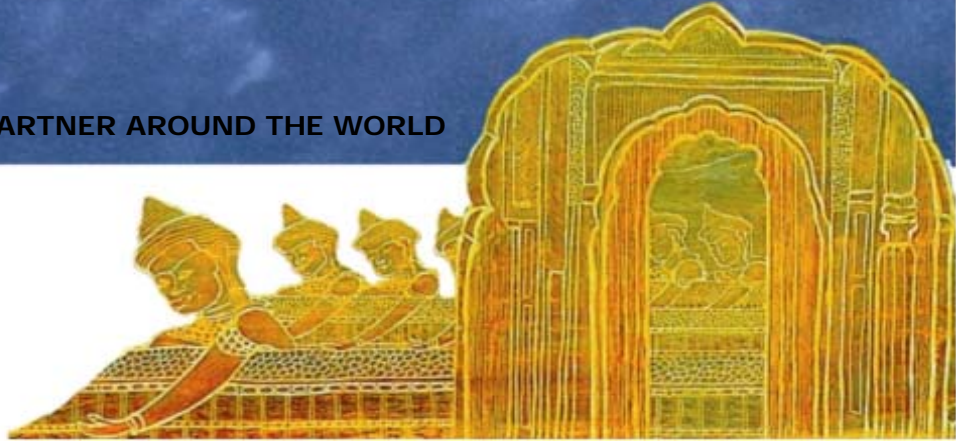
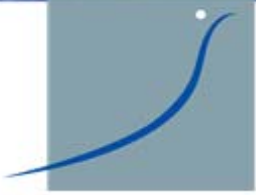


GOLDEN CARE®

YOUR HEALTH PARTNER AROUND THE WORLD



General Conditions
Golden Care
TravelCover
(Switzerland)

FOR A BETTER
UNDERSTANDING AND A
PROPER USE OF YOUR PLAN

INTRODUCTION

- 0.1 The present General Conditions specify the benefits and guarantees of the *Golden Care TravelCover Plan* as well as the ways in which they apply. All the documents listed below, together with the **General Conditions**, form the contract entitled *Golden Care* between the *Subscriber* and the *Insurer*.
 - **The Application Form** specifies the information provided and choices made by the *Subscriber* at the *date of subscription*. It must also specify your exact address in your country of *usual residence*.
 - **The Medical Declaration** details the answers given to the medical questions in the Application Form.
 - **The Special Policy Conditions** define the features of the Plan as well as the start and end dates for the insurance period as chosen by the *Subscriber* and accepted by *Golden Care Service*. They are determined, for each *Insured*, at the time of subscription or following an endorsement.
 - **The Receipt** also specifies the total amount of the premium received subject to effective receipt by *Golden Care Service*.
 - **The Endorsement Forms** list modifications that may affect the General Conditions and Special Policy Conditions.
- 0.2 Assistance and complementary medical Insurance benefits are provided by INTER PARTNER ASSISTANCE, a member of the AXA ASSISTANCE Group.

Important

- 0.3 Any oral information that has passed between *Golden Care Service*, *Subscribers* or any other individual shall only become applicable once it has been requested and/or confirmed in writing. This rule applies to both parties and both ways.
- 0.4 Your address in your country of *usual residence* as well as the one listed on your passport (domicile) must be permanently updated. Any delay or failure to respect this obligation may jeopardise your rights and affect the continuity of your Plan.
- 0.5 The insurance and assistance company for the *Golden Care TravelCover Plan* covered by the present general conditions is INTER PARTNER ASSISTANCE, a member of the AXA ASSISTANCE Group.
- 0.6 INTER PARTNER ASSISTANCE, a member of the AXA ASSISTANCE Group, receives calls 24 hours a day and 7 days a week and manages claims.

*Key words are shown in Italics
Their definitions are listed in section 10.*

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1. Who may benefit from a Golden Care Plan?

1.1 Any person whatever their nationality, travelling outside their country of *usual residence*.

1.2 As a *Subscriber*, for either private or professional reasons, you may have insured

- . Any member of your family: spouse and unmarried children under parental support.
- . Any active employed person at work at the time of subscription.

1.3 The age limit for subscription is 80 years.

2. What are your choices?

2.1 The TravelCover Plan.

The *TravelCover* Plan benefits and guarantees cover medical services that are necessary and economically acceptable subsequent to an *accident* and/or an *illness* that was not *diagnosed* and/or treated before the Plan coming into effect.

2.2 Areas of coverage.

The areas of coverage are the geographical areas within which your benefits and guarantees apply, in conformity with the General Conditions and Special Policy Conditions of your Plan.

2.2.1 Area 1 allows you to enjoy full benefits in member countries of the Schengen area, including Switzerland and Liechtenstein, excluding any other countries

2.2.2 Area 2 allows you to enjoy full benefits worldwide in the countries included in Area 1, as well as elsewhere in the world, except for the United States, Singapore and Japan.

2.2.3 Area 3 allows you to enjoy full benefits worldwide without either of the restrictions applicable to Area 1 and Area 2.

2.2.4 Coverage periods

You can choose between the following periods: 8, 10, 15, 22, 31, 45, 62, 92 or 180 days.

2.3 Deductibles

The deductible is the amount of medical expenses for which you are responsible.

2.3.1 For the *TravelCover Plan* the deductible is CHF 100 applicable to each of the Insured featured on the same contract.

2.3.2 The deductible does not apply to Assistance services or treatment following an Accident involving one or more identified third parties.

2.4 Methods of premium payment.

The premium is the amount that you must pay for the period of insurance specified, in consideration of the benefits of your Plan. You are free to pay your premium:

- in Swiss francs - currency of reference for the Plan - or in another currency of your choice, provided it is fully convertible and *Golden Care Service* has given its prior approval as well as the exchange rate.
- by bank card, bank transfer, pay-in slip or any other manner specified on your Application Form, or notification of term, whichever is the case.

2.5 Languages of correspondence.

The documents relative to your Plan are at your disposal in French. All other translations are made for sales purposes. In the event of a difference in views, the French version alone will apply.

2.6 Methods of reimbursement

You are free to select a reimbursement:

- in Swiss francs or in another currency on condition that it is freely convertible.
- by bank cheque (expenses are payable by the beneficiary) or bank transfer.

3. What are your benefits and guarantees?

3.1 Your benefits and guarantees

The benefits and guarantees are only valid outside your country of *usual residence* and/or country of departure.

The *TravelCover Plan* covers risks of *accident* and *illness* with or without *hospitalisation*, as well as out-patient care.

3.2 Assistance benefits and guarantees.

You have access to an *emergency centre* 24 hours a day every day of the year. The benefits and services defined in your *Golden Care Plan* will only be provided with agreement from the *Insurer's* medical department, in close co-operation with the attending *physician* or *physicians* responsible at the place of *medical emergency*. You must **COMPULSORILY** contact the *emergency centre* before undertaking treatment and/or an assistance intervention.

ASSISTANCE BENEFITS AND SERVICES	PRECISIONS
3.2.1 Assistance benefit in case of <i>medical emergency</i>	Organisation and payment of Assistance services as defined below. These services are performed in accordance with and in the interest alone of the <i>Insured</i> and at the time of <i>medical emergency</i> .
3.2.1.1 <i>Local medical transportation, evacuation or repatriation</i> from the place of <i>medical emergency</i> with agreement from <i>physicians</i> attending to the <i>Insured's</i> case and in the conditions required by the <i>Insured's</i> condition.	<i>Evacuation</i> : organisation and coverage of <i>medical transportation</i> to a specialised <i>hospital</i> , being the one closest to the place of <i>medical emergency</i> . <i>Repatriation</i> : medical transportation of the <i>Insured</i> from the place of <i>medical emergency</i> to their place of <i>usual residence</i> .
3.2.1.2 Sending a <i>member of the family</i> .	Organisation and coverage of a return trip by a <i>member of the family</i> of the <i>Insured</i>

	of less than 18 years of age and hospitalised for a duration of more than 7 days. Costs of maintenance for the relative at the place of hospitalisation are not covered.
3.2.1.3 Medicalised accompaniment	Only where medically required, the <i>Insured</i> will be accompanied and assisted during <i>evacuation</i> or <i>repatriation</i> by medical and/or paramedical personnel having the specialisation required by his/her condition and appointed by the <i>Assistance Services' physicians</i> only
3.2.1.4 Accompaniment for the return of children less than 15 years old being with the <i>Insured</i> outside their country of <i>usual residence</i> at the time of the <i>medical emergency</i> .	When, after an <i>illness</i> or an <i>accident</i> , the <i>Insured</i> is unable to take care of children aged less than 15 years travelling in their company and on condition that the said children are also ensured by <i>GoldenCare</i> , the <i>Assistance Services</i> will send and cover travel expenses for an accompanying party to fetch and accompany the children back to their <i>domicile</i> or place of <i>usual residence</i> .
3.2.1.5 Delivery of indispensable prescription drugs not available at the site of <i>medical emergency</i> .	The <i>Assistance Services</i> will cover sending prescription drugs required by treatment of the <i>Insured</i> , on condition that the said drugs are not available in the country of <i>hospitalisation</i> where the treatment takes place and that the drugs are commercially available in the country where the <i>Assistance Services</i> are based and where their use is authorised at the place of administration. Customs duties are payable by the <i>Insured</i> .
3.2.1.6 Transportation by ambulance (organised by the <i>Assistance Services</i>)	Transportation to the nearest hospital, by a medical vehicle (duly recognised as such) and driven by an authorised person
3.2.2 Assistance benefit in case of death.	Organisation und Übernahme der Kosten des Rücktransports des Verstorbenen durch die <i>Assistance-Gesellschaft</i> von <i>Golden Care StudentCover</i>
3.2.2.1 <i>Funeral repatriation</i> of the deceased <i>Insured</i> to the funeral site.	In the event of the <i>Insured</i> dying during travel outside their place of <i>usual residence</i> , the <i>Assistance Services</i> will organise <i>repatriation</i> of the mortal remains in the state they were in on examination of the body to the place of <i>usual residence</i> , in accordance with national and international legislation and on condition that such transport is materially achievable. Expenses relating to the funeral ceremony and the final coffin are not covered.

(*)Strictly limited to transport, excluding any other expenses, by sanitary aircraft, regular airline aeroplane, train or ambulance, whether for *local medical transport*, *evacuation* or *repatriation* of the *Insured*. Transport to exclude any other expenses, by 1st class railway travel or airline economy class in all other cases. The *Insured* undertakes to forward to the *Assistance Services* of the Plan the right to use the transport document they hold or to pay back to the latter the amounts he/she obtains as a refund from the organisation issuing the transport document.

3.3 Recovery benefits and guarantees

Your guarantees operate by settlement of care on a true cost basis. Costs must be reasonable and customary in the area and country where care and treatment are provided.

In Switzerland and in Liechtenstein, the settlement of your Insured Person benefits shall be made on the basis of the rates applicable in the teaching and/or canton hospitals ("hôpitaux universitaires et/ou cantonaux") where your treatment or *hospitalisation* take place.

You must COMPULSORILY contact the *emergency centre* before undertaking treatment and/or an assistance intervention.

ASSISTANCE BENEFITS AND SERVICES	PRECISIONS
3.3.1 Hospital care benefits	The hospital care benefit is provided when the <i>Insured</i> is hospitalised. As soon as the <i>Insured's</i> medical condition is stabilised, <i>hospitalisation</i> will no longer be covered and the <i>Insurer</i> reserves the right to repatriate the <i>Insured</i> to his/her <i>country of origin</i> and or place of <i>usual residence</i> .
3.3.1.1 First Aid care dispensed at the site of the <i>medical emergency</i> . Care in emergency ward.	Care provided by the first aid medical team. Provided within a <i>hospital</i> immediately after an <i>accident</i> or <i>illness</i> .
3.3.1.2 Care for hospitalised patient.	If medically required and prescribed by a <i>physician</i> .
3.3.1.3 Organ transplant. in case of <i>accident</i> only..	Kidneys, heart and/or liver, excluding any other.
3.3.1.4 Dental care consequent upon an <i>accident</i>	If undertaken or diagnosed by a <i>dentist</i> within 48 hours of the <i>accident</i> , only to restore or replace healthy and natural teeth.
3.3.1.5 Private room and meals.	Standard private room, and meals taken in the hospital.
3.3.1.6 Room and board for a person accompanying a hospitalised child under age 10.	In the <i>hospital</i> , or in a hotel if a room is not available at the hospital. Benefit limited to 10 days insurance. Limit: 100 CHF per day.
3.3.2 Out-Patient benefit.	Out-Patient benefit applies when the <i>Insured</i> is not hospitalised.
3.3.2.1 Consultation of general practitioners and specialists.	The <i>physician</i> must be officially qualified and recognised by the law of the country where treatment is provided, and who is practising within the scope of his/her license and training. Cannot be a member of the <i>Insured's family</i> .
3.3.2.2 Laboratory/X-Ray facilities.	Strictly includes laboratory testing, radiographic and nuclear medical procedures undertaken to establish a <i>diagnosis</i> and prescribe treatment.
3.3.2.3 Prescription drugs.	Exclusively medication whose sale and use are legally authorised only as prescribed by a <i>physician</i> and taken for treatment only. Must not be taken for preventive purposes.
3.3.2.4 Physical therapy.	Prescribed by a physician, and provided by a registered physical therapist with a legal license. Guarantee subject to prior approval.

4. To what extent do the benefits and guarantees apply?

4.1 When abroad and/or at home.

4.1.1 Your benefits and guarantees apply everywhere you go or stay, for personal or professional reasons, outside your country of *usual residence* and/or departure, provided that you are in compliance with the General Conditions and Special Policy Conditions of your Plan.

4.1.2 Under the terms of all the benefits and services detailed in the present General Conditions and especially under cf. 3, you must COMPULSORILY contact the *emergency centre* whose numbers are shown on your identification card as soon as a *physician* has informed you of the need to be admitted to hospital and/or if you yourself have decided to start treatment or *hospitalisation*. Failing this, you shall be entitled to no benefit and/or guarantee. Except where emergency made such expenses necessary as proven by documentary proofs being provided to the *Assistance Services* (case of force majeure).

4.1.2.1 Under the Assistance scheme, in case of *medical emergency* requiring an *evacuation*, the extra costs shall be borne by you if you request to be transported towards a *hospital* different to the one decided by the *Assistance Services* and/or using a means of transport other than that recommended by the *Assistance Services*. Prior agreement shall be required from the *Assistance Services* and secured guarantee of payment from you will be required before intervention. Any delay in submitting guarantees and/or payments required thus preventing the *Assistance Services* in exercising performance, will release the latter from any responsibility in the event of the *Insured's* state of health being aggravated.

4.2 Application of deductibles.

In the event of *illness* and/or *accident*, the deductible of 100 CHF will apply per *Insured* and per *illness*.

4.3 Application of limits.

The limit is the maximum limit for settlement or coverage per *Insured*. With a concern to control costs, your refunds may be covered by a limitation only if the costs relating thereto are higher than the average observed in the region where the said treatment took place.

4.3.1 MAXIMUM limit for the TravelCover Plan

4.3.1.1 For recovery cost insurance, the limit for reimbursement or coverage is independent of your deductible and depends on the Area chosen. It comes to:

- CHF 50,000 per *Insured* throughout the duration of the subscription for Area 1.
- CHF 150,000 per *Insured* throughout the duration of the subscription for Area 2 and Area.

In Switzerland and Liechtenstein, the settlement of your Insured Person benefits shall be done on the basis of the rates applied in the university or canton hospitals in which *hospitalisation* or care is being provided. In all other countries worldwide, the limits for the settlement are the customary and reasonable medical costs applied in the area where care and treatment are provided.

- 4.3.1.2 For assistance, coverage is based on the real cost.
A limit of CHF 100 per day applies to the guarantee for room and board of one person accompanying a hospitalised child.

5. What are the exclusions?

5.1 Risks excluded by *Golden Care Plans*.

The following hazards are excluded:

- 5.1.1 All treatment related to problems of sight or hearing except if they are the direct result of an *accident* that occurred during the insurance period.
- 5.1.2 All organ transplants except heart, kidneys and liver are excluded. Acquisition of the organ itself (including heart, kidneys and liver), and all expenses incurred by the donor
- 5.1.3 All mental *illnesses* and psychological disorders, especially conditions of fatigue, exhaustion and nervous *illnesses*.
- 5.1.4 All treatments administered outside the coverage Area chosen and mentioned in the Insurance Certificate.
- 5.1.5 All medical treatment for people aged 80 and more on subscription.
- 5.1.6 All medical treatment undertaken in the country of *usual residence* of the *Insured* and/or country of departure.
- 5.1.7 All treatment undertaken while the *Insured's* state of health is stabilised and the latter can return to their country of *usual residence*, especially those resulting from prolonging the stay with the sole purpose of continuing treatment
- 5.1.8 All treatment relating directly to pregnancy, especially childbirth care, as well as the sequelae of contraceptive or abortion related methods.
- 5.1.9 All treatment relating to dental or maxillary *illness*.
- 5.1.10 All treatment relating to cancer, AIDS, as well as check-up examinations.
- 5.1.11 Anxiolytic treatment, sleeping pills, prophylactics, travel pharmacy, hormones or drugs to reduce cholesterol.
- 5.1.12 Absence of preliminary approval of the *Assistance Services* for any assistance benefits and/or recovery expenses, especially those performed by other benefit debtors and/or another *Insurer* than that for the Plan.
- 5.1.13 All transportation and/or recovery costs, with the exception of those defined in the General Conditions and approved by the *Assistance Services* stated in the Contract.
- 5.1.14 List of excluded countries and territories for application of Assistance services:
Antarctica, Afghanistan, Rwanda, Iraq and Ivory Coast.

5.2 Self-aggravated hazards.

The following hazards are excluded:

- 5.2.1 *Accidents and illnesses* resulting from the active participation of the *Insured* in war, terrorist activity, riots, insurrections or any criminal act including resultant imprisonment.
- 5.2.2 *Accidents* occurring during the practice of racing, rallies, competitions or similar training sessions with motorised vehicles or power boats, as well as taking part in professional team sports (e.g., football and ice hockey), and mountain-climbing requiring the use of any equipment, rock-climbing, bobsleigh, skeleton, potholing, parachuting, acrobatic ski-jumping, voluntary handling of weaponry possession of which is forbidden, or training for such activities.
- 5.2.3 *Accidents* occurring during practice of a sport that involves the *Insured* using a motor vehicle, hang-gliding and other flying wings, as well as skin diving at more than 30 metres depth.
- 5.2.4 Injuries or pathological conditions resulting from an intentional act of the *Insured* (self-mutilation, attempted suicide, etc.).
- 5.2.5 *Accidents* caused by the effect of alcohol at a rate of 1/1000 or more, as well as *accidents and illnesses* caused by the use of drugs or narcotics.
- 5.2.6 Abortion which has no medical or therapeutic reason when the pursuit of pregnancy could endanger the *Insured's* life.
- 5.2.7 Venereal diseases.
- 5.2.8 Injuries and/or pathological conditions resulting from intentional or unintentional negligence of the *Insured*, especially not taking prescribed drugs, abuse of drugs, after a medical intervention of any kind.
- 5.2.9 *Accidents* arising when driving a motor vehicle for which the *Insured* does not fulfil the legal conditions.
- 5.2.10 *Accident* during exercise of a professional manual activity.

5.3 Pre-existing conditions or birth defects.

The following hazards are excluded:

- 5.3.1 *Illnesses, accidents*, as well as their consequences, which have incurred treatment and/or whose symptoms appeared:
 - prior to the date of subscription and/or date of departure,It is compulsory that such former treatment and symptoms be mentioned on the Medical Declaration at the *date of subscription* where the latter is required
- 5.3.2 Birth defects, whether congenital or not, are excluded.

5.4 Hazards aggravated by the surrounding environment.

The following hazards are excluded:

- 5.4.1 *Accidents and illnesses* resulting from direct or indirect effects of nuclear origin or caused by any source of ionising radiation.
- 5.4.2 *Accidents and illnesses* occurring while the *Insured* is serving in a military unit.

- 5.4.3 *Illnesses* caused by an epidemic whose existence has been officially recognised by the health authorities.
- 5.4.4 War, whether declared or not, in all cases 48 hours after the start of hostilities recognised by the federal department of foreign affairs or other official bodies.
- 5.4.5 Revolution, acts of sabotage, terrorism or vandalism.
- 5.4.6 Earthquakes, flood, volcanic eruptions and any other natural phenomenon of natural catastrophe.

5.5 Absence of pathological nature.

The following hazards are excluded:

- 5.5.1 All symptoms not due to a duly diagnosed pathological condition.
- 5.5.2 Examinations and treatment for preventive purposes (example: vaccinations on a healthy person, inoculations, prophylactic antibiotherapies, preventive serotherapy, etc.)
- 5.5.3 Check-ups (example: systematic and periodical screening for biological or pathological anomalies).
- 5.5.4 Tests and treatment for sterility or to regain fertility.
- 5.5.5 The purchase and/or the fitting of all contraceptive means such as intra-uterine devices, contraceptive pills or condoms, as well as voluntary sterilisation.
- 5.5.6 Cosmetic treatment or surgery (except consequent upon an *accident* or a surgical operation having caused an unsightly deformation) as well as cryo-preservation and implantation of living cells.
- 5.5.7 Eye and ear examination, the cost of spectacles, contact lenses and hearing aids.
- 5.5.8 Services and treatment in long term care facilities, spas, sanatoria, homes for the aged, thalassotherapy establishments, hydroclinic establishments, and nursing homes.
- 5.5.9 Prostheses, corrective devices and medical appliances, which do not require surgical intervention.
- 5.5.10 Treatment for juvenile acne.
- 5.5.11 Functional endocrinous disorders as well as menopause.

6. How may you enjoy your benefits and guarantees?

6.1 In case of care and/or medical emergency.

- 6.1.1 Medical care expenses can be either reimbursed if already paid by you, or hospitalisation costs may be directly settled in compliance with the General Conditions and Special Policy Conditions of your Plan.
- 6.1.2 Your claim or expense recovery file must always include all forms required as well as all originals of your prescriptions, invoices, and any relevant supporting

documents. The exact elements that form your claim file are detailed in the *emergency centre* contract.

6.1.3 In all events, you must **COMPULSORILY** contact the *Assistance Services* whose numbers are shown on your card.

6.1.4 Your claim must be sent to the *Assistance Services* within the following time limits:

YOUR CLAIM	TIME LIMIT TO SEND APPLICATION	CONSEQUENCES
6.1.4.1 Reimbursement of medical care expenses	<ul style="list-style-type: none"> • In case of <i>accident</i>: at latest 5 days after the accident. • In case of <i>illness</i>: at latest 90 days after the start of treatment. 	If this lead-time is not respected, your claim cannot be accepted.
6.1.4.2 For physical therapy sessions, prior agreement for coverage is compulsory.	As soon as you come into possession of the corresponding medical prescription.	Your request may not be accepted if you do not do this immediately.

6.1.5 If the above mentioned time limits are not respected, your claim could be refused.

6.1.6 Following a claim for reimbursement and/or direct settlement, the *Assistance Services* may, if they deem it necessary for the processing of said claim, ask for further information or possibly have the *Insured* examined by an advisory *physician* appointed by them.

6.1.7 If you benefit from other Insurance policies, you should specify this on your claim form and/or inform the *Assistance Services* thereof and the reimbursement and/or direct settlement will be made on presentation of copies of all documentary proofs accompanied by the original detailed accounts of settlements already made by the other Insurance Company/Companies. The *Assistance Services* will settle remaining costs without applying your deductible if the amount already settled is greater.

6.1.8 After the *Assistance Services* have provided the benefits, or made any payment, coverage or assumed liability thereon under the chosen Plan, the *Assistance Services* for the Plan shall be subrogated to all rights and prerogatives of the *Insured*, including recourse and actions against any liable third parties, up to the amount of the *Assistance Services'* expenses.

6.1.9 The reimbursement of a claim is issued in favour of the *beneficiary* who has been specified in your Claim Form. In case of death or incapacity, reimbursement will be issued in favour of the *Insured's* legal representative.

6.1.10 The *Assistance Services* will settle claims or make direct settlement on the basis of tables defined by canton and or university hospitals in Switzerland and within the limits specified in the chosen Plan. For any reimbursement outside Switzerland and Liechtenstein, the *Assistance Services* reserve the right, if study of the claim file reveals manifest deception, to limit the settlement of claims or coverage to the basis of the average prices applied in the area where

the insured benefits are to be provided.

- 6.1.11 If the *Assistance Services* were to realise, after having settled a claim or made direct settlement, that you were not entitled to settlement of said claim, in view of your Plan General Conditions and Special Policy Conditions, you shall be asked to reimburse the amount settled by the *Assistance Services* within thirty days of receipt of the notification sent to you by the latter. In the event of default and/or delay on your part, the *Assistance Services* reserves the right to increase the amounts due with interest for late payment of 1.25 per cent a month.
- 6.1.12 Partial or total payment of a claim by the *Assistance Services* of a claim or direct settlement shall not hold the *Assistance Services* liable for the settlement of all other claims in relation with the former.
- 6.1.13 The benefits are assigned as an alternative to those of other insurers required to provide services. This restriction also applies to Plans that themselves include a subsidiarity clause.
- 6.1.14 When an *insurer* is required to provide benefits, and if the benefits have been afforded, this fact forms the basis for entitlement towards you or with respect to the *insurer* of your contract to demand restitution thereof. Rights against responsible third parties must be transferred to the *insurer* of your contract. If you refrain from benefits with respect to third parties, the obligation to pay benefits is removed to the amount they represent.

6.2 In case of medical emergency.

- 6.2.1 In case of *medical emergency* or death, the *Assistance Services* designated on your identification card are the exclusive performer of all Assistance benefits. To this purpose, they put an *emergency centre* at your disposal 24 hours a day, every day of the year, to intervene at the site of the *accident* or *illness*. To benefit from medical services, it is COMPULSORY to call, immediately or as a matter of priority, the *Assistance Services' emergency centre* by telephone, fax or mail box. The *Assistance Services' contact details* are shown on your *Golden Care* identification card.

YOUR CLAIM	TIME LIMIT TO SEND APPLICATION	CONSEQUENCES
6.2.2 Emergency medical assistance in the event of an <i>accident</i> , sudden <i>illness</i> or death.	<p>You should contact the <i>Insurer</i> as soon as the event occurs.</p> <p>The original documents to be provided are:</p> <ul style="list-style-type: none"> • The <i>accident</i> report and/or reports provided by the police authorities. • The full medical file drawn up by the <i>physician</i> consulted 	<p>If you do not do so immediately, the expenses incurred without prior agreement from the <i>Assistance Services</i> or any intervention not organised by the latter may not lead to reimbursement or direct settlement.</p> <p>One of these documents missing may lead to delay in your being reimbursed.</p>

	<p>or the hospitals visited at the place where the <i>accident</i> occurred.</p> <ul style="list-style-type: none"> • Your Claim Form, prescriptions and invoices. 	
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- 6.2.3 In case of medical necessity for *evacuation* towards a *hospital* outside the country where the event occurred and that is not your country of *usual residence*, you must have a valid passport and a visa for the country concerned. Where this is not the case, the *Assistance Services* will do their best to help obtain them but cannot be held liable if said documents are not delivered and the intervention is thereby impossible to carry out.
- 6.2.4 The *Assistance Services'* intervention depends on local availabilities and is always subject to applicable national and international laws. Their intervention depends on obtaining the necessary authorisations issued by the competent authorities.
- 6.2.5 The *Assistance Services* and *Insurer* shall not be held responsible for delays and suspensions of services in Switzerland or abroad. They shall not have to supply their services in the event of force majeure such as an accidental and unpredictable event, natural disasters, civil or international war, riots, acts of terrorism, uprisings, reprisals, restrictions on free movement of individuals and circulation of goods, curfews, strikes, explosions, heat or radiation produced by the transmutation or disintegration of atomic nuclei, radioactivity, and other fortuitous cases.
- 6.2.6 The *Assistance Services* for the policy shall organise the necessary contacts between its medical staff, the local *physician* and the *hospital* where you have been admitted so that the appropriate decisions, after consultation of the local *physician*, of yourself, and possibly your family, can be made according to your medical condition.

7. What is your period of coverage?

7.1 Commencement.

- 7.1.1 Your Plan shall begin on the *effective date* specified on your Special Policy Conditions. This date is determined following medical underwriting and final acceptance of your application by *Golden Care Service*. It is at earliest, at midnight the day after receipt of your premium by *Golden Care Service* or its authorised agents.
- 7.1.2 The benefits and guarantees apply on the *effective date* stated on your Special Policy Conditions. In accordance with Insurance principles, your Plan covers uncertain events. Consequently, it does not take into consideration latent and, of course, pre-existing conditions.

7.2 Length of coverage.

Your Plan is drawn up for the number of days chosen. It may not exceed 9 months in total with postponements.

7.3 Insurance period.

The insurance period is specified in your insurance proposal and on your insurance certificate. It corresponds to the amount of the premium indicated at the last valid rate.

7.4 End of benefits.

If your Plan comes to a term while you are *hospitalised*, you will continue to benefit from the effects of the contract until the end of *hospitalisation* to a maximum of 30 days after the *date of expiry* of your Plan. The premium corresponding to the period incurred must be paid to *Golden Care Service* on reception of the additional premium call.

8. How to use your Plan?

8.1 Subscription.

8.1.1 To subscribe to the Plan, *Golden Care Service* must receive an Application Form and, where required, a Medical Declaration, both duly completed, signed and accompanied by payment of your premium. After receiving these documents, *Golden Care Service* will proceed with a study of the medical risk in your subscription file and will inform you of its acceptance by issuing you your Special Policy Conditions.

8.1.2 *Golden Care Service* may refuse, without justification, your subscription. Your file will then be returned with reimbursement of your subscription settlement.

8.2 Extension of term.

If your voyage is extended, you may modify your insurance period; to this purpose, you must compulsorily and before the due date mentioned on your certificate, fill in a request for extension of term and send it to *Golden Care Service* with your settlement.

Extensions of term cannot have the effect of extending medical care if the *Insured* is capable of returning to his/her *country of origin* and/or *usual residence*

8.3 Cancellation and its consequences.

8.3.1 False declaration

The bases for the agreement between *Golden Care Service* on behalf of the *Insurer* and yourself rely on your declarations made on the date of subscription or during the lifetime of your contract. Also, any withholding of information, false declaration, simulation or intentional use of false or falsified documents will lead to the contract being nullified and your subscription being retained. If services have been provided, the amounts paid in advance must be refunded to *Golden Care* as from reception of notification that will be sent to you by *Golden Care* for this purpose.

CONSEQUENCES ON THE SUBSCRIPTION

8.3.1.1 In the case of cancellation for withholding information or false declaration, the entire subscription will remain due.

CONSEQUENCES ON GUARANTEES

8.3.1.2 In the case of cancellation for withholding information or false declaration, any payments of benefits in process will be stopped.

8.3.2 Non-payment of premium

If, even after having issued your certificate for a new period and/or extension of contract, *Golden Care* were to realise that your subscription did not reach us, your Plan would be cancelled and any payment of subscriptions in process stopped.

8.3.3 Cancellation

8.3.3.1 In the event of cancellation of your trip before the date of departure, the premium will be refunded to you with deduction of 50 CHF for expenses.

8.3.3.2 After the date your Plan comes into effect, no cancellation or termination will be possible.

9. What happens in case of dispute?

- 9.1 Any dispute arising from medical decisions in connection with a claim or direct settlement will be settled by two *physicians* appointed by you and by the *Assistance Services*, with each party bearing its respective costs. If no agreement can be reached by those two *physicians*, a medical assessment will be carried out by a physician amicably chosen by the parties or, in the alternative, appointed by the Medical Association or the court judge of the commercial court for the *Insurer's* registered office.
- 9.2 No suit, action or proceeding for the recovery of any claim under this Plan shall be sustainable unless the same be commenced within two years of the occurrence which gives rise to the said action or procedure. The prescription can be interrupted by appointment of an expert following an event jeopardising your Plan?
- 9.3 The French language version of the *Golden Care* Plans shall govern.
- 9.4 The present General Conditions are governed by Swiss law. Any lawsuit in relation with this Plan shall be judged by the jurisdiction of the registered office of the Insurer in Geneva, Switzerland or the *domicile* of the *Insured* if he/she lives in Switzerland

10. Definitions

Accident:	Any bodily injury, sudden and unforeseen, beyond the <i>Insured's</i> control, the cause of which is external to the <i>Insured's</i> own body and involving first and/or third parties
Assistance services:	Company that provides the <i>Assistance services</i> , ensuring service 24 hours a day and every day of the year and that covers all claims and/or direct settlement. The <i>Assistance Services</i> for the <i>Golden Care TravelCover</i> Plan is INTER PARTNER ASSISTANCE, a member of the AXA ASSISTANCE Group
Beneficiary:	Person who receives the reimbursement of a claim
Country of funeral:	Country of <i>usual residence</i> where the mortal remains of the <i>Insured</i> are transported to be buried. The Assistance services in case of death are applicable only if the funeral is not held in the country where death occurred
Country of departure:	Country from which the <i>Insured</i> started his/her trip and for which he/she contracted the Insurance covered by the present General Conditions
Country of origin:	Country of which the <i>Insured</i> is a national and which is mentioned on his/her passport. The nationality of the <i>Insured</i> is specified on the Certificate of Insurance
Date of cancellation:	Date at which the Plan is no longer applicable and at which the benefits and guarantees of the Plan terminate
Date of subscription:	Date mentioned on the Application Form stating the day of the request for application. This date is not the date at which coverage commences
Dentist:	Legally licensed practitioner recognised by the law of the country where treatment is provided, and who is practising within the scope of his/her licence and training. The <i>dentist</i> cannot be a member of the <i>Insured's</i> family
Diagnosis:	Identification by a <i>physician</i> of an <i>illness</i> or injury on the basis of its symptoms
Domicile:	<i>Domicile</i> and/or <i>usual residence</i> . Place where the <i>Insured</i> works and resides most of his/her time. This is shown on the <i>Insured's</i> passport
Effective date:	Date as of which your Plan or endorsement becomes effective. This date is specified in the Special Policy Conditions issued by <i>Golden Care</i>
Emergency centre:	<i>The structure including physicians, technicians and operators made available to the Insured 24 hours a day every day of the year. This service is ensured by INTER PARTNER ASSISTANCE a member of AXA ASSISTANCE</i>
Enrolment service:	See <i>Golden Care Service</i>
Evacuation :	Transportation by the <i>Assistance Services</i> of an <i>Insured</i> following a <i>medical emergency</i> from the country where the emergency occurred, excluding the <i>country of origin</i> or country of <i>usual residence</i> where guarantees do not apply
Expiry date:	Date on which the Plan comes to its term. This date is shown on the insurance proposal and the Special Policy Conditions issued by <i>Golden Care Service</i>
Funeral repatriation:	Transportation carried out by the <i>Assistance Services</i> of mortal remains

Golden Care:	Name given to the general conditions that detail benefits and guarantees covered by the designated <i>Assistance Services</i> . <i>Golden Care</i> is a registered brand describing the name of your Plan
Golden Care Service:	Name of the <i>Golden Care</i> Plans management and administration centre. <i>Golden Care Service</i> is also at your disposal to inform and advise you regarding your Plan
Hospital:	See <i>hospital complex</i>
Hospital complex:	Institution legally recognised as a medical or surgical <i>hospital</i> in the country where it is located, under permanent supervision by a resident <i>physician</i> which has local administrative authorisations and is authorised to perform medical acts and treatment for people who are ill or have been victims of accidents. Institutions mentioned under paragraph 5.5.8 of the present General Conditions are not considered hospitals
Hospitalisation:	Hospital confinement of more than 24 hours during which the <i>Insured</i> undergoes medical treatment or surgery. Emergency treatment of less than 24 hours is also included
Illness :	<i>Any alteration of the Insured's</i> medical condition, duly diagnosed by a competent medical authority
Insured :	Any person mentioned in his/her Special Policy Conditions and enjoying the benefits and guarantees provided by the Plan
Insurer:	Insurance company that financially covers the costs relating to the guarantees offered in the present Plan. This service is ensured by INTER PARTNER ASSISTANCE, a member of the AXA ASSISTANCE Group
Local medical transportation:	Transportation by ambulance or any other medical vehicle to the nearest <i>hospital</i> closest to the <i>medical emergency</i>
Medical emergency:	<i>Accident or illness</i> requiring immediate care and treatment
Member of the family:	Grandparents, parents, children, grandchildren, brothers and sisters
Physician:	Legally licensed medical practitioner recognised by the law of the country where treatment is provided, and who is practising within the scope of his/her licence and training. The <i>physician</i> cannot be a member of the <i>Insured's</i> family
Repatriation:	Emergency return transportation of an <i>Insured</i> during a <i>medical emergency</i> to his/her country of <i>usual residence</i>
Subscriber:	Person having signed the Application Form. The <i>Subscriber</i> is the authorised representative towards <i>Golden Care Service</i> . He/she is responsible for information sent to <i>Golden Care</i> as well as payment of premiums.
Termination:	Act of ending the effect of a policy
Usual residence:	Address where the <i>Insured</i> dwells most of the time, specified on the Special Policy Conditions

**All queries with regard
to your Insurance Benefits
may be addressed to the enrolment
centre at Golden Care S.A.:**

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Tel.: + 41 22 786 12 00

Fax: + 41 22 786 12 20

E-Mail: goldencare@goldencare.ch

Web-Site: www.egoldencare.com

Your Insurance Company:

INTER PARTNER S.A.

Member of the AXA ASSISTANCE Group

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YOUR PARTNERS

