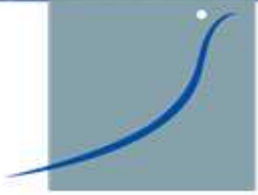


**GOLDEN CARE™**

**YOUR HEALTH PARTNER AROUND THE WORLD**



General Conditions  
**Golden Care**  
(Switzerland)

**FOR A BETTER  
UNDERSTANDING AND A  
PROPER USE OF YOUR PLAN**

**Golden Care General Conditions Reference: GCCH003GB**

**AcciCover – HospiCover – EveriCover**

## Introduction

0.1 The present General Conditions specify the benefits and guarantees provided by the *Golden Care* Plans (Switzerland) – AcciCover, HospiCover, EveriCover et EveriCover Plus- as well as the ways in which they apply. These documents, 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*.
- **The Medical Declaration** details the answers given to the medical questions in the Application Form.
- **The Certificate of Insurance** specifies the features of the Plan as selected by the *Subscriber* and accepted by *Golden Care Service*. This document is issued per Insured at the time of subscription or following an endorsement.
- **The Receipt** specifies the dates at which the period of insurance commences and finishes. This document also specifies the total amount received by *Golden Care Service*, subject to the effective payment of premium.
- **The Endorsement Forms** specify possible modifications made to the General Conditions and Certificate of Insurance.

0.2 Assistance and medical Insurance benefits are provided by INTER PARTNER ASSISTANCE, a member of the AXA ASSISTANCE Group, hereafter referred to as INTER PARTNER.

Here are in details the AcciCover, HospiCover, EveriCover plans and the option EveriCover Plus. This document gives you full details of the insurance policy you have chosen. Please read it carefully so that you make the most of the policy. The present General Conditions have been translated into English for information. In the event of a difference in views, the French version will apply.

## **Important**

0.3 Any oral information that has passed between *Golden Care Service* acting on behalf of the insurance and assistance company for the contract and its *Insured Persons, 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 or any other official document (*Domicile*) must be permanently updated. *Golden Care Service* must be immediately notified of any modification by registered letter. Delay or failure to respect this obligation may jeopardise your rights and affect the continuity of your Plan.

0.5 All documents relative to you shall be sent to the last postal address received by our services. Under no circumstance shall failure to receive notice cancel or delay the application of any of the measures set forth in the present document described in said notice.

*Key words are shown in Italics.  
Please read their definitions in section 12.*

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# 1 Who may benefit from the Golden Care Plan?

1.1 You may subscribe to this Plan irrespective of your country of usual residence.

1.2 No citizen of the United States of America, Canada or Japan may apply while residing in his/her country of origin.

1.3 As a *Subscriber*, you may insure any member of your family, including spouse and unmarried children aged more than 3 days. All members of the same family must choose the same Plan with identical features, except for the area of coverage.

## 2 What are your choices?

### 2.1 Choice of Plan.

2.1.1 The AcciCover Plan covers benefits and guarantees resulting from an accident only. The services are reimbursed exclusively in the case of hospitalisation and/or of emergency ward treatment.

2.1.2 The HospiCover Plan covers benefits and guarantees resulting from an accident or an illness. The services are reimbursed exclusively in the case of hospitalisation and/or emergency ward treatment.

2.1.3 The EveriCover Plan covers benefits and guarantees resulting from an accident or an illness whether or not they require a hospitalisation.

2.1.4 The EveriCover Plus option extends your coverage and guarantees to standard dental care and maternity expenses. You may subscribe to this option only if you choose the EveriCover Plan.

### 2.2 Areas of coverage.

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

2.2.1 Area 1 allows you to enjoy full benefits worldwide, except in the United States, Canada, and Japan, where benefits are applicable if the two following conditions are fulfilled:

- your stays, in one or other of these countries, do not exceed 30 days per period of insurance, all three countries combined,
- and your trip to any one of these countries was not made with the intention of seeking medical care.

2.2.2 Area 2 allows you to enjoy full benefits worldwide without either of the restrictions applicable to Area 1 and in compliance with § 1.2.<sup>2</sup>

### 2.3 Deductible.

The deductible is the amount of medical expenses for which you are responsible when settling your health expenses.

2.3.1 AcciCover Plan: no deductible applies.

2.3.2 HospiCover Plan: you are free to choose from 4 levels of deductibles as applicable to each of the Insured on the same policy:

CHF 75 – CHF 400 – CHF 800 – CHF 1500

2.3.3 EveriCover Plan: you are free to choose from 7 levels of deductibles as applicable to each of the Insured on the same policy:

CHF 75 – CHF 400 – CHF 800 – CHF 1500  
CHF 4 000 – CHF 8 000 – CHF 15 000

2.3.4 Deductibles do not apply to Assistance Services.

## **2.4 The EveriCover Plus Option**

2.4.1 You are free to extend your coverage to maternity and dental care expenses by selecting EveriCover Plus. This option is available to you only if you have chosen a deductible of CHF 75 or CHF 400.

2.4.2 The Dental Care benefit applies to all members of a family included in the same policy. The Maternity Care benefit applies to one and only one female Insured under the same policy.

## **2.5 Methods of premium payment.**

The premium is the amount that you must pay for the period of insurance specified on your notification of term, in consideration of the benefits of your Plan. You can pay your premium:

- in Swiss francs - currency of reference for the Plan - or in another fully convertible currency provided *Golden Care Service* has given its prior approval in that currency and communicated their accepted exchange rate.
- by bank cheque or credit card, bank transfer, payment slip or as specified on your Application Form, or notification of term, whichever is the case.

## **2.6 Languages of correspondence.**

The documents relative to your Plan are available to you either in English or in French. However, the present General Conditions have been translated into English for information. In the event of a difference in views, the French version will apply.

## **2.7 The beneficiary of reimbursements.**

You are free to specify the *Beneficiary* of a reimbursement by declaring him/her as such on the Claim Form. If no *Beneficiary* is specified, reimbursement will be issued in favour of the *Subscriber* to your Plan.

## **2.8 Methods of reimbursement.**

You are free to select a reimbursement:

- In Swiss francs or in any other fully convertible currency.
- By bank cheque or bank transfer.

### 3 What are your benefits and guarantees?

#### 3.1 Insurance benefits and guarantees according to the selected Plan.

- 3.1.1 If you have selected the AcciCover Plan, your benefits and guarantees cover the consequences of an accident requiring hospitalisation and/or emergency ward treatment exclusive of any other risk.
- 3.1.2 If you have chosen the HospiCover Plan, your benefits and guarantees cover the consequences of accident and illness requiring hospitalisation and/or emergency ward treatment exclusive of any other risk.
- 3.1.3 If you have chosen the EveriCover Plan, your benefits and guarantees cover the consequences of accident and illness whether or not they require a hospitalisation, as well as out-patient care.
- 3.1.4 If you have subscribed to the EveriCover Plus option, you shall be entitled to the reimbursement of ordinary dental care costs and maternity expenses in the limits and under the conditions defined hereafter.

#### 3.2 Assistance benefits and guarantees.

Under the Assistance Benefits, in case of *medical emergency*, you will have access to an *alarm centre*, available 24 hours a day, 7 days a week, every day of the year. The assistance benefits and services are provided and carried out by INTER PARTNER ASSISTANCE, a member of the AXA ASSISTANCE Group. These benefits and services are available only after approval of the INTER PARTNER medical service in close collaboration with the attending physician or physicians on duty at the scene of medical emergency.

#### ASSISTANCE BENEFITS AND GUARANTEES

#### PRECISION

##### 3.2.1 Assistance benefit in case of medical emergency.

Organisation and settlement of claim by the Assistance Services, as defined hereunder, in the sole medical interest of the *Insured Person* according to his/her medical state at the time of *medical emergency*.

3.2.1.1 *Local medical transportation, evacuation or repatriation* from the site of the *medical emergency* under approval of the physicians in charge of the Insured Person and in the Conditions required by his/her/ Medical status.

*Evacuation*: organisation and admission of the *medical transportation* towards the nearest specialised *hospital complex* to the site of *medical emergency*.  
*Repatriation*: medical transportation of the *Insured Person* from the site of *medical emergency* to his or her *Domicile* or *Usual Residence*.

3.2.1.2 First Aid care and treatment at the site of the *medical emergency*.

Health care provided by the first aid medical team or by the *Assistance Services* medical team during your journeys abroad.

3.2.1.3 Transportation of *close family or relation*.

Organisation and settlement of a return ticket for a *close family or relation* of the *Insured Person*

being hospitalised for a minimum duration of 7 days before the intervention of the *Assistance Services*. The stay expenses of this *close* family or relation on the site of *Hospitalisation* are not covered.

- 3.2.1.4 Transportation (\*) of a person travelling with the *Insured Person* at the time of the *medical emergency* outside the country of *Usual Residence* or *Domicile* of the *Insured Person*. *The Insured Person* will be accompanied and assisted during his/her *evacuation* or *repatriation* by medical and/or paramedical personnel having the specialisation appropriate to the state of the *Insured Person* and designated exclusively by the *Assistance Services physicians*.
- 3.2.1.5 Escorted return of children under 15 years old travelling with the *Insured Person* outside his/her country of *Usual Residence* or *Domicile* at the time of the *medical emergency*. When following his/her *illness* or *accident* the *Insured Person* is not able to look after children under 15 years old travelling with him/her, and when these children are also *Golden Care* members, the *Assistance Services* shall send and take care of travelling expenses of a person ready to escort said children back to their *Domicile* or *Usual Residence*.
- 3.2.1.6 Return transportation of other *Insured Persons* involved in the same accident. *The Assistance Services* organise and settle *repatriation* expenses of all *Insured Persons* involved in the *accident* of an *Insured Person* and who may not return by the means of transportation initially planned, only when these *Insured Persons* are *Golden Care* members.
- 3.2.1.7 Emergency delivery of indispensable prescription drugs not available at the site of the *medical emergency*. *The Assistance Services* organise and settle sending of prescription drugs required for the treatment of the *Insured Person* when said drugs are not available in the country where *Hospitalisation* or treatment occurs, provided these drugs are available in the country of registration of the *Assistance* company or in a country where the latter has a representation, provided the usage of said drugs is authorised in the country where treatment shall occur. Customs duties shall be borne by the *Insured Person*.
- 3.2.2 Assistance benefit in case of death.** Organisation and payment by the *Assistant Services* of *Golden Care* of *repatriation* in case of death.
- 3.2.2.1 *Funeral repatriation* of the deceased *Insured Person* to the funeral site. In case of death of *Insured Person* during the travel or stay outside his/her country of *Domicile* or *Usual Residence*, the *Assistance Services* shall organise the repatriation of mortal remains in the state found at funeral to the country of *Domicile* or *usual residence* in accordance with national and

international legislation provided the said transportation is materially feasible. The expenses of funeral ceremony shall be borne by the Insured Person's family.

3.2.2.2 Transportation of family members travelling with the deceased *Insured Person* to the funeral site.

Transportation (\*) of family members travelling with the *Insured Person* at the time of his/her death, to the Insured Person's *country of funeral repatriation*.  
Family members mean the spouse and/or unmarried children less than 24 years old under parental support or parents of a child deceased, and must be insured by a *Golden Care Plan*.

(\*) Transportation exclusive of any other costs, by air ambulance, by scheduled airline, by train or by ground ambulance if it relates to a *local medical transportation*, to an *evacuation* or to a *repatriation* of the *Insured Person*. Transportation exclusive of any other costs, by 1st class train or economy class airline in all other cases.

*The Insured Person* undertakes to transfer to *Golden Care Service* and/or the *Assistance Services* of the Plan the right to use his/her transportation ticket or to repay to the last mentioned any amount which he/she may possibly receive as a reimbursement from the company having issued said transportation ticket.

### 3.3 Medical treatment benefits and guarantees.

In your country of *Usual Residence*, other than Switzerland or Liechtenstein, and during your journeys abroad, your guarantees provide for the settlement of real medical care costs. Costs must be customary and reasonable in the area and country where care and treatment are provided.

In Switzerland and in Liechtenstein, the settlement of your benefits shall be made on the basis of the rates applicable in the "hôpitaux universitaires et/ou cantonaux" where the treatment or *Hospitalisation* will take place.

#### MEDICAL TREATMENT BENEFITS AND GUARANTEES

#### PRECISION

#### 3.3.1 Hospital benefit.

Hospital benefit applies when the *Insured Person* is registered as an in-patient.

3.3.1.1 Transportation by ambulance (carried out by *Assistance Services*).

Transportation to the nearest *hospital complex*, by a medical vehicle and driven by an authorised person. This service is subject to prior agreement.

3.3.1.2 Casualty ward care.

Provided in a *hospital complex* immediately after an *accident* or *illness*.

3.3.1.3 In-patient care.

If prescribed by a *physician* and medically

		required.
3.3.1.4	In-patient care for mental illness.	If prescribed by a psychiatrist and medically required. Guarantee subject to the limit of 26 weeks per year of insurance.
3.3.1.5	Organ transplant if hospital takes part in the Swiss Transplant Foundation.	Kidneys, heart and/or liver with the exception of any other transplant
3.3.1.6	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> to restore or replace sound and natural teeth only.
3.3.1.7	Private room and meals.	Standard private room, and meals taken in the hospital
3.3.1.8	Room and board for a person accompanying a hospitalised child under age 10.	In the <i>hospital complex</i> , or in a hotel if there is no extra hospital bed. Benefit limited to 15 days per period of insurance. Limit: CHF 150 per day.
<b>3.3.2</b>	<b>Out-patient benefit.</b> <i>Ambulatory medicine.</i>	Out-patient benefit is provided when the <i>Insured Person</i> is not a registered In-patient.
3.3.2.1	General practitioner and specialist services.	Legally licensed <i>physician</i> 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 Person's</i> family.
3.3.2.2	Laboratory and X-ray facilities.	Includes laboratory testing, X-ray and nuclear medical procedures undertaken to establish a <i>diagnosis</i> and provide treatment.
3.3.2.3	Prescription drugs.	Exclusively concerns medication whose sale and use are legally authorised only if prescribed by a <i>physician</i> and that are taken for treatment only. Must not be medications taken for preventive purposes.
3.3.2.4	Physical therapy.	If prescribed by a <i>physician</i> , and provided by a registered physical therapist with a legal licence. This guarantee is subject to prior approval.
3.3.2.5	Nursing at home.	If prescribed by a <i>physician</i> , and provided by a government licensed nurse. Guarantee subject to prior approval. Limit: 26 weeks per period of insurance.
3.3.2.6	Dental care consequent upon	If undertaken or diagnosed by a <i>dentist</i> within

an *accident*. 48 hours of the *accident* to restore or replace sound and natural teeth only.

3.3.2.7 Alternative Medicine. Natural medicine treatment administered by a medical doctor holding a federal degree or by a practitioner in natural therapy, member of: APTN/ART/SSMN/ASCAVASE/FSPN/RSO. Guarantee subject to prior approval.

**3.3.3 Benefits in case of death.** Contribution to coffin cost required for the transportation of the mortal remains of the *Insured Person* to his/her country of *Usual Residence* or *Domicile*. For purchase of coffin only, exclusive of costs for funeral ceremony, local procession, burial, etc. Limit: CHF 1,500.

### **3.4 EveriCover Plus optional coverage.**

In your country of *Usual Residence*, other than Switzerland or Liechtenstein, and during your journeys abroad, your guarantees provide for the settlement of real medical care costs. Costs must be customary and reasonable in the area and country where care and treatment are provided.

In Switzerland and in Liechtenstein, settlements shall be made on the basis of the rates applicable in the canton where the treatment or hospitalisation will take place.

## BENEFITS AND GUARANTEES      PRECISION

**3.4.1 Dental Care benefit.** The Dental Care benefit applies to routine dental treatment undertaken by a dentist, and dental prostheses.

3.4.1.1 Routine dental treatment. Care for pain, fillings, X-rays, gum treatment, and operation procedures, excluding all others, on teeth that were sound and natural prior to subscription to EveriCover Plus.

3.4.1.2 Dental prostheses. Exposure, X-rays and operation procedures relating to new prostheses, new crowns, new bridges and new pivot-teeth. Repairs only on prostheses installed after subscription to EveriCover Plus.

**3.4.2 Maternity Care benefit.** The Maternity Care benefit applies to consultations, care, treatment and medical examinations directly related to the pregnancy and made before, during, and after the birth.

3.4.2.1 Hospital or maternity ward Care provided to the mother includes normal

care and treatment for the mother and for the newborn child during the first 3 days following birth.

delivery, caesarean or miscarriage. Care for the child is covered provided he/she is added to his/her parents' Plan after those three days.

3.4.2.2 Out-Patient services.

This benefit includes all guarantees specified in the Out-Patient benefit of § 3.3.2. of the EveriCover Plan.

3.4.2.3 Assistance Services.

The pregnant *Insured Person* benefits from assistance services in case of medical emergency as specified in § 3.2.1.

Caution: as from the 7th month of pregnancy the *Assistance Services* may not be able to transport you as specified under § 3.2.1.1.

## 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, including in your *Country of origin* or *Usual Residence* and provided that you are in compliance with the General Conditions and Special Policy Conditions of your Plan.

#### 4.1.2 When you stay or travel outside your country of *Usual Residence* or *Domicile*.

4.1.2.1 Under the Insurance scheme, in the event of *Hospitalisation*, you **MUST COMPULSORILY CONTACT *Golden Care Service*** and/or the *Assistance Services* designated on your identification card, as soon as a physician has ordered your necessary hospitalisation. Otherwise, a special deductible of 20% will be applied to any settlement.

This clause also applies when a hospitalisation has been scheduled abroad for you, from your country of *Domicile* or *Usual Residence*.

4.1.2.2 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 complex* different than the one decided by the *Assistance Services*. Prior agreement shall be required from *Golden Care Service* or the *Assistance Service* and secured guarantee of payment from you will be required before intervention.

#### 4.1.3 When you use *Golden Care* in your country of *Usual Residence* or *Domicile*.

Under the Insurance scheme, for any care and treatment undertaken inside your country of *Domicile* or *Usual Residence*, we recommend that you contact *Golden Care Service* in order that it will assist you in your undertakings.

### 4.2 Application of deductibles.

4.2.1 In case of *accident*, no deductible is applied.

- 4.2.2 In case of *illness*, selected deductible (see § 2.3) applies per *Insured Person*, per *illness*, and not per medical event, nor per year.  
If you change deductibles by endorsing your Plan during the course of a treatment, the deductible applied shall continue to be the one valid when the first symptoms appeared or when treatment commenced.
- 4.2.3 In case of maternity or dental care (EveriCover Plus option), the 20% deductible is applied to all expenses claimed.
- 4.2.4 A special 20% deductible, shall be applied to all medical care costs settled, if the conditions stated in § 4.1.2. and § 4.1.2.1 are not met.

### **4.3 Application of limits.**

The limit is the total amount undertaken to pay by the *Insurer* for the settlement of claims.

- 4.3.1 For the Insurance benefits, the limit applied to claim settlement is irrespective of selected deductible. Total aggregate benefits amount to CHF 1,000,000 per *Insured Person*, and per *accident* or *illness*.

In Switzerland and in Liechtenstein, settlements shall be made on the basis of the rates applicable in the canton where the treatment or hospitalisation will take place.

In all other countries worldwide, the limits for the settlement are the customary and reasonable medical cost applied in the area where care and treatment are provided.

A limit of CHF 150 per day applies to guarantee for room and board of one person accompanying a hospitalised child.

- 4.3.2 For the EveriCover option, the limits are as follows:

- 4.3.2.1 Maternity care: limit per maternity, applicable to only one female member per policy:

- CHF 5,000 the first year of insurance,
- CHF 7,000 the second consecutive year,
- CHF 10,000 the third consecutive year and each following year.

The limit applied shall be the one corresponding to the year of birth, and applies to all maternity care costs, including pre- and postnatal treatment. The annual limits will be increased by 20% in the event of multiple births.

- 4.3.2.2 Routine dental care and dental prostheses: limit per year and per family on same policy: CHF 1,500.

- 4.3.3 Contribution to coffin costs is limited to CHF 1,500.

## **5 What are the exclusions?**

### **5.1 Hazards excluded by the *Golden Care Plan*.**

The following hazards are excluded:

- 5.1.1 Under the AcciCover Plan, all illnesses in all cases are excluded, as well as any accident, which did not require a hospitalisation or an emergency ward treatment.
- 5.1.2 Under the HospiCover Plan, accident and illnesses that do not require a hospitalisation or an emergency ward treatment.
- 5.1.3 All organ transplants except heart, kidney and liver. Acquisition of the organ itself (including heart, kidney and liver), and all expenses incurred by the donor.
- 5.1.4 Mental illnesses and disorders (example: stuttering, dyslexia, etc.). Hospitalisation for mental illness is not excluded but is limited to 30 days by year of insurance.
- 5.1.5 All transportation costs, except as specified in the General Conditions approved by the *Assistance Services* designated under the contract.
- 5.1.6 If the selected plan is under Area 1, treatments undergone in Area 2 when the journey in said area has been done for the purpose of treatment.
- 5.1.7 Laboratory and radiology examinations, medical investigations, X-rays and nuclear medicine undertaken in an irrelevant manner and that are not needed to establish a *diagnosis* and/or a treatment.

## **5.2 Self-aggravated hazards.**

The following hazards are excluded:

- 5.2.1 *Accidents* and *illnesses* resulting from the active participation of the *Insured Person* in war, terrorist activity, riots, insurrections or any criminal act including resulting imprisonment.
- 5.2.2 *Accidents* occurring during the practice of sport practised as a profession.
- 5.2.3 *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 (example: football and ice hockey) or training for such activities.
- 5.2.4 Injuries or pathological conditions resulting from an intentional act of the *Insured Person* (self-mutilation, attempted suicides, etc.), even if such an attempt results in a proven and/or latent pathological condition.
- 5.2.5 *Accidents* caused by the effect of alcohol, accidents and illnesses caused by the use of drugs or narcotics.
- 5.2.6 Abortion which has no medical or therapeutic reason, as well as its consequences.

## **5.3 Pre-existing conditions or birth defects.**

The following hazards are excluded:

- 5.3.1 Illnesses, accidents, dental problems or maternity, as well as their consequences, which have incurred treatment and/or whose symptoms appeared:
  - within two years prior to the date of subscription,
  - between the date of subscription and the effective date, or,
  - within the respective waiting periods.

It is compulsory that such former treatment and symptoms be mentioned on the Medical Declaration at the date of subscription.

5.3.2 Hereditary or not birth defects 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 Person* is serving in a military unit.

5.4.3 *Illnesses* caused by an epidemic whose existence has been officially recognised by the health authorities with the exception of Switzerland.

#### **5.5 Absence of pathological evidence.**

The following hazards are excluded:

5.5.1 All symptoms with no pathological evidence duly diagnosed to justify them.

5.5.2 Examinations and treatments for preventive purposes (example: compulsory vaccinations on a healthy person, inoculations, prophylactic antibiotherapies, preventive serotherapy, etc.).

5.5.3 Health checkups such as systematic and periodic detection of biological or pathological anomalies.

5.5.4 Tests and treatments for sterility or to regain fertility.

5.5.5 Purchase or fitting of contraceptive means such as intra uterine devices, contraceptive pills, or condoms as well as voluntary surgical sterilisation.

5.5.6 Any cosmetic treatment or surgery (except consequent upon an *accident* or a surgical operation having caused an unaesthetic 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 Orthodontic treatment, precious metal crowns, dental prostheses for comfort, and repair of prostheses fitted prior to the subscription.

5.5.9 Services and treatment in long term care facilities, sanatoria, homes for the aged, thalassotherapy establishments, hydroclinic establishments, spas and nursing homes.

5.5.10 Prostheses, corrective devices and medical appliances, which do not require surgical intervention.

5.5.11 Juvenile acne.

5.5.12 Functional endocrine disorders as well as menopause.

## **5.6 Exclusions concerning Assistance Services.**

Assistance Services are excluded for the following:

- 5.6.1 An *Insured Person* who is travelling outside his/her country of *Usual Residence* or *Domicile* during a convalescence or during the recurrence of a medical condition with a risk of sudden aggravation.
- 5.6.2 Pregnant women - starting from the 7th month of pregnancy - who are outside their country of *Usual Residence* or *Domicile*.
- 5.6.3 Minor ailments or injuries.
- 5.6.4 In case of death occurring in the country of *Usual Residence* or *Domicile*.
- 5.6.5 Practice of high-risk sports (parachuting, acrobatics, aerobatics, motor powered races, ski jumping, paragliding, etc.).
- 5.6.6 War, whether declared or not, in all cases 48 hours after the start of hostilities recognised by the federal department of foreign affairs or by any official Swiss authority.
- 5.6.7 Revolution, acts of sabotage, terrorism or vandalism.
- 5.6.8 Strikes, street barricades set up during demonstrations and generally, any disturbances of any kind and the measures taken to restore order.
- 5.6.9 Earthquakes, flood, volcanic eruptions and any other natural phenomenon of natural catastrophe.
- 5.6.10 Epidemics.
- 5.6.11 Any health injury due to ionising rays (nuclear irradiation).
- 5.6.12 Taking drugs, and/or any other hallucinogenic products or alcohol.
- 5.6.13 Suicide or suicide attempt.
- 5.6.14 Runaways or abductions.
- 5.6.15 Absence of preliminary approval of the *Assistance Services* for any assistance benefits.
- 5.6.16 List of countries and territories excluded from the application of Assistance Services: Antarctica, Afghanistan, Rwanda and Iraq.

## **6 How may you enjoy your benefits and guarantees?**

### **6.1 In case of medical care.**

- 6.1.1 Medical care expenses can be either reimbursed if already paid by you, or hospitalisation costs may be settled directly to a third party in compliance with the General Conditions and Special Policy Conditions of your Plan.

6.1.2 Your claim file or patient management request 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 shall be detailed in the medical declaration form.  
If you do not have the necessary forms, contact Golden Care Service who will send you the necessary document(s).

6.1.3 Your claim must be sent to *Golden Care Service* within the following time limits:

YOUR CLAIM	TIME LIMIT TO SEND APPLICATION	CONSEQUENCES
6.1.4 Reimbursement of medical care expenses.	<ul style="list-style-type: none"> <li>• In case of <i>accident</i>: at latest 5 days after the <i>accident</i>.</li> <li>• In case of <i>illness</i>: at latest 90 days after the beginning of the treatment.</li> <li>• In case of pregnancy: as soon as the pregnancy is diagnosed.</li> </ul>	If not done within the time limit, the claim shall not be accepted.
6.1.5 Direct settlement of <i>Hospitalisation</i> or maternity costs (not if <i>medical emergency</i> ).	As soon as a <i>physician</i> has ordered your necessary <i>Hospitalisation</i> or entrance into a maternity ward.	If not done immediately, the claim shall not be accepted. If the schedule for acceptance of a direct settlement is tight, <i>Golden Care Service</i> will do its best to satisfy your claim, but shall not be held responsible, under any circumstances, for not being able to do so.
6.1.6 Reimbursement or direct settlement of <i>Hospitalisation</i> costs outside your country of domicile or usual residence	As soon as a <i>physician</i> has ordered your <i>Hospitalisation</i> .	If not done immediately, a special 20% deductible shall apply (see § 4.1.2).
6.1.7 For Physical therapy and nursing at home prior approval is compulsory	As soon as you are in possession of the medical prescription	If not done immediately, the claim will not be accepted.

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

6.1.9 Following a claim or request for patient management, *Golden Care Service* may, if it deems necessary for the processing of said claim, ask for further information or possibly have the *Insured Person* examined by a *physician* designated by *Golden Care Service*.

6.1.10 If you benefit from other Insurance policies, such as “Caisse Maladie” cover (State health insurance), claims will be settled upon presentation of copies of all supporting documents,

together with the original detailed accounts of settlements already made by the other Insurance Company(ies) or by your State health insurance office. *Golden Care Service* will settle remaining costs without applying your deductible if the amount already settled is greater.

- 6.1.11 After *Golden Care Service* has provided the benefits, or made any payment or assumed liability thereon under this Plan, *Golden Care Service*, on behalf of the *Insurer/Assistance Services* of the contract, shall be subrogated to all rights of recovery for the *Insured Person* against any liable third party, up to the amount of *Golden Care Service's* expenses on behalf of the *Insurer/Assistance Services*.
- 6.1.12 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 Person's* legal representative.
- 6.1.13 *Golden Care Service*, on behalf of the *Insurer*, will settle claims on the basis of the tariff defined by the competent federal or cantonal authority and within the limits specified in the Plan. For any settlement outside Switzerland or Liechtenstein, *Golden Care Service*, on behalf of the *Insurer*, reserves its right, if expert's reports reveal an abuse, to settle claims on the basis of average prices which prevail in the area where benefits take place.
- 6.1.14 If *Golden Care Service* were to realise, after having settled a claim, that you were not entitled to settlement of said claim, in view of the General Conditions and Special Policy Conditions of your Plan, you will be asked to reimburse the amount settled to *Golden Care Service* within thirty days of receipt of the notification sent to you by the latter. Failing settlement *Golden Care Service* may use all legal means to recover the amounts due.
- 6.1.15 Partial or total payment of said claim by *Golden Care Service* on behalf of the *Insurer* shall not under any circumstance hold *Golden Care Service* and/or the *Insurer* liable for the settlement of all other claims in relation with the former.

## 6.2 In case of *medical emergency*.

- 6.2.1 In case of *medical emergency* and/or death, the *Assistance Services* designated on your identification card are the executives of all your Assistance benefits. As such, an *alarm centre* is 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 the medical emergency benefits, you must immediately contact, as a matter of priority, the *alarm centre* of the *Assistance Services* by telephone, fax or e-mail. The contact details of the *Assistance Services* are on your *Golden Care* identification card.

YOUR CLAIM	TIME LIMIT TO SEND APPLICATION	CONSEQUENCES
6.2.2 <i>Medical emergency assistance in case of accident, sudden illness, or death.</i>	As soon as the event has taken place you must contact: INTER PARTNER ASSISTANCE Telephone: +41 22 819 97 33 Fax: +41 22 819 44 99 E-mail: <a href="mailto:geneva.plateau@ip-assistance.com">geneva.plateau@ip-assistance.com</a>	If not done immediately, costs incurred without prior approval of the <i>Assistance Services</i> , or any intervention not organised by the latter shall not be settled.

Original documents to give are:

- *accident* report and/or establishment of fact drawn by the police authority.
- complete medical records established by the consulted *physician* or hospital visited at the site of *accident*.
- your Medical Declaration Form, the prescriptions and invoices.

Default in any of these documents might cause delay in reimbursement.

- 6.2.3 In case of disagreement with the *hospital complex* chosen by the *Assistance Services*, it is possible to inform the latter of the hospital you wish to be transported to as well as the reasons motivating your choice. If the *Assistance Services* agree with your choice, and your *hospital complex* is farther than the one chosen by *Assistance Services*, the extra costs shall be borne by you and guarantee of payment to the latter shall be secured before intervention. If the *Assistance Services* disagree with your choice, the intervention shall not be carried out and a signed discharge shall be requested from you.
- 6.2.4 In order to proceed with your evacuation towards a *hospital complex* outside the country where the event occurred, you must have a valid passport and obtain a visa to the country concerned. The *Assistance Services* will do their best to help obtain a visa but cannot be held liable if said documents are not delivered and the intervention is thereby impossible to carry out.
- 6.2.5 The *Assistance Services*' intervention always depends on, and is subject to, local availability and to national and international laws and regulations in force. Their intervention depends on obtaining the necessary authorisations issued by the competent authorities concerned.
- 6.2.6 The *Assistance Services*, *Insurer* and/or *Golden Care Service* shall not be held responsible for service delays and suspensions of *Assistance Services* in Switzerland or in foreign countries, and shall not have to supply the service in the event of force majeure such as an accidental and unpredictable event, natural calamities, 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.
- 6.2.7 The *Assistance Services* shall organise the necessary contacts between its medical staff, the local *physician* and the *hospital complex* where you have been admitted so that *Golden Care Assistance* medical staff may take the appropriate decisions, after consultation of the local *physician*, of yourself, and possibly your family, according to your medical condition.
- 6.2.8 *Golden Care Service* or the *Assistance Services*, after having provided the benefits, or upon making any payment or assuming liability thereon under this Plan, shall be subrogated to all rights of recovery for the *Insured Person* against any liable third party, up to the amount of expenses involved.

6.2.9 If *Golden Care Service* or the *Assistance Services/Insurer* were to realise, after having settled a claim, that you were not entitled to settlement of said claim, in view of your General Conditions and/or Special Policy Conditions under the Plan, you shall be asked to reimburse the amount settled to *Golden Care Service*, within thirty days of receipt of the notification sent to you by *Golden Care Service*. Partial or total payment of a claim by *Golden Care Service* shall not, under any circumstance, hold the *Assistance Services/Insurer* liable for the settlement of all other claims in relation with the former.

## **7 What is your period of coverage?**

### **7.1 Commencement of coverage.**

7.1.1 Your Plan comes into effect on the *Effective date* shown on your Special Policy Conditions. This date is determined once *Golden Care Service* has studied the medical risk and given final and formal acceptance of your registration file. Failing a stipulation to the contrary in writing, it is set at the earliest at midnight of the day of encashment of the premium by *Golden Care Service* or its authorised agents.

7.1.2 The benefits and guarantees apply following waiting periods that begin on the effective date of your Plan. Waiting periods apply to help *Golden Care* identify pre-existing 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.

#### **7.1.3 Waiting period in case of accident.**

No waiting period is applicable. Your protection therefore begins as of the effective date of your Plan, specified on your Special Policy Conditions.

#### **7.1.4 Waiting period in case of illness, pregnancy, or dental treatment.**

Your protection begins at the end of the waiting periods specified hereunder. If an illness or symptoms of an illness occur during the waiting period, it shall be excluded as well as its consequences. In case of pregnancy, care and treatment undertaken during the waiting period shall not be covered.

- Illness (except heart related): 30 days (90 days if you are above 50)
- Heart related illness: 180 days
- Dental care: 180 days
- Maternity care: 300 days

7.1.5 However, it is possible that no waiting period applies if you benefit from similar guarantees under another Insurance policy on the date of subscription, and provided your application is accepted after the medical underwriting procedure. If you send a claim, you shall be asked to provide a certificate of cancellation specifying the limits and extent of your previous coverage.

#### **7.1.6 Waiting period for Assistance benefits.**

Rules with respect to waiting periods as in 7.1.4 follow the same logic in Assistance and Insurance. They begin at the earliest at midnight of the day of encashment of the premium by *Golden Care Service* or its authorised agents.

### **7.2 Length of coverage.**

Your Plan is drawn up for one year. It is renewed tacitly from year to year if it is not cancelled by registered letter at least 3 months before its expiry.

Cancellation will be deemed valid if it reaches *Golden Care Service* at the latest on the day preceding the start of the 3-month period.

## **8 How may you subscribe to, modify or renew your Plan?**

### **8.1 Subscription.**

8.1.1 To subscribe to one of the Plans, *Golden Care Service* must receive an Application Form and, if required, a Medical Declaration both duly completed, with payment of the premium enclosed. 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 and your receipt, or its refusal by registered letter accompanied by the refund of your premium.

8.1.2 In the event of subscription through a specially dedicated WEB interface, all you have to do is follow the instructions set forth on the Website concerned.

8.1.3 *Golden Care Service* may, according to the answers you give, ask you to pass a medical check-up at your expense. If you refuse this request or if *Golden Care Service* is unable to accept your subscription, your file will be returned to you with the refund for your premium settlement.

### **8.2 Modifications.**

8.2.1 You may modify your Plan, change the level of your coverage (increase it or reduce it), or modify information relating to you, if you respect the following time limits.

8.2.2.1 Upon receipt of your request for endorsement, *Golden Care Service* will study it, and evidence, which can include medical examinations, might be required before acceptance.

#### **You may increase your coverage:**

#### **You must submit your request:**

8.2.3 By decreasing your deductible *30 days before the Anniversary date.*

8.2.4 By switching from Area 1 to Area 2. *Immediately.*

8.2.5 By applying for EveriCover Plus *30 days before the Anniversary date.*

8.2.6 By adding a new *Insured Person.* *Immediately.*

8.2.7 When you increase your coverage, waiting periods apply when coverage is increased, and start from the effective date of the endorsement to your Plan.

#### **You may decrease your coverage:**

#### **You must submit your request:**

- |        |   |  |
|--------|---|--|
| 8.2.8  | By increasing your deductible   | 30 days before the <i>Anniversary date</i> .         |
| 8.2.9  | By switching from Area 2 to Area 1.   | 30 days before the <i>Anniversary date</i> .         |
| 8.2.10 | By cancelling EveriCover Plus   | 30 days before the <i>Anniversary date</i> .         |
| 8.2.11 | By removing an <i>Insured Person</i> .<br><b>You may correct information because:</b> | Immediately.<br><b>You must submit your request:</b> |
| 8.2.12 | Your address has changed.   | Immediately.   |
| 8.2.3  | You made a mistake in your application.   | Immediately.   |

### 8.3 Renewal.

- 8.3.1 To renew your Plan, you must pay your premium on the due date as stated on the notification of term sent to you before the *Anniversary date* of your Plan. If we do not receive your payment on the *due date*, *Golden Care Service* will proceed to enforce payment of your premium in accordance with the law on private insurance contracts.
- 8.3.2 *Golden Care Service* may modify the name of the *Golden Care* Plans EveriCover, HospiCover, AcciCover and EveriCover Plus, the General Conditions, your Special Policy Conditions, as well as the possible discounts or overloads of your premium. A notification to that effect will be sent to your last postal address received by *Golden Care Service*, before the *Anniversary date* of your Plan. These modifications shall be effective starting from the new period of insurance of your Plan. Failure to receive notification shall under no circumstance cancel or delay application of these modifications.

## 9 When and how may you pay your premium?

### 9.1 When you must pay your premium

- 9.1.1 *Golden Care Service* will send you notification of the *due date* informing you of the amount to be paid and you must settle before that date.

### 9.2 How you may pay your premium

You may pay your premium:

- in Swiss Francs - currency of reference for the Plan - or in another fully convertible currency you may choose provided *Golden Care Service* has given its prior approval for payment in that currency and communicated their accepted exchange rate,
- by bank cheque or transfer, credit card or payment slip or as specified on your Application Form, or notification of term, whichever is the case.

## 10 How may your Plan be terminated?

### 10.1 Termination by yourself.

Any request for *termination* must be notified to Golden Care Service in writing.

SITUATION	TIME LIMIT FOR REQUEST	TERMINATION DATE
10.1.1 Whatever the cause.	By letter, 90 days before <i>expiry date</i> .	On <i>expiry date</i> .
10.1.2 In case of death of the <i>Subscriber</i> if he/she is the only <i>Insured Person</i> on the Plan.	The legal representative of the deceased <i>Insured Person</i> must inform <i>Golden Care Service</i> within 90 days of death.	Automatically, at the date mentioned on the death certificate.

### 10.2 Termination by Golden Care Service.

SITUATION	TIME LIMIT OF NOTIFICATION BY GOLDEN CARE	SUSPENSION OR TERMINATION DATE
10.2.1 In case payment of your premium is not received on <i>due date</i> .	When noting that premium is not received on due date. Total premium amount remains due to <i>Golden Care</i> .	14 days after the date of formal notification to settle the late premium.
10.2.2 In case of non-disclosure or false declaration.	Immediately.	Your Plan will be cancelled from its <i>date of subscription</i> .
10.2.3 On the <i>expiry date</i> of your Plan, whatever the cause.	60 days before <i>expiry date</i> .	On <i>expiry date</i> .
10.2.4 The Plan may also be automatically <i>terminated</i> in the event of withdrawal of the <i>Insurer's</i> licence for your <i>Golden Care</i> contract.		
10.2.5 The agreement between <i>Golden Care Service</i> on behalf of the <i>Insurer</i> and yourself is based upon your declarations made at the <i>date of subscription</i> or in the course of the Plan. Therefore, your Plan shall be considered null and void and premium shall remain forfeited in case of non-disclosure, intentional false declaration, simulation or use of false or distorted documents with full knowledge of facts. Moreover, if services have been provided, the sums		

paid in advance shall be reimbursed to *Golden Care Service* immediately after reception of the notification sent to you by *Golden Care Service*.

### **10.3 Consequences of *termination*.**

#### CONSEQUENCES WITH RESPECT TO THE PREMIUM.

10.3.1 In case of cancellation for non-disclosure, false or fraudulent declaration, the entire premium will remain due.

#### CONSEQUENCES WITH RESPECT TO COVERAGE.

10.3.2 *Golden Care Service* on behalf of the *Insurer* shall not be held liable for any *accident, illness, maternity care or dental treatment* arising after *termination date* of the Plan, or for any claim arising after the said date, even if the said claim is the continuation of an event having occurred before the *termination date*. Claims made prior to said date will be processed according to the normal procedure until midnight of the effective *termination date*.

10.3.3 In case of cancellation for non-disclosure, false or fraudulent declaration, all benefits remain forfeited. Any amounts paid out by the insurance company and/or assistance services will be claimed back from the insured person who benefited from the unduly paid amounts.

## **11 What happens in case of dispute?**

11.1 Any dispute arising from medical decisions in connection with a claim or patient management will be settled by two *physicians* appointed one by yourself and the other by *Golden Care Service*. Each party shall bear its own respective costs. If those two *physicians* can reach no agreement, a medical assessment will be carried out by a *physician* amicably chosen by the parties or, failing this, appointed by the Medical Association or designated by the presiding judge of the registered office of the *Insurer*.

11.2 No suit, action or proceeding for the recovery of any claim under this Plan shall be sustainable in any court of law or equity unless the same be commenced within two years of the occurrence which gives rise to a claim. The prescription can be interrupted by appointment of an expert following an event jeopardising your Plan.

11.3 The French language version of the *Golden Care* Plans shall govern.

11.4 The present General Conditions are governed by Swiss law. Any suit in relation with this Plan shall be judged by the jurisdiction of the registered office of the *Insurer* in Geneva, Switzerland.

## 12 Definitions.

<i>Accident:</i>	Any bodily injury, sudden and unforeseen, beyond the <i>Insured Person's</i> control, the cause of which is external to the <i>Insured Person's</i> own body.
<i>Alarm Centre:</i>	The <i>structure</i> including the doctors, technicians and operators at your disposal 24 hours a day, every day of the year, provided by the <i>Assistance Services</i> .
<i>Anniversary date:</i>	Date at which the Plan is renewed. The anniversary date is mentioned on the Receipt.
<i>Assistance services:</i>	Company that provides the Assistance services. The <i>Assistance Services</i> for <i>Golden Care</i> Plan is INTER PARTNER ASSISTANCE, a member of the AXA ASSISTANCE Group.
<i>Beneficiary:</i>	Person who receives the reimbursement of a claim.
<i>Close relative or friend:</i>	Any person, who is effectively in close relation with the <i>Insured Person</i> , without necessarily being a relative.
<i>Country of funeral repatriation:</i>	Country to which the mortal remains of the Insured Person are transported for burial. The Assistance Services in case of death are applicable only if the funeral is not held in the country where death occurred.
<i>Country of origin:</i>	Country of which the <i>Insured Person</i> is a national and which is mentioned on his/her passport. The nationality of the <i>Insured Person</i> is specified on the Special Policy Conditions.
<i>Date of subscription:</i>	Date mentioned on the Application Form stating the day of the request for application. This date is not the date at which coverage commences.
<i>Diagnosis:</i>	Identification by a <i>physician</i> of an <i>illness</i> or injury on the basis of its symptoms.
<i>Dental prostheses for comfort:</i>	Dental prostheses which are not required for medical reasons but for comfort prescribed for aesthetic or practical reasons.
<i>Dentist:</i>	Practitioner with a diploma from a dental faculty and duly authorised to exercise his/her profession by the laws of the country where treatment is dispensed. The dentist may not be a member of the <i>Insured Person's</i> family.
<i>Due date:</i>	Date at which the payment of premium must be received by <i>Golden Care Service</i> in order to ensure continuation of coverage. Due date is mentioned on the notification of term.
<i>Effective date:</i>	Date as of which your Plan or endorsement becomes effective leading – in the first year of insurance or in case of increase of coverage – to the

start of various waiting periods. This date is specified on your Special Policy Conditions.

- Evacuation:* Transportation by the *Assistance Services* of an *Insured Person* following a *medical emergency* to a country other than the country where the *Insured Person* is staying, even if he/she is staying in his/her *Country of origin* or his/her country of *Usual Residence*.
- Expiry date:* Date at which the Plan comes to its term and at which it must be renewed in order to guarantee its continuation. The expiry date is mentioned on your latest Receipt.
- Funeral repatriation:* Transportation carried out by the *Assistance Services* and consisting in the return of the mortal remains of the *Insured Person*.
- Golden Care Service:* Administration centre where *Golden Care* Plans and claims are managed. *Golden Care Service* is also at your disposal to inform and advise you regarding your Plan. *Golden Care Service* acts on behalf of the *Insurer* and in the framework of management delegation.
- Golden Care:* Registered trademark naming your Plan. Benefits and guarantees covered by the designated *Insurer* are detailed in the General Conditions.
- Hospital:* See *hospital complex*.
- Hospital Complex:* Institution legally recognised as a medical or surgical hospital in the country where it is located and which is placed under the permanent supervision of an in-house physician. Institutions mentioned in exclusion 5.5.9. of the present General Conditions are not considered to be *hospital complexes*.
- Hospitalisation:* Hospital confinement of more or less than 24 hours, subject to registration and during which the *Insured Person* undergoes medical treatment and/or surgery.
- Illness:* Any impairment of the *Insured Person's* medical condition, duly diagnosed by a legally licensed medical authority.
- Insured Person:* Any person mentioned in his/her Special Policy Conditions and enjoying the benefits and guarantees provided by the Plan.
- Insurer:* Company that covers the Insurance costs. The *Insurer* of *Golden Care* Plans is INTER PARTNER ASSISTANCE, a member of the AXA ASSISTANCE Group.
- Local medical transportation:* Transportation by ambulance or any other medical vehicle to the nearest *hospital*.
- Medical emergency:* *Accident* or *illness* requiring immediate care and treatment.

<i>Domicile:</i>	Domicile stated on the <i>Insured Person's</i> passport or any other official document. The nationality of the <i>Insured Person</i> is stated on the Certificate of Insurance.
<i>Physician:</i>	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 Person's</i> family.
<i>Repatriation:</i>	Emergency return transportation of an <i>Insured Person</i> in case of <i>medical emergency</i> .
<i>Subscriber:</i>	Person having signed the Application Form. The Subscriber is the legal representative towards <i>Golden Care Service</i> .
<i>Termination:</i>	Act of ending the policy and its effects.
<i>Termination date:</i>	Date at which your cover is no longer enforced, and therefore you are not entitled to the benefits and guarantees of the Plan.
<i>Usual Residence:</i>	Address where the Insured dwells most of the time, specified on the Special Policy Conditions.
<i>Waiting period:</i>	Period starting on the effective date of the Plan or of the endorsement, said date being specified on your Special Policy Conditions, and during which insurance or assistance rights cannot be asserted.

**Any queries regarding  
your Insurance Benefits, which are  
NOT OF AN URGENT MEDICAL NATURE,  
may be addressed to the enrolment  
centre at Golden Care Service:**

31, boulevard Helvétique, 1207 Geneva - Switzerland

Telephone: +41 22 786 12 00

Fax: +41 22 786 12 20

E-mail: [goldencare@goldencare.ch](mailto:goldencare@goldencare.ch)

Web site: [www.egoldencare.com](http://www.egoldencare.com)

Online subscription: [www.egoldencare.com](http://www.egoldencare.com)

**Your Insurance and Assistance Company:**

**INTER PARTNER ASSISTANCE**

2, Cours de Rive, Case Postale 3329, 1211 Geneva 3 - Switzerland

Telephone: + 41 22 819 97 33

Fax: + 41 22 819 44 99

E-mail: [geneva.plateau@ip-assistance.com](mailto:geneva.plateau@ip-assistance.com)

## **YOUR PARTNERS**

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