

Articles L 113-8 (Nullity of Contract) and L 113-9 (Average of Premium) of the French Code of Insurance.

8. This **Policy** may be cancelled in accordance with the following:
  - (a) By **You** at the expiry of the **Period of Cover** by means of a registered letter despatched to **Us** at least two months prior to the **Policy's** expiry date.
  - (b) By the **Insurers**, during the first two years after joining the scheme, at the expiry of the **Period of Cover** by means of a registered letter despatched to **You** last recorded address held on file, at least two months prior to the **Policy's** expiry date. In both cases, such Notice of Cancellation shall be deemed to take effect even if the **Insurers/You** do not receive such communication.
9. The law applicable to this **Policy** shall be French Law.
10. This **Policy** does not cover any loss, damage, cost, claim or expense whether preventative, remedial or otherwise, directly or indirectly arising out of or relating to:
  - a. the calculation, comparison, differentiation, sequencing or processing of data involving the date change or any other data change including leap year calculations, by any computer system, hardware, programme or software and/or any microchip, integrated circuit or similar device in computer equipment or non-computer equipment, whether the property of the **Insured** or not; or
  - b. any change, alteration, or modification involving the date change, or any other date change including leap year calculations, to any such computer system, hardware, programme or software and/or any microchip, integrated circuit or similar device in computer equipment or non-computer equipment, whether the property of the **Insured** or not.
11. **The Insurers'** liability shall cease immediately upon termination of the **Policy** for whatever reason, including non-renewal and non-payment of premium.
12. Expert Assessment. In the event of a medical dispute, expert assessment on an amicable basis shall at all times be mandatory subject to reserve of the respective rights of the parties. Each of the parties shall choose an expert. If the experts so designated do not agree, they shall appoint a third expert. The three experts shall work jointly and on the basis of a majority vote. In the event of failure by one of the parties to appoint its expert, or of the two experts to agree on the choice of a third, such designation shall be made by the President du Tribunal de Grande Instance of the jurisdiction in which the claim arose. This appointment shall take place by simple application therefore from the most diligent party, after fifteen days have elapsed from the sending to the other party of a registered letter with acknowledgement of receipt giving official notice therefore. Each party shall pay the expenses and fees of its expert and if necessary half of the fees of the third expert and the expenses of his or her nomination.
13. **Your Policy** is provided on an annual basis. In the event of a change of circumstance as defined in the French Code of Assurance during a **Period of Cover**, the **Insurers** will cancel and refund any unused portion of the paid premium. It is a condition of this **Policy** that the effective date of this cancellation/refund will be 30 days from the date that notice of cancellation is received by Exclusive Healthcare and in respect of Argent policies, receipt of the Attestation de Tiers Payant card by Exclusive Healthcare.

#### CLAIMS PROCEDURE

The Exclusive Healthcare Claims Service is provided by:

ASCORE Gestion, 106 Rue d'Amsterdam, 75440 Paris, Cedex 09  
Tel: 01 40 16 45 37 Fax: 01 40 16 45 63

When intending to make a claim under this **Policy**, however serious or minor the **Accident** or illness, it is important to adhere to the following standard procedure:

#### IN-PATIENT/DAY PATIENT TREATMENT

In the event of an illness or **Accident** which may lead to **In-Patient/Day Patient Hospital Treatment**, the following steps should be taken:

- 1) Contact **Us** at least five days prior to admission by contacting ASCORE and requesting a 'Pris en Charge'. This will help **Us** to arrange direct settlement of the bill for a **Medical Condition** which is covered and ASCORE will dispatch written confirmation to the treating establishment. In the event of **Emergency**

admissions, **You** should contact ASCORE as soon as possible after admission and follow the steps above. Please do not delay obtaining **Emergency Treatment**.

- 2) Normally **We** will pay **Your** share of the **Hospital** bill directly, according to the terms of this **Certificate**. If it has not been possible to arrange direct settlement, **You** should pay all of the bills and forward the originals of the **CPAM** statements together with any other bills to ASCORE for assessment and reimbursement.

#### OUT-PATIENT TREATMENT

Should **Your** claim consist of **Treatment** as an **Out-Patient**, where automatic payment is not available, **You** should pay for this yourself. Please then submit the following no later than three months after the **Out-Patient** visit to enable **Us** to assess the claim and reimburse You:-

- 1) The original benefits statement received from **CPAM** – 'Releve de Prestations Versees'.
- 2) For childbirth claims, a copy of the birth certificate of the new-born child

These papers will then be processed and, subject to the **Insurers'** approval, a cheque or direct Bank transfer in full and final settlement will be forwarded.

#### GENERAL CLAIMS INFORMATION

1. All **Insured Persons** under this **Policy** shall at all times take reasonable precautions to prevent **Accidents** or illness. All expenditure for which **Benefits** are claimed must be reasonable and customary and be necessarily incurred and be wholly and exclusively for the purpose of **Treatment**.
2. All documentation and materials (including but not limited to original accounts, certificates and x-rays) that **The Insurers** require to support a claim, shall be provided without expense to **The Insurers** (including if requested by **The Insurers** a medical report from the **Insured Person's Medical Practitioner** or **Specialist** and details of the **Insured Person's Medical History** prior to any claim). In cases where medical information is required by **The Insurers** for consideration of a claim but it is not available to **The Insurers**, it is the responsibility of the **Insured Person** to obtain such information from their current or previous **Medical Practitioner**, as appropriate.
3. **Insured Persons** must, without delay, give **The Insurers** written notification of any claim or right of action against any third party arising out of any circumstances which gave rise to a claim under this **Policy** and must continue to keep **The Insurers** fully informed in writing and take all steps **The Insurers** reasonably require in making a claim upon that other party. To the extent permissible under the laws of **Your Country of Residence**, **The Insurers** shall be entitled to take legal action in any **Insured Person's** name for **The Insurers** own **Benefit** and claim for indemnity or damages or otherwise which relates to any benefits and costs paid or payable under the **Policy**. **The Insurers** shall have full discretion in the conduct of any such proceedings and in the settlement of any such claim.

#### COMPLAINTS PROCEDURE

**The Insurers** aim to give **You** a first class service and to meet any claims covered by this Insurance honestly, fairly and properly. If **You** are not happy with our service please write to:

Status Insurance Management Limited  
10a High Street, Billericay, Essex CM12 9BQ UK  
quoting **Your Policy** and/or Claim number.

Should the matter not be resolved to **Your** satisfaction, **You** can write to:

The Complaints Officer  
Professional Travel Insurance Company Limited's Representative  
Insurance House, Prisma Park, Berrington Way  
Basingstoke RG24 8GT United Kingdom  
who will immediately investigate **Your** complaint and provide a full, written response within a maximum of 5 working days.

If **You** still remain dissatisfied after taking these steps, **You** can ask the Financial Ombudsman Service to investigate **Your** claim. Their address is:

The Financial Ombudsman Service  
South Quay Plaza  
183 Marsh Wall  
London E14 9SR United Kingdom



## Policy of Insurance

### Plan Argent / Plan Bronze

under

**Master Contract Number: 2010/EHC/T/01**

and

**Provided by: Status Insurance Management Ltd on behalf of The Insurers**

This is to certify that in accordance with the authorisation granted under Contract to Status Insurance Management Limited by the **Insurers** and in consideration of the payment of premium specified herein or hereon, the **Insurers** agree to provide cover as set out in this **Policy**. The **Policy** sets out full details of the cover provided and which is set out in a Master **Policy** Wording issued to Exclusive Healthcare Insurance.

On receipt of the **Policy** PLEASE READ IT AND KEEP IT IN A SAFE PLACE. If it is found that this **Policy** does not meet the **Insured Person's** needs, please return it within 30 days and, provided there are no claims, the **Insurers** will refund the premium. The proposal made by the **Insured Person** is the basis of and forms part of this Policy.

SIGNED

**IAN G. ATKINSON**  
**MANAGING DIRECTOR**  
**STATUS INSURANCE MANAGEMENT LTD**  
**On behalf of The Insurers**

Status Insurance Management Limited, 10a High Street, Billericay,  
Essex CM12 9BQ, United Kingdom



## POLICY WORDING

This is a translation of the French Policy Wording for information purposes only.

### DEFINITIONS

To help **You** understand **Your Policy**, the following words and phrases used anywhere within **Your Policy** have specific meanings, which are set out in this section. To enable **You** to recognise the defined words and phrases **We** have shown them in bold wherever they appear in **Your Policy**.

#### Accident/Accidental

An unexpected, unforeseen and involuntary external event resulting in injury occurring whilst **Your Policy** is in force.

#### Appliances

Devices and equipment when used as an integral part of a surgical procedure administered by a **Medical Practitioner** or **Specialist**.

#### Benefits

The insurance coverage provided by this **Policy** and any extensions or restrictions shown in the **Policy Schedule** or in any endorsements (if applicable)

#### Commencement Date

The date shown on the **Policy Schedule** on which cover under this **Policy** commences. For the purpose of this **Policy** the time of the start of cover will be 00.01am on the date shown on the **Policy Schedule**.

#### Congenital Anomaly

Intrauterine development or an organ or structure that is abnormal with reference to form, structure or position.

#### Country of Nationality

For the purpose of this **Policy**, this will be the country for which **You** hold a passport.

#### Country of Residence

The country in which **You** have **Your** habitual residence at the time this **Policy** is taken out.

#### Date of Entry

The date shown on the **Policy Schedule** on which an **Insured Person** was included under this **Policy**.

#### Day Patient

**Treatment** in a **Hospital** where the **Insured Person** is admitted to a **Hospital** bed but does not stay in overnight.

#### Dental Practitioner

A person who is licensed by the relevant licensing authority to practise dentistry in the country where the dental **Treatment** is given.

#### Depassements

Any amount charged in excess of the agreed rate as shown in the French Tarif de Convention.

#### Dependants

A spouse or adult partner and/or unmarried children who are not more than 18 years of age and residing with **You**. The term partner shall mean husband, wife or the person permanently residing with **You**, whether or not of the same sex, in a similar relationship. All **Dependants** must be named as **Insured Persons** on the **Policy Schedule**.

#### Eligibility

Residents of France who can provide their membership of the Caisse Primaire d'Assurance Maladie (hereinafter CPAM) or of the obligatory French Social Security administration.

#### Emergency

A situation or condition placing **You** in an immediate life threatening situation.

#### Full Difference

The balance between the amount **You** pay and the amount reimbursed by the CPAM or the obligatory French Social Security administration less any statutory charges imposed by the French Social Security authorities which cannot be reimbursed by law.

#### Full Refund

The total amount **You** pay to the treating establishment or **Medical Practitioner**.

#### Hereditary

Transmitted from parents to offspring; inherited and which presents symptoms at birth.

#### Hospital

An establishment which is legally licensed as a medical or surgical **Hospital** under the laws of the country in which it is situated.

#### In-Patient

An **Insured Person** who stays in a **Hospital** bed and is admitted for one or more nights solely to receive **Treatment**.

#### Insured Person/You/Your

**You** and/or **Your Dependants** named on the **Policy Schedule**.

#### Insurers

Professional Travel Insurance Company Limited.

#### Medical Advice

Notice from the relevant professional body as to establish medical practice and/or the established medical opinion in relation to any **Medical Condition** or **Treatment**.

#### Medical Condition

Any injury, illness or disease excluding psychiatric illness.

#### Medical Practitioner

A person who has attained primary degrees in medicine or surgery by attending a Medical School recognised by the World Health Organisation and who is licensed by the relevant authority to practise medicine in the country where the **Treatment** is given other than:-

- A person insured by this **Policy**
- A member of the immediate family of the **Insured Person**
- An employee of the **Insured Person**

#### Out-Patient

An **Insured Person** who receives **Treatment** at a recognised medical facility, but is not admitted to a **Hospital** bed as an **In-Patient** or **Day Patient**.

#### Period of Cover

The **Period of Cover** as set out in the **Policy Schedule**. This will be a period starting from the **Commencement Date** until 31 December or any subsequent **Renewal Date**.

#### Physiotherapist

A person who is registered as a **Physiotherapist** and licensed to practise in the country where the **Treatment** is being given.

#### Policy

Our contract of insurance with **You** providing cover as detailed in this **Policy**. The application form, Policy of Insurance and **Policy Schedule** form part of the contract and must be read together with this **Policy**.

#### Policyholder/Proposer

The person or company named as **Policyholder/Proposer** in the **Policy Schedule**.

#### Policy Schedule

The Schedule giving details of the **Policyholder** and the **Insured Persons**, Policy Details and endorsements (if applicable).

#### Prescribed Drugs and Dressings

Drugs, medicines, dressings and **Appliances** prescribed by a **Medical Practitioner** or **Specialist**.

#### Qualified Nurse

A qualified resident or daily Nurse whose name is currently on any register or roll of Nurses, maintained by any Statutory Nursing Registration Body within the country in which they are resident.

#### Reasonable and Customary Charges

The average amount charged in respect of valid services or **Treatment** costs, as determined by **Our** experience in any particular country, area or region and substantiated by an independent third party, being a practising Surgeon/Physician/**Specialist** or Government Health department.

#### Renewal Date

From 1st January each calendar year.

#### Routine Pregnancy and Childbirth

Prenatal, childbirth and post-natal. Treatment and examinations and elective caesarean sections.

#### Specialist

A registered **Medical Practitioner** who currently holds a substantive consultant appointment in that speciality and is recognised by the statutory bodies within the country in which they are resident.

#### Territorial Limits

Restricted to France only except where used in conjunction with a European Health Insurance Card or E112 in all existing EU member states.

#### Treatment

Surgical, medical or other procedures, the sole purpose of which is the cure or relief of a **Medical Condition**.

#### We/Our/Us

Status Insurance Management Limited on behalf of Professional Travel Insurance Company Limited.

## COVER AND LIMITS

### MEDICAL AND HOSPITALISATION INSURANCE AND ADDITIONAL EXPENSES INCURRED.

The **Insurers** will pay costs up to €160,000 per **Insured Person** in the event of the **Insured Person** and/or **Dependants** described in the **Policy Schedule** sustaining **Accidental** injury or contracting sickness or disease during the **Period of Cover** within the **Territorial Limits** and after the deduction of prior payments from CPAM or the obligatory French Social Security administration and from establishments which are Ruled by Convention (conventionne). When an **Insured Person** undergoes medical **Treatment**, he/she can claim from the start of the course of **Treatment** until the time when it is medically confirmed that **Treatment** is no longer necessary or until the expiry of the insurance period, or the termination of this insurance, whichever is the earlier event. Where indemnity is claimed for a new course of **Treatment**, which is not in any way connected with the former **Treatment**, the subsequent claim will be regarded as a new claim.

#### Medical Expenses are defined as:

BENEFITS	BRONZE 100	BRONZE 300	ARGENT 100	ARGENT 150	ARGENT 300	ARGENT 500
<b>1. Hospital Charges including:</b>						
i) <b>Medical Practitioner</b> or <b>Specialist</b> fees as an <b>In-Patient</b> or <b>Day Patient</b>	Up to 100% of the Tarif de Convention	Up to 300% of the Tarif de Convention	Up to 100% of the Tarif de Convention	Up to 150% of the Tarif de Convention	Up to 300% of the Tarif de Convention	Up to 500% of the Tarif de Convention
ii) Diagnostic and surgical procedures as an <b>In-Patient</b> or <b>Day Patient</b> including scans, pathology, X-rays, oncology	Up to 100% of the Tarif de Convention	Up to 300% of the Tarif de Convention	Up to 100% of the Tarif de Convention	Up to 150% of the Tarif de Convention	Full Difference	Full Difference
iii) Surgeons' and Anaesthetists' fees including <b>Depassements</b>	Up to 100% of the Tarif de Convention	Up to 300% of the Tarif de Convention	Up to 100% of the Tarif de Convention	Up to 150% of the Tarif de Convention	Up to 300% of the Tarif de Convention	Up to 500% of the Tarif de Convention
iv) Theatre fees and nursing by a <b>Qualified Nurse</b>	Up to 100% of the Tarif de Convention	Up to 300% of the Tarif de Convention	Up to 100% of the Tarif de Convention	Up to 150% of the Tarif de Convention	Full Difference	Full Difference
v) <b>Daily food charge and bottled water</b>	Full Refund	Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
vi) <b>Prescribed Drugs and Dressings</b>	Up to 100% of the Tarif de Convention	Up to 300% of the Tarif de Convention	Up to 100% of the Tarif de Convention	Up to 150% of the Tarif de Convention	Full Difference	Full Difference
vii) Private Room (maximum 30 days per <b>Medical Condition</b> )	Not Covered	Not Covered	Not Covered	Up to €25 per day	Up to €50 per day	Up to €80 per day
viii) Physiotherapy	Up to 100% of the Tarif de Convention	Up to 300% of the Tarif de Convention	Up to 100% of the Tarif de Convention	Up to 150% of the Tarif de Convention	Full Difference	Full Difference
<b>2. Parent Accommodation</b> Standard private <b>Hospital</b> accommodation in respect of a parent or legal guardian staying with an <b>Insured Person</b> who is under 12 years of age and is admitted as an <b>In-Patient</b> in a <b>Hospital</b> .	Up to €25 per day	Up to €25 per day	Up to €25 per day	Up to €25 per day	Up to €50 per day	Up to €80 per day
<b>3. Routine Pregnancy and Childbirth</b> (including Private room limited to maximum of 5 days). <b>Maximum payable in any one policy period for all benefits in this section is €600</b>	Not Covered	Not Covered	Full Difference Private Room Not Covered	Full Difference Private Room up to €25 per day	Full Difference Private Room up to €50 per day	Full Difference Private Room up to €80 per day
<b>4. Transportation</b> The cost of emergency transport necessarily incurred to and from <b>Hospitals</b> for <b>Medical Conditions</b> covered by this <b>Policy</b> .	Up to 100% of the Tarif de Convention	Up to 300% of the Tarif de Convention	Up to 100% of the Tarif de Convention	Up to 150% of the Tarif de Convention	Full Difference	Full Difference
<b>5. Home Nursing</b> Nursing care given outside a <b>Hospital</b> which is immediately received subsequent to <b>Treatment</b> as an <b>In-patient</b> or <b>Day Patient</b> on the referral of a <b>Specialist</b> . This must be provided by a <b>Qualified Nurse</b> .	Not Covered	Not Covered	Up to 100% of the Tarif de Convention	Up to 150% of the Tarif de Convention	Full Difference	Full Difference
<b>6. Reconstructive Surgery</b> Reconstructive surgery following an <b>Accident</b> or following surgery for an event covered by this <b>Policy</b> .	Up to 100% of the Tarif de Convention	Up to 300% of the Tarif de Convention	Up to 100% of the Tarif de Convention	Up to 150% of the Tarif de Convention	Full Difference	Full Difference
<b>7. Registered Convalescent Home</b> Where prescribed by and under the control of a <b>Specialist</b> (maximum 30 days per <b>Medical Condition</b> )	Up to 100% of the Tarif de Convention	Up to 300% of the Tarif de Convention	Up to 100% of the Tarif de Convention	Up to 150% of the Tarif de Convention	Full Difference	Full Difference
<b>8. Out-Patient charges including:</b>						
i) <b>Medical Practitioner</b> or <b>Specialist</b> fees as an <b>Out-Patient</b> including home visits	Not Covered	Not Covered	Up to 100% of the Tarif de Convention	Up to 150% of the Tarif de Convention	Up to 300% of the Tarif de Convention	Up to 500% of the Tarif de Convention
ii) Diagnostic and surgical procedures as an <b>Out-Patient</b> including scans, pathology, X-rays, oncology	Not Covered	Not Covered	Up to 100% of the Tarif de Convention Full Difference	Up to 150% of the Tarif de Convention Full Difference	Full Difference Full Difference	Full Difference Full Difference
iii) Prescribed Drugs and Dressings	Not Covered	Not Covered	Up to 100% of the Tarif de Convention	Up to 150% of the Tarif de Convention	Full Difference	Full Difference
iv) Physiotherapy, Home Nursing	Not Covered	Not Covered	Up to 100% of the Tarif de Convention	Up to 100% of the Tarif de Convention	Full Difference	Full Difference
v) Thermal cures (where reimbursed by the Social Security)	Not Covered	Not Covered	Up to 100% of the Tarif de Convention	Up to 100% of the Tarif de Convention	Up to 100% of the Tarif de Convention	Up to 200% of the Tarif de Convention
Tiers Payant (Santé Pharma Card )	NO	NO	YES	YES	YES	YES
<b>9. Dental charges including:</b>						
i) <b>Accidental Damage to Teeth – Treatment</b> received in an <b>Emergency</b> room in a <b>Hospital</b> within 7 days of incurring <b>Accidental</b> damage caused to sound, natural teeth when given by a <b>Medical</b> or <b>Dental Practitioner</b>	Not Covered	Not Covered	Up to 100% of the Tarif de Convention	Up to 150% of the Tarif de Convention	Full Difference	Full Difference
ii) <b>Routine Dental Treatment</b> – the fees of a <b>Dental Surgeon</b> in respect of routine dental <b>Treatment</b> received at a dental surgery.	Not Covered	Not Covered	Up to 100% of the Tarif de Convention	Up to 150% of the Tarif de Convention	Up to 300% of the Tarif de Convention	Up to 500% of the Tarif de Convention
iii) <b>Reimbursable Dental Prostheses</b> <b>Maximum payable for all dental benefits in any one period up to:</b>	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<small>In respect of Benefits 9i), 9ii) and 9iii) there is a waiting period of 180 days for new clients before Benefits are payable</small>	Not Covered	Not Covered	€150	€250	€350	€500

## GENERAL CERTIFICATE EXCLUSIONS

This **Policy** does not cover claims arising from or for:

- Expenditure not approved and accepted by **CPAM**, or the obligatory French Social Security administration, (included in the Tarif de Convention, drawn up every year by the French Social Security) relating to various items of **Treatment** and medical care.
- The expenses of establishments or of **Medical Practitioners** not governed by the Tarif de Convention.
- The provision of visual aids, normal ear tests and the provision of hearing aids. Non-medical/natural degenerative eye defects and non-medical/natural degenerative hearing defects.
- Cosmetic **Treatment** or **Treatment** for weight problems whether or not for psychological purposes. Removal of fat or other surplus tissue from any part of the body.
- Birth injuries, **Congenital Anomalies** or **Hereditary Conditions**.
- Care or **Treatment** received for spa or similar **Treatments**, sanatoriums, convalescent homes (unless they form an integral part of eligible medical **Treatment**) or of any and all other similar establishments, beds in retirement homes under medical supervision attached to such establishments or to a **Hospital** if the **Hospital** has become the permanent residence of the **Insured Person**, or if the **Insured Person's** temporary or permanent admission has been requested, or arises for family reasons.
- Rehabilitation unless it forms an integral part of eligible medical **Treatment** received as an **In-Patient** and is under the control or supervision of a **Medical Practitioner** and is undertaken in a recognised rehabilitation unit.
- Examination or **Treatment** for mental illness, psychiatric disorder, anxiety, stress and/ or depression.
- In respect of Plan Bronze cover, any and all **Out-Patient Treatment**.
- Costs of providing, maintaining or fitting any external prostheses or **Appliances**, rental or purchase of crutches, wheelchairs or other equipment, medical or otherwise.
- For all new clients joining after 1 January 2010:
  - any **In-Patient** or **Day Patient Treatment** received for the first three months (90 days) will be reimbursed at the Argent 100 **Benefits** level irrespective of the level of cover purchased.
  - No **Benefits** are payable in respect of Routine Dental Treatment or Reimbursable Dental Prostheses for the first 180 days of cover.
- Pregnancy terminations on non-medical grounds.
- Bodily injury or sickness sustained directly whilst under the influence or disablement due wholly or partially to the effects of intoxicating liquor, alcoholism or drugs other than drugs taken under direction of a **Medical Practitioner**, but not for the **Treatment** of drug addiction or alcoholism.
- Suicide or attempted suicide, wilfully self-inflicted bodily injury or illness, deliberate exposure to exceptional danger (except in an attempt to save human life) and the **Insured Person's** own criminal act.
- Treatment** directly or indirectly arising from or required as a consequence of war, invasion, acts of foreign enemy hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege or attempted overthrow of government or any acts of terrorism.
- Treatment** directly or indirectly arising from or required as a result of chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion or nuclear fuel, asbestosis or any related condition.
- Treatment** which **We** determine on **Medical Advice** is either experimental or unproven and any auto therapy.
- Alternative medicines other than Homeopathy or Acupuncture, (administered by qualified **Specialists** only).
- Tests and **Treatment** directly or indirectly arising from or required in connection with male and female birth control, infertility, impotence, contraception, sterilisation (or its reversal) and any form of assisted reproduction and any and all consequences thereof.
- Treatment** directly or indirectly associated with a sex change.
- Supportive treatment for renal failure, including dialysis. This exclusion will not apply if such treatment is as a direct result of

an **Accident** covered hereunder or as a consequence of a covered surgical procedure and is incidental to the procedure. In any event expenses will be covered to a maximum of one hundred and eighty days from the date of incurring the first expense.

- Transplantation of organs other than heart, kidney and liver and excluding the costs incurred in connection with locating a replacement organ or any costs incurred for removal of the organ from the donor, transportation costs of same and all associated administration costs.
- Any second or subsequent medical opinions from a **Medical Practitioner** or **Specialist** for the same condition unless it has been authorised by The Insurers in writing.
- Costs and expenses incurred where an **Insured Person** has travelled against medical advice.
- Costs in respect of a psychotherapist, family therapist or bereavement counsellor.
- Dietary Supplements and substances which are available naturally, including but not limited to vitamins, minerals and organic substances.
- Claims and costs for Treatment in respect of medical expenses incurred after the expiry date of the Policy arising from Accidental bodily injury and/or illness occurring during the Period of Cover unless the Policy has been renewed.
- Our policy conforms to the terms of a Responsible Contract put in place by Social Security and as such the re-imburement of penalties imposed in certain circumstances by the law is excluded.

## GENERAL CONDITIONS

- The Insurers** are entitled to refuse to accept an application from any person without giving a reason. **We** maintain the right to ask **You** to provide proof of age for any person included in **Your** application.
- Expenses shall only be reimbursed when they have been approved, accepted and paid out by CPAM, or the obligatory French Social Security administration and subject to the condition that **Medical Practitioners** and establishments under convention have been employed.
- If the rules relating to payments made by CPAM, or the obligatory French Social Security administration are changed in the course of the **Period of Cover**, **The Insurers** reserve the right to keep the supplementary payments at the same levels as those applicable prior to the said change.
- Children will be accepted for cover from birth, provided that their birth is notified to The Insurers within 90 days from the date of birth. Notification received after this period will result in children being accepted for cover from the date of such notification.
- The Insurers** may alter the terms of the **Policy** at any **Renewal Date**. A copy of the current **Policy** terms will be sent to **You** at such time. In consequence of these **Policy** changes **You** may cancel **Your Policy** within 30 days following any **Renewal Date** and provided **You** have not made a claim the **Insurers** will refund **Your** premium. The **Insurers** will give **You** reasonable notice of such alterations. The **Insurers** will send details of such alterations to the address as shown on your **Policy Certificate**. However, the alterations will take effect even if **You** do not receive them for any reason. No alteration or amendment to the **Policy** terms will be valid unless it is in writing from the **Insurers**.
- Any and all modifications to the declarations mentioned above, to the exclusion of modifications relating to the state of health of the **Insured Person**, shall be declared to the **Insurers** by registered letter within fifteen days of the **Insured Person's** knowledge thereof. If the modification is an aggravation in the meaning of Article L 113-4 of the French Code of Insurance, the **Insurers** shall be empowered subject to the Conditions laid down in the aforesaid article of the Code either to cancel the contract giving ten days prior notice or to propose a new premium contribution. If, however, within thirty days the **Insured Person** has not agreed to or expressly refused the proposal, the **Insurers** shall cancel the contract on expiry of that thirty day period, provided the **Insurers** have informed the **Insured Person** of their entitlement to do so by showing it in clearly visible words in the letter of proposal.
- Any reticence or intentionally false declaration, any and all inaccurate omission or declaration shall entail the application as the case may be of the sanctions laid down in