

Information notice

CA - World Elite MasterCard

Assistance Agreement No. WM6

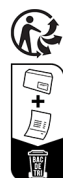


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1 Legal notices

Information notice for the assistance policy for account no. WM6, hereinafter referred to as the "Policy", taken out on behalf of the Insureds in accordance with Article L112-1 of the French Insurance Code:

by the bank that issued the World Elite MasterCard
hereinafter referred to as the "Issuer";

- with EUROP ASSISTANCE Italia S.P.A, also acting under its trading name **EUROP ASSISTANCE INSURANCE**, an insurance company under Italian law with capital of €12,000,000, registered in the Milan Companies Register under number 80039790151, located at via del Mulino, 4, 20057 Assago (MI), Italy, regulated by the Istituto per la vigilanza sulle assicurazioni (IVASS), P.IVA 01333550323, **acting through its French branch at 11-17, avenue François Mitterrand, 93210 Saint-Denis, France, registered in the Bobigny Trade and Companies Register under number 897 600 359 RCS Bobigny, hereinafter "Europ Assistance" or the "Assistance Provider"**
- through CAMCA Courtage, an insurance broker registered with ORIAS under number 07002817, acting pursuant to a mandate from the Issuer delegating the management of the card assistance programme and signature powers. CAMCA Courtage is a simplified joint stock company (SAS) with share capital of €625,000, whose registered office is located at 53, rue la Boétie, 75008 Paris, registered with the Paris Trade and Companies Register under no. 428 681 985. CAMCA Courtage is regulated by ACPR, 4 place de Budapest, CS 92459, 75436 Paris CEDEX 09.

1.1 Effective date and termination of cover

The cover under this information notice takes effect **from midnight on 1 January 2025 and applies to Losses Occurring after midnight on 1 January 2025.**

The Insureds are only covered from the date on which the Card is issued and while it remains valid. However, declaring the loss or theft of the Card shall not suspend cover.

For each Insured, the benefit of the cover shall cease:

- in the event that the Assistance Provider withdraws its authorisation in full, in accordance with Article L 326-12, paragraph 1 of the French Insurance Code,
- when the Card is cancelled,
- in any event, on the effective date of termination or cessation of the Agreement,

If the Policy is not renewed, the cover shall cease for each Insured from the effective date of termination of the Policy.

1.2 Information

This information notice describes the cover, exclusions and obligations of the Assistance Provider and the Insureds. **It is agreed with the Assistance Provider that the Issuer shall be responsible for properly informing the Cardholder and for sending it the Information Notice.**

In the event of a change in the terms of cover, or in the event of termination of this Agreement, the Issuer shall inform the Cardholder by any means at its convenience under the conditions provided for in the general terms and conditions of the Card agreement entered into with the Issuer.



1.3 Applicable law

This policy is governed by French law.

1.4 Competent courts

The Agreement is governed exclusively by French law. Any dispute arising from the performance, non-performance or interpretation of this Agreement shall fall under the exclusive jurisdiction of the French courts.

1.5 Data Protection

Europ Assistance Italia, an Italian company operating through its French subsidiary located at 11-17, avenue François Mitterrand, 93210 Saint-Denis (hereinafter referred to as "the Assistance Provider"), acting as data processor, processes the personal data of the Insured for the purposes of:

Processing for the following purposes is necessary for the performance of the Policy:

- managing and organising assistance requests,
- organising customer satisfaction surveys with Insureds that have received assistance services,
- handling potential disputes and implementing the legal provisions,

Processing for the following purposes is in the legitimate interest of the Assistance Provider:

- to draw up sales statistics and actuarial studies,
- to examine, accept, check and monitor risk,
- managing the recording of telephone conversations with the employees of the Assistance Provider, or those of its subcontractors, for the purposes of training and evaluating employees, improving the quality of the service and handling potential disputes.

Processing for the following purposes is necessary to comply with legal obligations:

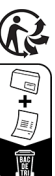
- implementing obligations of vigilance related to the fight against money laundering and terrorist financing, and financial sanctions, including raising alerts and making declarations of suspicion,
- implementing targeted measures in the fight against insurance fraud,

CAMCA Courtage, an insurance broker registered with ORIAS under number 07002817, acting pursuant to a mandate from the Issuer delegating the management of the card assistance programme and delegation of signature, acting as data controller, processes the Insured's personal data for the purposes described below:

Processing with the aim of analysing claims that require closer examination is necessary for the performance of the Contract, as part of exceptional procedures.

Processing for the following purposes is in the legitimate interest of CAMCA Courtage:

- auditing the quality of the management of Europ Assistance and its service providers, in particular through:
 - its participation in committees that listen in on calls from customers who have requested the services of Europ Assistance in order to obtain information or to receive assistance, without access to sensitive data, especially medical data;
 - with the assistance of its delegatee, organising half-yearly satisfaction surveys with Insureds who have received assistance services, and transmission to the Assistance Provider of the results of the surveys (verbatim excerpts) and information data with a view to taking corrective action.



- Organising and handling complaints and disputes that are the responsibility of CAMCA Courtage and are not the responsibility of the Assistance Provider.

Processing for the following purpose is necessary to comply with legal obligations:

- CAMCA Courtage is subject to the legal obligations relating to the fight against money laundering and the financing of terrorism and, as such, may be required to file any suspicious transaction reports.

For these assignments, CAMCA Courtage may use any service provider of its choosing by virtue of an express written delegation mandate.

The Policy holder is informed of and accepts that their personal data be processed for specific purposes.

The data collected are mandatory. If these data are not sent, it will be harder or even impossible to manage the Insured's assistance requests.

To this end, the Insured is informed that his/her personal data is intended for the Assistance Provider and CAMCA Courtage, each of them a data controller for its own field, as well as for their subcontractors, subsidiaries and agents and for the service providers appointed to provide assistance services for its benefit (depending on the case, convenience stores, ambulance drivers, airlines, taxis, etc.)

Certain personal data of the Insured may also be sent to CAMCA Courtage, the data controller responsible for managing insurance cover that may be associated with the Cardholder's Card, or to the representative of CAMCA Courtage.

His/her personal data may also be transmitted to all persons authorised as Authorised Third Parties (courts, arbitrators, mediators, ministries concerned, supervisory and supervisory authorities and all public bodies authorised to receive them as well as to the audit departments such as statutory auditors, auditors and internal control departments).

Where appropriate, they may be sent to any persons involved in the Policy such as lawyers, experts, judicial assistants and ministerial officers, curators, tutors and investigators.

CAMCA Courtage may also send information concerning the Insured to the entities of the Group to which it belongs in connection with exceptional proceedings.

The Insured's personal data may also be used in connection with data processing to combat insurance fraud, which could result in being registered on a list of persons presenting a risk of fraud.

This registration could prolong the review of your application or result in a reduction or refusal of the benefit of a right, service, contract or service offered.

In the event of a fraud alert, unless the alert proves to be relevant, data are kept for a maximum of six (6) months while investigating the alert, and then deleted. In the event of a relevant alert, data are 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 persons registered on a list of suspected fraudsters, the data concerning them are deleted five (5) years after their registration on this list.

To meet legal and regulatory obligations, the Assistance Provider and/or CAMCA Courtage may be required to disclose information to legally authorised administrative or judicial authorities.

The Insured's personal data are retained for a period that varies depending on the ultimate purpose:

- Six months for telephone recordings, according to the conditions specified above,
- The duration required to manage the file,



- Three months for management quality monitoring and satisfaction surveys conducted.

increased by mandatory accounting retention periods and the statutory limitation period (10 years for medical-related treatments, 5 years for other treatments).

The Insured is informed and accepts that personal data concerning him are disclosed to recipients located:

- (i) in non-EU third countries with equivalent protection by deemed adequate by the European Commission, or
- (ii) in non-EU third countries that are not recognised as offering an adequate level of protection by the European Commission with which the Assistance Provider or its subcontractor have entered into a cross-border data transfer agreement drawn up with these recipients in accordance with the standard contractual clauses issued by the European Commission and currently in force, in order to govern these transfers.

The Insured may request a copy of such appropriate safeguards that govern data transfers to either of the addresses indicated below. The Cardholder is also informed and accepts that the purpose of these transfers is to manage requests for assistance. The following categories of data are covered:

- data relating to identity (such as surname, first names, sex, age, date of birth, phone number, e-mail), and personal life (such as family situation, number of children),
- location data,
- where applicable, health data, including social security number (NIR), and with the consent of the person concerned.

As the person concerned by the processing, the Insured is informed that he/she has the right to access, rectify, erase and transfer his/her data and to limit its processing. He/she also has the right to object to its processing. Policy holders have the right to always withdraw their consent, without having an impact on the validity of the processing based on consent before it was withdrawn. Furthermore, they have a right to draw up specific and general directives as to the preservation, deletion and communication of their data after their death.

The exercise of the Insured's rights concerning assistance services is carried out:

- through the Assistance Provider's Data Protection Officer, by letter enclosing a photocopy of a signed identity document to one of the addresses below:

- by email to: protectiondesdonnees@europ-assistance.fr,
- or by post to: Europ Assistance Italia, French branch - For the attention of the Data Protection Officer, 23, avenue des Fruitières, 93212 Saint-Denis cedex - France.

and

For the tasks entrusted to CAMCA Courtage concerning the management of the programme, rights are exercised:

- with the CAMCA Courtage Data Protection Officer, at either of the following addresses:

- by email to: dpo@ca-camca.fr
- or by post to: CAMCA Courtage, For the attention of the Data Protection Officer - 53, rue la Boétie - 75008 Paris

Lastly, the Insured is informed that he/she has the right to file a complaint with the Commission Nationale Informatique et Libertés ("**CNIL**"), 3, place de Fontenoy, TSA 80715, 75334 Paris cedex 07, France. The Insured can contact the CNIL via its online complaint system: <https://www.cnil.fr/plaintes> Tel.: +33 1 53 732 222.



1.6 Supervisory authority

The Assistance Provider is regulated by Istituto per la vigilanza sulle assicurazioni (IVASS), via del Quirinale, 00187 Roma, Italia.



2 What to do in the event of a Loss

In order to benefit from the cover provided for in the Policy, the Insured must without fail contact or arrange for the Assistance Provider to be contacted as soon as it becomes aware of a Loss that is likely to result in the implementation of cover:

- by telephone, 24/7, by calling the number on the back of the Card
- by email: medical@europ-assistance.fr

After contacting the Assistance Provider in connection with the implementation of cover to open a Claim file, the Insured may send it a request for reimbursement together with the original receipts, and track the claim:

- online: <https://ca-assistancesolutions.fr>
- by email: indemnisationsmx@europ-assistance.fr
- By letter:

EUROP ASSISTANCE
Customer Assistance Claims Department
23 Avenue des Fruitières
CS 20021
93212 Saint-Denis cedex

2.1 Declaration Deadline

ANY REQUEST FOR ASSISTANCE MUST BE MADE TO THE ASSISTANCE COMPANY AS SOON AS POSSIBLE, AND IMPERATIVELY BEFORE INCURRING ANY EXPENDITURE. THE ASSISTANCE COMPANY WILL INTERVENE ON THE EXPRESS CONDITION THAT THE EVENT THAT REQUIRES US TO PROVIDE THE SERVICE WAS NOT KNOWN ABOUT AT THE TIME OF DEPARTURE.

The Insured must:

- provide such supporting documents as the Assistance Provider deems necessary to assess the right to assistance cover, i.e. proof of family relationship, proof of the age of the children, proof of Residence, receipt expenses or a tax assessment notice, provided that they have previously blacked out all elements contained therein other than the name, address and persons comprising the Insured's tax household, proof of the duration of the Insured's Foreign Trip, a death certificate.

Failing this, the Assistance Provider will refuse to implement the cover and will, where applicable, re-invoice the costs already incurred by it,

- grant the Assistance Provider's doctors unlimited access to the medical data concerning them,
- ensure that only true and accurate information is provided,
- comply with the solutions recommended by the Assistance Provider.

2.2 Limitation of Liability - Exceptional Circumstances

The Assistance Provider undertakes to use all available means to provide assistance.

However, the Assistance Provider shall not be held liable in the event that these resources are unavailable or absent in the geographic region in which the intervention request is made.



The Assistance Provider does not guarantee the performance of the services and may not be held liable for:

- in the event of Force Majeure or events such as civil or foreign war, riots or popular uprisings, lock-outs, strikes, attacks, acts of terrorism, piracy, storms and hurricanes, earthquakes, cyclones, volcanic eruptions or other cataclysms, disintegration of the atomic core, explosion of machines and radioactive nuclear effects, epidemics, the effects of pollution and natural disasters, the effects of radiation or any other fortuitous event as well as their consequences;
- delays and/or impediments in obtaining administrative documents required by the Insured to travel within or outside the country where they are or to their entry into the country recommended by the Assistance Provider's doctors for their hospitalisation,
- if using local public services or operators that the Assistance Provider is required to use under local and/or international regulations;
- in the event of restrictions that may be imposed by passenger carriers (i.e. airlines) for people with certain medical conditions or for pregnant women; restrictions applicable up to the time of the start of transport and subject to change without notice (e.g. for airlines: medical examination, medical certificate, special arrangements or ban on carriage). As a result, the repatriation of these persons can only be carried out with the carrier's approval and, of course, in the absence of an unfavourable medical opinion with regard to the health of the Insured or the unborn child.

2.3 Time barring

Pursuant to Article L. 114-1 of the French Insurance Code:

"All actions in connection with an insurance policy are time-barred two years after the event which gives rise to the cause of action. As an exception to the foregoing, actions arising from an insurance policy relating to damage resulting from land movements due to drought and soil dehydration, recognised as a natural disaster under the conditions provided for in Article L. 125-1, are time-barred five years from the event giving rise thereto.

However, this period will run:

1. In the event of a non-disclosure, omission or false or inaccurate declaration about the risk incurred only as from the date on which the insurer becomes aware thereof;
2. in the event of a loss, on the date on which the interested parties become aware thereof, if they prove that they were unaware thereof before such time.

When the action of the Insured against the insurer results from the recourse of a third party, the statute of limitations only starts to run from the day that this third party initiated legal action against the Insured or was indemnified by this latter party.

The limitation period is extended to ten years for life insurance policies if the beneficiary is a person other than the policyholder and, for personal accident insurance policies, if the beneficiaries are the successors of the deceased insured.

Notwithstanding the provisions of paragraph 2, in the case of life insurance policies, actions initiated by the beneficiary will be time-barred no later than thirty years from the insurer's death."

Pursuant to Article L114-2 of the French Insurance Code:

"The limitation period is interrupted by any of the ordinary causes that interrupt the limitation period and by the appointment of experts following a loss. The limitation period may also be interrupted by the insurer sending the insured a registered letter or an electronic registered letter with acknowledgement of receipt concerning action for payment of the premium, or by the insured sending the insurer a registered letter with acknowledgement of receipt concerning the payment of the indemnity."



Pursuant to Article L114-3 of the French Insurance Code:

"In derogation of Article 2254 of the French Civil Code, the parties to an insurance policy may not, even by mutual agreement, change the duration of the prescription period or add to the grounds for the suspension or interruption thereof.

The ordinary causes for interrupting the limitation period are defined in Articles 2240 to 2246 of the French Civil Code: the debtor's of the right of the party against whom he asserted the limitation period (Article 2240 of the Civil Code), initiating legal action (Articles 2241 to 2243 of the French Civil Code), or a specific performance act (Articles 2244 to 2246 of the French Civil Code), which are reproduced below:

Article 2240 of the French Civil Code: "The debtor's acknowledgement of the right of the party against whom they asserted the limitation period of prescription interrupts the limitation period."

Article 2241 of the French Civil Code: "Initiating legal action, including in summary proceedings, suspends the limitation period, as well as the absolute period of prescription." The foregoing also applies if legal action is initiated before a court without jurisdiction or if the pleading that initiates the action before the court is invalidated due to a procedural defect.

Article 2242 of the French Civil Code: "The interruption of the limitation period due to the initiation of legal action is effective until the action is extinguished."

Article 2243 of the French Civil Code: "The interruption of the limitation period is void if the claimant abandons their claim or allows the action to lapse, or if their claim is definitively denied."

Article 2244 of the French Civil Code: "The limitation period or absolute period of prescription is also interrupted by a protective measure taken pursuant to the French Civil Enforcement Procedures Code or a specific performance act."

Article 2245 of the French Civil Code: "A demand made on a jointly liable debtor by initiating legal action or undertaking a specific performance act, or the debtor's acknowledgement of the right of the party against whom they asserted the limitation period, interrupts the limitation period against the other debtors, including their heirs. However, a demand made against an heir of a jointly liable debtor or such heir's acknowledgement of liability does not interrupt the limitation period against the other co-heirs, including in the case of mortgage liabilities, if the obligation is divisible. Such demand or acknowledgement of liability interrupts the limitation period against the other co-debtors only with respect to the share owed by such heir. To interrupt the limitation period entirely, against all other co-debtors, a demand must be made against all heirs of the deceased debtor or an acknowledgement of liability must be made by all such heirs."

Article 2246 of the French Civil Code: "A demand made against the principal debtor, or their acknowledgement of liability, interrupts the limitation period against the guarantor."

2.4 Burden of proof

It is the Insured's responsibility to demonstrate the reality of the situation, it being understood that any request not substantiated by sufficient information to prove the materiality of the facts may be rejected.

2.5 Complaints – Mediation

If the Insured is unhappy with the handling of their claim, they may file a complaint in writing or by email to the following address:

Europ Assistance
Customer Complaints Department
23 Avenue des Fruitiers
CS 20021 – 93212 Saint-Denis Cedex
service.qualite@europ-assistance.fr



A response will be provided as soon as possible and no later than two months from the date on which the first written expression of its dissatisfaction is sent. If the complaint handling time will exceed ten business days, an interim letter will be sent during this period.

In any event, the Insured may refer the matter to the ombudsman by letter or email at the address below, within two months after having sent their written complaint, whether or not it has been answered:

La Médiation de l'Assurance
TSA 50110
75441 Paris Cedex 09
<http://www.mediation-assurance.org/>

The Insured may refer the dispute to the competent court at any time.

The examination of the Insured's file by the Mediator shall only begin on receipt of the complete file. The Mediator shall issue an opinion within three (3) months of receipt of the complete file, with the Insured retaining the right to refer the matter to court at a later date.

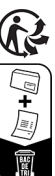
2.6 Subrogation or recourse against the persons responsible for the Loss

As provided for in Article L.121-12 of the French Insurance Code, the insurer is subrogated in any rights and actions that the Insured may have against third parties responsible for the Loss. The insurer's subrogation is limited to the amount of the costs that the insurer incurred in the execution of this policy.

2.7 Transport tickets

Where transport is organised and paid for pursuant to the provisions of this Policy, the Insured undertakes:

- to reserve for the Assistance Provider the right to use the travel tickets it holds; or
- to reimburse the Assistance Provider any sums reimbursed by the organisation that issued said tickets.



2.8 Multiple insurance policies

In accordance with Article L.121-4 of the French Insurance Code, any insured that has cover under several policies for the same interest and against the same risk, must immediately inform each insurer of the other insurers. In this notification, the Insured must indicate the name of the insurer with which another insurance policy was taken out, and the amount insured. If several insurance policies have been taken out without fraudulent intention, each one be effective up to the limits of the cover and in compliance with the provisions of the French Insurance Code.

2.9 Penalty for false declaration

In the event of a Loss or a request for intervention under the assistance services, if the Insured knowingly presents inaccurate documents as evidence, uses fraudulent means or makes inaccurate or partial statements, the Insured shall forfeit any right to the services provided for in this assistance notice, for which these statements are required.



3 Conditions of application of Assistance cover

ASSISTANCE COVER IS ACQUIRED SOLELY AS A RESULT OF HOLDING THE CARD, subject to the conditions set out in this Agreement, the status of Insured on behalf of third parties being automatically conferred, with no other condition or action by the Cardholder.

The assistance cover described below is to be provided exclusively by the Assistance Provider, which will pay the cost thereof directly to the service providers it has appointed. To this end, the Insured agrees that the data concerning him/her that is necessary for the performance of the services provided for in the Agreement shall be sent in part or in full to any service providers of the Assistance Provider, which may be established outside the European Union.

Exceptionally, if circumstances dictate, the Assistance Provider may authorise the Insured to organise all or part of a service. In this event, only expenses incurred with the express and, of course, prior agreement of the Assistance Provider shall be reimbursed, up to the amount that would have been incurred by the Assistance Provider in providing this service, and upon dispatch of the original receipts:

- **via internet:** <https://ca-assistancesolutions.fr>
- **by email:** indemnisatinfmx@europ-assistance.fr
- **By letter:**

EUROP ASSISTANCE
Customer Assistance Claims Department
23 Avenue des Fruitiers
CS 20021
93212 Saint-Denis cedex

Inadequate medical facilities, access difficulties and long response times in certain regions make assistance particularly difficult. Travellers should exercise caution in such regions. In particular, travellers aged 70 and over and/or accompanied by young children (under 12 years of age) and/or suffering from chronic conditions and/or presenting risk factors should not be exposed to risks in such regions where care may not be available pending the intervention of the Assistance Provider.

Under no circumstances can the Assistance Provider replace local emergency services.

ATTENTION

ANY REQUEST FOR ASSISTANCE MUST BE MADE TO THE ASSISTANCE COMPANY AS SOON AS POSSIBLE, AND IMPERATIVELY BEFORE INCURRING ANY EXPENDITURE. THE ASSISTANCE COMPANY WILL INTERVENE ON THE EXPRESS CONDITION THAT THE LOSS THAT REQUIRES US TO IMPLEMENT COVER WAS NOT KNOWN ABOUT AT THE TIME OF DEPARTURE.

ANY EXPENDITURE INCURRED WITHOUT THE AGREEMENT OF THE ASSISTANCE COMPANY SHALL NOT BE REIMBURSED OR SUBSEQUENTLY COVERED.



3.1 Territoriality

Cover applies outside the Insured's Place of Residence, with no mileage excess, for the first 90 days of a **private or business** Trip under the following conditions:

- if the Country of residence is France: in France and outside France
- if the Country of residence is other than France: outside the Country of residence

These conditions are valid for all services **with the exception of the Advance of Hospitalisation Expenses Abroad (chapter 4.12), Medical Expenses Abroad (chapter 4.11), Legal Proceedings Abroad (chapter 7) and Transport of objects abroad (chapter 8), for which the terms of application apply only outside of France and the Country of residence**

Territorial exclusions

Countries that are, on the date of departure on a trip, in a state of civil or foreign war, notorious political instability, or undergoing a cataclysm/natural disaster (i.e. an earthquake, tsunami, volcanic eruption, tidal wave, flood, storm, hurricane, hail, or landslide), popular uprisings, riots, acts of terrorism, reprisals, restriction on the free movement of persons and goods (for whatever reason, i.e. health, safety, weather or resulting from the sovereign decision of a state), or radioactive decay or any irradiation from a radioactive energy source, are excluded.

Travel to a country, region or area to which travel is formally advised against by the French Ministry for European and Foreign Affairs (www.diplomatie.gouv.fr) on the date of departure is also excluded.

For more information before you leave, please visit: <https://www.europ-assistance.fr/fr/pays-exclus>

International sanctions

Europ Assistance will not provide any cover, will not cover the cost of services and will not provide any service described in this document if this could expose it to a sanction, a prohibition or international restriction as defined by the United Nations, the European Union or the United States of America. More information available at <https://www.europ-assistance.com/en/who-we-are/international-regulatory-information> (in English) or <https://www.europ-assistance.com/fr/who-we-are-international-regulatory-information/> (in French).

Accordingly, and together with any other territorial exclusion defined in this document, the services are not provided in the following countries and territories: Belarus, North Korea, Iran, the People's Republics of Donetsk, Luhansk, Kherson and Zaporizhzhia, Russia, Syria and Crimea. This list is applicable on the date of issue of this document. The updated list of sanctioned countries and territories can be found at: <https://www.europ-assistance.fr/fr/pays-exclus>

In the event that this policy includes personal liability cover, it is specified that this cover does not apply in the case of travel to Iran.



Furthermore, it is specified that no payment or transaction from and/or to the above countries, Iran or any other country or region under total embargo will be made by the Insurer.

For US nationals travelling to Cuba and/or Venezuela, the provision of assistance services or payment of a benefit is conditional on proof that the trip to Cuba and/or Venezuela is in compliance with the laws of the United States. US nationals include any person, in any location, who is a US citizen or usually resides in the United States (including holders of a green card) as well as any capital company, partnership, association or other organisation, whether or not incorporated there or operating businesses there owned or controlled by such persons.

3.2 Common definitions

All capitalized terms in this Agreement are defined below. Each description of cover may include specific definitions. For the same term, the specific definition prevails over the common definition.

Assistance Provider

EUROP ASSISTANCE Italia S.P.A, also acting under its trading name **EUROP ASSISTANCE INSURANCE**, an insurance company under Italian law with capital of €12,000,000, registered in the Milan Companies Register under number 80039790151, located at via del Mulino, 4, 20057 Assago (MI), Italy, regulated by the Istituto per la vigilanza sulle assicurazioni (IVASS), P.IVA 01333550323, **acting through its French branch at 11-17, avenue François Mitterrand, 93210 Saint-Denis, France, registered in the Bobigny Trade and Companies Register under number 897 600 359 RCS Bobigny.**

Insured party

The following are considered to be Insured:

- the Cardholder;
- his/her Spouse;
- their children and grandchildren, including by marriage, under the age of 25, provided that they are fiscally dependent on at least one of their parents;
- their ascendants and descendants, regardless of their age, if they hold the disability card provided for in Article L.241-3 of the French Social Action and Family Code and:
 - they are dependent on the Cardholder or his/her Spouse for tax purposes;
 - or
 - they receive maintenance payments from the Cardholder and/or his/her Spouse for which they are eligible for an allowance on their tax and income notice.

These persons must be Insured on the date the Claim Occurs.

Insureds are covered when travelling alone or together.

Injury

Means any medically confirmed bodily injury affecting the Insured that resulted from the sudden action of an external cause and was not intentionally caused by the Insured.

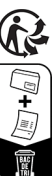
Card

Means the World Elite Mastercard issued by the Issuer, to which the cover relates.

Spouse

The Spouse is either:

- the spouse of the Cardholder, not legally or de facto separated and not divorced,



- a person who has entered into a valid civil partnership (PACS) with the Cardholder, or
- a person who is cohabiting with the Cardholder.

Proof of the status of Spouse shall be provided:

- if married, via the family record book (livret de famille),
- in the case of a PACS, by the PACS certificate,
- in the event of cohabitation, by a certificate of cohabitation issued before the date on which the Loss Occurred or, failing that, by tax notices mentioning the same address or invoices from the electricity or gas supplier in both names before the date on which the Loss Occurred.

Safety

This assistance policy no. WM6 entered into by the Issuer with the Assistance Provider.

Domicile – Place of residence

Means the Insured's tax domicile on the date of the Claim.

Issuer

Means the bank that issues the Card.

Abroad

Means any country worldwide **other than countries excluded from cover under this agreement** and:

- outside France;
- outside the Country of residence.

Force majeure

Any unforeseeable, irresistible and external event that makes the performance of the Policy impossible, as usually recognised by the case law of the French courts, shall be deemed to have occurred by force majeure.

France

France means: mainland France, the Principalities of Monaco and Andorra, the overseas Départements and Regions (Guadeloupe, Martinique, French Guiana, Réunion and Mayotte), the overseas authorities (French Polynesia, St Pierre and Miquelon, Wallis and Futuna, St Martin and St Barthélémy) and New Caledonia.

Excess

Means the share of the Loss for which the Insured is liable under the Policy if it is compensated following a Claim. The excess may be expressed as an amount, percentage, day, hour or kilometre.

Hospitalisation

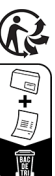
Means any unplanned and unscheduled hospital or clinic stay urgently prescribed by a physician as a result of an Illness or Injury.

Illness

Means a pathological state requiring medical care and of a sudden and unforeseeable nature, duly confirmed by a medical doctor.

Family Member

Means the Spouse, children, grandchildren, brothers and sisters (including children, grandchildren and brothers and sisters by marriage), as well as the father, mother, in-laws and grandparents.



Insurance organisation

Insurance Organisation means the primary social security organisations and top-up Health Insurance Organisations to which the Insured is subject either primarily or as a beneficiary.

Country of residence

Means the country in which the Cardholder has his/her Domicile/Place of residence.

Loss

Means the occurrence of the following events, which must remain uncertain at the time of departure on Trip:

- bodily injury resulting from an Illness or Injury,
- death,
- Hospitalisation or death of an Insured Family Member,
- legal proceedings abroad,
- theft or loss of certain personal effects abroad.

stipulated in and covered by the Policy to which this information notice refers.

Occurrence of Loss

The date on which the Loss occurs, i.e. the date on which the damage is caused.

Cardholder

Means the natural person whose surname and first name appear on the front of the Card.

Primary transport

Transport between the place of the Claim and the nearest medical centre or hospital, and any return to the place of stay.

Vehicle

Means the private or professional motor vehicle with a total loaded weight (GVWR) not exceeding 3.5 tonnes owned by the Cardholder and registered in metropolitan France.

Pocket bikes, quads, go-karts, unlicensed motorcycles, licensed small cars that do not require a driving licence (*sans permis*), vehicles used for the commercial transport of people, vehicles used for deliveries (couriers, home delivery drivers), taxis, ambulances, rental vehicles, courtesy vehicles, driving schools, school vehicles, vehicles with a capacity of less than 125 cm³, and hearses are excluded.

Covered trip or Travel

Under the conditions described below, the purpose of the Policy is to provide the Insured, during the first 90 days of a **private or business** Trip to one of the covered countries as described in Article 3.1 "Territoriality", with assistance services following the occurrence of a Loss.



3.3 Exclusions

Claims are excluded following:

- civil or foreign war, riots, popular uprisings, acts of terrorism or natural disaster;
- the willing participation of the Insured in riots or strikes, brawls or assault;
- radioactive decay or any irradiation from a radioactive energy source;
- the use of medicines, drugs, narcotics and similar products not prescribed by a doctor;
- the abuse of alcohol (blood alcohol level found to be higher than the level set by current regulations);
- an intentional act by the Insured or a fraudulent act, attempted suicide or suicide;
- an incident that occurred during motoring events, races or competitions (or their trials), subject by the regulations in force to the prior authorisation of the public authorities if the Insured takes part in them as a competitor, or during trials on a circuit subject to the prior approval of the public authorities, even if the Insured uses his/her own vehicle;
- a Loss that occurred in one of the countries excluded from cover under the Policy or outside the Policy validity dates, and in particular beyond the duration of your planned Trip abroad.

The following are also excluded:

- requests that fall within the remit of local emergency rescue organisations or primary Transport, i.e. the SAMU (emergency medical services), firefighters, and the related costs;
- costs incurred without the Assistance Provider's consent;
- costs not expressly provided for in this information notice;
- expenses not substantiated by original receipts;
- excess expenses that cannot be redeemed if the vehicle is leased;
- fuel and toll charges;
- customs duties;
- restaurant bills;
- the consequences of quarantine measures and restrictions on movement imposed by a competent authority that could affect the Insured before or during his/her Trip,
- Covered Travel or Trips to a country, region or area to which travel is formally advised against by the government authorities of the Insured's country of Residence on the date of departure.

The Assistance Provider cannot under any circumstances replace local emergency services.

In addition to the Exclusions common to all the services listed above, the following are excluded:



- the consequences of exposure to infectious biological agents, chemical agents such as combat gases, incapacitating agents, nerve agents or agents with persistent neurotoxic effects,
- pre-existing, diagnosed and/or treated illnesses and/or injuries resulting in continuous hospitalisation, day treatment in hospital or outpatient care in the six months preceding any request, regardless of whether it concerns the appearance or worsening of said condition,
- Trips undertaken for the purpose of diagnosis and/or medical treatment or cosmetic surgery, their consequences and the resulting costs,
- organising and paying for the transport referred to in the "Transport/Repatriation" chapter for ailments that could be treated locally and would not prevent the Insured from continuing their Trip or stay,
- requests for assistance relating to medically assisted procreation and its consequences or voluntary termination of pregnancy and its consequences,
- requests relating to surrogate fertilisation or motherhood, their consequences and the resulting costs,
- dental, auditory, and medical appliances and prostheses,
- non-urgent dental care, its consequences and resulting costs,
- thermal cures, their consequences and the resulting costs,
- medical expenses incurred in the Insured's country of Domicile,
- already planned hospitalisations, their consequences and the resulting costs,
- optical expenses, i.e. glasses (frames and lenses), contact lenses and related hygiene products,
- vaccines and vaccination costs,
- medical check-ups and related costs, and their consequences,
- aesthetic treatments, the resulting costs and their consequences,
- stays in a rest home, their consequences and the resulting costs,
- rehabilitation, physiotherapy, chiropractic and osteopathy, the resulting costs and their consequences,
- medical or paramedical services and the purchase of products whose therapeutic nature is not recognised by French legislation, and the related costs,
- health check-ups for preventive screening, regular treatment or tests, their consequences and the resulting costs,
- the search and rescue of persons in the mountains, at sea or in the desert, and the associated costs,
- the cost of excess baggage when travelling by air and the cost of transporting baggage if it cannot be transported with the Insured,
- trip cancellation costs,



- off-piste rescue costs,
- Vehicle repairs and related costs,
- theft of luggage, equipment and miscellaneous items left in the Vehicle, and its accessories,
- the consequences of immobilising the Vehicle for maintenance,
- immobilisation of the Vehicle following planned interventions (maintenance, inspections or servicing) or as a result of a lack of maintenance, as well as their consequences,
- the cost of spare parts,
- abandonment costs if a rental vehicle is made available,
- immobilisation due to the lack or poor quality of lubricants or other liquids necessary for the operation of the Vehicle,
- maintenance, inspections, servicing, installation of accessories, replacement of worn parts and immobilisation following interventions provided for in the Vehicle maintenance programme and their consequences,
- untimely triggering of the alarm,
- Vehicle loading and towing.

3.4 Information prior to travel

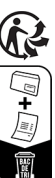
The Assistance Provider may inform the Insured about the following matters by telephone, between 8.00am and 7.30pm except on Sundays and public holidays:

- Administrative formalities to be completed before or during a trip (visas, tax receipts, etc.);
- Terms and conditions of travel (transport options, flight times, etc.);
- Local living conditions (temperature, climate, food, etc.);
- Countries excluded under this Agreement.

3.4.1 Certificate of Assistance

If a certificate of assistance is required to obtain a visa or to go on a Covered Journey or Trip, the Insured may request it directly online at <https://ca-assistancesolutions.fr>

It is issued free of charge by the Assistance Provider within eight (8) business days of providing all the information required (type of card, travel dates, destination, identity of travellers, family relationship of travellers with the Cardholder).



3.4.2 Advice before departure

- **During his/her Trip, the Insured must inform the persons accompanying him/her of the rules to be followed in the event of a request for assistance as set out below.**
- **If the Insured is insured under a statutory health insurance scheme in a member country of the European Economic Area (EEA) or Switzerland and wishes to benefit from health insurance cover during his/her Trip to one of these countries, he/she must hold a valid European health insurance card (individual and nominative).**
- **If the Insured travels in a country that is not part of the European Union and the European Economic Area (EEA), before departure, he/she must check whether this country has concluded a social security agreement with France. To do this, he/she must ask their Health Insurance Scheme whether they are covered by this Convention and whether there are any formalities to be completed (obtaining a form, etc.).**
- **To obtain these documents, before your departure the Insured must contact the competent organisation (in France, contact the Health Insurance Scheme).**
- **During a Trip, the Insured must not forget to bring with him/her identity documents and any documents necessary for his/her trip: passport, national identity card, residence card, entry visa, return visa, vaccination booklet for the Insured's pet if travelling with it, etc., and check their validity date.**



4 Medical assistance in the event of Illness or Injury

IMPORTANT

Information from the Insured's local doctors or usual general practitioner, which may be essential, helps the Assistance Provider's doctors to make the most appropriate decision.

It is in this regard expressly agreed that to avoid any conflict with medical authorities, the final decision to act ultimately belongs to the Assistance Provider's medical team.

Moreover, if the Insured refuses to comply with the decision considered the most appropriate by the Insurer's medical team, his/her refusal releases the Insurer from all liability for the financial, operational or medical consequences of his/her decision, and by way of example, if he/she returns by his/her own means or if his/her health deteriorates.

4.1 Transport/Repatriation

If the Insured is ill or injured during a covered Trip, the Assistance Provider's medical team will contact the local doctor who examined the Insured.

The information obtained from the local doctor and possibly from your usual general practitioner will help the Assistance Provider, after consulting our doctors to initiate and **organise transport**, depending solely on medical requirements:

- the Insured returns to his/her Domicile, or
- his/her transfer, where necessary under medical supervision, to a suitable hospital near his/her Domicile,
- or to hospitalise the Insured locally in a care centre before considering returning to a facility close to his/her Domicile.

Only the Insured's medical situation and compliance with the sanitary regulations in force will be taken into consideration when making the decision to move the Insured, the choice of the means used for this transfer and the choice of the place of any hospitalisation.

IMPORTANT

In this respect, it is expressly agreed that the final decision to be implemented rests with the Assistance Provider's medical team, in order to avoid any conflicts of medical authority.

Moreover, if the Insured refuses to comply with the decision considered the most appropriate by the Insurer's medical team, his/her refusal releases the Insurer from all liability for the financial, operational or medical consequences of his/her decision, and by way of example, if he/she returns by his/her own means or if his/her health deteriorates.

4.2 Repatriation of Insured accompanying persons

If an Insured is transported under the conditions set out above in the section entitled "**Transport/Repatriation**", the Assistance Provider **shall arrange and pay for the transport** of the other Insured Persons travelling with him/her to his/her Domicile or to an appropriate hospital close to the Insured Person's Domicile, by any appropriate means.

The accompanying Insured person shall be transported:

- either with the sick or injured Insured;
- or separately.



The Assistance Provider shall pay the cost for the Insureds of a **first class train ticket or economy class air ticket** and, where applicable, **taxi fares on departure** to travel from the resort to the station or to the airport and, on arrival, from the station or airport to the Insured's Domicile.

4.3 Accompanying children under the age of 15

If during a Covered Trip, in the event of Illness or Injury, an Insured is unable to look after his/her accompanying children under the age of 15, the Assistance Provider, having sought the opinion of the local doctors and/or its own doctors, **shall arrange and pay for the return journey** (from the Domicile) by **first class train or economy aircraft of a person** chosen by the Insured or the Insured's family to accompany the children to their Domicile on their return.

The Assistance Provider may also appoint a hostess to accompany the children to their Domicile.

The costs of accommodation, meals and drinks of the person chosen by the Insured or the Insured's family to bring the children home shall be borne by the Insured. The Insured shall also pay for the tickets of said children.

4.4 Looking after children under the age of 15

If an Insured is transported in accordance with the conditions set out above in the section "Transport/Repatriation", and no one is able to look after his/her children under the age of 15 at his/her Domicile, the Assistance Provider will pay **up to €200 including VAT per day and for a maximum of 10 days** for the presence of a qualified person at the Insured's Domicile.

The cost shall be reimburse solely upon presentation of an original detailed invoice.

4.5 Hospitalisation support

If the Insured is hospitalised at the place of the Loss and the Assistance Provider's doctors advise against Transport/Repatriation **for the next 7 days**, the Assistance Provider will arrange and pay for:

- the return journey by train or plane of a person chosen by the Insured or by a Family Member to enable him/her to get to his/her bedside,
- hotel, room and breakfast expenses exclusively for the person who has been chosen or the person already present at the bedside of the Insured, **up to an amount of €250 including VAT per night, for a maximum of 10 nights.**

If the Insured, **who has been hospitalised for 10 days**, is still not transportable under the "Transport/Repatriation" cover, the Assistance Provider will arrange and pay for:

- the additional hotel costs, room and breakfast only, of the person who has been chosen or of the person already present at the bedside of the Insured, **up to an amount of €200 incl. VAT per night, up to a maximum of €750 incl. VAT.**

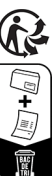
If the person is already present at the Insured's bedside, accommodation costs cannot be combined with the "Repatriation of Insured Companions" cover.

No Hospitalisation Period Excess is applied for the following cases:

- **if the Insured is a child under the age of 15;**
- **if the Insured is deemed by the Assistance Provider's doctors to be in a critical condition.**

4.6 Accommodation prolongation costs

If an Insured is obliged to extend his/her stay for proven medical reasons, without Hospitalisation and with the agreement of the Assistance Provider's doctor, the Assistance Provider shall pay the Insured's



hotel, room and breakfast expenses **up to a maximum of €200 including VAT per night, for a maximum of 10 nights.**

4.7 Trip prolongation costs

If the Insured is hospitalised at the place of the Claim and the Assistance Provider's doctors consider, based on the information provided by the local doctors, that such Hospitalisation is necessary after the Insured's initial date of return, the Assistance Provider will contribute to the costs of extending the stay at the hotel, solely on room and breakfast basis, **up to a maximum of €200 including VAT per night for 10 nights**, of a person who was Travelling with the Insured so that he/she can stay with the Insured.

4.8 Return to the Country of residence

If an Insured residing outside France has been transported to a local country, in accordance with the terms and conditions of the "**Transport/Repatriation**" cover, the Assistance Provider will pay for an air or train ticket enabling him/her to return to his/her Country of Residence, as soon as his/her condition no longer requires the assistance of a doctor or nurse.

The Assistance Provider will also pay for flights or trains to the Country of residence of the Insureds that were initially travelling with him/her in this nearby country.

4.9 Transport of pets

If an Insured under the conditions of the "**Transport/Repatriation**" cover is unable to look after his/her pet (**dog or cat only**) that was accompanying him/her and no person accompanying him/her is able to look after it, the Assistance Provider will arrange for the pet to be transported to the home of a relative of the Insured or to a specialised organisation in the Insured's Country of residence.

This service is subject to compliance with the transport conditions defined by the service providers requested by the Assistance Provider (up-to-date vaccinations, etc.) and in all cases will be provided that the Insured provides the information and documents, in particular his/her passport, requested by the customs department or the airlines, *inter alia*.

It may only be provided if the Insured or a person authorised by the Insured can host the service provider at the chosen pick-up location.

The Insured must have a suitable cage for transportation of pets by air.

Transport costs, including cage costs, shall be borne by the Insured.

4.10 Pet Care

If, following repatriation organised by the Assistance Provider, the Insured is unable to look after his/her pet, the Assistance Provider will pay the accommodation costs of this animal in an appropriate care facility **for up to 10 days, up to a maximum of €30 including VAT per day.**

This service is subject to compliance with the reception and accommodation conditions defined by the care providers and establishments (up-to-date vaccinations, guarantees, etc.).

4.11 Medical expenses abroad

This service is provided in all cases:

- Abroad;
- **during the first 90 days of the Insured Trip or Trip outside the Insured's Country of Residence;**



- **in addition to the reimbursements made by the Insured's Social Security, mutual insurance company and/or any other provident organisation.**

Reimbursement of medical expenses incurred in the country of residence are excluded from the "Medical Expenses Abroad" assistance service.

To receive these reimbursements, the Insured must belong to a primary health insurance scheme (Social Security) or any provident scheme, and on returning to his or her country of Domicile or while Abroad, take the necessary steps to recover these costs from the relevant organisations.

Before leaving on a Trip Abroad, the Assistance Provider will advise the Insured to obtain forms appropriate to the nature and duration of this Trip and to the country to which the Insured is travelling (for the European Economic Area and for Switzerland, obtain the European health insurance card).

These forms are issued by the Health Insurance Fund to which the Insured is affiliated in order to benefit, in the event of Illness or Injury, from direct payment of medical expenses by this organisation.

Amount and payment terms

The Assistance Provider shall reimburse the amount of medical expenses incurred Abroad and payable by the Insured after reimbursement by Social Security, the mutual insurance company and/or any other provident organisation **up to a maximum of €200,000 including VAT per Insured, per Claim and per year.**

An absolute Excess of €50 including VAT per claim is applied in all cases.

To this end, the Insured undertakes to take, on return to his/her Country of residence or on site, all the steps necessary to recover these expenses from the relevant organisations and to send the following documents to the Assistance Provider:

- original statements from social security and/or provident insurance organisations documenting the reimbursements received;
- photocopies of treatment bills documenting the expenses incurred.

Failing this, the Assistance Provider will not be able to reimburse you.

In the event that Social Security and/or the organisations to which the Insured contributes do not cover the medical expenses incurred, the Assistance Provider shall reimburse, **up to a maximum of €200,000 including VAT per Insured, per Claim and per year**, subject to the Insured providing the Assistance Provider in advance with the original invoices for medical expenses and the certificate of non-payment issued by Social Security, the mutual insurance company and any other provident organisations.

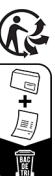
Types of medical expenses eligible for additional reimbursement

The additional reimbursement covers the expenses defined below, provided that they concern treatment received Abroad following an Illness or Injury that occurred Abroad:

- medical expenses,
- the cost of medicines prescribed by a doctor or a surgeon,
- the cost of an ambulance ordered by a doctor for a local trip Abroad;

emergency dental treatment **up to a maximum of €1,000 incl. VAT with no Excess and per claim;**

hospitalisation expenses when the Insured is deemed unfit to travel by the Assistance Provider's doctors after obtaining information from the local doctor. The additional reimbursement of these hospitalisation expenses ceases from the day on which the Assistance Provider is able to transport the Insured even if he/she decides to remain on site.



4.12 Advance of Hospital expenses abroad

This service is provided in all cases:

- Abroad;
- **during the first 90 days of the Insured Trip or Trip outside the Insured's Country of Residence.**

IMPORTANT

- **This service is only provided for as long as the Assistance Provider's doctors deem the Insured unfit to travel after obtaining information from the local doctor.**
- **No advance payment shall be granted from the time the Assistance Provider is able to arrange transport, notwithstanding the Insured's decision to remain on site.**

The assistance service "Advance of Hospital expenses Abroad" does not cover advances of Hospital expenses incurred in the Country of Residence.

If the Insured is ill or injured during his/her Trip Abroad, as long as the Insured is hospitalised, the Assistance Provider may advance Hospital expenses **up to the cover amounts provided for above.**

This advance payment will be made subject to the following cumulative conditions:

- the treatment is prescribed in agreement with the Assistance Provider's doctors;
- the Insured is deemed unfit to travel by the Assistance Provider's doctor after obtaining information from the local doctor.

The Insured undertakes to take the necessary steps to recover his/her Hospital expenses from the relevant insurance organisations and to reimburse the Assistance Provider for the advance.

As a reminder, expenses not covered by **the Insured's primary health insurance scheme (Social Security) or any provident organisation will be covered under the terms and conditions set out in the "Medical Expenses Abroad" benefit.**

▪

If the Insured fails to complete the insurance cover with the Insurance Organisations by the stated deadline, or if the Insured fails to provide the Assistance Provider with the certificate of non-payment issued by these Insurance Organisations by the stated deadline, the Insured may not under any circumstances avail itself of the "Medical Expenses Abroad" cover and must reimburse all Hospitalisation Expenses Abroad advanced by the Assistance Provider, which shall, where necessary, initiate any appropriate collection procedure, the cost of which shall be borne by the Insured.

4.13 Replacement driver

If an Insured is ill or injured during a Trip in one of the countries listed below and is no longer able to drive his/her Vehicle, and none of his/her passengers is in a position to replace him/her, the Assistance Provider shall provide the Insured with:

- either a driver to return the vehicle to his/her Domicile by the most direct route. We pay the driver's travel expenses and salary. The driver operates according to the applicable professional regulations in force. This cover is granted to the Insured if his/her Vehicle is adequately insured, in perfect working order, conforms to national and international Highway Codes and meets MOT or equivalent



standards of roadworthiness. If this is not the case, the Assistance Provider reserves the right not to send a driver;

- a first class train or economy class plane ticket, so that the Insured, once he/she has recovered, or a person chosen by the Insured can return the Vehicle.

Travel costs (fuel, tolls if any, ferry crossings, hotel and restaurant bills of any passengers) are for the account of the Insured.

This warranty applies only in the following countries: France (except DROM - COM (overseas départements and regions and overseas local authorities) and New Caledonia), the Principalities of Andorra and Monaco, Spain, Portugal, Greece, Italy, Switzerland, Liechtenstein, Austria, Germany, Belgium, Netherlands, Luxembourg, United Kingdom, Ireland, Denmark, Norway, Sweden, Finland and Iceland.

4.14 Forwarding of urgent messages

In the event of a Loss, the Assistance Provider may send urgent messages to a Family Member or his/her employer if the Insured is unable to send them himself/herself.

4.15 Reimbursement of telephone charges

If any of the above cover is used, the Assistance Provider will reimburse the Insured **up to €100 including VAT per Claim** for the telephone charges payable by the Insured, but solely in connection with calls to or from the Assistance Provider.

This reimbursement shall be made exclusively upon presentation of the telephone operator's original detailed invoice.

4.16 Sending an interpreter on-site

In the event of Hospitalisation, at the Insured's request, if his/her condition or circumstances so require, the Assistance Provider will arrange and pay for the Insured, or the person at his/her bedside, to be sent an interpreter to assist him/her in contacting local doctors for the duration of his/her Hospitalisation.

If the Insured wishes an interpreter to facilitate its administrative procedures, in the event of administrative complications, the Insured shall pay the interpreter's fees.

4.17 Daily telephone monitoring

Daily telephone monitoring is carried out between the Assistance Provider's medical centre and the Insured or the person at his/her bedside.

4.18 Transmission of medical information

Upon express request and with the authorisation of the Insured, the Assistance Provider's doctors shall inform the family of the Occurrence of an Illness or Injury, in accordance with the Medical Code of Ethics. Periodic information on the Insured's state of health will be sent to the family.

4.19 Post-repatriation assistance

An Insured who is urgently hospitalised for a period of more than 48 hours and transported under the "Transport/Repatriation" service, may benefit from a home help if his/her state of health does not allow him/her to perform routine household tasks himself/herself.





To benefit from this service, the Insured must request it within fifteen days of returning home. This service is limited to **10 hours spread over 2 weeks (minimum of 2 hours at a time)**.



5 Assistance in the event of death

5.1 Repatriation of bodies

If an Insured dies during a Covered Trip or a Trip, the Assistance Provider **will arrange and pay for the repatriation of his/her body**. If the funeral takes place in his/her Country of residence, the Assistance Provider will pay:

- the cost of transporting the body to the place of the funeral near his/her Place of residence,
- costs related to embalming imposed by the applicable legislation,
- costs directly incurred in transporting the body (handling, special transport arrangements, packaging).
- the cost of the casket or urn from the funeral provider chosen by the family, up to a maximum of €1,000.

Other costs (ceremony, hearse, burial, administrative formalities) shall be borne by the Insured's family. If the funeral takes place outside the Insured's Country of Residence, the Assistance Provider will arrange for the body to be repatriated to the international airport closest to the place of the funeral and will pay the costs up to the amount that would have been incurred in repatriating the body to the Insured's Place of Residence.

5.2 Repatriation of Insured accompanying persons

If an Insured's body is transported under the conditions set out above, the Assistance Provider will arrange and pay for the transportation of the other Insured Persons travelling with him/her **by first class train or economy class aircraft, plus taxi fares, departing and arriving**, to the place of the funeral near the Place of Residence in the Country of Residence or to the international airport closest to the place of the funeral if the funeral takes place outside the Country of Residence.

In the latter case, cover is limited to the amount that would have been incurred in transporting the accompanying person to the Insured's Place of Residence.

5.3 Death formalities – Presence of a Family Member

If the Insured dies while he was alone Abroad, and if the presence of a Member of his Family or a relative is necessary to perform the recognition of the body and the repatriation or cremation formalities at the trip destination, the Assistance Provider shall organise and pay the cost of the first class train or economy class air ticket of this person from the country of Domicile to the place of the death.

We also pay for this person's stay at the hotel (room and breakfast only) **up to €200 incl. VAT per night for a maximum of 5 nights.**



6 Early return

If while on a Trip, the Insured learns of the unexpected Hospitalisation or death of a family Member, the Assistance Provider shall organise and pay for his or her trip to allow him or her to go to the hospital or to the bedside of the family Member or to attend the funeral of the deceased.

This warranty is limited per Card, i.e.:

- **cover for the return trip of one of the Insureds, returning within one month of the date of death or of Hospitalisation;**
- **cover for the one-way trip of two Insureds travelling together.**

Outside the Insured's Country of Residence, travel shall be organised and paid for up to the amount of the transport costs that would have been incurred if the Insured had returned to his or her Place of Residence under the conditions set out above.

IMPORTANT

Early Return cover in the event of the Hospitalisation of a Family Member is only provided under the following conditions:

- **the patient is hospitalised for more than 24 hours, not including outpatient, home and day hospitalisation,**
- **the return of the Insured as provided for at the origin of his or her Trip does not take place within 24 hours of the request for assistance.**

The "Early Return" service is only provided where, if so requested by the Assistance Provider, the Insured produces a Hospitalisation Report or death certificate and/or any supporting document proving the family relationship with the Family Member concerned.

7 Legal proceedings Abroad

If the Insured is subject to legal proceedings for an unintentional breach of local law that occurs outside his/her Country of Residence and occurs in connection with his/her private life:

- Upon presentation of a signed acknowledgement of debt, the Assistance Provider shall advance the bail bond if so required by the local judicial authorities, **up to an amount of €16,000 including VAT.**

If, in the meantime, the bail bond is returned to the Insured by the country's authorities, the Insured must immediately forward the bail bond to the Assistance Provider.

The Assistance Provider will not advance bail bonds demanded following a traffic accident caused directly or indirectly by a breach of the local Highway Code, drink-driving or wilful misconduct.

- The Assistance Provider will contribute **€8,000 including VAT** to the legal fees, and will advance **up to €16,000 including VAT** upon presentation of a signed acknowledgement of debt.

Repayment:

The Insured undertakes to repay the sums advanced within two (2) months of the date on which the invoice is sent. After this two (2) month period, the Assistance Provider reserves the right to initiate any appropriate collection procedures.



8 Shipping objects Abroad

Items shipped by the Assistance Provider are subject to the various French and foreign customs regulations and the general terms and conditions of the transport companies used by the Assistance Provider.

The Assistance Provider shall not be held liable for:

- **the nature and content of the items shipped, with the Insured being solely liable in this respect;**
- **for the loss or theft of objects, for regulatory restrictions or for reasons beyond its control (strikes, acts of war, manufacturing delays or any other Force Majeure event) that could delay or prevent the shipping of objects, and for the consequences resulting therefrom.**

8.1 Sending files Abroad

If, while Travelling, the Insured loses his/her files or they are stolen, the Assistance Provider will obtain duplicates of such files from the person designated by the Insured, **up to a limit of 5 kg**, and send them to the Insured.

The costs of transporting files, customs duties and other shipping costs shall be borne by the Insured, who must inform the Assistance Provider of any formalities that need to be completed for the export of these documents.

8.2 Sending medicines abroad

If certain essential medicines prescribed by a doctor are not available in the country in which the Insured is staying, the Assistance Provider will search locally for any available equivalents. If none are found, after obtaining a copy of the prescription from the Insured's general practitioner the Assistance Provider will search for them in exclusively France and arrange for them to be sent. The Assistance Provider will pay the shipping costs and will bill the Insured for the cost of purchasing the medication and the customs duties, which the Insured undertakes to repay to the Assistance Provider on receipt of the invoice.

Sending these items is subject to the regulations and the conditions imposed by France and the national laws of each country as regards the import and export of medicines.

Shipments of blood products and blood derivatives, products reserved for hospital use or heat-sensitive products subject to the cold chain, medicines subject to legal restrictions in the country of destination, and in all cases products not available from pharmacies in France are excluded.

8.3 Sending glasses, contact lenses or hearing aids Abroad

If the Insured is unable to obtain the glasses, corrective lenses or hearing aids that he/she usually wears, after breaking or losing them, the Assistance Provider will send them to him/her using the most appropriate means.

The request by the Insured must be sent by email or registered letter, and state very precisely the full specifications of these glasses (type of lenses, frame), lenses or hearing aids as well as the contact details of his/her ophthalmologist or dental technician so that he/she can issue the necessary prescription.

The Insured shall be informed of the price of making the new glasses, contact lenses or hearing aids and shall give his/her consent in writing, in which case he/she undertakes to pay the amount of the invoice before it is sent. If he/she does not, the Assistance Provider may not be required to perform the service.

The Assistance Provider will pay all shipping costs. The costs of designing glasses, lenses or hearing aids, and customs duties, are borne by the Insured.



9 Assistance with continuing the Trip

The services described in chapters 9.1 and 9.2 are only provided Abroad.

If, while on a trip, the Insured loses his/her identity papers or they are stolen (passport, national identity card or driving licence) and/or travel tickets and/or his/her Card and/or certain essential items, to enable him/her to continue his/her Trip or return to his/her Place of Residence, the Assistance Provider may implement the following cover.

9.1 Assistance with administrative procedures

Following the loss or theft of his/her identity documents, the Assistance Provider will inform the Insured of the administrative steps that need to be taken with the relevant bodies and authorities to help him/her make his/her declarations of loss or theft and continue his/her Trip or return to his/her Country of residence.

At the Insured's request, the Assistance Provider shall appoint a qualified person on site to assist it with its administrative procedures. **This person's expenses and fees shall be borne by the Insured.**

When the Insured returns to his/her Country of Residence, the Assistance Provider will be happy to provide the Insured with any information on the administrative procedures required to replace his/her lost or stolen identity documents.

9.2 Advance of local expenses

If the Insured loses his/her travel tickets or Card, or they are stolen, the Assistance Provider may, once the Insured has stopped the Card, advance a payment so that the Insured can pay the costs incurred or to be incurred locally that he/she is no longer able to pay (hotel, vehicle hire, train, plane, etc.). The Assistance Provider will advance to the Insured **up to €3,000 including VAT** in expenses, upon presentation of a signed acknowledgement of debt.

Repayment:

The Insured undertakes to repay the sums advanced within one (1) month of the date on which the invoice is sent. After this one (1) month period, the Assistance Provider reserves the right to initiate any appropriate collection procedures.



10 Summary Table

In the event of illness or injury	
Transport/Repatriation	Actual costs
Repatriation of Insured accompanying persons	Actual costs
Accompanying children under the age of 15	Actual costs
Looking after children under the age of 15	Up to €200 incl. VAT per day, for a maximum of 10 days
Hospitalisation support	Return transport: actual costs Accommodation: - First 10 nights: up to €250 incl. VAT per night - After 10 nights: up to €200 incl. VAT per night, for a maximum of €750 incl. VAT
Accommodation prolongation costs	Up to €200 incl. VAT per night, for a maximum of 10 nights
Trip prolongation costs	Up to €200 incl. VAT per night, for a maximum of 10 nights
Return to the Country of residence	Actual costs
Transport of pets	Organisation without coverage
Pet Care	Up to €30 incl. VAT per day, for a maximum of 10 days
Medical expenses abroad	Up to €200,000 incl. VAT per Insured, per Loss and per year with an excess of €50 including VAT per file
Emergency dental costs	Up to €1,000 incl. VAT per Loss with no Excess
Advance of Hospital expenses abroad	Up to €200,000 incl. VAT per Insured, per Loss and per year with an excess of €50 including VAT per file
Replacement driver	Actual costs
Forwarding of urgent messages	
Reimbursement of telephone charges	Up to €100 incl. VAT per Loss
Sending an interpreter on-site	Actual costs
Daily telephone monitoring	
Transmission of medical information	
Post-repatriation assistance	Up to 10 hours of home help spread over 2 weeks
In the event of death	
Repatriation of bodies	Actual costs
Repatriation of Insured accompanying persons	Actual costs
Presence of a Family Member	Up to €200 incl. VAT for up to 5 days
Hospitalisation or death of a family member	
Early return	Actual costs
In the event of legal proceedings Abroad	
Advance to cover bail bond	Up to €16,000 incl. VAT
Contribution to legal costs	Up to €8,000 incl. VAT
Advance of legal costs	Up to €16,000 incl. VAT
Shipping objects Abroad	
Shipping of files	Organisation without coverage
Shipping of medicines	Shipping costs
Sending glasses, contact lenses or hearing aids	Shipping costs
Assistance with continuing the Trip	
Assistance with administrative procedures	
Advance of local expenses	Up to €3,000 incl. VAT

This synopsis is only a summary of the cover whose conditions, limits, excesses and exclusions are defined above.

