more than 24 hours)	100% of actual costs	100% of actual costs	100% of actual costs
Transport by ambulance	100% of actual costs	100% of actual costs	100% of actual costs
Accommodation costs (including daily rate in France)	100% of actual costs	100% of actual costs	100% of actual costs
Medical and surgical fees	100% of actual costs	100% of actual costs	100% of actual costs
Examinations, tests, medicines	100% of actual costs	100% of actual costs	100% of actual costs
Medical procedures	100% of actual costs	100% of actual costs	100% of actual costs
Outpatient medicine			
Consultations with GPs or specialists	100% of actual costs	100% of actual costs	100% of actual costs
Analyses, laboratory tests	100% of actual costs	100% of actual costs	100% of actual costs
Radiology	100% of actual costs	100% of actual costs	100% of actual costs
Pharmacy	100% of actual costs	100% of actual costs	100% of actual costs
Nurses and physiotherapists (2)	100% of actual costs	100% of actual costs	100% of actual costs
Teleconsultation médecindirect à vos côtés, où que vous soyez	100% of actual costs	100% of actual costs	100% of actual costs
Dental (including in the event of an epidemic or pandemic)			
Emergency dental care	€150	€300 / illness & €600 accident	€300 / illness & €600 accident
Optics			
Pair of replacement glasses following an accident	No	€150 / policyholder	€150 / policyholder
Medical expenses in your country of origin in the event of temporary return			
Coverage of medical and hospitalisation expenses	€20,000 / policyholder	€20,000 / insured	€20,000 / policyholder
Deductible	€30 / condition / policyholder	€30 / condition / policyholder	€30 / condition / policyholder

(2) Physiotherapy limited to 10 sessions and a maximum of €50 per session following a covered accident during the period of validity of the policy.

HEALTH AND ASSISTANCE COVER 2/2

	LIMITATIONS		
	FIRST (Age limit: 65)	**ACCESS**	**PRIME**
Personal assistance in the event of illness or injury (including in the event of an epidemic or pandemic)			
Medical contact	Actual costs	Actual costs	Actual costs
Transport - medical repatriation (including in the event of an epidemic or pandemic)	Actual costs	Actual costs	Actual costs
Visit from a relative	Hotel costs 80€ / night (10 nights)	Hotel costs 80€ / night (10 nights)	Hotel costs 80€ / night (10 nights)
Continuation of your stay guaranteed	100% of actual costs	100% of actual costs	100% of actual costs
Early return: in the event of serious illness of a close relative	Economy class air travel or 1st class train	Economy class air travel or 1st class train	Economy class air travel or 1st class train
Additional personal assistance in the event of epidemic or pandemic			
No way back	Return ticket: max. €1,000 / person	Return ticket: max. €1,000 / person	Return ticket: max. €1,000 / person
Hotel expenses following an impossible return	Hotel costs €80 / night for 7 nights / pers	Hotel costs €80 / night for 7 nights / pers	Hotel costs €80 / night for 7 nights / pers
Hotel costs following quarantine	Hotel costs 80€ / night for 7 nights / pers	Hotel costs 80€ / night for 7 nights / pers	Hotel costs 80€ / night for 7 nights / pers
Payment of a local telephone package	Up to €80	Up to €80	Up to €80
Psychological support following quarantine or repatriation	6 interviews / event	6 interviews / event	6 interviews / event
Emergency suitcase	€100 max / person and €350 max per family	€100 max / person and €350 max per family	€100 max / person and €350 max per family
Domestic help	15h00 spread over 4 weeks	15h00 spread over 4 weeks	15h00 spread over 4 weeks
Household shopping delivery	15 days max and 1 delivery / week	15 days max and 1 delivery / week	15 days max and 1 delivery / week
Personal assistance in the event of death			
Repatriation of the body	Actual costs	Actual costs	Actual costs
Transport coffin costs	Actual costs	Actual costs	Actual costs
Early return: in the event of the death a close relative	Return ticket (1)	Return ticket (1)	Return ticket (1)

(1) Transport by economy class plane or 1st class train.

ARTICLE 2 - DESCRIPTION PERSONAL ASSISTANCE COVER

If you are ill, injured or die a covered trip, we will intervene under the following conditions:
if a waiting period is applied (see ART 1 DEFINITIONS/ Waiting period), benefits will be acquired after a period of 5 days.

REPATRIATION OR MEDICAL TRANSPORT (including in the event of an epidemic or pandemic) :

You are injured or suffer from an illness, including in the event of epidemic or pandemic, during an insured trip.
We organise and pay for your medical repatriation:
- Or to a better-equipped or more specialised hospital in your country of destination or in a neighbouring country,
- Or to a hospital close to home in your country of origin.

Only medical requirements are taken into account when deciding on date of repatriation, the choice of means of transport or the place of hospitalisation.
The decision to repatriate is taken by our medical officer, after consulting the occasional attending physician and, if necessary, the family doctor.

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

VISIT FROM A RELATIVE

You are hospitalised at the place of the event and your repatriation cannot be envisaged for 5 days. We organise and pay for :
- Return transport a person of your choice from your country of origin to your bedside, based on a 1st class train ticket or a tourist class plane ticket.
- The cost of accommodation for this person, up to a maximum of **€80 (incl. VAT)** per night, until the date of repatriation, and for a maximum of 10 nights.

Catering costs remain the responsibility of this person.

CONTINUATION OF THE GUARANTEED STAY

We have organised your medical repatriation and your state of health allows you to travel alone again under normal transport conditions, in full agreement with your attending physician and our medical team.

We can organise and pay for your return to your country of destination, by the appropriate means of transport and subject to local availability, on the basis of a 1st class train ticket or a tourist class plane ticket.

Return to the country of stay must be made within 2 months the date of medical repatriation.

MEDICAL AND HOSPITALISATION COSTS (including in the case of epidemic or pandemic) - (abroad)

You are covered for the reimbursement your hospitalisation and medical expenses prescribed by any medical authority abroad, following a serious bodily injury sustained and recorded abroad during an insured trip in the context of your private or professional life.
When medical expenses (including in the event of illness linked to an epidemic or pandemic) have been incurred with our prior agreement, we will reimburse you for the part of these expenses that has not been covered by any insurance organisations to which you are affiliated.
We only intervene once reimbursements have been made by the above-mentioned insurance organisations, and subject to the provision of original proof of reimbursement from your insurance organisation.

Under the First package, we apply an absolute excess of €30 per illness and per insured person.

If you do not have insurance company, we will reimburse you up to the amount indicated below, subject you providing us with the original invoices for medical and hospitalisation expenses.
This service ceases on the day that MUTUAIDE ASSISTANCE is to repatriate you.

This reimbursement covers the costs defined below, provided they relate treatment received by you outside your country of residence following an illness or accident that occurred outside your country of residence.
In this case, we will reimburse the costs incurred up **to the amounts indicated in the Table of Benefits.**

Emergency dental treatment is covered up to the amounts indicated in the Table of Benefits.

Eligible expenses :
The costs of visits, consultations, pharmacies, nursing care, medical and surgical hospitalisation, including medical and surgical fees, in general, any medical or surgical procedure related to your pathology, ambulance or taxi costs ordered by a doctor for local travel abroaddental treatment.

Dental care :
Emergency dental treatment is covered up to specific ceilings set out in the Table of Benefits.
Optical :
Under the Prime and Access plans, we will reimburse up to a maximum of €150 per person per year of cover, without deductible, for the purchase of a replacement pair of glasses, or for repairs to your glasses, when your pair of glasses has been destroyed in an insured accident.

The cost of physiotherapy following a covered accident occurring during the period of cover is covered up to a maximum of 10 sessions and up to a maximum of €50 (incl. VAT) per session.

This guarantee is acquired exclusively under the following conditions:
- Cover only applies to costs that have been approved by our medical department, which will issue a file number to you or to any person acting on your behalf, once it has been established that the claim is well-founded,
- In the event hospitalisation, except in cases of force majeure, we must be notified of the hospitalisation within 24 hours of the date shown the hospitalisation certificate,
- You must accept any change of hospital centre recommended by our services,
- In all cases, the doctor we have appointed must be able to visit you and have free access to your medical records, in strict compliance with ethical rules,
- Medical and hospitalisation expenses abroad cover automatically ceases on the date on which we repatriate you.

EXTENSION OF THE SERVICE : ADVANCE PAYMENT OF HOSPITAL COSTS (only abroad)

We can, within the limit of the amounts covered as stated aboveadvance the cost of hospitalisation that you incur outside your country of residence, subject to the following cumulative conditions:

- MUTUAIDE ASSISTANCE's doctors must decide, after gathering information the local doctor, that it is impossible to repatriate you immediately to your country of residence,
- the treatment to which the advance applies must be prescribed in agreement with MUTUAIDE ASSISTANCE's doctors,
- you or any person authorised by you must formally commit to this by signing a specific document provided by MUTUAIDE ASSISTANCE when the present service is implemented:

- to take the necessary steps to have the costs covered by the insurance within 15 days of the date on which MUTUAIDE ASSISTANCE sends the necessary information,
- to reimburse MUTUAIDE ASSISTANCE the sums received in this respect from the insurance organisations within one week of receipt of these sums.

MUTUAIDE ASSISTANCE will only be responsible for any costs not covered by the insurance organisations, up to the limit of the amount covered for the "medical and hospitalisation costs" benefit. You must send MUTUAIDE ASSISTANCE the certificate of non-reimbursement issued by these insurance organisations, within one week of receiving it.

In order to preserve our rights at a later date, we reserve the right to ask you or your beneficiaries for a letter undertaking committing you to taking the necessary steps with the social security bodies and reimbursing us the sums received.

If you do not take the necessary steps to have the costs covered by the insurance organisations within the time limit, or if you do not present to MUTUAIDE ASSISTANCE within the time limit the certificate from these organisations stating that the costs are not covered, you will not be able to claim the "medical expenses" benefit under any circumstances and you will have to reimburse all the hospitalisation costs advanced by MUTUAIDE ASSISTANCE, which will, necessary, initiate any useful recovery procedure, the cost of which will be borne by you.

In the event that we advance funds up to the amounts expressed above, you undertake to pay us the reimbursements obtained from the social security and provident organisations within 3 months of the date of advance.

MEDICAL AND HOSPITALISATION EXPENSES IN YOUR COUNTRY OF RESIDENCE

• You are returned to your country of residence following medical repatriation organised by MUTUAIDE ASSISTANCE. In this case, cover is limited to a maximum of 30 days from the date arrival in your country of residence. OR

• Your temporary return to your country of residence, up to a limit of 30 days per year, when the duration of your stay abroad has not expired, in accordance with the dates shown on your membership form.

We can reimburse you, up to a limit of 20,000€ including tax, for medical or hospitalisation expenses that you incur in your country of residence following a serious illness or accident.

Hospitalisation costs under the "medical and hospitalisation costs in your country of residence" cover only apply to costs that have been approved our medical department, which will issue a file number to you or to any person acting on your behalf, once it has been established that the request is well-founded.

If you are covered by any insurance organisations (social security or others), we will reimburse you in addition to these organisations. We will only intervene once the reimbursements have been made by these organisations, subject to the provision of original proof of reimbursement from these organisations.

If you are no longer covered by the social security and insurance organisations in your country of residence, we will reimburse you up to the limit of the amount covered under the "medical and hospitalisation expenses in your country residence" benefit. In this casereimbursements will be limited to the standard French Social Security rates.

You must, however, send MUTUAIDE ASSISTANCE the certificate(s) of refusal of reimbursement from these insurance organisations, within one week of receiving them.

In all cases, a deductible of 30€ (incl. VAT) per illness applies.

This benefit ceases at the latest on the expiry date of your contract, as shown on your membership form.

Eligible expenses :

• The costs of visits, consultations, pharmacies, nursing care, medical and surgical hospitalisation, including medical and surgical fees, in general, any medical or surgical procedure related to your pathology, ambulance or taxi costs ordered by a doctor for local travelemergency dental treatment.

• Expenses incurred in French overseas departments and territories for people domiciled in France.

REPATRIATION OF ACCOMPANYING PERSONS

An Insured has been medically repatriated or has died a covered trip.

We organise and pay for the transport home of two people who were travelling with the Insured at the time of event, using appropriate means of transport and subject to local availability, on the basis a 1st class train ticket or a tourist class plane ticket.

We also organise and pay for the transport of luggage.

EARLY RETURN

You are obliged interrupt your trip due to the serious illness or death a family member in your country of origin.

To enable you to go to the patient's bedside or to the funeral, we organise and pay for your outward and return transportusing appropriate means of transport and subject to local availability, on the basis a 1st class train ticket or a tourist class plane ticket.

If you fail to provide proof (medical certificate, proof of family relationship, death certificate, etc.) within 30 days, we reserve the right to invoice you for the cost of the service.

ADDITIONAL PERSONAL ASSISTANCE FOLLOWING AN EPIDEMIC

No way back :

Your flight has been cancelled due to restrictions imposed by the local government or airlines in the event of an epidemic or pandemic.

If you are obliged to extend your stay, we will organise and for your hotel expenses (room and breakfast) and those of your beneficiary family members or an insured accompanying person, up to a maximum of **€80 (incl. VAT)** per night for a maximum of 14 nights per person.

We organise and pay for your repatriation to your home, up to a maximum of **1,000€** per person**, including tax**.

Hotel costs following quarantine

If you are obliged to extend your stay as a result of being quarantined, we will organise and pay for your hotel expenses (room and breakfast) and those of your beneficiary family members or an insured accompanying person, up a maximum of **80€** per night for a maximum of 14 nights per person**.**

Payment of a local telephone flat rate

During a guaranteed trip outside your country of residence, you are quarantined. We will cover the cost putting a local telephone package into service, up to a maximum of **80€ including tax.**

Psychological support following quarantine or repatriation

In the event of major trauma following an event linked to an epidemic or pandemic, we can, at your request, put you in touch with a psychologist by telephone, up to a limit of 6 interviews per event. These interviews are completely confidential.

This listening service is not to be confused with the psychotherapeutic work carried out in private practice. Under no circumstances, given caller's physical absence, can this service replace psychotherapy.

Emergency suitcase

If you no longer have enough usable personal belongings at your disposal because you have been quarantined or hospitalised as a result of an epidemic or pandemic, we will cover the cost of basic necessities up to a maximum of **€100 (incl. VAT)** per person and a maximum of **350€ (incl. VAT)** per family, on presentation of proof.

Domestic help

If, following your repatriation by us due to an illness linked to an epidemic or pandemic, you are unable to carry out the usual household chores yourself, we will seek out, appoint and pay for a household helper, up to a maximum of 15 hours spread over 4 weeks.

Household shopping delivery

Following your repatriation by us following an illness linked to epidemic or pandemic, if you are unable to travel outside your home, we will organise and pay for the cost of delivery of your groceries, subject to local availability, for a maximum of 15 days and 1 delivery per week.

ARTICLE 3 - EXCLUSIONS FROM PERSONAL ASSISTANCE AND 1ST EURO HEALTH COVER

We do not intervene in this case:

- Trips undertaken for the purpose of medical diagnosis and/or treatment or cosmetic surgery,
- Costs incurred without our agreement,
- The cost of care or treatment not resulting a medical emergency,
- Medical check-ups and related expenses,
- The consequences of fraudulent actsdrunkenness, suicide or attempted suicide and their consequences,
- Any voluntary mutilation of the Insured,
- Benign illnesses or injuries that can be treated locally that do not prevent the Insured from continuing his/her trip,
- Pregnancy, unless there is an unforeseeable complication, and in all cases, pregnancy beyond the 36th weekvoluntary interruption of pregnancy and the aftermath of childbirth,
- Requests assistance relating to medically assisted procreation,
- Incidents linked to a state of pregnancy where the risk was known before departure and their consequences, and in all cases states of pregnancy beyond the 36th week of amenorrhoea and their consequences,
- Convalescence and illnesses undergoing treatment, not yet consolidated and involving a risk of sudden aggravation,
- The cost of spa treatments, beauty treatments, vaccinations and related expenses,
- Expenses incurred in French overseas departments and territories for people domiciled in France.
- Re-education, physiotherapy, chiropractic treatment and the costs arising from them, when they are not the result of an insured accident,
- Planned hospitalisations,
- Pre-existing illnesses and/or injuries that have been diagnosed and/or treated and have resulted in hospitalisation (including outpatient hospitalisation) in the 6 months prior to the date of departure on the trip, whether this is the manifestation or aggravation of the said condition,
- Events related to medical treatment or surgery that are not unforeseen, fortuitous or accidental,
- Medical or paramedical services and purchase of products whose therapeutic nature is not recognised by French legislation, and related expenses,
- The cost prostheses (dental, acoustic, functional),
- Optical expenses, when they are not the result of an insured accident,
- The consequences of infectious risk situations in an epidemic context which are subject to quarantine or preventive measures or specific surveillance by the international and/or local health authorities of the country where you are staying and/or the national health authorities of your country of origin, unless otherwise stipulated in the cover,
- Stays in nursing homes and related expenses,
- Services which have not been requested during the journey or which have not been organised by or in agreement with us do give entitlement to a refund or compensation after the event,
- Events occurring after the 36th month of the trip,
- Customs, catering and hotel costs, except those specified in the text of cover,
- Damage caused intentionally by the Insured and damage resulting from his/her participation in a crime, misdemeanour or brawl, except in the case of legitimate self-defence,
- The amount of convictions and their consequences,
- Use of narcotics or drugs not prescribed by a doctor,
- Alcohol impairment,
- Professional practice of any sport,
- Taking part in endurance or speed competitions or and their preparatory tests, on board any land, water or air vehicle,
- The consequences of events occurring during motorised events, races and competitions (and their trials) subject prior authorisation by the public authorities under the regulations in force, where you are taking part as a competitor,
- The consequences of non-compliance with the recognised safety rules associated with the practice of any leisure sporting activity,
- Deliberate non-compliance with the regulations of the country visited or the practice of activities not authorised by the local authorities,
- Official bans, seizures or coercive measures,
- The absence hazards,
- The Insured's use air navigation equipment,
- The use of weapons of war, explosives and firearms,
- Damage resulting from the wilful misconduct of the Insured in accordance with article L.113-1 of the Code des Assurances,
- Snow sports off the slopes where prohibited by municipal or prefectoral decree,
- The cost of ski lifts and ski equipment hire,
- Claims occurring in countries excluded from cover or outside dates of validity of the contract, and in particular beyond the duration of the planned trip abroad,
- Desert searches and related expenses,
- The cost of excess baggage weight when transported by air and the cost of transporting baggage when it cannot be transported with you,
- Damage resulting from intentional or reckless misconduct on the part of the Insured,
- Snow sports off the slopes where prohibited by municipal or prefectoral decree,
- Holiday cancellation ,
- The consequences exposure to biological infectious agents, chemical agents such as poison gas, incapacitating agents, neurotoxic agents or agents with residual neurotoxic effects, which are subject to quarantine, preventive measures or specific monitoring by the international and/or local health authorities of the country where you are staying and/or the national health authorities of your country of origin,
- Expenses incurred after return from the trip or expiry of the guarantee,
- Expenses resulting from pre-existing conditions (illnesses, consequences of accidents) and their consequences,
- Accidents resulting from your participation, even as an amateur, in the following sports: motor sports (irrespective of the motor vehicle used), aerial sports (excluding hang-gliding, paragliding and kite-surfing), high mountain (over 3500m), bobsleigh, hunting dangerous animals, ice hockey, skeleton, combat sports, potholing (over 100m), snow sports with an international, national or regional ranking,
- Participation as a competitor in a competitive sport or in a rally giving entitlement to a national or international ranking which is organised by a sports federation for which a licence has been issued, as well as training with a view to these competitions,
- Suicide and attempted suicide,
- Epidemics, unless otherwise stipulated in the cover, pollution and natural disasters,
- Civil or foreign war, riots, strikes, civil commotion, acts of terrorism, hostage-taking,
- The disintegration of the atomic nucleus or any irradiation a radioactive energy source,
- Consequences:

-psychiatric, neuropsychiatric or psychological conditions, or any symptoms justifying neuropsychiatric treatment, and in particular nervous breakdown, anxiety, personality and/or behavioural disorders, fibromyalgia, eating disorders, chronic fatigue, etc.

MUTUAIDE ASSISTANCE cannot be held responsible failures or delays in the execution of its obligations resulting from force majeure or events such as civil or foreign war, riots or popular movements, lock-outs, strikes, attacks, acts of terrorism, piracy, storms and hurricanes, earthquakes, cyclones, volcanic eruptions or other cataclysms, the disintegration of the atomic nucleus, the explosion of nuclear devices and radioactive nuclear effects, epidemics, the effects of pollution and natural disasters, the effects of radiation or any other fortuitous event or force majeure, as well as their consequences.

OPERATING RULES FOR HOSPITALISATION COVER AND ASSISTANCE REQUESTS

Assistance services can only be if the Insured makes a telephone call at the time of the event.

As soon as the call is received, MUTUAIDE ASSISTANCE, after checking the claimant's rights, organises and pays for the services provided for in this agreement.

In order to benefit from a service, MUTUAIDE ASSISTANCE may ask the Insured to justify the status he/she is invoking and to produce, at his/her expense, the documents proving this right.

The Insured must allow our doctors access to all medical information concerning the person for whom we are intervening. This information will be treated in accordance with medical confidentiality.

MUTUAIDE ASSISTANCE cannot under any circumstances take the place of the local emergency services and intervenes within the limits of the agreements given by the local authorities, nor cover the costs thus incurred, with exception of the cost of transport by ambulance or taxi to the nearest place where appropriate care can be given, in the case of a minor illness or minor injury requiring neither repatriation nor medical transport.

MUTUAIDE ASSISTANCE's interventions are carried out in full compliance with national and international laws and regulations. They are therefore subject obtaining the necessary authorisations from the competent authorities.

When MUTUAIDE ASSISTANCE has taken charge of your transport, you must return your return ticket which was initially planned and not used.

MUTUAIDE ASSISTANCE decides on the type of air ticket made available to the Insured according to the possibilities offered by the air carriers and the length of the journey.

MUTUAIDE ASSISTANCE cannot be held responsible for failures to provide services in the event delays and/or impossibility of obtaining administrative documents such as entry or exit visas, passports, etc. necessary for your transport within or outside the country where you are, or for your entry into the country recommended by our doctors for hospitalisation, nor for delays in the provision of services resulting from the same causes.

OPERATING RULES FOR MEDICAL EXPENSES COVER

In order to be reimbursed for medical expenses (those that did not result hospitalisation), the Insured must provide the ASSUR TRAVEL - GAPI management department with the following documents:

- ASSUR TRAVEL membership number and contract number
- RIB for the SEPA zone or power of attorney if applicable
- Digitised invoices and medical prescriptions (the insurer reserves the right to request the original documents)
- If treatment is provided in France, the CERFA treatment forms must be sent to us and/or, failing that, the corresponding social security slips.
- Signed claim form (see appendix), accompanied by reports (consultation/examination/hospitalisation) or any other information the insurer deems necessary.

NEW :
For all medical expenses (excluding hospitalisation costs), submit your receipts in your "GAPI Members" application.
(Keep the originals in a safe place as you may be asked to produce them in the event of an inspection.
by the company)

CONDITIONS OF REIMBURSEMENT FOR HOSPITALISATION AND PERSONAL ASSISTANCE

Reimbursements to the Insured can only be made by MUTUAIDE ASSISTANCE on presentation of the original receipted invoices corresponding to costs incurred with his/her agreement.

Requests for reimbursement should be sent to :

MUTUAIDE ASSISTANCE
Claims Management
Department 126 rue de la Piazza
- CS 20010 93196 Noisy le Grand
cedex

CONDITIONS FOR REIMBURSEMENT OF YOUR MEDICAL EXPENSES

Requests for reimbursement should be sent to :

ASSUR TRAVEL/ GAPI
ZONE D'ACTIVITE ACTIBURO - 99 Rue Parmentier
59650 Villeneuve d'Ascq
Via the "Gapi Members" application

LEGAL FRAMEWORK

Subrogation

VYV INTERNATIONAL BENEFITS is subrogated to the extent of the compensation paid and the services provided by it in the rights and actions of the Beneficiary, against any person responsible for the facts which motivated its intervention. When the benefits provided in execution of the agreement are covered in whole or in part by another company or institution, VYV INTERNATIONAL BENEFITS is subrogated to the rights and actions of the Beneficiary against this company or institution.

Prescription

Pursuant to article L.221-11 of the French Mutual Code, any action arising from this contract is time-barred after two years from the event giving rise to it. This period is extended to ten years for death cover, with actions by beneficiaries being time-barred no later than thirty years from the date of the event.

However, this period does not run :

- in the event of a concealment, omission, false or inaccurate statement about the risk, from the day the Insurer became aware of it;
- in the event of a claim, only from the day on which the persons concerned became aware of it, if they can prove that they were unaware of it until then.

When the Insureds action against the Insurer is based on recourse by a third party, this limitation period only runs from the day on which this third party took legal action against the Insured or was compensated by the Insured.

This limitation period may be interrupted, in accordance with Article L.221-12 of the Mutual Code, by one of the following ordinary causes interruption:

- recognition by the debtor of the right of the person against whom he was prescribing (article 2240 of the Civil Code);
- a legal claim, even in summary proceedings, until the proceedings are extinguished. The same applies if the claim is brought before a court that lacks jurisdiction or if the act of bringing the claim before the court is annulled due to a procedural defect (articles 2241 and 2242 of the Civil Code). The interruption is null and void if the plaintiff withdraws claim or allows the proceedings to lapse, or if his claim is definitively dismissed (article 2243 of the Civil Code);
- a protective measure taken in application of the Code of Civil Enforcement Procedures or an act of forced execution (article 2244 of the Civil Code).

Please note that :

The summons of one of the joint and several debtors by of an application to the court or a writ of execution or the acknowledgement by the debtor of the right of the person against whom he was prescribing interrupts the prescription period against all the others, even against their heirs.

On the other hand, a summons issued to one of the heirs of a joint and several debtor or an acknowledgement by that heir does not interrupt the limitation period in respect of the other co-heirs, even in the case of a mortgage claim, if the obligation is divisible. Such summons or acknowledgement interrupts the limitation period, as regards the other co-debtors, only in respect of the share for which that heir is liable.

In order to interrupt the limitation period for the whole, with regard to the other co-debtors, a summons must be issued to all the heirs of the deceased debtor or the recognition all these heirs (article 2245 of the Civil Code).

The summons or acknowledgement of the principal debtor interrupts the limitation period against the guarantor (article 2246 of the Civil Code).

The limitation period may also be interrupted by :

- the appointment an expert following a claim ;
- sending a registered letter with acknowledgement of receipt (sent by the Insurer to the Insured in respect of the action for payment of the premium, and sent by the Insured to the Insurer in respect of the settlement of the claim).

Compensation

The compensation due is fixed by mutual , failing which by an amicable expert appraisal, subject to the respective rights of the parties. Each party chooses an expert for this amicable assessment. If the experts so appointed are not in agreement, they shall appoint a third expert: the three experts shall act jointly and by a majority of votes. Each party pays the costs and fees of its own expert and, if applicable, half the fees of the third party expert.

Settlement of disputes

Any dispute arising between the Insurer and the Insured relating to the determination and payment of benefits shall be submitted by the most diligent party, failing amicable resolution, to the competent jurisdiction of the beneficiary's domicile in accordance with the provisions Article R 114-1 of the Insurance Code.

Handling complaints

1. In the event of disagreement or dissatisfaction with the implementation of the assistance guarantees in your contract, we invite you to make this known to MUTUAIDE ASSISTANCE by calling +33 (0)1 55 98 71 78 (non surcharged call, cost depending on operator, call likely to be recorded) or by writing to qualiteassistance@mutuaide.fr

If you are not satisfied with the response you receive, you can write to :

VYV-IB
3/5/7 SQUARE MAX HYMANS 75748 PARIS CEDEX 15
clients@vyv-ib.com

VYV IB undertakes to acknowledge receipt of your letter within 10 working days. It will be processed within 2 months at the most.

If the disagreement persists, you can refer the matter to the Médiation de l'Assurance by post at : CNPM - MEDIATION - CONSUMPTION,
27 Avenue de la Libération 42400 SAINT-CHAMOND
or on the dedicated website: https://www.cnpm-mediation-consommation.eu

2. If you have any disagreement or dissatisfaction with the implementation of the insurance provided under your contract, please let ASSUR TRAVEL/GAPI know by calling +33.3.20.33.96.76 or by writing to reclamation@gapigestion. com.

If you are not satisfied with the response you receive, you can write to :

VYV-IB
3/5/7 SQUARE MAX HYMANS 75748 PARIS CEDEX 15
clients@vyv-ib.com

will acknowledge receipt of your letter within 10 working days. It will be processed within 2 months at the most.

If the disagreement persists, you can appeal to the Insurance Ombudsman: CNPM - MEDIATION -CONSOMMATION
27 Avenue de la Libération 42400 SAINT-CHAMOND
or on the dedicated website: https://www.cnpm-mediation-consommation.eu

Data collection

The Insured acknowledges that he/she has been informed that the Insurer processes his/her personal data in accordance with the regulations on the protection of personal data in force and that :

- The answers to the questions asked are compulsory and in the event of false declarations or omissions, the consequences may be the nullity of the contract (article L.221-14 of the Code de la Mutualité) or the reduction benefits (article L 113-9 of the Code des Assurances and L.221-15 of the Code de la Mutualité),
- The processing of personal data is necessary for signing and performance of its contract and guarantees, the management of commercial and contractual relations, or the enforcement of legal, regulatory or administrative provisions in force.
- The data collected and processed is kept for the time required fulfil the contract or legal obligation. This data is then archived in accordance with the time periods stipulated by the provisions relating to prescription.
- The recipients of the data concerning him/her are, within the limits of their responsibilities, the Insurer's departments in charge of taking out, managing and executing the Insurance Contract and cover, its delegates, agents, partners, subcontractors and reinsurers in the performance of their duties.

They may also be forwarded, where appropriate, to professional bodies as well as to any persons involved in the contract, such as lawyers, experts, court and ministerial officers, curators, guardians and investigators.

Information concerning the Policyholder may also be sent to the Policyholder, as well as to any persons authorised as Authorised Third Parties (courts, arbitrators, mediators, relevant ministries, supervisory and control authorities and any public bodies authorised to receive such information, as well to the departments responsible for control, such as auditors, auditors and departments responsible for internal control).

- In its capacity as a financial institution, the Insurer is subject to the legal obligations arising principally from the Monetary and Financial Code with regard to the fight against money laundering and the financing of terrorism and, this respect, implements a process for monitoring contracts which may lead to the drafting of a declaration of suspicion or an asset freeze measure.

The data and documents concerning the Insured are kept for a period of five (5) years from the closure of the contract or the termination of the relationship.

- Their personal data may also be used combat insurance fraud, which may lead to their inclusion on a list of people at risk of fraud.

This registration may result in a longer review of the case, or even the reduction or refusal of a proposed right, benefit, contract or service.

In this context, personal data concerning him/her (or concerning persons who are parties to or interested in the contract) may be processed by all authorised persons working within the entities of the Insurer Group as part of the fight fraud. This data may also be intended for authorised personnel of organisations directly involved in fraud (other insurance organisations or intermediaries, judicial authorities, mediators, arbitrators, court officers, ministerial officers, third-party organisations authorised by a legal provision and, where applicable, the victims of fraud or their representatives).

In the event of a fraud alert, the data is kept for a maximum of six (6) months to qualify the alert and then deleted, unless the alert proves to be relevant. In the event of a relevant alert, the data is kept for up to five (5) years from the closure of the fraud file, or until the end of the legal proceedings and the applicable limitation periods.

For people on a list of suspected fraudsters, data is deleted after 5 years from the date of inclusion on the list.

- In its capacity as Insurer, it is authorised to process data relating to offences, convictions and security measures either when the policy is taken outduring its performance or in the context of managing disputes.
- Personal data may also be used by the Insurer as part of the processing that it implements and whose purpose is research and development to improve the quality or relevance of its future insurance and/or assistance products and service offers.
- Personal data concerning him/her may be accessible to some of the Insurer's employees or service providers established in countries outside European Union.
- By providing proof of identity, the Insured has the right to access, rectify, delete and object to the data processed. They also have the right to request that the use of their data be restricted if it is no longer necessary, or to recover in a structured format the data they have provided if is necessary for the contract or if they have consented to the use of this data.

Members and/or beneficiaries have a right access, rectification or deletion, limitation of the processing of their dataportability, opposition to processing, as well as the right to define directives concerning their fate after their death. They may exercise their rights by contacting the VYV International Benefits Data Protection Officer: 3 Square Max Hymans, 75748 Paris Cedex 15 or dpo@ vyv-ib.com. When exercising their rights, they may be asked to proof of identity. In the event of a persistent dispute, they have the right to refer the matter to the CNIL at www.cnil.fr or at 3, place de Fontenoy - TSA 80715 - 75334 Paris cedex 7, France. Data relating to the state of health of Members, the processing of which is necessary for purposes of fulfilling the obligations and exercising the rights of the Insurer or of the Members themselves in terms of their right to social protection, may be processed in connection with the conclusion, management and performance of the said contract. This data is intended exclusively for the delegated management company's medical department. You may exercise your rights by writing to the attention of the VYV IB medical advisor at the following address: medical@ vyv-ib.com.

After making a request to the Representative Data Protection Officer and receiving no response, they may refer the matter to the CNIL (Commission Nationale de l'Informatique et des Libertés).

Control authority

The authority responsible for supervising Insurer is the Autorité de Contrôle Prudentiel et de Résolution (ACPR) - 4, place de Budapest - CS 92 459 - 75 436 Paris Cedex 9.

HOW DOES TELECONSULTATION WORK?

médecindirect
à vos côtés, où que vous soyez

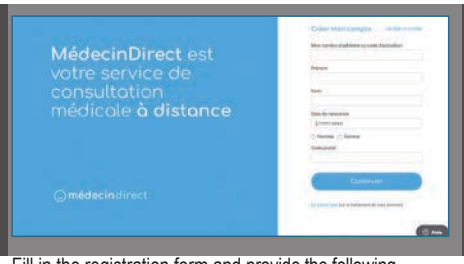
Got a health question? Consult a French general practitioner or specialist in writing, by telephone or by video 24/7.
MédecinDirect medical teleconsultation is 100% covered by your insurer.

To benefit from MédecinDirect medical teleconsultation :

1

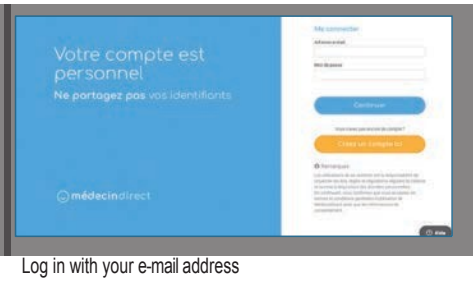
Visit the website
https://inscription.medecindirect.fr/ or on the free MédecinDirect app (available on iOS and Android).

2



Fill in the registration form and provide the following information
your GAPI membership number. Your registration will be automatically recognised and free of charge.

3

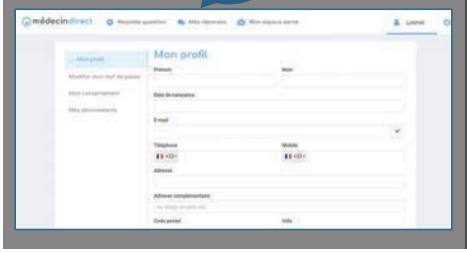


Log in with your e-mail address
(your login) and the password you chose when you registered.

4

Enter the validation code,
(not to be confused with your), which you will be asked to enter each time you log on, to ensure that your data is completely secure.
personal information. You can choose to receive it by email or text message.

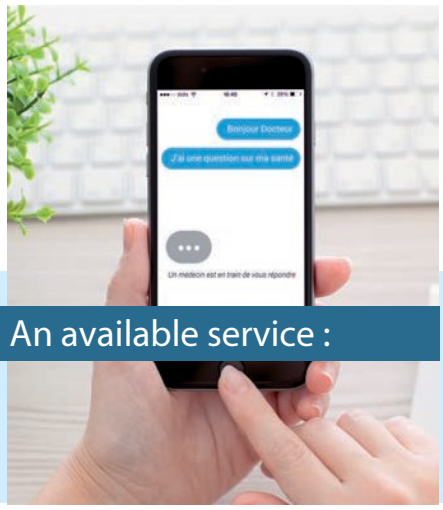
5



Once you have created your account, confirm your identity.
wish to receive a prescription.

6

Click on "new consultation" to be taken to the next relationship with a doctor.



An available service :

24/7 — **In writing** — **By telephone** — **By video**

MédecinDirect is not an emergency service. If in doubt or in an emergency, please contact your GP or call 112. MédecinDirect is there to support doctors in the field, in accordance with the care pathway.

Medical Service: 03.20.33.96.76
service-medical@gapigestion.com
Monday to Friday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 6 p.m.

REFUND CLAIM FORM

Complete all sections of this form and attach **receipted invoices and treatment forms, as well as prescriptions and medical reports.** You will also need to enclose an insurance enabling us to identify your policy correctly, as well as **your bank details (SEPA zone account).** Please note that the bank details must be in your name. If it is in the name of a third party, you must enclose a written power of attorney from yourself and a photocopy of your ID and that of the third party holding the account.

Simply submit this form and your supporting documents in your personal space www.gapigestion.com or via the Gapi Members application.

Subscription ref:

Name : First name :

Correspondence address:

Telephone : E-mail :

The care received relates to :

☐ Opening of a file with the Insurer: If Yes N° :

☐ Illness / Accident: Circumstances (date, place, details), Diagnosis (pathology) and date :

☐ Date of first symptoms :

☐ Medical and surgical history directly or indirectly related to the condition in question :

INVOICE DETAILS :

	Date of treatment	Amount in currency	Type of care	Comment
1				
2				
3				
4				
5				
6				

For any request for assistance or payment for hospitalisation, contact MUTUAIDE ASSISTANCE (24 hours a day, 7 days a week) on the number shown on your insurance certificate.

Date :

Signature preceded by the words: "I certify on honour that the information provided is accurate".

Doctor's signature and stamp

GAPI - Courtier gestionnaire en Assurances - ORIAS N° 10056960 - www.orias.fr
Postal address: ZONE D'ACTIVITE ACTIBURO : 99 Rue Parmentier - 59650 VILLENEUVE D'ASCQ - Tel.(33) 01 44 69 50 20 - Fax. (33) 01 44 69 05 93 -contact@gapigestion.com SARL au capital de 55000 € - RCS PARIS 490 676 228 - Entreprise régie par le Code des assurances sous l'Autorité de Contrôle Prudentiel et de Résolution- 4 place de Budapest CS 92459 75436 Paris cedex 09 et Souscripteur d'une assurance Responsabilité Civile et Garantie financière LLOYD'S INSURANCE COMPANY SA N°PIFI-202411-LLB6-100125.
Claims department: GAPI - Service Réclamation - Zone d'activité ACTIBURO - 99 Rue Parmentier 59650 Villeneuve d'Ascq If you are not satisfied with our claims department, you can contact the Insurance Ombudsman:
by post to : LA MEDIATION de L'ASSURANCE - POLE PLANETE CSCA -TSA 50110 - 75441 PARIS cedex 09
or by email tole.mediateur@mediation-assurance.org or from the website: https://www.mediation-assurance.org/

SUMMARY OF TRAVEL ASSISTANCE, PERSONAL ACCIDENT LUGGAGE INSURANCE AND PERSONAL LIABILITY INSURANCE (ACCESS AND PRIME PACKAGES ONLY)

TRAVEL ASSISTANCE GUARANTEES 18

PERSONAL ACCIDENT INSURANCE COVER 20

DESCRIPTION BAGGAGE INSURANCE COVER 21

DESCRIPTION OF PERSONAL ACCIDENT COVER 23

PERSONAL LIABILITY INSURANCE 25

Access and Prime packages

TRAVEL ASSISTANCE, PERSONAL LIABILITY, BAGGAGE INSURANCE AND PERSONAL PROTECTION COVER

	LIMITATIONS		
	FIRST (Age limit:65)	ACCESS	PRIME
Travel assistance			
Criminal deposit advance	No	€15 245	€15 245
Payment of legal fees	No	€3 049	€3 049
Practical travel information	No	Actual costs	Actual costs
Search and rescue costs	No	€5,000 / policyholder and €10,000 / event	6,000€ / policyholder and 10,000€ / event
Cash advance loss / theft papers / means of payment	No	€1 000	€1 000
Personal liability insurance			
All losses combined	No	€1,500,000 worldwide €500 000 USA / CANADA	€1,500,000 worldwide €500 000 USA / CANADA
Consequential material and immaterial damage	No	€450 000	€450 000
Deductible	No	€150	€150
Luggage insurance			
Destruction, damage or theft of baggage	No	€250 / person	€500 / person
Of which valuables, including sports equipment	No	€100	€100
Of which laptops and smartphones	No	€100	€100
Of which theft inside a car or van	No	€100 / claim	€100 / claim
Deductible	No	€25 / claim	€25 / claim
BENEFITS IN CASE OF AN ACCIDENT			
Accidental death	No	€12 000	€12 000
Permanent partial or total disability following an accident	No	€50 000	€50 000
Maximum per event	No	No	No

PROVISIONS COMMON TO TRAVEL ASSISTANCE / BAGGAGE INSURANCE / BENEFITS IN CASE OF ACCIDENT LIABILITY INSURANCE

The insurance premium, even if the holiday does not take place, is never refundable and there can be no pro rata refund of the premium.

INSURER

Groupe Special Lines on behalf of Groupama

Rhône-Alpes Auvergne.

Caisse régionale d'Assurances Mutuelles Agricoles de

Rhône-Alpes Auvergne

50 rue de Saint-Cyr - 69251 Lyon cedex 09 -
France

SIRET No. 779 838 366 000 28

Company governed by the French Insurance Code and subject to the Autorité de Contrôle Prudentiel et de Résolution - 4 Place de Budapest - CS92459 - 75436 Paris Cedex 09.

If the policy is underwritten on a co-insurance basis: Groupama RAA, lead company, and the co-insurance companies.

ASSISTANCE PROVIDER

MUTUAIDE ASSISTANCE

126 RUE DE LA PIAZZA

CS 20010 93196 NOISY LE GRAND CEDEX

S.A. with capital of 13,401,270€ - Company governed the Insurance Code RCS 383 974 086 Créteil - VAT FR 31 3 974 086. and subject to the Autorité de Contrôle Prudentiel et de Résolution, 4 Place de Budapest - CS92459 - 75436 Paris Cedex 09.

INSURED

Individuals aged under 80 when the policy is taken out for a stay in a World Zone excluding the USA and Canada. Individuals under 65 years of age if the contract is taken out for a stay in a World Zone including the USA and Canada. The insured is hereinafter referred to as "you".

GEOGRAPHICAL AREAS

Guarantees apply worldwide.

INTERNATIONAL SANCTIONS

These guarantees have no effect:
Where the Insurer is prohibited from providing an Insurance contract or service as a result of a sanction, restriction or prohibition provided for in the laws and regulations, or when the insured goods and/or activities are subject to any sanction, restriction, total or partial embargo or prohibition provided for by laws and regulations.

SUBROGATION

In accordance with the provisions of article L121.12 of the Code des Assurances, the Insurer is subrogated, up to the amount of the indemnity paid by it, to the rights and actions that the Insured may have against third parties responsible for the loss.

PRESCRIPTION

In accordance with articles L.114-1 and L.114-2 of the French Insurance Code, any action deriving from this contract is time-barred after two years from the event that gave rise to it.

However, this period does not run :

1. In the event of a concealment, omission, false or inaccurate statement about the risk, from the day the Insurer becomes aware of it;

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

The limitation period is interrupted by the ordinary causes of interruption (article 2244 of the Civil Code), as well as in the following cases: appointment of an expert following a claim; sending of a registered letter with acknowledgement of receipt :

- by the Insurer to the Policyholder for payment a premium,
- by the Policyholder to the Insurer for payment an indemnity.

EFFECTS OF GUARANTEES

The policy takes effect on the date of departure, indicated on the Application Form.

Cover then continues for the duration of the declared stay or trip, up to a maximum of 36 months' travel abroad.

Cover will cease on the date of return indicated on the Application Form or in the event of definitive return to the country of residence.

DEFINITIONS SPECIFIC TO TRAVEL ASSISTANCE, BAGGAGE INSURANCE AND PERSONAL ACCIDENT COVER

DESCRIPTION OF TRAVEL ASSISTANCE COVER (Access and Prime packages)

INSURER

The policy is underwritten **by Groupe Special Lines on behalf of Caisse Entreprises,** Collectivités et Courtage Groupama Rhône-Alpes Auvergne, 50 rue de Saint Cyr - 69009 Lyon - Caisse locale d'Assurances Mutuelles Agricoles having subscribed to a reinsurance treaty involving substitution with the Caisse régionale d'Assurances Mutuelles Agricoles de Rhône-Alpes Auvergne - 50 rue de Saint Cyr - 69009 Lyon - 779 838 366 RCS Lyon - Companies governed by the Insurance Code and subject to the Autorité de Contrôle Prudentiel et de Résolution : 4 place de Budapest - CS 92459 - 75436 Paris Cedex 09 - France

ASSISTANCE PROVIDER

MUTUAIDE ASSISTANCE - 126 RUE DE LA PIAZZA - CS 20010 93196 NOISY LE GRAND CEDEX - S.A. au capital de 13.401.270 € - Entreprise régie par le Code des Assurances RCS 383 974 086 Créteil - TVA FR 31 3 974 086.

DEFENCE ASSISTANCE (abroad only)

During your stay abroad, you may be liable or imprisonment for failure to comply with or unintentional violation of local laws and regulations.

We will advance the deposit required by the local authorities to allow your provisional release, up to a maximum of **15,245€ including VAT**.
This advance must be reimbursed within one month of our request for reimbursement. If the penal deposit is reimbursed to you before this deadline by the authorities of the country, it must be returned to us immediately.

- We will pay up to **3 049€ (incl. VAT)** the fees of any legal representatives you may freely call upon if proceedings are brought against you, provided that the acts complained of are not punishable under the law of the country concerned.

This cover does not include legal action taken in your home country following a road accident abroad.

PRACTICAL INFORMATION

The information provided is of a documentary nature covered article 66.1 of the amended law of 31 December 1971. It does not constitute legal or medical advice.

MUTUAIDE ASSISTANCE seeks practical information of a documentary nature intended to inform the Insured, particularly in the following areas
:

Travel information

- Medical precautions to take before travelling (vaccinations, medicines, etc.),
- Administrative formalities to be completed before or during a trip (passports, visas, etc.),
- Local living conditions (temperature, currency, climate, customs, food, etc.)
- Travel conditions (transport options, flight times, etc.)

SEARCH AND RESCUE COSTS

We will , up to a maximum **of 5,000€ including tax** per event, regardless of the number of Insureds involved, the search and rescue costs required by teams belonging to duly approved companies and equipped with all resources, to locate and evacuate you to the nearest suitable reception centre on private or public property.

Desert search costs are excluded from our cover.

This cover is provided in addition to, or after the exhaustion of, any similar cover you may already have.

CASH ADVANCE (abroad only)

You are in difficulty when travelling abroad, following the loss or theft of your official papers and/or means of payment. We can provide you with a cash advance of up to 1,000€ (including VAT).
This advance of funds is made on presentation of the declaration of loss or theft to the authorities, against a guarantee cheque made payable in France to MUTUAIDE ASSISTANCE or an acknowledgement of debt. In all cases, the sums advanced are reimbursable within 30 days of the date on which the funds are made available.
In the event of non-payment, we reserve the right initiate all necessary collection proceedings.

GENERAL EXCLUSIONS FOR ALL GUARANTEES

The Insurer does not guarantee :

- **The consequences of the wilful misconduct of natural persons with the status of Insured,**
- **Damage or financial loss caused by civil or foreign war, whether declared or not (article L.121-8 of the Code des Assurances). It is up to the Insured to prove that the loss resulted from an event other than foreign war. It is up to the Insurer to prove that the claim is the result of civil war,**
- **Damage or financial loss caused by , tidal waves, volcanic eruptions or other events**

disasters. However, as regards damage to property, is guaranteed the effects of natural disasters in accordance with articles L.125-1 to L.125-6 of the French Insurance Code,

- **Damage or aggravation of damage caused by :**

- weapons or devices designed to explode by modifying the structure of the atomic nucleus,
- any nuclear fuel, radioactive product or waste,
- any other source of ionising radiation (in particular any radioisotope),

- **Fines, taxes, duties, levies and any other criminal sanction imposed personally on the Insured,**
- **Causes, damage or financial losses of which the Insured is aware at the time of taking out the policy as being likely to lead to its application,**
- **The direct or indirect consequences of epidemics and/or pandemics of diseases of viral and/or bacterial origin recognised by**

French authorities in stage 2 or 3 and/or by any international authorities and/or listed and/or recognised in phase 4 by the WHO or subject to declaration of public health emergency of international scope, presenting a rate of contagion and lethality leading to public health policies involving restrictive local and/or national and/or international measures in terms of population movement and health treatment,

- **The direct or indirect consequences of the following illnesses:**
- **Influenza resulting from avian, porcine and more generally zoonotic viruses,**
- **Atypical pneumonia,**
- **Disease/infection by a virus belonging to the coronavirus family,**
- **Zika virus disease,**
- **Ebola virus disease,**
- **Infections listed by the Emergency of the International Health Regulations (IHRand subject to recommendations alerts.**

DESCRIPTION BAGGAGE INSURANCE COVERAGES ACCESS AND PRIME PACKAGES ONLY

OBJECT OF THE GUARANTEE

This guarantee is in addition to or in default of other guarantees granted elsewhere.
Luggage is covered against destruction, disappearance or deterioration resulting from theft, fire, loss or damage during transport. This cover applies during your trip, away from your main or secondary place of residence and away from your place of accommodation. Luggage includes objects, travel bags, suitcases, personal effects and sports equipment.
In the event of theft, baggage is only covered if the theft has been duly reported to a competent authority (police, gendarmerie, transport company, purser, etc.).
• Theft of valuables (jewellery, pearls, precious stones, furs, watches, cameras, cinematographic equipment) is covered ONLY when they are placed in a safe or when you wearing them.
• The theft of computers, telephones and smartphones is covered ONLY when they are placed in a safe or carried by you. Under no circumstances will compensation exceed the limit indicated in the Table Cover.
If you use a private car or van, the risk of theft is covered as long as your luggage and personal effects are locked in the boot of the vehicle and out of sight. Only theft by forcible entry is covered. If the vehicle is parked on the public highway, cover only applies between 7 a.m. and 10 p.m. In all cases, if the theft occurs from a vehicle or van, compensation will be limited to the amount indicated in the Table of Cover.

Deductible: 25€ per case

WHAT WE EXCLUDE

In addition to the exclusions listed under "GENERAL EXCLUSIONS FOR ALL COVERAGES", we cannot intervene in the following circumstances:

- **Damage caused by an inherent defect in the insured item, wear and tear, obsolescence or atmospheric influences (sun, rain, etc.),**
- **Any mechanical, electrical or electronic damage that results in the non-operation or malfunction of any appliance or accessory,**
- **Cash, credit cards, magnetic or memory cards, transport tickets, securities of any kind, goods, documents recorded on tapes or films, CDs, DVDs, musical instrumentsdocuments and paper valuables of any kind, collections, samples, keys, games, professional equipment, bicycles, trailers, caravans and, in general, transport vehicles, spectacles, contact lenses, medicines, prostheses and appliances of all kinds, make-up, foodstuffs, alcohol, lighters and pens, beauty products and perfumes,**
- **Damage to fragile objects,**
- **Damage caused by the transport of explosive, incendiary or corrosive liquids, goods or substances, such as phosphorus, petrol, dyes, varnishes, paint strippers or products resulting the influence of temperature or light,**
- **Seizures, confiscations or sequestration by Customs or Police authorities,**
- **Lens scratches,**
- **Scratches to baggage during transport,**
- **Theft or destruction of luggage occurring at the beneficiary's home or place of accommodation,**
- **Theft of any kind or destruction while camping, or in sheds, pleasure boats for private use, caravans and trailers,**
- **The loss or theft of the Insured's luggage as a result of oversight or negligence on his/her part, i.e. :**

- leaving luggage unattended in a place open to the public,

- leaving luggage visible from outside a vehicle and/or without having closed and locked all access points,

- storing luggage in premises shared by several people (e.g. theft of luggage, belongings and personal items left unattended in a hotel or youth hostel, in premises shared by several people),

- **Theft of luggage from a motor vehicle parked outside a closed public or private garage between 10 p.m. and 7 a.m,**
- **Property entrusted to third parties or under the responsibility of third parties such as custodians (excluding transport companies) (e.g. theft of luggage, belongings and personal items left unattended in a hotel or hostel, or in premises shared by several people),**
- **Theft of any sound and/or image reproduction equipment, as well laptops, computers and smartphones and their accessories if they have not been placed in a safe they are not being worn, which means that these items are not covered if they are entrusted to a company,**
- **Damage or theft caused by the wilful misconduct of the insured, members of his/her family or persons accompanying him/her,**
- **Accidents caused by foreign war, civil war, riots, civil commotion or terrorist attack,**
- **Accidents resulting from the explosion of a device or part of a device intended to explode as a result of transmutation of the nucleus,**
- **Forgotten, lost, stolen or damaged official documents: passport, identity card, residence permit, vehicle registration document and driving licence,**
- **Theft from a convertible, station wagon or other vehicle without a boot (with the exception of VANs).**

Under terms of article L. 121-1 al. 1 of the Insurance Code,
"The compensation payable by the Insurer to the Insured may not exceed the value of the insured item at the time of the loss. Under no circumstances may the compensation paid by the Insurer become source of enrichment for the Insured.

HOW MUCH DO WE CONTRIBUTE?

The amount indicated in the Table of Benefits is the maximum reimbursement for all claims occurring during the period of cover.

HOW IS YOUR ALLOWANCE CALCULATED?

You will be reimbursed on presentation of proof, less any obsolescence.

For the first year from the date of purchase, the amount reimbursed will be equal to the purchase value the baggage or valuables. The following year, the refund amount will be calculated at 75% of the purchase price. In subsequent years, the value will be deducted by a further 10%.

Under no circumstances is the proportional capital rule provided for Article L.121-5 of the French Insurance Code applied.

Our reimbursement will be made after deduction of any reimbursement obtained from the transport company and the excess.

WHAT ARE YOUR OBLIGATIONS IN THE EVENT OF A CLAIM?

The claim must be sent to : Assur-Travel - Service Indemnisation - 99 rue Parmentier 59650 Villeneuve d'Ascq, within 5 working days (48 hours in the event of theft), except in the case of unforeseen circumstances or force majeure; if this deadline is not met and we suffer loss as a result, you will lose all rights to compensation.

The Insured must provide the Insurer with the following information:

-Certificate of irregularity in the event of loss or damage to baggage caused by the carrier;

-A police report (in the event of theft) detailing the circumstances of the incident, with a receipt for the report, which must be filed as soon as possible,

-A copy of the list of items reported damaged or stolen, given to the airline or transport company,

-The letter of reimbursement from the airline or transport company showing the compensation paid to the Insured,

-Original proof of purchase for damaged or stolen items.

If you fail to present these documents, you will forfeit your right to compensation. The sums insured cannot be considered as proof of the value of the goods for which you are claiming compensation, nor as proof of the existence of these goods.

You must prove, by any means in your power and by any documents in your possession, the existence and value of these items at the time of the claim, as well as the extent of the damage.

If, as justification, you knowingly use inaccurate documents or fraudulent means or make inaccurate or concealed declarations, you will forfeit all rights to compensation, without prejudice to any legal action that we may then be entitled to take against you.

Recourse

As our cover is in addition to other cover granted elsewhere, it is the Insured's responsibility to take recourse against the airline or any other organisation responsible for the damage. You will be compensated on the basis of the replacement value of equivalent objects of the same nature, less any obsolescence.

The Insured must first of all take measures to limit the damage and have it recorded by the competent authorities. Luggage damaged during the journey must be the subject of a report drawn up by the transport company before being accepted by the Insured. If the Insured only discovers the damage after delivery, he/she must summon the said company to draw up a report within three days: if the report is refused, the Insured must notify his/her protest within three days.

In addition, in the event of theft from a motor vehicle, a report the break-ins will be drawn up by the police authorities or the Insurer's representative.

Any evidence in support of the claim may be requested (existence and value of the objects and extent of the loss), as well as an inventory of the objects mentioning their value.

If the lost or stolen items are recovered in whole or in part before payment of the indemnity, the Insured must repossess them and the Insurer will only be liable for payment of the definitive losses and any deterioration suffered. If the objects are recovered after payment of the indemnity, the Insured shall be entitled to repossess them in return for reimbursement of the indemnity less any deterioration suffered, provided that he/she requests this within one month of being notified of the recovery. In both cases, the Insured shall be entitled to reimbursement by the Insurer of costs reasonably incurred by him/her with a view to recovering the said objects.

Benefit limits and excesses are shown in the Table of Benefits.

DESCRIPTION OF PERSONAL ACCIDENT INSURANCE COVER UNDER THE ACCESS PACKAGE AND PREMIUM

DEFINITIONS

Insured

Individuals aged under 80 when the policy is taken out for a stay in a World Zone excluding the USA and Canada. Individuals under 65 years of age if the contract is taken out for a stay in a World Zone including the USA and Canada. The insured is hereinafter referred to as "you".

Accident

Any bodily injury that is not intentional on the part of the victim and that results from the sudden action of an external cause.
By extension of this definition, pathological manifestations that are the direct consequence of this bodily injury are covered.

Accidents include

- injuries caused by fire, steam jets, acids and corrosives, lightning and electric current;
- asphyxia due to immersion and asphyxia due to unexpected absorption of gases or vapours;
- the consequences of poisoning and bodily injury caused by the unintentional absorption of toxic or corrosive substances;
- insolation, congestion and freezing caused by shipwrecks, forced landings, collapses, avalanches, floods or any other accidental event;
- the direct consequences of animal bites or insect stings, excluding diseases (such as malaria and sleeping sickness), the primary cause of which can be traced back to such bites or stings;
- injuries that may occur during scuba diving, including those caused by hydrocution or decompression;

-bodily injuries resulting from assaults or attacks of which the Insured is a victim, unless it is proven that he/she took an active part as perpetrator or instigator of these events;

- the physiological consequences of surgical operations, provided that they were necessitated by an accident covered by the policy.

Accidents do not include :

- ruptured aneurysms, myocardial infarction, cerebral embolism, epileptic seizures, meningeal haemorrhage.

Disease

Any deterioration in health certified by a competent medical authority.

EXCLUSIONS TO PERSONAL ACCIDENT COVER

In addition to the exclusions listed under the heading "General exclusions for all cover", we cannot intervene in the following circumstances:

- **accidents caused or provoked intentionally by the insured,**
- **the consequences of suicide or attempted suicide, well as accidents caused by the use of drugs or narcotics not prescribed by a doctor,**
- **accidents occurring when the insured is the driver of a motor vehicle vehicle,**
- **accidents resulting from the insured's participation in a brawl (except in cases of self-defence or assistance to a person in danger), a duel, a misdemeanour or a criminal act,**
- **accidents occurring use as a pilot or as a driver.**

member of the crew of an aircraft used for aerial travel or when practising sports with or from such aircraft,

- **accidents caused by a sport as a professional.**

professional and the practice, even on an amateur basis, of all sports requiring the use motorised mechanical equipment, whether as driver or passenger. The practice a sport includes training, trials and participation in sporting events or competitions,

- **accidents caused by declared war, civil or foreign**

or not,

- **accidents caused by ionising radiation emitted by nuclear fuels or by radioactive products or waste, or caused by weapons or devices intended to explode by modifying the structure of the atomic nucleus.**

TERMINATION OF COVER

For each Insured, cover will cease automatically:

- the date on which the link between the Insured and the Policyholder is severed, i.e. the day on which the Insured ceases to be part of the insurable group;
- on the expiry date of the cover indicated on the application form ;
- on the date of termination or non-renewal of the contract ;
- no later than the 36th month abroad.

SCOPE OF COVER

The contract is valid the world, unless otherwise specified.

OBJECT OF THE CONTRACT

The purpose of this contract is to cover the person(s) against accidents to which they may fall victim during the entire term of the contract.

SCOPE OF COVER

The INDIVIDUAL ACCIDENT cover provided under this contract takes effect the world, 24 hours a day, both in the course of the INSURED's professional life and in the course of his/her private life for the duration of the insured stay.

NATURE AND AMOUNT OF COVER

ACCIDENTAL DEATH :
Insured aged over 18: 12,000 Euros. TOTAL
PERMANENT DISABILITY following an accident :
50,000 Euros, reducible in the event of PARTIAL PERMANENT DISABILITY in accordance with the European guide to the medical assessment of physical and mental injury.

MAXIMUM COMMITMENTS

The maximum capital guaranteed on the life of an insured person may not exceed the sum of 12,000 Euros for death cover and 50,000 Euros for Individual Accident cover.
It is formally agreed that in the event that cover is provided for several Insureds under the same membership who are victims of the same accident caused by the same event, and where the total of the DEATH and INJURY and Daily Indemnity sums taken out exceeds the sum of 50,000 Euros, the Company's cover will in any event be limited to this sum for the total amount of the DEATH and PERMANENT INJURY sums of the victims of the same accident.
As a result, it is understood that the compensation would be reduced and settled proportionally according to the capital subscribed for each of the victims.

BENEFICIARY OF THE CAPITAL GUARANTEED IN THE EVENT OF DEATH

In accordance with the General Terms and Conditions, in the event of the DEATH of the INSURED, and unless the Insured has given the Company a holographic designation to the contrary, it is specified that the BENEFICIARIES of the capital provided for this purpose will be :

- if the INSURED is married: his/her spouse who is not legally separated or divorced, failing that his/her children born or unborn, living or represented, failing that his/her heirs,
- if the INSURED is the signatory of a PACS, his partner, failing which his heirs,
- if the INSURED is widowed or divorced: his/her children, failing which his/her heirs,
- if the INSURED is single: his heirs.

TYPE OF COMPENSATION

Deaths

If, within a maximum period of 24 months from the date of the accident of which the Insured was a victim, the accident results in death, we guarantee, for the benefit of the or persons designated as beneficiaries, the payment of the capital sum, the amount of which is fixed in the Table of Benefits. When, prior to death, the same accident has given rise to the payment of compensation for permanent disability in application of the following conditions, the capital sum will be reduced by the amount of this compensation.

Disappearance

The officially recognised disappearance of the Insured's body as a result of the shipwreck, disappearance or destruction of the means of transport in which he/she was travelling, will create a presumption of death at the end of a period of one year from the date of the accident. However, if it is established at any time after the payment of compensation for the disappearance of the Insured that the latter is still alive, the sums unduly paid in this respect must be reimbursed to us in full.

Permanent disability

If the accident results in permanent disability, we will pay the Insured a benefit up to a maximum of 100% of the Social Security Invalidity scale.

If the disability is only partial, the Insured is only entitled to a fraction of indemnity proportional to the degree of disability. Disabilities not listed are compensated according to their severity compared to that of the cases listed.

The indemnity is a contractual lump sum: it is determined according to the rules set out above, without taking into account the Insured's age or profession.

The degree of disability will be established at the time when the definitive consequences of the accident can be determined with certainty, and at the latest, unless otherwise agreed between the Insured and us, at the end of the period of one year from the date of the accident.

Death and disability cover cannot be combined when they result from the same accident.

Multiple disabilities

When the same accident results in several distinct disabilities, the main disability is first assessed under the conditions set out above, and the other disabilities are then assessed successively, in proportion to the capacity remaining after adding the previous ones, without the overall rate exceeding 100%. The absolute functional incapacity of a limb or organ is assimilated to the loss of this limb or organ.
No compensation will be paid for the loss of limbs or organs that were out of use before the accident. If the accident affects a limb or organ that is already disabled, the compensation will be determined by the difference between the condition before and after accident. In no case may the assessment of injuries resulting from the accident be increased by the state of infirmity of limbs or organs not affected by the accident.
Insofar as they are the consequence of an insured accident, nerve disorders and injuries can only be taken into if they are manifested on examination by clearly characterised clinical signs.

Claims reporting

The Insured or his/her rightful claimants, yourself if , or any agent acting on their behalf must make a declaration of any claim, in writing or orally against receipt, to our Head Office or to our representative designated in the contract, within fifteen days at the latest of the date on which they became aware of it.
If a claim is not reported within the time limit specified above, except in the case of fortuitous events or force majeure, we may cancel cover if we can establish that the delay in reporting has caused us loss (article L.113-2 of the Insurance Code).
The claim form must include the following information

- the date, circumstances and location of the accident ;
- the surname, first name, date of birth, address and occupation of the victim(s);
- the initial medical certificate describing the nature of the injuries their probable consequences
- if applicable, the police or gendarmerie report, and the names and addresses of the person who caused the accident and any witnesses.

Determining the causes and consequences of the accident

The causes of the accident and its consequences, the degree of disability and the duration of the temporary total or partial incapacity shall be established by agreement between the parties or, failing agreement, by two doctors each appointed by one of the parties. If they do not agree on the choice of the third doctor, or one of the parties fails to appoint an expert, the appointment will be made at the request of the most diligent party by the President of the Tribunal de Grande Instance of the Insured's place of residence with exemption from oath and all other formalities.

DESCRIPTION OF PERSONAL LIABILITY COVER ACCESS PACKAGE AND PREMIUM

ARTICLE 1 - DEFINITIONS SPECIFIC TO PRIVATE LIFE LIABILITY INSURANCE

Acts terrorism or sabotage
Any operation organised clandestinely for ideological, political, economic, religious or social purposes and carried out individually or by a group aim of attacking the integrity of persons or damaging or destroying property.

Year of insurance
The period between two main contribution due dates.
- If the effective date the contract is different from the main maturity date, the first year of insurance is the period between the effective date and the first main maturity date.
- If the contract expires or is terminated between two principal due dates, the last year of insurance is the period between the last principal due date and the date of expiry or termination of the contract.

Insured
Individuals aged under 80 when the policy is taken out for a stay in a World Zone excluding the USA and Canada. Individuals under 65 years of age if the contract is taken out for a stay in a World Zone including the USA and Canada. The insured is hereinafter referred to as "you".

Bodily injury
Any bodily injury suffered by an individual and the resulting damage.

Material damage
Any damage to or destruction of a thing or substance. Any physical injury to an animal.

Consequential non-material damage
Any pecuniary loss resulting from the total or partial deprivation of use an asset or a right, the loss of profit, the loss of clientele, interruption of a service or an activity, and which is the direct consequence of bodily injury or material damage covered.

Harmful event
The fact that constitutes the cause of the damage.

Inexcusable fault
Fault of exceptional gravity arising from a voluntary act or omission, the perpetrator of which must have been aware of the danger, committed in the absence of any justifying cause, not involving an intentional element.
An intentional element/intentional fault results from the deliberate intention to harm another person.

Absolute deductible
The sum (or percentage) which remains payable by the Insured on the amount of compensation due by the Insurer.
The excess applies per claim, regardless of the number of victims. Deductibles expressed as a percentage apply to amount of compensation due by the Insurer.

Country origin
The country of nationality of Insured or the country of habitual residence prior to departure on an assignment abroad and for which he/she is a national (subject to the legislation of the country).

Country of posting
The country to which the Insured is seconded. It must be different from the country of origin.

Territorial concept of foreigner
This means the whole world, with the exception of the Insured's Country of origin.

Territorial concept of France
This is mainland France.

Accidental pollution
emission, dispersion, release or deposit of any solid, liquid or gaseous substance, diffused by the atmosphere, the ground or water, which results from a sudden and unforeseen event and which does not occur slowly, gradually or progressively.

Claims
Any claim for amicable or contentious compensation, made by the victim a loss or damage or his/her beneficiaries and addressed to the Insured or the Insurer.

Civil liability
A legal obligation incumbent on all persons to repair the damage they have caused to others.

Claims
Any damage or set of damages caused to third parties, involving the liability of the Insured, resulting from a harmful event and having given rise to one or more claims. The harmful event is that which constitutes the cause of the damage. A series of harmful events with the same technical cause is treated as a single harmful event.

Third party
Any person other than the Insured, the members of his/her family as defined in the Contract, and the ascendants and descendants of the members of the family.
This definition also includes people who occasionally take on the care of the insured's children or pets free of charge, and employees working for insured.

Land motor vehicle
A self-propelled vehicle (propelled by its own motive power) that moves on the ground (i.e. other than by air or sea), without being connected to a , and is used to transport people (even it is only the driver) or goods.

Privacy policy
The exercise of any activity other than those related to the performance of a contract of Employment, Services or Provisions, and which fall within the "private sphere", in particular domestic, personal and leisure activities.

ARTICLE 2 - SCOPE OF COVER

The Insurer covers the Insured against the pecuniary consequences of any civil liability he may incur as a result of bodily injury, property damage or consequential loss caused to Third Parties in the course of his private life.
Private life means any activity of a non-work-related nature. However, travel to

and from work is covered.

The guarantee is extended:
- damage resulting from intoxication or poisoning caused by food or drink served by the insured person.
- damage suffered by persons employed in the Insured's personal domestic service as a result of inexcusable fault within the meaning of articles 452 and 453 of the Civil Code.
452.3 of the French Social Security Code.

EXCLUDED :

- **the additional contributions provided for in articles l 242.7. and l 412.3. of the social security code or by an equivalent text if it concerns a specific French social protection scheme,**
- **any accident at work or occupational illness related to non-compliance with the provisions of the French Labour Code as set out in articles l 122-45 to l 122- 45-3 (discrimination), l 122-46 to l 122-54 (harassment) and l 123-1 to l 123- 7 (professional equality between men and women)**.

DEFENCE

The Insurer assumes the defence of the Insured under the conditions set out below.
In the event of an action involving liability covered by the policy, the Insurer will defend the Insured in any proceedings which also concern the Insurers interests. Cover is triggered when the damages and interest claimed exceed the amount of the excess.
The Insurer shall lead the defence of the Insured with regard to civil interests. It has the right to take legal action when the Insured's criminal interests are not or are no longer in question (with Insured's agreement if this is not the case).
The Insurer's assumption of responsibility for the Insured's defence does not constitute a waiver of its right to invoke any exception to cover of which it was not aware at the time it assumed responsibility.
The Insurer shall bear the defence costs, without deducting them from the amount of cover for the corresponding damage.
If the amount of damages exceeds the corresponding limit of cover, the Insurer will pay the defence costs in proportion to the amount of cover in to the amount of compensation due to the injured third party.

ARTICLE 3 - TERRITORIALITY

Cover applies in the area of cover chosen at the time of subscription (see definition of "Area of cover"), except in your country of residence (unless otherwise stipulated in Article 2 "Medical and hospitalisation expenses in the country of residence").
Travel outside the area selected at the time of subscription and in excluded countries is not covered.
Generally speaking, countries in a state of civil or foreign war, notorious political instability, popular unrest, riots, acts terrorism, reprisals, restrictions on the free movement of people and goods (for whatever reason, particularly security, meteorological, etc.) are excluded. The contract will take as a reference the indications provided by the French Ministry of Foreign Affairs.

ARTICLE 4 - EXCLUSIONS

Excludes :
- **the consequences of the insured's wilful misconduct,**
- **damage caused by declared or undeclared civil or foreign war, riots and civil commotion, acts of terrorism, attacks or sabotage,**
- **damage caused by volcanic eruptions, , storms, hurricanes, cyclones, floods, tidal waves and other disasters,**
- **damage made unavoidable by the voluntary act of the insured and which causes the insurance contract to lose its character as a random contract guaranteeing uncertain events (article 1964 of the Civil Code),**
- **fines and any other criminal penalties imposed personally on the insured,**
- **damage or aggravation of damage caused :**
  - **by weapons or devices designed to explode by modifying the structure of the atomic nucleus,**
  - **any nuclear fuel, radioactive product or waste,**
  - **by any source of ionising radiation (in particular any radioisotope).**
- **the consequences of the presence of asbestos or lead in buildings or structures owned or occupied by the insured, work identify, destroy or neutralise asbestos or lead, or the use of products containing asbestos or lead,**
- **damage caused directly or indirectly by the following persistent organic pollutants: aldrin, chlordane, dichlorodiphenyltrichloroethane (ddt), dioxins, dieldrin, endrin, furans, heptachlor, hexachlorobenzene, mirex, polychlorinated biphenyls (pcb) toxaphene, formaldehyde, methyl tertiary butyl ether (mtbe),**
- **the consequences of contractual commitments accepted by the insured and which have the effect of increasing the liability that would have been incurred in the absence of the said commitments,**
- **damage resulting from the exercise of any professional activity or duties carried out in the context of elected office,**
- **the consequences of all material and physical damage suffered by the insured,**
- **pollution damage and abnormal disturbances (nuisances),**
- **damage of the kind referred to article l. 211-1 of the French Insurance Code compulsory motor insurance and caused by motorised land vehicles, their trailers or semi-trailers owned, kept or used by the insured (including damage caused by or the fall of accessories and products used in the use of the vehicle, and objects and substances it carries),**
- **consequential material and immaterial damage caused by fire, explosion or water damage in buildings owned, rented or occupied by the insured,**
- **it is agreed temporary occupation of premises a period of less than 3 consecutive months is covered. This provision covers, for example, the occupation of "holiday" premises by the insured,**
- **theft committed in the buildings listed in the previous exclusion,**
- **damage to property (other than that referred to in the two previous exclusions) and consequential loss or damage caused to property in the custody, use or safekeeping of the insured ,**
- **it is agreed that property in the custody, use or safekeeping of the insured for a temporary period of 3 consecutive months is covered,**
- **the consequences of air, sea, river or lake navigation using equipment owned, kept or used by the insured,**
- **damage caused by weapons and their ammunition the possession of which is prohibited and which the insured possesses or holds without prefectoral authorisation,**
- **the consequences of hunting, including damage caused by dogs while hunting,**
- **damage caused by animals other than pets,**
- **damage caused by first category dogs (attack dogs) and second category dogs (guard and defence dogs), as defined in article 211-1 of the French Rural Code, and by wild animals tamed or kept in captivity, as mentioned article 212-1 of the French Rural Code, whether stray or not, of which the insured is the owner or keeper (law no. 99-5 of 6 January 1999 on dangerous and stray animals and the protection of animals),**
- **the consequences :**
  - **organising and taking part in sporting competitions;**
  - **practising sports as a holder of a sports federation licence;**
  - **air or water sports,**
  - **the practice of any sport requiring the use of mechanical equipment, whether as driver or passenger. The practice a sport includes training, trials and participation in sporting events or competitions,**
- **practising sports with dangerous characteristics such as: mountaineering, rock-climbing, scuba diving (except freediving to a depth of less than 50 metres), speleology, skeleton, ski jumping, bobsleigh, bungee jumping, rafting, canyoning, jet-skiing, kite-surfing and the following sports when practised off-piste: skiing, cross-country skiing, sledging and snowboarding,**
- **non-consequential immaterial damage or damage resulting from bodily injury or property damage that is not covered,**
- **exemplary damages" and "punitive damages.**

ARTICLE 5 - SCOPE OF COVER OVER TIME

Cover under this policy is triggered by the harmful event and covers the Insured against the financial consequences of claims, if the harmful event occurs between the initial effective date of cover and its expiry date, regardless of the date of the other constituent elements of the claim (article L. 124-5 of the Code des Assurances).

The claim must be sent to the Insurer whose cover is or was in force at the time when the harmful event occurred.

ARTICLE 6 - AMOUNT OF COVER

The amounts of cover expressed per claim constitute the limit of the Insurer' commitment for all claims relating to the same harmful event. The date of the claim is the date of the harmful event. The conditions and amounts of cover are those in force on that date.

These amounts, together with the deductibles, are shown in the Table of Benefits.

ARTICLE 7 - PENALTIES

Any concealment, intentional misrepresentation, omission or in the declaration of the circumstances or aggravations referred to respectively in the paragraphs above, shall be punished, even if it had no influence on the claim, under the conditions laid down in Articles L.113-8 and L.113-9 of the Insurance Code :

- **in the event of bad faith on your part or on the part of the Insured, by the nullity of the contract;**
- **if your bad faith or that of the Insured is not established, by a reduction in the compensation for the claim, in proportion to the contributions paid compared to the contributions that would have been due if the risks had been accurately and completely declared. The rate used as a basis for this reduction is, depending on the case, the rate applicable either when the was taken out, or on the date of the increase in risk or, if this cannot be determined, on the last due date prior to the claim.**

ARTICLE 8 - FORMATION AND DURATION OF MEMBERSHIPS

Commencement of membership

Each membership takes effect on the date indicated on the membership .
This cover comes into effect subject to payment of the premiums and is terminated automatically in the following cases:

- in the event of non-payment of premiums, in accordance with the provisions of article L 141-3 and 113-3 of the French Insurance Code and the "Payment of Premiums" article.

In all cases, contributions are payable in full up to the date on which cover ceases; once the contract has been terminated, it cannot be maintained in effect under any circumstances.

Duration of the guarantee

Membership is taken out until the end of the period of cover indicated on the membership , up to a maximum of the insured persons 36th month abroad.

Payment of the 1st contribution

If the 1st premium is not collected, the unpaid premium will be claimed by means of a registered letter sent by the Company reminding you of the legal provisions in this area, i.e. :

- Suspension of cover within thirty days of the sending of the letter formal notice (art. L113.3 of the Insurance Code)
- Cancellation of membership within 10 days of expiry of the 30-day period in the event of refusal of payment.

ARTICLE 9 - DOCUMENTATION REQUIRED FOR REIMBURSEMENT IN THE EVENT OF A CLAIM

In the event of a claim, it is important that we are quickly and fully informed of the circumstances in which it occurred and its possible consequences.

FORM AND INFORMATION REQUIRED

The Insured or his/her rightful claimants, yourself if applicable, or any agent acting on their behalf must make a declaration of any claim, in writing or orally against receipt, to our Head Office or to our representative designated in the contract, within FIVE DAYS of the date on which they became aware of it.

If the claim is not reported within the time limit specified above, except in the case of fortuitous events or force majeure**,** we may **cancel cover if we can establish that the delay in reporting has caused us damage (article L.113-2 of the French Insurance Code).**

Together with this declaration, they must also provide us with all information on the seriousness, causes and circumstances of the claim and, if possible, the names and addresses of the witnesses and perpetrators responsible.

The victim or the victim's dependants must make every effort to limit the consequences of the accident and, in particular, seek the medical care required by victim's condition.

FOR ALL GUARANTEES

- **The contract number.**
- **A copy of the affiliation** .

As soon as he/she becomes aware of an event likely to give rise to cover under this contract, and at the latest within **FIVE DAYS,** the Insured must notify the Insurer in writing or verbally against receipt, on pain of forfeiture, except in the case of fortuitous events or force majeure.
It must also :

- Inform the Insurer as soon as possible of the circumstances of the claim, its known or presumed causes, and the nature and approximate amount of the damage.
- Take all appropriate measures to limit the extent of damage already known and to prevent further damage.
- Transmit to the Insurer, as as possible, all notices, summonses, writs of summons, extrajudicial documents and procedural documents sent, delivered or served on it.

If the Insured fails to comply with the obligations listed in the three preceding paragraphs, the Insurer shall be entitled to compensation proportional to the damage that this failure to comply could cause.

CONTROL

The Insured Member is obliged to submit to the examination of the doctors delegated by us, and our representatives will have free access to him/her whenever we consider it useful, **on pain of Insured Member or any beneficiary forfeiting their rights in the event that, without a valid reason, they refuse allow our representatives to carry out examination or obstruct the exercise of this examination if, after notice given forty-eight hours in advance by registered letter, we encounter a persistent refusal on their part or remain prevented from carrying out our examination.**

Any fraud, concealment or misrepresentation on your part or on the part of the beneficiary of the indemnity, intended to mislead us as to the circumstances or consequences of a claim, will result in the loss of all rights to compensation for the claim in question.

ARTICLE 10 - SPECIFIC PROVISIONS RELATING TO LIABILITY INSURANCE

In the event of an action calling into question a liability covered by this , the insurers, within the limits of their cover :
a) before civil, commercial or administrative courts, assume the defence of the Insured, conduct the proceedings and have the right to appeal.
b) before the criminal courts, if the victim or victims have not been paid, have the right to lead or join the defence and, on behalf of the insured party liable under civil law, to take legal action.

However, insurers may only take recourse action with the agreement of the insured, if the latter has been summoned as a defendant, with the exception of an appeal to the Supreme Court when it is limited to civil interests.
Insurers alone have the right, within the limits of their cover, to settle with injured parties or their beneficiaries.
No admission of liability or settlement outside the insurers' sphere of influence may be invoked against them; the admission of a material fact or the mere fact of having provided the victim with urgent assistance shall not be considered as an admission liability, where this is an act of assistance that every person has a legal or moral duty to perform.
The costs legal proceedings, releases and other settlement costs are not deducted from amount of cover. However, in the event of a judgement for a higher amount, they are borne by the insurers and the insured in proportion to their respective shares in the judgement.
If the compensation awarded to a victim or his dependants consists of an annuity, and if the acquisition of securities is ordered as security for its payment, the insurers shall use the available part of the sum insured to constitute this security. If no special guarantee is ordered by a court decision, the value of the capital annuity is calculated according to the rules applicable for calculating the mathematical reserve of this annuity; if this value is less than the sum available, the annuity is paid in full by the insurers; otherwise, only the part of the capital annuity corresponding to the available part of the sum insured is paid by the insurers.
No forfeiture due to the policyholder's failure to meet his obligations.

SUBROGATION/RECOURSE AFTER LOSS

The insurers are subrogated, up to the amount of the indemnity paid by them, to the rights and actions of the insured against all those responsible for the loss.
However, they have no recourse against :

- children, descendants, ascendants, relatives in the direct line, servants, employees, workers or domestic servants, and generally any person usually living in the insured's household,
- the member(s) making up the insured company, together or individually, managers, foremen, employees, workers, servants not housed or housed free of charge in the establishment,
- and, in general, any person for whom the insured is held responsible, except in the case of malice committed by one of these persons.

Insurers may waive recourse against the liable party. However, despite this waiver, they have the right, unless otherwise agreed, to exercise recourse against the insurer of the liable party.
Insurers may be relieved, in whole or in part, of their obligation to indemnify the insured where subrogation can no longer be effected in favour of the insurers as a result of the insured.

REQUISITION OR VOLUNTARY ASSISTANCE

If, as a result of requisitioning or voluntary assistance, the rescue and protection equipment is temporarily moved away from insured establishment, the insurers will not invoke this fact to apply the proportional reduction indemnity. In addition, the insurers waive any recourse against the beneficiary of this assistance if the equipment used was damaged during the fight against the disaster. They also waive any recourse they may have against an external company which, in the same circumstances, assists the insured establishment and which, through its fault, aggravates the damage.

ARTICLE 11 - PAYMENT OF COMPENSATION

Assessing damage and calculating compensation :
Insurance cannot be a source of profit for the insured; it only guarantees compensation for his actual losses or those for which he is responsible.
The sum insured cannot be considered as proof of the existence and value, on the date of the loss, of the damaged property; the insured must provide such proof by any means and documents and justify the reality and extent of the loss.

CALCULATION COMPENSATION

The compensation payable by the insurers is equal to the amount of the damage assessed as indicated in each chapter.
Where applicable, the amount of compensation will be reduced by applying the following provisions:

- Capping the amount of damages at the sum set by the Contractual Limitation of Indemnity that may be provided for,
- Where applicable, application of a proportional reduction in compensation and/or a proportional capital rule,
- Then deduct the deductible from the result.

FOR EACH ARTICLE IN THE SPECIAL TERMS AND CONDITIONS, THE COMPENSATION DUE MAY UNDER NO CIRCUMSTANCES EXCEED THE CAPITAL INSURED.

If the appraisal is not completed within three months of the date of submission of the final statement of losses, the insured has the right to claim interest by summons; if it is not completed within six , either party may take legal action. indemnity must be paid within thirty days of either the amicable agreement or the enforceable court decision. This period runs only from the day on which the insured has provided proof of his entitlement to receive the compensation and, in the event of opposition, from day of the release or authorisation to pay.
Guaranteed indemnities are payable **in EUROS** unless previously agreed with the Insurer.

ARTICLE 12 - MISCELLANEOUS PROVISIONS

PRESCRIPTION

Any action deriving from this contract is time-barred after two years. This period begins on the day of the event giving rise to the action, under the conditions set out in Articles L.114-1 and L.114-2 of the French Insurance Code.

CLAIMS

If you have any disagreement or dissatisfaction with the implementation of personal liability insurance cover, please let us know:

SPECIAL LINES GROUP
by writing reclamations@groupespeciallines.fr

If you are not satisfied with the response you receive, you can write to :
GROUPAMA RHONE-ALPES-AUVERGNE
CONSUMER SERVICE
TSA 70019
69252 LYON CEDEX 09

GROUPAMA undertakes to acknowledge receipt of your letter within 10 working days. It will be processed within 2 months at the most.
If the disagreement persists, you can contact the Médiation de l'Assurance, whose contact details appear on the letters responding to your complaint or on our website.

INSPECTION BODY

In accordance with the French Insurance Code (article L 112-4), GROUP SPECIAL LINES is supervised by the Autorité de Contrôle Prudentiel et de Résolution (ACPR), 4 Place de Budapest - CS92459 - 75436 Paris Cedex 09.

PROVISIONS COMMON TO TRAVEL ASSISTANCE / BAGGAGE INSURANCE / IA / COVER

The insurance premium, even if the holiday does not take place, is never refundable and there can no pro rata refund of the premium.

• Insurer :

Groupe Special Lines on behalf of Groupama Rhône-Alpes Auvergne.

Caisse régionale d'Assurances Mutuelles Agricoles de Rhône-Alpes Auvergne 50 rue de Saint-Cyr - 69251 Lyon cedex 09

SIRET no. 779 838 366 000 28 - Company governed by the French Insurance Code and subject to the Autorité de Contrôle Prudentiel et de Résolution,

4 Place de Budapest - CS92459 - 75436 Paris Cedex 09.

If the policy is underwritten on a co-insurance basis: Groupama RAA, lead company, and the co-insurance companies.

• Assistance provider :

MUTUAIDE ASSISTANCE

126 RUE DE LA PIAZZA

CS 20010 93196 NOISY LE GRAND CEDEX

S.A. with capital of €13,401,270 - Company governed by the Insurance Code

RCS 383 974 086 Créteil - VAT FR 31 3 974 086

S.A. with capital of €9,590,040 fully paid up - Company governed by the French Insurance Code, registered with the Registre du Commerce et des Sociétés under the reference RCS 383 974 086 Créteil and subject to the Autorité de Contrôle Prudentiel et de Résolution, 4 Place de Budapest - CS92459 - 75436 Paris Cedex 09.

• Insured :

Individuals aged under 80 when the policy is taken out for a stay in a World Zone excluding the USA and Canada. Individuals under 65 years of age if the contract is taken out for a stay in a World Zone including the USA and Canada. The insured is hereinafter referred to as "you".

• Geographical scope :

Guarantees are valid worldwide

FALSE DECLARATIONS

Even if they have no influence on the loss:

a) Any concealment or intentional misrepresentation at the time of conclusion of the contract or during the term of the contract, when it changes the object of the risk or reduces the Insurers' opinion of it, is sanctioned by the nullity of the contract, the conditions of article L 113-8 or L 121.3 of the Code des Assurances.

b) An omission or inaccuracy in the declaration of circumstances does not invalidate the contract if the bad faith of insured is not established. If this omission or inaccuracy is noted before any claim, the Insurer has the option of either maintaining the contract subject to an increase in premium accepted by the policyholder, or cancelling it.

If the omission or inaccuracy is only discovered after the claim has been made, the compensation will be reduced in proportion to the premiums paid compared to the premiums that would have been due if the risks had been accurately and completely declared (Article L113-9 of the French Insurance Code). The rate taken as the basis for this reduction is that applicable either on the date when the fact should have been brought to the Insurer's attention in the case of an omission, or on the date when the fact was notified to him in the case an inaccuracy.

In the event of fraud by the Insured or the Policyholder, the Insurer shall retain the full premium.

CUMULATIVE INSURANCE

If there is other insurance of the same nature, taken out without fraud and providing the same cover, for the same interest, each of these insurances produces its effects within the limit of its cover (article L.121-4 of the Code des Assurances).

Compensation may not exceed the amount of the loss, regardless of the date on the insurance was taken out (article L.121-1 of the French Insurance Code).

Within these limits, the beneficiary of the contract may compensation for his losses by applying to the Insurer of his choice.

The contribution of each of the Insurers is determined by applying to the amount of the loss the ratio existing between the indemnity that the Insurer would have paid if it had been alone and the cumulative amount of the indemnities that would have been payable by each Insurer if it had been alone.

Computer files

In the context of your relationship with the Assur brokerage company for an insurance contract, the latter will mainly use your data for the conclusion, management (including commercial management) and performance of the contract. It may also use your data in the context of litigation, to money laundering and the financing of terrorism, to comply applicable regulations, or to analyse all or part of the data concerning you collected within our , possibly cross-referenced with that of selected partners, in order improve our products (research and development), assess your situation or predict it (appetence scoresand personalise your experience as an insured. Any health-related data collected will be used exclusively to take out, manage and execute your contract.

Your data will be kept for as long as is necessary for these various operations, or for the period specifically stipulated by the CNIL (French Data Protection Authority).
insurance) or the law (legal requirements). It will only be communicated to our insurance partners and other authorised partners or professional bodies who need access to it to carry out these operations. For those recipients located outside the European Union, the transfer is limited to countries listed by the European Commission as providing sufficient protection for data or to recipients complying either with the standard contractual clauses proposed by the CNIL or with the internal company rules recommended ASSUR TRAVEL. Any data relating to your health that may be collected will only be communicated to authorised subcontractors.

We are legally obliged to check that your details are accurate, complete and, if necessary, updated. We may therefore ask you to verify this or ask you to complete your file (for example, by recording your email address if you have written us an email).

You may request access to, rectification, deletion or portability of your data, define instructions concerning its fate after your death, choose limit its use or oppose its processing. If you have given special and express authorisation for the use of some of your data, you may withdraw it at any time, provided that it does not concern information that is essential for the application of your contract.
You can write to our Data Protection Officer to exercise your rights by email: dpo@assur-travel.fr) or by post to ASSUR TRAVEL for the attention of the Data Protection Officer - 99, rue Parmentier - Zone Actiburo - 59650 Villeneuve d'Ascq.
In the event of a complaint, you may choose to contact the CNIL by post at the following address: 3 Place de Fontenoy - TSA 80715 - 75334 PARIS CEDEX 07.

CLAIMS

If you disagree or are dissatisfied with the implementation of your contract, we invite you to make this known to

SPECIAL LINES GROUP

by writing reclamations@groupespeciallines.fr

for the insurance listed below:

- Individual accident
- Luggage
- Travel assistance
- Personal liability

If you are not satisfied with the response you receive, you can write to :

GROUPAMA RHONE-ALPES-AUVERGNE

CONSUMER SERVICE

TSA 70019

69252 LYON CEDEX 09

GROUPAMA undertakes to acknowledge receipt of your letter within 10 working days. It will be processed within 2 months at the most.

If the disagreement persists, you can have recourse to the Médiation de l'Assurance (Insurance Mediation), whose contact details appear on the letters replying to your complaint or on our .