

General Conditions

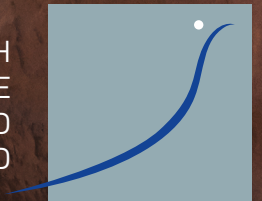
GOLDEN CARE®

AcciCover - HospiCover - EveriCover

TO HELP YOU
UNDERSTAND AND USE
YOUR PLAN BETTER

GOLDEN CARE®

YOUR HEALTH
INSURANCE
AROUND
THE WORLD



CONTENTS

IMPORTANT INFORMATION	3
1. WHO CAN BENEFIT FROM THE GOLDEN CARE PLAN?	6
2. WHAT ARE YOUR OPTIONS?	6
2.1. Choice of Plan.	6
2.2. Areas of coverage.	6
2.3. Deductibles.	7
2.4. The EveriCover Plus option.	7
2.5. Premium payments.	7
2.6. Languages of correspondence.	7
2.7. Beneficiary of reimbursements.	7
2.8. Terms of reimbursement.	7
3. WHAT ARE YOUR BENEFITS?	8
3.1. Your benefits according to the chosen Plan.	8
3.2. Assistance benefits.	8
3.3. Medical treatment benefits.	10
3.4. The EveriCover Plus option.	13
4. WHAT ARE THE LIMITS OF YOUR BENEFITS?	15
4.1. Abroad and/or at home.	15
4.2. Application of deductibles.	15
4.3. Application of limits.	16
5. WHAT ARE THE EXCLUSIONS?	17
5.1. General exclusions of <i>Golden Care Plans</i> .	17
5.2. Self-aggravated risks	18
5.3. Environmentally aggravated risks.	19
5.4. Absence of pathological evidence.	19
5.5. Exclusions specific to assistance services and death.	20
6. HOW TO MAKE A CLAIM?	21
6.1. Medical treatment.	21
6.2. Medical emergency.	22
7. WHAT IS YOUR PERIOD OF COVER?	24
7.1. Commencement of cover.	24
7.2. Term of cover.	25
8. HOW TO TAKE OUT, AMEND AND RENEW YOUR PLAN?	25
8.1. Subscription.	25
8.2. Amendments.	25
8.3. Renewal.	27
9. HOW AND WHEN TO PAY YOUR PREMIUM?	27
9.1. When to pay <i>your</i> premium?	27
9.2. How to pay <i>your</i> premium?	27
10. HOW YOUR PLAN MIGHT END?	28
10.1. Cancellation by the policyholder.	28
10.2. Cancellation by Golden Care Services.	28
10.3. Consequences of cancellation	29
11. QUESTIONS OR CONCERNS ABOUT THIS POLICY AND COMPLAINTS	30
12. DEFINITIONS	31

IMPORTANT INFORMATION

Documentation

This document, the Policy Schedule, the Benefits Table of *your plan* and any endorsement(s) attaching to this document constitute the policy, which is the insurance contract and sets out the terms of this insurance between the *policyholder* and *us*.

Information you have provided

In deciding to provide the insurance under this policy and in setting the terms of it, *we* have relied on the information the *policyholder* has given *us* in respect of all *insureds*. The information the *policyholder* gives *us* in relation to the insurance under this policy must be accurate and complete.

The *policyholder* must tell *Golden Care Services* as soon as is reasonably practicable, if they become aware that information they have given is inaccurate or incomplete, which includes any change in circumstances such as a change in address or increasing or decreasing a *deductible*, that results in the answers they have given to questions asked becoming inaccurate or incomplete. Changes may affect the terms (including the cost) of this insurance, or *we* may cancel the policy in some situations.

If the information the *policyholder* has provided is inaccurate or incomplete, *we* may:

- amend the terms of this policy, which may be applied as if they were already in place prior to any claim,
or
- reduce the amount *we* pay on a claim in the proportion that the premium paid bears to premium *we* would have charged in respect of the *insured* concerned had the information not been inaccurate or incomplete,
or
- treat cover under this policy in respect of the *insured* concerned as if it never existed and the premium paid in respect of such *insured* will be returned to the *policyholder*. This will only be done if *we* would not have provided this insurance if the information had been accurate and complete.

If *we* establish that the *policyholder* deliberately or recklessly provided false or misleading information *we* will treat this policy as if it never existed and decline all claims in respect of all *insureds* and *we* will not return any premium.

Provision of information about insureds

When the *policyholder* gives *us* information about *insureds* other than himself/herself, *we* will take this as confirmation that the *policyholder* has their consent to do so.

Golden Care Services will send most correspondence about this policy, including claims correspondence, to the *policyholder* at the most recent postal address held by *Golden Care Services*.

Golden Care Services do this because the *policyholder* is the legal holder of this policy.

Compliance with policy terms

The *policyholder* must comply with the terms of this policy and must ensure that all *insureds* other than himself/herself must comply with the terms of this policy. Failure to comply with the terms of this policy may prejudice *your/their* position to recover a claim or claims under this policy.

Understanding this policy

The *policyholder* must read this policy in its entirety as conditions, exclusions and other limitations apply.

The *policyholder* must ensure that the cover they have purchased under this policy is adequate for the needs of all *insureds*.

If the *policyholder* thinks there is a mistake in this policy, then they must immediately notify *Golden Care Services*.

Cooling-off period

If the insurance provided under this policy does not meet the *policyholder's* requirements the *policyholder* can cancel this policy within 14 days from:

- the start date of the *policy period*, or
- the date the *policyholder* received this policy,

whichever is the later.

In exercising the *policyholder's* right to cancel in this way, the *policyholder* may withdraw from this contract of insurance from the start date of the policy period, which means the insurance provided under this policy will be treated as if it never existed and we will return the premium paid.

The *policyholder* cannot cancel this policy during this cooling-off period if:

- a claim has been made under this policy, or
- the duration of the cover provided under the policy is less than one month's duration.

How to make a claim

Please see section 6 for details on how to make a claim.

Questions or concerns about this policy and complaints

Please see section 11 for details on *your* questions or concerns about this policy or complaints.

Data protection statement

Golden Care Services are committed to protecting the privacy and security of your personal information, in line with applicable data protection laws.

Information provided to *us* in connection with this policy will be used for the purpose of providing this insurance and the handling of claims under it.

We may disclose information which *we* hold on *you* to third parties for the purposes of providing the services under this policy and managing its business.

We may be required by law to provide the information *we* hold on *you* to a Government authority or regulatory body or to a law enforcement agency in connection with the prevention and investigation of crime, including fraud and money laundering.

If *we* are required to transfer the information which *we* hold on *you* outside the European Economic Area, *we* will take steps to protect the information.

Insurance premium tax

The premium payable under this policy may be subject to compulsory Insurance Premium Tax, which shall be payable by the *policyholder* at the appropriate rate. The applicable Insurance Premium Tax is shown in the Policy Schedule and/or on the applicable premium debit note(s) / invoice(s).

In the event that the rate or application of Insurance Premium Tax changes during the *policy period* and any premium payable during the *policy period* is subject by law to such change or application, then that premium payable shall incorporate such change or application.

Choice of law and jurisdiction

By mutual agreement the *policyholder* and *us* are free to choose the law applicable to this insurance. Unless specifically agreed otherwise, this insurance shall be subject to English Law and any dispute shall be handled in the courts of England and Wales.

Trading sanction(s) restrictions

We shall not provide any benefit under this policy to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

1. WHO CAN BENEFIT FROM THE GOLDEN CARE PLAN?

- 1.1. You can subscribe a *Golden Care Plan* irrespective of *your usual residence*.
- 1.2. *Golden Care* must adhere to the laws and regulations of *your country of usual residence*. There are restrictions imposed in some countries which may affect people who wish to apply for cover in that country or when they return to that country. In the United States of America and Canada, Zone 2 cover will be automatically cancelled following 30 days in that country where it is *the country of origin*. In Switzerland it may be necessary to cancel or refuse cover to comply with local regulations. Please contact *us* if *you* have any queries or need more information about this.
- 1.3. As a *policyholder*, *you* may insure any member of *your* family. All members of the same family must choose the same *Plan* with the same features, with the exception of the area of coverage.

2. WHAT ARE YOUR OPTIONS?

2.1. Choice of Plan.

- 2.1.1. The **AcciCover Plan** covers benefits resulting from an *accident* only. The benefits are solely reimbursed in the case of *hospitalisation* and/or *emergency medical treatment*.
- 2.1.2. The **HospiCover Plan** covers benefits resulting from an *accident* and/or an *illness* covered by this *Plan*. The benefits are solely reimbursed in the case of *hospitalisation* and/or *emergency medical treatment*.
- 2.1.3. The **EveriCover Plan** covers benefits resulting from an *accident* and/or an *illness* covered by this *Plan*, whether or not *hospitalisation* is required.
- 2.1.4. The **EveriCover Plus** option extends *your* benefits 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 *you* may claim *your* benefits in accordance with the General Conditions and the insurance certificate for the chosen *Plan*.

- 2.2.1. In Zone 1 *you* can benefit from all *your* services worldwide, except in the United States of America and Canada, where *your* services will be provided only if the following two conditions are met:
 - *Your* stay in either of these countries does not exceed 30 days per insurance year for both these countries;
 - *You* did not travel to either of these countries with the intention of receiving medical care therein.
- 2.2.2. In Zone 2 *you* can benefit from all *your* services worldwide, without the restrictions applicable to Zone 1 and in accordance with paragraph 1.2. Zone 2 cover can remain in force when an *insured* return to his/her *country of origin* except for American and Canadian nationals, whose cover will be automatically cancelled following three consecutive months in the *country of origin*.

2.3. **Deductibles.**

The *deductible* is the sum noted on the insurance certificate, which is the responsibility of the *insured*.

2.3.1. **AcciCover Plan:** No *deductible*

2.3.2. **Hospicover Plan:** *you* can choose from four levels of deductibles which are applicable to each *insured* listed in the same policy:

CHF 75 – CHF 400 – CHF 800 – CHF 1'500

2.3.3. **Evericover Plan:** *you* can choose from seven levels of deductibles which are applicable to each *insured* appearing in the same policy:

CHF 75 – CHF 400 – CHF 800 – CHF 1'500 – CHF 4'000 – CHF 8'000 – CHF 15'000

2.4. **The Evericover Plus option.**

2.4.1. *You* may extend *your* cover to dental and maternity care by choosing the Evericover Plus option. This option is only accessible if *you* have chosen a *deductible* of CHF 75 or CHF 400.

2.4.2. The dental care benefit applies to all members of the family participating in the same policy. The maternity benefit applies to one female *insured* per policy.

2.5. **Premium payments.**

The premium is the sum *you* must pay for the *insurance period* defined on *your notification of term* in consideration for the *Plan* benefits. *You* can pay this:

- In Swiss francs, the reference currency of the *Plan*, or in another fully convertible currency provided *Golden Care Services* has given its prior approval in that currency and communicated its accepted exchange rate.
- By bank card, bank transfer, payment slip (only in Switzerland) or as specified on *your* Application Form, or *notification of term*, whichever is the case. A fee may be applicable for payments made by credit cards.

2.6. **Languages of correspondence.**

The documents relating to *your Plan* are available in English. However if these General Conditions have been translated into any other language it is for guidance only. In the event of a dispute or misunderstanding the English version will prevail.

2.7. **Beneficiary of reimbursements.**

You may specify the *beneficiary* of the reimbursements by entering their name on the Claim Form. If no *beneficiary* is specified, the reimbursements will be issued to the *policyholder*.

2.8. **Terms of reimbursement.**

You may choose reimbursement:

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

3. WHAT ARE YOUR BENEFITS?

3.1. Your benefits according to the chosen Plan.

- 3.1.1. If *you* have chosen the **AcciCover Plan**, *your* benefits will cover assistance services, *hospitalisation* and/or *emergency medical treatment* as defined in sections 3.2.1, 3.2.2 and 3.3.1, following an *accident* only, to the exclusion of any other risk. In addition, out-patient care, under section 3.3.2, shall be covered during the 90 days following *your* discharge from the *medical establishment*, on condition that the *medical treatment* received is directly related to the *episode of medical treatment* for which *you* were hospitalised.
- 3.1.2. If *you* have chosen the **HospiCover Plan**, *your* benefits will cover assistance services, *hospitalisation* and/or *emergency medical treatment* as defined in sections 3.2.1, 3.2.2 and 3.3.1, following an *accident* or an *illness*. In addition, out-patient care, under section 3.3.2, shall be covered during the 30 days preceding admission and 90 days following *your* discharge from the *medical establishment*, on condition that the *medical treatment* received is directly related to the *episode of medical treatment* for which *you* were hospitalised.
- 3.1.3. If *you* have chosen the **EveriCover Plan**, *your* benefits will cover all the services under sections 3.2 and 3.3, on condition that the *medical treatment* received is directly related to an *accident* or illness, whether requiring *hospitalisation* or not.
- 3.1.4. If *you* have taken out the **EveriCover Plus option**, you have the right to all the benefits under the *EveriCover Plan*, plus reimbursement for your routine dental and maternity expenses, within the limits of cover defined hereafter.

3.2. Assistance benefits.

Under the assistance services, *you* have access to an *Emergency Call Centre*, in the event of a *medical emergency*, available 24 hours a day, 7 days a week, every day of the year. The *assistance services* and benefits are provided with the agreement of *Golden Care Assistance Services* and/or the appointed assistance company, in close collaboration with the attending physician or the *doctors* in charge at the place of the *medical emergency*.

Assistance services	Details
3.2.1. Assistance services in a medical emergency.	Organisation and cover for assistance services by <i>Golden Care Services</i> , are as defined below. These services are provided in the sole interest of the <i>insured</i> and according to their medical condition at the time of the <i>medical emergency</i> .
3.2.1.1. Local medical transport (*), evacuation, <i>repatriation</i> from the place of the <i>medical emergency</i> .	Organisation and transportation of the <i>insured</i> resulting from a <i>medical emergency</i> , with the agreement of <i>doctors</i> in charge of the <i>insured's</i> case and under the required medical conditions for their <i>injury</i> or <i>illness</i> .
3.2.1.2. First aid and <i>medical treatments</i> carried out in the place of the <i>medical emergency</i> .	Treatment given by the first aid medical team or by the assistance company during <i>your</i> travel abroad.

<p>3.2.1.3. Sending a <i>relative or close friend</i>.</p>	<p>Organisation by <i>Golden Care Services</i> or the <i>assistance company</i> of cover for a return journey for a <i>relative or close friend</i> of the <i>insured</i>, who has been hospitalised for a minimum of seven days before intervention by the <i>assistance company</i>. The accommodation costs for this <i>relative or close friend</i> in the place of <i>hospitalisation</i> will not be covered. Cover only applies under this section when outside of country of <i>usual residence</i>.</p>
<p>3.2.1.4. Transport (*) of a medical person accompanying the <i>insured</i> at the time of the <i>medical emergency</i> outside the country of <i>usual residence</i> or <i>domicile</i> of the <i>insured</i>.</p>	<p>The <i>insured</i> will be accompanied and assisted during his/her <i>evacuation</i> or <i>repatriation</i> by medical and/or paramedic personnel with the specialisation required for his/her condition and appointed solely by the <i>assistance company doctors</i>.</p>
<p>3.2.1.5. A return escort for children under 19 years of age, with the <i>insured</i> at the time of the <i>medical emergency</i> outside the country of <i>usual residence</i> or <i>domicile</i> of the <i>insured</i>.</p>	<p>Following an <i>illness</i> or accident, when the <i>insured</i> is not able to take care of the children under 19 years of age who are travelling with them and on condition that they are also covered by Golden Care, the <i>assistance company</i> will send and pay for the travel costs of an escort appointed by the <i>policyholder</i> in order to pick up and accompany the children to their <i>domicile</i> or their country of <i>usual residence</i>.</p>
<p>3.2.1.6. <i>Repatriation</i> of other <i>insureds</i> involved in the same accident.</p>	<p>The <i>assistance company</i> will organise and cover, provided that they are also covered by Golden Care, the <i>repatriation</i> costs of all the <i>insureds</i> involved in the <i>accident</i> of an <i>insured</i>, who cannot return by the means of transport initially planned.</p>
<p>3.2.1.7. Emergency dispatch of essential prescribed and necessary medicines not available in the place of the <i>medical emergency</i>.</p>	<p>The <i>assistance company</i> will organise and pay for the medicines required for the <i>medical treatment</i> of the <i>insured</i>, provided that these are not available in the country of <i>hospitalisation</i> or <i>medical treatment</i>, and provided these medicines are sold in the country where the <i>assistance company</i> has its office, or in a country in which the latter has an agent, and that their use is authorised in the place of use. The medicines need to be prescribed and fall within the coverage provided under the policy. The <i>insured</i> shall be responsible for the customs fees.</p>

3.2.1.8. Mountain search and rescue operations.	The <i>assistance company</i> will organise, together with the competent authorities, mountain search and rescue operations for the <i>insured</i> . Search and/or rescue operations, other than in the mountains, shall not be covered.
3.2.2. Assistance services in the event of death.	Organisation by <i>Golden Care's assistance company</i> of <i>repatriation</i> of the body in the event of death resulting from an <i>accident</i> or <i>illness</i> covered by this <i>Plan</i> .
3.2.2.1. <i>Repatriation</i> of the mortal remains.	In the event of the <i>insured's</i> death during travel or stay outside the usual country of <i>domicile</i> or residence, the <i>assistance company</i> will organise the <i>repatriation</i> of the mortal remains from the place of death to the place of usual <i>domicile</i> or residence, in accordance with the national and international legislation.
3.2.2.2. Transport of <i>relative or close friend</i> accompanying the deceased <i>insured</i> .	Transport (*) of <i>relative or close friend</i> (maximum two persons) who were with the <i>insured</i> at the time of death to the country of <i>usual residence</i> and who are also <i>insured</i> by this <i>Plan</i> .
3.2.2.3. Contribution to funeral costs.	Maximum: CHF 1'500.

(*) Strictly limited to the transport, to the exclusion of any other costs, by medical aeroplane, regular economy class airline, first class train or ambulance, whether relating to *local medical transport*, *evacuation* or *repatriation* of the *insured*. The transportation of the accompanying *relative or close friend* will be based on the standard of tickets that had been purchased prior to the *medical emergency*. Before reserving this transport, all the itineraries must be sent to and approved by *Golden Care Services*.

The *insured* and accompanying person undertakes to transfer to *Golden Care Services* and/or the *assistance company* of the *Plan*, the right to use the transport ticket it holds or to repay the latter the amounts for which it is able to obtain reimbursement from the organisation issuing this ticket.

3.3. **Medical treatment benefits.**

In *your* country of *usual residence*, and during *your* time spent abroad, *your* benefits include payment for *your* eligible *medical treatment* those applied in hospitals in general ward. This must be a reasonable amount, in accordance with what is generally practised in this area and in the country where the *medical treatment* is given. In countries where there is a recognised Schedule of Fees or Tariffs, approved by an appropriate governing body, we may apply these amounts when reimbursing the cost of *medical treatment*, unless pre-authorisation has been obtained.

In Switzerland and Liechtenstein the reimbursement costs are those applied to the university and/or cantonal *hospitals* in the general ward in the place where *your medical treatment* or *hospitalisation* takes place.

Medical treatment services	Details
3.3.1. Hospital treatment.	<i>Hospital</i> treatment is provided when the <i>insured</i> is hospitalised.
3.3.1.1. Transport by ambulance.	Transport to the closest medical establishment.
3.3.1.2. Emergency treatment.	Provided within the <i>medical establishment</i> immediately following an <i>accident</i> or <i>illness</i> .
3.3.1.3. <i>Hospitalisation.</i>	If medically necessary, prescribed by a <i>doctor</i> and admission to <i>hospital</i> is required.
3.3.1.4. <i>Hospitalisation</i> for mental <i>illness</i> .	If medically necessary and prescribed by a psychiatrist. Benefit is limited to 30 nights per <i>insurance period</i> .
3.3.1.5. Organ transplant.	Costs directly related to the transport and transplantation of natural human organs: kidneys, liver, lungs, heart and/or skin grafts (medically necessary for non-cosmetic reasons) provided that the <i>insured</i> is registered with the local authorities as a person requiring a transplant. This benefit excludes all other transplants.
3.3.1.6. Dental treatment following an <i>accident</i> .	If carried out by a <i>dentist</i> within 48 hours of the <i>accident</i> , to relieve pain, restore or replace solely teeth that were healthy and natural at the time of the <i>accident</i> , unless within 48 hours of the <i>accident</i> , the <i>insured</i> is hospitalised and <i>medical treatment</i> cannot be undertaken. In this case, the treatment shall be made as soon as possible following discharge from <i>hospital</i> .
3.3.1.7. Standard Individual room and meals.	Individual room if available and meals taken at the the <i>medical establishment</i> by the hospitalised <i>insured</i> .
3.3.1.8. Room and meals for person accompanying an <i>insured</i> hospitalised child under 19 years of age.	In the <i>medical establishment</i> or at a hotel, if there are no extra beds available at the <i>hospital</i> . Benefit limited to 15 nights per <i>insurance period</i> . Maximum: CHF 150 per day.

3.3.1.9. Rehabilitation.	<p>Rehabilitation as part of <i>hospitalisation</i> in a recognised rehabilitation centre, under the direction and supervision of a <i>doctor</i>. Benefit limited to 13 weeks.</p> <p>Subject to prior agreement of <i>Golden Care Services</i>.</p>
3.3.1.10. Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS).	<p><i>Medical treatment</i> of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome and associated <i>illnesses</i>.</p> <p>Single fixed payment: CHF 35'000.</p>
3.3.1.11. Palliative care.	<p><i>Palliative care</i> is covered subject to prior agreement of <i>Golden Care Services</i>.</p> <p>Limited to 90 days cover per lifetime.</p>
3.3.2. Out-patient care.	<p>Out-patient treatment is provided when the <i>insured</i> is not admitted to <i>hospital</i>.</p>
3.3.2.1. Consultation of general and specialist <i>doctors</i> .	<p>The <i>doctor</i> must be officially qualified and admitted to practise by the authorities in the country where the <i>medical treatment</i> is given, and exercise their role within the remit of their skills and qualifications. The <i>doctor</i> may not be a member of the <i>insured's</i> family.</p>
3.3.2.2. Laboratory and radiology services.	<p>Laboratory examinations, including but not limited to radiography, electrocardiography, high-tech <i>diagnosis</i> such as Magnetic Resonance Imaging (MRI), Computerised Tomography (CT) Scan, Positron Emission Tomography (PET) and nuclear medical procedures undertaken to establish a <i>diagnosis</i> in order to prescribe a <i>medical treatment</i>.</p>
3.3.2.3. Prescription medicines.	<p>Solely relates to medicines, the sale and absorption of which are only legally authorised if prescribed by a <i>doctor</i> and taken as part of a <i>medical treatment</i>. They must not be used for the purposes of prevention.</p>
3.3.2.4. <i>Physiotherapy</i> sessions.	<p>If prescribed by a <i>doctor</i> and provided by a State qualified physiotherapist.</p> <p>Benefit subject to prior agreement of <i>Golden Care Services</i>.</p>

<p>3.3.2.5. Medical assistance at home.</p>	<p>If medically necessary and prescribed by a <i>doctor</i>, immediately following <i>hospitalisation</i>. This benefit is subject to prior agreement of <i>Golden Care Services</i> and must be provided by a State qualified nurse, under the direction and supervision of a <i>doctor</i>.</p> <p>Limit: 26 weeks per <i>insurance period</i>.</p>
<p>3.3.2.6. Dental treatment following an <i>accident</i>.</p>	<p>If carried out by a <i>dentist</i> within 48 hours of the <i>accident</i>, to relieve pain, restore or replace solely teeth that were healthy and natural at the time of the <i>accident</i>, unless within 48 hours of the <i>accident</i>, the <i>insured</i> is hospitalised and <i>medical treatment</i> cannot be undertaken. In this case, the treatment shall be made as soon as possible following discharge from <i>hospital</i>.</p>
<p>3.3.2.7. Complementary medicines.</p>	<p>Natural medicine treatments are covered when administered by a <i>doctor</i> holding a State qualification or by a natural therapeutic practitioner who is authorised by a professional association specialising in the following fields: chiropractics, homeopathy, osteopathy, acupuncture, ayurvedic medicine, Chinese medicine and medicinal plants.</p> <p>Benefit subject to prior agreement of <i>Golden Care Services</i>.</p>

3.4. The EveriCover Plus option.

In *your* country of *usual residence*, and during *your* time spent abroad, *your* benefits include payment for the eligible *medical treatment*, those applied in hospitals in general ward. This must be a reasonable amount, in accordance with what is generally practised in this area and in the country where the *medical treatment* is given. In countries where there is a recognised Schedule of Fees or Tariffs, approved by an appropriate governing body, *we* may apply these amounts when reimbursing the cost of *medical treatment*, unless pre-authorisation has been obtained.

In Switzerland and Liechtenstein the reimbursement costs are those applied to the university and/or cantonal hospitals in the general ward in the place where *your medical treatment* or *hospitalisation* takes place.

Benefits	Details
3.4.1. Dental treatment.	The dental treatment cover applies to routine treatment carried out by a <i>dentist</i> and dental prosthetics.
3.4.1.1. Routine dental treatment.	Extractions, radiography impressions, fillings using amalgams and composite materials and <i>medical treatment</i> to relieve infection, including antibiotics on prescription and temporary fillings. This benefit is limited to teeth which were natural and healthy prior to taking out the EveriCover Plus option.
3.4.1.2. Major dental treatment.	Treatment of the dental canal, new porcelain crowns and new bridges. Repairs solely to prostheses inserted after taking out the EveriCover Plus option.
3.4.2. Maternity care.	The Maternity care cover applies to consultations, care, treatment and medical examinations directly related to pregnancy and given before, during and after the birth.
3.4.2.1. Treatment related to pregnancy and birth.	Maternal treatment includes the costs incurred by pregnancy and birth, including antenatal care, normal birth costs, planned home birth, medically necessary Caesarean sections, complications related to pregnancy and birth, the costs of a <i>hospital</i> stay for the new-born baby immediately after birth and post-natal care for the mother. After the initial paediatric examination, the new-born baby will be covered by its own <i>Plan</i> , on the condition that it is added to the parents' policy.
3.4.2.2. Assistance services.	<p>The pregnant <i>insured</i> benefits from assistance services in the event of a <i>medical emergency</i> as defined at section 3.2.1.</p> <p>Note: from the 7th month of pregnancy, the <i>assistance company</i> may not transport <i>you</i> as stated at section 5.5.2.</p>

4. WHAT ARE THE LIMITS OF YOUR BENEFITS?

4.1. Abroad and/or at home.

4.1.1. Your benefits shall apply everywhere *you* go or stay, within the limits of *your* area of coverage, for business or private reasons, provided that *you* comply with the General Conditions and the insurance certificate for *your* Plan.

4.1.2. When you stay or travel outside your country of usual residence preauthorization is mandatory for any treatment that is subject to pre-approval including hospitalisation, chronic illness, physiotherapy, or complementary medicine.

4.1.2.1. In the event of hospitalisation, *you* MUST CONTACT *Golden Care Services* and/or the *assistance company* in order to obtain a formal confirmation of the eligibility of the treatment. This confirmation must be requested as soon as practicable after a *doctor* has informed *you* that *hospitalisation* is necessary. If *you* fail to do so, a special *deductible* of 20% may be applied to any payment made. *We* cannot accept responsibility for inability to perform duties as a result of Force Majeure.

For any *hospitalisation* in Switzerland and/or Liechtenstein, if *you* choose to enter a private *hospital* and/or private clinic, *your* reimbursement will be limited to the reference rate for a general ward in the university hospitals of the canton where *your* treatment takes place.

In all other countries where there is a recognised Schedule of Fees or Tariffs, approved by an appropriate governing body, *we* may apply these amounts when reimbursing the cost of *medical treatment*, unless pre-authorisation has been obtained.

4.1.2.2. In the event of a *medical treatment* and/or *emergency* requiring evacuation, *you* will be responsible for the additional costs if *you* wish to be treated and or/evacuated to a different medical establishment from that decided by the assistance company. The prior agreement of *Golden Care Services* or the *assistance company* will then be required and a satisfactory guarantee payment will be needed prior to intervention. The costs for which *you* are responsible or shall include the difference between the cost of treatment and/or transport to the medical establishment of *your* choice and that named by the assistance company, and the difference in the cost of *medical treatment* between the two establishments.

4.2. Application of deductibles.

4.2.1. In the event of an *accident*, no *deductible* will be applied.

4.2.2. In the event of *illness*, the *deductible* *you* have chosen (under section 2.3) shall apply per *insured* and per *illness*, and not per act of treatment and nor per year.

If *you* reduce *your deductible* during the *medical treatment*, the *deductible* applied will be in force at the time the first symptoms appear, or on the date of the first *medical treatment*.

4.2.3. In the event of maternity or dental treatment (EveriCover Plus option), a *deductible* of 10% applies to all treatment costs.

4.2.4. A special *deductible* of 20% will be applied to any payment made in addition to any measures set out in 4.1.2.1 if the conditions detailed in that section are not met.

4.3. Application of limits.

The limit is the *overall maximum* amount of reimbursement or payment made by the *insurer*.

- 4.3.1. In insurance terms, the maximum amount of reimbursement or payment is separate from *your* deductible. It amounts to CHF 1'000'000 per *insured* and per *insurance period*.

In Switzerland and Liechtenstein, the reimbursement of *your* covered benefits is made on the basis of the reference rates in the University and/or cantonal *hospitals* in the canton in which *your medical treatment* or *hospitalisation* takes place.

In all other countries worldwide, the limits of reimbursement are those reasonably and usually practised in the area where the treatment is received. In countries where there is a recognised Schedule of Fees or Tariffs, approved by an appropriate governing body, *we* may apply these amounts when reimbursing the cost of *medical treatment*, unless pre-authorisation has been obtained.

A limit of CHF 150 per day applies to the room and meals benefit for a person accompanying an *insured* hospitalised child under 19 years of age which is included in the maximum limit stated above in this section.

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

- Maternity Care: limit per pregnancy, applicable to one female *insured* per *Plan*:

CHF 18'000 per pregnancy.

The limit applies to all maternity care, including antenatal and post-natal expenses. The annual limit will be increased by 20% in the event of multiple births (regardless of the number of births).

A maximum limit of CHF 50'000 or one month treatment applies to the costs related to *medical treatment* of a *premature baby*, *birth deformities* or a baby born with a congenital abnormality. This is the maximum limit and does not increase cumulatively at renewal.

- Routine dental treatment and dental prostheses: limit per *insurance period* and per family listed in the same policy: CHF 1'500.

- 4.3.3. For contributions to funeral costs the limit is CHF 1'500.

- 4.3.4. Mountain search and rescue operations are limited to CHF 25'000 per *insured* and per *insurance period*. This is the maximum limit and does not increase cumulatively at renewal.

- 4.3.5. A *single fixed payment* of CHF 35'000 applies to the *medical treatment* of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) per *insured* and per *insurance period*. This is the maximum limit and does not increase cumulatively at renewal.

5. WHAT ARE THE EXCLUSIONS?

5.1. General exclusions of *Golden Care Plans*.

The following risks are excluded:

- 5.1.1. The **AcciCover Plan** excludes all *illnesses* in all cases, and all *accidents* not requiring *hospitalisation* or *emergency medical treatment*.
- 5.1.2. The **Hospicover Plan** excludes *accidents* and *illnesses* which do not require *hospitalisation* or *emergency medical treatment*.
- 5.1.3. If the chosen *Plan* is in Zone 1, *medical treatments* carried out in Zone 2, when the purpose of travelling to this zone is for these same *medical treatments*, or if *you* have exceeded the 30 days time limit authorised by *your* policy outside *your* area of coverage.
- 5.1.4. All organ transplants, except heart, kidney, liver, lung and/or skin graft transplants. The acquisition and search for the organ itself, and the expenses incurred by the donor.
- 5.1.5. The *medical treatment* of depression, mental, nervous or psychological problems of any kind, if undertaken other than as part of a stay in a *medical establishment* for *medical treatment* with a limit of 30 nights per *insurance period*.
- 5.1.6. Laboratory and radiology examinations, radiography and nuclear medical procedures carried out superfluously and which are not necessary to establish a *diagnosis* and/or treatment.
- 5.1.7. *Illnesses, accidents*, dental or maternity problems, and the consequences thereof leading to treatment and/or in which the symptoms have appeared and/or been diagnosed : in the two years preceding the policy *subscription date* or, between the *subscription date* and the *effective date* or, prior treatments and symptoms must be detailed on the medical declaration on the *subscription date*.
- 5.1.8. Chronic renal insufficiency or in a terminal phase requiring regular or long-term dialysis.
- 5.1.9. The consequences of *medical treatments* undertaken for experimental purposes and/or with effects not recognised by the competent authorities.
- 5.1.10. The *medical treatment* of learning difficulties, hyperactivity, attention deficit disorder, speech and behavioural problems and child development problems.
- 5.1.11. All treatments resulting from a claim after three consecutive months in *your country of origin* (United States of America and/or Canada only). Treatment where the local regulations are breached as a result of *you* not updating *us* about *your country of usual residence* changing.
- 5.1.12. The costs of *palliative care* after 90 days treatment per lifetime.
- 5.1.13. SANCTION LIMITATION AND EXCLUSION CLAUSE
No *insurer* shall be deemed to provide cover and no *insurer* shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that *insurer* to any sanction, prohibition or restriction under the United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

5.1.14. The costs related to *medical treatment* of a *premature baby, birth deformities* or a congenital abnormality after the first month of birth or after CHF50'000 limit has been reached.

5.1.15. CYBER RISKS

Any benefits for bodily injury or illness due to:

- i. The use of, or inability to use, any application, software, or programme in connection with any electronic equipment (for example a computer, smartphone, tablet or internet-capable electronic device);
- ii. Any computer virus
- iii. Any computer related hoax relating to i. and/or ii. above

5.2. **Self-aggravated risks**

This is a risk which is created or increased as a direct result of the activities of the *insured*.

5.2.1. *Accidents* or *illnesses* which are the consequence of active participation by the *insured* in a war, riots, insurrections or any criminal act, active participation in an *act of terrorism* and any resulting imprisonment.

5.2.2. *Accidents* occurring during any sport practised on a professional basis.

5.2.3. *Accidents* occurring during participation in races, rallies or competitions or similar training sessions with motor vehicles or motorboats and participation in professional team competitions, including but not limited to football, ice hockey, rugby, or training for these activities.

5.2.4. *Injuries* or pathological conditions resulting from an intentional act by the *insured* including but not limited to self-mutilation, suicide attempts, even if this attempt is the result of a known and/or latent pathological condition.

5.2.5. *Medical treatments* for alcoholism or hallucinogenic substances and narcotics, including *illnesses* and/or *injuries*, which are the direct consequences thereof.

5.2.6. Treatments of pathological conditions and/or accidents resulting from crimes or offences committed by the insured person; accidents resulting from driving a vehicle under the influence of drugs, narcotics and/or alcohol constituting an offence when the alcohol level in the blood is equal to or higher than 1.50 per thousand.

5.2.7. Treatments for pathological conditions and/or *accidents* due to injections and deliberate absorption in the body of medicines, drugs and chemical substances for non-medical purposes, even if these acts were committed in a state of mental incapacity.

5.2.8. Terminations of pregnancy not motivated by medical or therapeutic reasons, and the consequences thereof.

5.3. **Environmentally aggravated risks.**

The following risks are excluded:

- 5.3.1. *Accidents or illnesses* resulting directly or indirectly from nuclear energy, any other source of ionizing radiation or a chemical or biological agent.
- 5.3.2. *Illnesses, accidents* and resulting *injuries* while the *insured* is serving in a military unit.
- 5.3.3. *Illnesses* contracted during an epidemic, the existence of which has been officially recognised by the health authorities with the exception of Switzerland and limited to treatments in Switzerland and to insureds residing in Switzerland and exempted from the compulsory health cover (LaMal).

5.4. **Absence of pathological evidence.**

This section applies to costs incurred which are not medically necessary.

- 5.4.1. Examinations and treatments for preventive and/or routine purposes, including but not limited to mandatory vaccinations for a healthy person, inoculations, prophylactic antibiotic treatment, preventive serotherapy, health check-ups, and the systematic and periodical monitoring and screening of biological or pathological anomalies.
- 5.4.2. Contraceptive methods and voluntary sterilisation, investigations and treatments for sterility or with a view to re-establishing fertility, vasectomy, impotence, sex change, sexual problems and all forms of assisted reproduction.
- 5.4.3. Any treatment or surgical intervention that is not medically necessary and/or is intended as cosmetic treatment, as well as cryo-preservation and implantation of living cells. Cosmetic surgery is not excluded when it is necessary following an *accident* or surgical operation occurring during the *insurance period*, which is covered by the *Plan*.
- 5.4.4. Sight and hearing tests, the cost of glasses, contact lenses and hearing aids.
- 5.4.5. Orthodontic treatment, precious metal crowns, dental prostheses for comfort, repair of prostheses inserted prior to *subscription date*.
- 5.4.6. The cost of staying and receiving *medical treatments* in hydrology or thalassotherapy centres, spas, sanatoria, health and fitness centres, geriatric care homes, retirement or convalescence homes, or similar establishments.
- 5.4.7. Prostheses, corrective devices and medical appliances which do not require surgical intervention.
- 5.4.8. Replacement of any prosthetic or corrective device which has previously been inserted or implanted for cosmetic or aesthetic purposes.
- 5.4.9. Functional endocrine disorders, the menopause and hormonal replacement therapies.
- 5.4.10. Laboratory and radiology examinations, medical, radiography and nuclear investigations carried out superfluously, which are not necessary to establish a *diagnosis* and/or treatment.

5.5. Exclusions specific to assistance services and death.

The assistance services are excluded in the following cases:

- 5.5.1. All transfer costs incurred after the *insured* has been returned to their country of *usual residence* following *repatriation* organised by *us*.
- 5.5.2. Pregnant women who, from the 7th month of pregnancy, are outside their country of *usual residence or domicile*.
- 5.5.3. Air travel when the *insured* is 28 weeks pregnant or more.
- 5.5.4. Disorders or minor *injuries* that do not require assistance services.
- 5.5.5. Assistance in the event of death, if this takes place in the country of *usual residence or domicile*.
- 5.5.6. High-risk sports, including but not limited to parachuting, high-wire acrobatics, motor-powered races, ski-jumping and paragliding.
- 5.5.7. Attacks related to war, whether declared or not, in all cases 48 hours after the commencement of hostilities recognised by the relevant authorities in your country of residence or where treatment is taking place.
- 5.5.8. A revolution, acts of sabotage, terrorism or vandalism.
- 5.5.9. Strikes, street barricades set up during popular unrest and, general disorder such as violent demonstrations and criminal damage of any kind and the measures taken to reestablish order.
- 5.5.10. Earth tremors, floods, volcanic eruptions and any other natural phenomena classified as a natural disaster.
- 5.5.11. Epidemics.
- 5.5.12. All harm to health caused by ionizing radiation (nuclear radiation).
- 5.5.13. The taking of narcotics and/or other hallucinogenic products or alcohol.
- 5.5.14. Suicide or suicide attempt.
- 5.5.15. Transport and accommodation costs for which *Golden Care Services* and/or the *assistance company* have not given their agreement and confirmed this in writing before the start of the travel.
- 5.5.16. The costs related to sea or air rescue operations and the costs of an *evacuation* or transfer from an offshore structure or sea vessel towards the land.
- 5.5.17. Transfer costs to a country chosen by the *insured* when the *assistance company's doctors* consider that the said country is not capable of providing the *medical treatment* suited to the *insured's* pathological condition.
- 5.5.18. *Running away and kidnapping*.

6. HOW TO MAKE A CLAIM?

6.1. Medical treatment.

6.1.1. Payment for *medical treatment* is made either by reimbursement of the costs *you* have incurred, or by direct payment of the *hospitalisation* costs to third parties, in accordance with the General Conditions and the insurance certificate for *your Plan*. At all times *you* should seek prior authorisation by contacting *Golden Care Services* prior to hospitalisation.

6.1.2. *Your* reimbursement or payment file must, in all cases, contain the necessary Claim Form and all originals of *your* prescriptions, invoices and any other supporting documents. The specific items *you* must supply will be detailed on the Claim Form. *your* reimbursement claim will not be processed and/or could be delayed if it is not supported by the original documents.

If *you* do not have the necessary forms, contact *Golden Care Services* and we will send *you* the necessary document(s) straightaway.

6.1.3. Where prior authorisation for *hospitalisation* has not been obtained we will consider *your* claim in line with the policy wording. In these cases *your* request for reimbursement (as detailed in the claim form) must be sent to *Golden Care Services* within the deadlines set out below.

Your claim	Time limit for sending the claim	Consequences
6.1.4. Pay and Claim: Reimbursement of <i>medical treatment</i> costs.	<ul style="list-style-type: none">• <u>In the event of an <i>accident</i> :</u> At the latest 5 days after the accident.• <u>In the event of an <i>illness</i>:</u>• <u>As soon as you receive the bill or within 90 days.</u>For maternity: As soon as the pregnancy has been confirmed.	If not made within the time limit, the claim shall not be accepted.
6.1.5. Direct settlement or <i>hospitalisation</i> or maternity costs. (not if <i>medical emergency</i>)	As soon as practicably possible after a physician has ordered your necessary <i>hospitalisation</i> or entrance into a maternity ward.	If the schedule for acceptance of a direct settlement is too tight and/or you don't receive our approval, you will be held responsible for paying the hospital directly. Follow 6.1.4. for reimbursement procedure.
6.1.6. For all medical treatments subject to prior agreement of Golden Care Services.	As soon as <i>practicable</i> once <i>you</i> have the relevant medical prescription.	If <i>you</i> do not make <i>your</i> claim as soon as possible it may not be accepted.

- 6.1.7. If the above time limits are not respected, your reimbursement claim could be refused.
- 6.1.8. Following a claim for reimbursement or coverage, *Golden Care Services* may, if it considers it necessary to process this claim, ask for additional information or, where appropriate, have the *insured* examined by a physician appointed by *Golden Care Services*.
- 6.1.9. If *you* have other insurance policies, such as basic State health insurance, and/or *accident* insurance, the reimbursement and/or coverage shall be made upon submission of copies of all supporting documents, accompanied by the original settlement accounts already issued by the other insurance company or companies. *Golden Care Services* will pay the additional reimbursement without applying *your* deductible, if the amount already reimbursed is higher.
- 6.1.10. Once *Golden Care Services* has provided a service, reimbursed or covered treatment or assumed any liability on the basis of the chosen *Plan*, *Golden Care Services*, on behalf of the *insurer/assistance company* for the policy, will be subrogated to the rights and prerogatives of the *insured*, including recourse and action against any liable third parties, within the limit of the amount of costs incurred by *Golden Care Services* on behalf of the *insurer/assistance company*.
- 6.1.11. The reimbursement is made to the *beneficiary* who is specified on *your* Claim Form. In the event of death or incapacity, reimbursement will be made to the *insured's* legal representative.
- 6.1.12. *Golden Care Services*, on behalf of the *insurer*, shall pay the reimbursement or coverage claims on the basis of the scales in force, defined by the competent Federal or cantonal authority and within the limits of the chosen *Plan*. For any reimbursement outside Switzerland or Liechtenstein, *Golden Care Services*, on behalf of the insurer, reserves the right, if the examination of the claim file reveals obvious abuse, to make payments or coverage on the basis of the services that are strictly necessary, at the average prices usually practiced in the area where the insured services take place.
- 6.1.13. If *Golden Care Services* notices, after reimbursement or coverage, that *you* do not have the right to the said payment under the General Conditions and the insurance certificate of *your Plan*, *you* will be asked to repay *Golden Care Services* the relevant amount within 30 days of receiving the letter sent to *you* by *Golden Care Services*. If *you* fail to pay, *Golden Care* may use any legal means to recover the sums owed.
- 6.1.14. Partial or total payment by *Golden Care Services*, on behalf of the *insurer* of a claim for reimbursement or coverage shall not oblige *Golden Care Services* and/or the *insurer* to satisfy any other claim in relation to the first.

6.2. **Medical emergency.**

- 6.2.1. In the event of a *medical emergency* and/or death, the *assistance company* named on *your* insurance card is the sole executor of all the assistance services. It will provide *you* with an *Emergency Call Centre*, available 24 hours a day, 365 days a year, to intervene in the place of the *accident* or *illness*. To benefit from the *medical emergency* services, it is imperative the *assistance company's Emergency Call Centre* is contacted immediately, by telephone, fax or email. The *assistance company's* contact details are on *your Golden Care* insurance card.

Your claim	Time limit for making the claim	Consequences
6.2.2. <i>Medical emergency assistance in the event of an accident, illness or death.</i>	<p>As soon as practicable after the event occurs, <i>you</i> must contact</p> <p>GOLDEN CARE ASSISTANCE SERVICE Tel: +41 (0) 840 410 410 Fax: +41 22 594 37 77 Email: assistance@goldencare.ch</p> <p><i>You</i> must provide the following original documents:</p> <ul style="list-style-type: none"> • The <i>accident</i> report and/or reports issued by the police. • The full medical file issued by the <i>doctor</i> consulted or the hospitals visited in the place where the <i>accident</i> or <i>illness</i> occurred. • <i>Your</i> declaration form, prescriptions and invoices. 	<p>If <i>you</i> do not advise us as soon as practicable any costs incurred without the prior agreement of the <i>assistance company</i> or any intervention not organised by that company may not be reimbursed or covered.</p> <p>Failure to supply one of these documents may delay <i>your</i> reimbursement.</p>

6.2.3. In the event of disagreement concerning the medical establishment chosen by the *assistance company*, *you* may tell the latter which establishment *you* wish to be transported to, and the reasons for *your* choice. If the *assistance company* approves *your* choice and if *your* medical establishment is further away than the one chosen by the *assistance company*, *you* will be responsible for the additional costs and must provide a satisfactory payment guarantee to the *assistance company* before any intervention takes place. If the *assistance company* does not approve *your* choice, the intervention may not take place and *you* will be required to sign a discharge document.

6.2.4. For any medical evacuation, outside the country where the event took place, *you* must hold a valid passport and a visa for the targeted country. If *you* do not comply with the above, the *assistance company* will do its utmost to help *you* obtain them, but shall not be held liable in any case if the said documents cannot be issued and the intervention cannot take place.

6.2.5. The *assistance company's intervention* depends on local availability and is always subject to the national and international legislation in force. Its intervention is subject to obtaining the necessary authorisations issued by the appropriate authorities.

6.2.6. The *assistance company*, the *insurer* and/or *Golden Care Services* may not be held liable for the delay or suspension of their assistance services in Switzerland or abroad. They shall not be obliged to provide their services in the event of *Force Majeure*, such as: accidental and unforeseeable events, natural disasters, civil or international wars, riots, acts of terrorism, insurrections, reprisals, restrictions on the free circulation of goods and persons, curfews, strikes, explosions, heat or radiation produced by nuclear transmutation or disintegration, radioactivity or any other unforeseen event.

- 6.2.7. The *assistance company* for the policy shall organise the necessary contact between their medical team, the local *doctor* or *medical establishment* where *you* have been admitted, in order to take the appropriate decisions on *your* pathological condition, after consulting the local *doctor*, yourself and potentially *your* family.
- 6.2.8. Once *Golden Care Services* or the *assistance company/insurer* has provided a service, made a reimbursement, provided coverage or assumed any liability on the basis of the chosen *Plan*, it will be subrogated to the rights and prerogatives of the *insured*, including recovery and action against any liable third parties, within the limit of the amount of costs incurred.
- 6.2.9. If *Golden Care Services* or the *assistance company/insurer* notices, after providing reimbursement or coverage, that *you* do not have the right thereto under the General Conditions and/or the insurance certificate of *your Plan*, *you* will be asked to repay *Golden Care Services* the relevant amount within 30 days of receiving the letter sent to *you* by *Golden Care Services*. Partial or total payment by *Golden Care Services*, on behalf of the *insurer*, of a claim for reimbursement or coverage shall not oblige the *assistance company/the insurer* to satisfy any other claim in relation to the first.

7. WHAT IS YOUR PERIOD OF COVER?

7.1. Commencement of cover.

- 7.1.1. Your *Plan* will enter into force on the *effective date* stated on *your* insurance certificate. This date is determined after examining the medical risk and the final and formal acceptance of *your* application, by *Golden Care Services*. Where premium has been received by *Golden Care Services* and acceptance of cover is subsequently refused, a full refund will be paid.
- 7.1.2. The benefits defined in *your* insurance certificate and special conditions shall apply at the end of the *waiting periods* which commence on the *effective date* of *your Plan*. In accordance with insurance principles, *your Plan* covers uncertain events. It does not cover events which already existed in a latent manner and, naturally, *pre-existing conditions*, unless specifically agreed by *Golden Care Services*.
- 7.1.3. Waiting periods in case of an *accident* :
No *waiting period* shall apply. *your* protection therefore enters into force on the *effective date* of *your Plan*, as stated on *your* insurance.
- 7.1.4. *Waiting periods* in case of *illness*, dental care or maternity :
Your protection enters into force at the end of the *waiting periods* specified below. If an *illness* occurs or if the symptoms of an *illness* appear during the waiting period, this *illness* and its consequences may not be covered by *your* policy. In the case of maternity, all care and *medical treatment* received before the end of the *waiting period* will not be covered.
- Illnesses: 30 days
 - Dental treatment: 180 days
 - Maternity Care: 300 days
- 7.1.5. However, it is possible that no *waiting period* will be applied if *you* benefit from similar cover under another insurance *Plan* on the *subscription date* and provided that *your* application is accepted after examination of the medical risk. If *you* make a claim for reimbursement or coverage, *you* will therefore be requested to provide a *cancellation* certificate specifying the limits and scope of *your* previous insurance cover.

7.1.6. *Waiting periods* for assistance services:

Assistance services are subject to the same regulations on *waiting periods* as at figure 7.1.4.

7.2. **Term of cover.**

Your *Plan* is for one year. It will be automatically renewed year on year unless *we* or the *insured* confirm *cancellation* in writing at least 30 days prior to the expiry date. Cancellation will be deemed valid if notified to *Golden Care Services* by the day preceding the start of the 30 days period at the latest.

8. **HOW TO TAKE OUT, AMEND AND RENEW YOUR PLAN?**

8.1. **Subscription.**

8.1.1. To subscribe to one of the Plans, *Golden Care Services* must receive an Application Form and, if required, a Medical Declaration both duly completed. After receiving these documents, *Golden Care Services* will review the medical risk in your subscription file and will inform you of its acceptance, refusal, or will inform you with document describing any exclusions in detail applicable to your Plan. You have up to 14 days to formally accept these exclusions. After this period and failing a response from you, *Golden Care Services* shall cancel your subscription. *Golden Care Services* will send you the appropriate invoice to allow you to pay your premium. After receiving your premium, we will send you your Certificate of Insurance and a document describing any exclusions if applicable.

8.1.2. In the event of subscription via a WEB interface, *you* simply need to follow the instructions given on the website.

8.1.3. Depending on *your* answers, *Golden Care Services* may ask *you* to undergo a medical examination at *your* own expense and/or request medical information from *your* treating doctors. If *you* refuse, *Golden Care Services* will not be in a position to process with *your* application.

8.2. **Amendments.**

8.2.1. *You* may, in accordance with the time limits given below, amend *your Plan* in order to change the type of benefits (increase or decrease them) or to amend the information concerning *you*.

8.2.2. *Golden Care Services* will examine *your* amendment request upon receipt. *you* may be required to send supporting documents, including medical examinations, before acceptance.

You can increase <i>your</i> benefits	You must make <i>your</i> request
8.2.3. By reducing <i>your</i> deductible.	30 days before the <i>anniversary date</i> .
8.2.4. By going from Zone 1 to Zone 2 for any reason.	30 days before the <i>anniversary date</i> . Please note that when increasing cover from Zone 1 to Zone 2, any <i>pre-existing conditions</i> will not be covered unless agreed in writing by <i>Golden Care Services</i> .
8.2.5. By taking out the EveriCover Plus option.	30 days before the <i>anniversary date</i> .
8.2.6. By adding a new <i>insured</i> .	Immediately. (Newborn babies can be added on the date of birth, subject to approval by <i>us</i> , provided <i>we</i> are informed within three days of the birth. Otherwise, babies will be added to the policy with effect from the date on which the request is received by <i>Golden Care Services</i>).

8.2.7. When *you* increase *your* cover, the *waiting periods* shall apply to the new or amended benefits from the *effective date* of the endorsement to *your Plan*. In addition, when increasing *your* cover from Zone 1 to Zone 2, any *pre-existing conditions* will not be covered unless agreed and confirmed by *Golden Care Services* in writing.

You can decrease <i>your</i> benefits	You must make <i>your</i> request
8.2.8. By increasing <i>your</i> deductible.	30 days before the <i>anniversary date</i> .
8.2.9. By going from Zone 2 to Zone 1 following a change in country of <i>your usual residence</i> .	Immediately.
8.2.10. By going from Zone 2 to Zone 1 for any other reason.	30 days before the <i>anniversary date</i> .
8.2.11. By cancelling the EveriCover Plus option.	30 days before the <i>anniversary date</i> .
8.2.12. By adding an <i>insured</i> .	Immediately.

You can correct information if :	You must make <i>your</i> request
8.2.13. <i>You</i> have changed <i>your</i> address.	Immediately.
8.2.14. <i>You</i> have made a mistake on <i>your</i> Application Form.	Immediately, (<i>You</i> may be asked to complete a new Application Form or medical declaration)

8.3. **Renewal.**

- 8.3.1. To renew your *Plan*, you simply need to pay the premium stated in the *notification of term* sent to you before the *anniversary date* of your *Plan*. If we do not receive your premium on the *due date*, you may benefit from a grace period of 30 days from the renewal date. At the end of the 30 days and if *Golden Care Service* does not receive your premium, your *Plan* will not be renewed and shall be terminated.
- 8.3.2. *Golden Care Services* may change the name of the **EveriCover**, **HospiCover**, **AcciCover** and **EveriCover Plus option**, the General Conditions, *your* insurance certificate and any discounts or additional costs on *your* premium. A notice to this effect will be sent to the *insured* before the *anniversary date* of your *Plan*, to your last mailing address held by *Golden Care Services*. These changes will then take effect from the new *insurance period* of your *Plan*. If you do not receive this notice, for any reason, this shall not in any way invalidate these changes.

9. **HOW AND WHEN TO PAY YOUR PREMIUM?**

9.1. **When to pay your premium?**

A *notification of payment term* will be sent to you by *Golden Care Services*, informing you of the *due date* and the amount due which must be paid before this date.

9.2. **How to pay your premium?**

You can pay *your* premium:

- In Swiss francs, currency of reference for the *Plan* or in another fully convertible currency you may choose provide *Golden Care Services* has given its prior approval for payment in that currency and communicated their accepted exchange rate.
- By bank transfer, bank card or payment slip, or in the manner indicated on *your* Application Form or *notification of term*, depending on the case.

10. HOW YOUR PLAN MIGHT END?

10.1. Cancellation by the policyholder.

Any *cancellation* request must be notified in writing to *Golden Care Services*.

Situation	Time limit for making the request	Cancellation date
10.1.1. For any reason.	In writing, 30 days before the <i>expiry date</i> .	On the <i>expiry date</i> .
10.1.2. In the event of the <i>policyholder's</i> death, if he/she is the sole <i>insured</i> in the <i>Plan</i> .	The legal representative of the deceased <i>policyholder</i> must inform <i>Golden Care Services</i> within 90 days of the death.	Automatically, on the date given on the death certificate.
10.1.3. Cooling off period.	Within 14 days of the date the contract is entered into or 14 days from when the General Conditions and policy documentation has been received, whichever is the later.	Immediately.

10.2. Cancellation by Golden Care Services.

Situation	Notification time limit by Golden Care	Suspension or <i>cancellation</i> date
10.2.1. If <i>you</i> do not pay <i>your</i> premium on the <i>due date</i> .	From the moment when non-payment of the premium is recorded. The full premium remains due to <i>Golden Care</i> .	After grace period of 30 days after the <i>due date</i> .
10.2.2. In case of non-disclosure or false declaration.	Immediately.	<i>Your Plan</i> will be cancelled from its <i>subscription date</i> .
10.2.3. On the <i>expiry date</i> of <i>your Plan</i> , for whatever reason.	30 days before the <i>expiry date</i> .	On the expiry date.

10.2.4. Cancellation may take place immediately in the event that the *insurer* withdraws its approval of *your Golden Care* policy.

10.2.5. The agreement between *Golden Care Services* on behalf of the *insurer* and yourself is based on *your* declarations made on the *subscription date* or during the life of *your* policy. Therefore, any non-disclosure, intentional false declaration, simulation or use of false or distorted documents in full knowledge of the facts will invalidate the policy and *your* premium will be forfeited. If services have been provided, the sums paid in advance shall be reimbursed to *Golden Care* upon receipt of the notification sent to *you* by *Golden Care Services* to this end.

10.3. **Consequences of cancellation**

Consequences for *your* cover.

10.3.1. *Golden Care Services*, on behalf of the *insurer*, shall not be liable for any *illness* or *accidents*, maternity care and dental problems occurring after the *cancellation date* of the *Plan* or for any claim for reimbursement or coverage made after this date, even if it concerns the continuance of an event that started before the *cancellation* date. Claims for reimbursement and coverage prior to this date will be dealt with until the last day at midnight on the actual *cancellation* date.

10.3.2. In the event of *cancellation* due to non-disclosure or false declaration, any current payment of benefits shall be stopped. Any sums paid by the *insurer* and/or the *assistance company* shall be claimed from the *insured* who has received the unduly paid sums.

11. QUESTIONS OR CONCERNS ABOUT THIS POLICY AND COMPLAINTS

Our aim is to ensure that all aspects of your insurance are dealt with promptly, efficiently and fairly. At all times we are committed to providing you with the highest standard of service.

If you are dissatisfied you can make a complaint. In the first instance please write to or email the address below:

31, Boulevard Helvétique
1207 Geneva, Switzerland
Tel.: +41 22 786 12 00
Fax: +41 22 786 12 20
Email: complaints@goldencare.ch

Please state the nature of your enquiry along with the reference of this policy and, if applicable, claim references. Golden Care will write to you within two weeks with a response.

If *you* remain dissatisfied with our response, *you* may be able to refer the complaint to the Channel Islands Financial Ombudsman Service (CIFO) by contacting:

The Channel Islands Financial Ombudsman
PO Box 114
Jersey
Channel Islands
JE4 9QG

Telephone: Guernsey +44 (0)1481 722218
e-mail: enquiries@ci-fo.org
Website: www.ci-fi.org

12. DEFINITIONS

The following words have these meanings wherever they appear in this policy in *italics*.

<i>Accident</i>	Any sudden, unintentional <i>injury</i> due to an extraordinary external cause which compromises the physical or mental health of the <i>insured</i> or leads to his/her death during the <i>insurance period</i> .
<i>Act of terrorism</i>	An act which includes, but is not limited to the use of force or violence and/or the threat thereof, by a person or group of persons, acting in the name of, on behalf of, or in relation to one or more organisations or one or more governments, and committed to political, religious, ideological aims or for similar reasons or purposes, including the intention to influence a government and/or all or part of the population by terror.
<i>Anniversary date</i>	Date on which the policy is renewed. The <i>anniversary date</i> is stated on the insurance certificate.
<i>Assistance company</i>	Company which provides assistance services. The <i>assistance company</i> for the <i>Golden Care</i> policies is MEDIC'AIR INTERNATIONAL.
<i>Beneficiary</i>	Person or health professional who receives the reimbursements.
<i>Birth deformities</i>	An <i>illness</i> or deformity present at birth.
<i>Cancellation</i>	Act leading to cessation of the <i>Plan</i> and its effects.
<i>Cancellation date</i>	Date on which the policy is no longer in force and on which the benefits and cover of the <i>Plan</i> cease.
<i>Chronic illness</i>	An <i>illness</i> which corresponds to at least two of the following features: <ul style="list-style-type: none">- it has no known cure- it continues indefinitely- it is recurring- it is permanent- it requires palliative medical care- it requires monitoring, consultations, check-ups, examinations and tests in the long-term- it requires rehabilitation or special training to help deal with it.
<i>Country of origin</i>	Country of which the <i>insured</i> has nationality, listed on their passport. The <i>insured's</i> nationality is stated on the insurance certificate.
<i>Deductible</i>	The <i>deductible</i> is the sum specified on the insurance certificate, which is the responsibility of the <i>insured</i> .

<i>Dentist</i>	Professional practitioner qualified by a dental school or faculty and duly authorised to practise by the authorities in the country where the <i>medical treatment</i> is given. The <i>dentist</i> may not be a member of the <i>insured's</i> family.
<i>Diagnosis</i>	Identification by a <i>doctor</i> of an <i>illness</i> or <i>injury</i> from its symptoms.
<i>Doctor</i>	Professional practitioner qualified by a faculty of medicine and duly authorised to practise by the laws of the country where the <i>medical treatment</i> is given, exercised within the remit of their qualifications and training. The <i>doctor</i> may not be a member of the <i>insured's</i> family.
<i>Domicile</i>	<i>Domicile</i> listed on the <i>insured's</i> passport or any other official document. When the <i>insured</i> has dual nationality, the <i>domicile</i> shall be the one given on the Application Form and the insurance certificate.
<i>Due date</i>	Date on which payment of the premium must be received by <i>Golden Care Services</i> in order to guarantee continuity of the cover. This date is stated on the insurance certificate.
<i>Effective date</i>	Date on which <i>your Plan</i> or an endorsement comes into force, leading – in the first insurance year or in case of an increase in cover – to the start of the various <i>waiting periods</i> . This date is stated on the insurance certificate.
<i>Emergency Call Centre</i>	The structure containing the <i>doctors</i> , technicians and operators which the <i>Assistance company</i> provides to the <i>insureds</i> 24 hours a day, every day of the year.
<i>Emergency Medical treatment</i>	<i>Medical treatment</i> administered in the emergency ward of a <i>hospital</i> to evaluate and treat an acute crisis resulting from an <i>accident</i> or sudden <i>illness</i> , which requires immediate medical assistance.
<i>Episode of Medical treatment</i>	For the purposes of the contract, an episode of <i>medical treatment</i> is a <i>medical treatment</i> which has an end date or an evaluation date. Subsequent <i>medical treatments</i> will not be considered part of the same <i>insured</i> benefit, but a separate episode of <i>medical treatment</i> .
<i>Entry date</i>	Date on which the insurance cover under this <i>Plan</i> commences for an <i>insured</i> . In the case of <i>insureds</i> who have previously taken out other medical insurance under a <i>Golden Care Plan</i> and who will now take out the <i>Golden Care ExecutiveCover Plan</i> , the <i>entry date</i> will be the date on which their previous <i>Golden Care Plan</i> commenced, provided that cover has been provided continuously under a <i>Golden Care Plan</i> since this date.

<i>Evacuation</i>	Transport to a specialised <i>Medical Establishment</i> by the <i>assistance company</i> of an <i>insured</i> following a medical emergency, outside the country where he/she is located, even if it is his/her <i>country of origin</i> or <i>usual residence</i> .
<i>Expiry date</i>	Date on which the <i>Plan</i> expires and must be renewed in order to continue. The <i>expiry date</i> is stated on <i>your</i> last insurance certificate.
<i>Force Majeure</i>	An occurrence outside of the control of <i>Golden Care Services</i> and/or the <i>assistance company</i> and/or the <i>insurer</i> which would include but not be limited to accidental and unforeseeable events, natural disasters, civil or international wars, riots, acts of terrorism, insurrections, reprisals, restrictions on the free circulation of goods and persons, curfews, strikes, explosions, heat or radiation produced by nuclear transmutation or disintegration, radioactivity or any other unforeseen event.
<i>Golden Care</i>	Registered trademark denoting the name of <i>your Plan</i> . The general conditions detailing the benefits and cover provided by the designated <i>insurer</i> .
<i>Golden Care Services</i>	Admission and administration centre for the <i>Golden Care Plans</i> . <i>Golden Care Services</i> is also available to give <i>you</i> information and advice on <i>your Plan</i> . <i>Golden Care Services</i> acts on behalf of the <i>insurer</i> and under a delegation of management.
<i>Hospital</i>	See <i>medical establishment</i>
<i>Hospitalisation</i>	Admission to a <i>medical establishment</i> for more or less than 24 hours, requiring an admission notice, during which time the <i>insured</i> undergoes medical and/or surgical treatment.
<i>Illness</i>	Any attack on physical, mental or psychological health diagnosed by a <i>doctor</i> , which first manifests itself during the <i>insurance period</i> and is not due to an <i>accident</i> and which requires medical examination or treatment.
<i>Injury</i>	Identifiable physical <i>injury</i> resulting directly from an <i>accident</i> .
<i>Insurance period</i>	Period of time specified on <i>your</i> insurance certificate, during which the policy is in force, subject to payment of the required premium.
<i>Insured</i>	Any person, including the <i>policyholder</i> , mentioned in the insurance certificate as covered by the services provided by the <i>Plan</i> .
<i>Insurer</i>	The <i>Golden Care Plans</i> are underwritten by Global Health and Accident Insurance Limited which is regulated by Guernsey Financial Services Commission (licence number : 2291879).

<i>Kidnapping</i>	The wrongful abduction and detention of an <i>Insured</i> against their will by deception, by a person or a group demanding payment in exchange for the release of that <i>insured</i> .
<i>Local medical transport</i>	Transport by ambulance or other medical vehicle to the closest medical establishment.
<i>Medical emergency</i>	Situation in which the <i>insured</i> is suffering from an <i>illness / injury</i> which, in the opinion of <i>our doctors</i> , in agreement with the treating physician, requires <i>evacuation</i> to an appropriate <i>medical establishment</i> .
<i>Medical establishment</i>	Medical or surgical institution duly recognised in the country where it is located and under the permanent supervision of a resident <i>doctor</i> .
<i>Medical treatment</i>	All the medical or surgical procedures and medical care prescribed and administered under the supervision of a <i>doctor</i> , in order to treat an <i>injury</i> or <i>illness</i> or to provide <i>medical treatment</i> during an acute episode of a <i>chronic illness</i> .
<i>Notification of term</i>	Document issued before the <i>anniversary date</i> of <i>your</i> policy, informing <i>you</i> of the conditions of renewing the policy for the new <i>insurance period</i> .
<i>Out-patient care</i>	Medical treatment administered to the <i>insured</i> by a <i>doctor</i> , or prescribed by a <i>doctor</i> , which does not require admission to a <i>medical establishment</i> .
<i>Overall maximum</i>	The maximum amount paid or covered per <i>insured</i> and per <i>insurance period</i> .
<i>Palliative care</i>	Treatment of which the main aim is solely to bring temporary relief of symptoms, rather than treating the <i>illness</i> behind the symptoms.
<i>Physiotherapy</i>	<i>Medical treatment</i> prescribed by a <i>doctor</i> as medically necessary to treat an <i>illness</i> or <i>injury</i> , and provided by a State qualified physiotherapist. <i>Physiotherapy</i> does not include antenatal classes, manipulative therapy, sports massages or occupational therapy.
<i>Plan</i>	Name of the <i>Plan</i> for the benefits detailed on <i>your</i> insurance certificate.
<i>Policyholder</i>	Person or company who signs the Application Form for each <i>insured</i> person. The <i>policyholder</i> can also be the <i>insured</i> under the <i>Plan</i> . The <i>policyholder</i> is the legal representative in respect of <i>Golden Care Services</i> . He/she is also liable for paying the premium and complying with the terms and conditions of the policy.

<i>Pre-existing condition</i>	<p><i>Illness, injury</i>, psychological condition or other related condition, for which <i>you</i> have received treatment, suffered symptoms (whether <i>you</i> have consulted a <i>doctor</i> about these or not) or sought medical advice within the two years preceding <i>your entry date</i>.</p> <p>“Related condition” means an <i>injury</i> or <i>illness</i> which <i>our doctors</i> consider as being an underlying cause or directly attributable to an <i>injury</i> or <i>illness</i> that is the subject of a claim for reimbursement.</p>
<i>Premature baby</i>	Child born before the start of the 37th week of pregnancy.
<i>Relative or close friend</i>	<p><i>Relative</i> – spouse or partner (of the same sex or opposite sex), mother, stepmother/mother-in-law, father, stepfather/father-in-law, legal guardian, daughter, stepdaughter/daughter-in-law, son, stepson/son-in-law (including adoptive children), sister, sister-in-law, brother, brother-in-law, grandparents, grandchildren or fiancé(e) of the <i>insured</i>.</p> <p><i>Close friend</i> – any person who has a close relationship with the <i>insured</i> without being a <i>relative</i></p>
<i>Repatriation</i>	Emergency return transport of an <i>insured</i> during a <i>medical emergency</i> to his/her country of <i>usual residence</i> .
<i>Running away</i>	Deliberately absconding from parents, guardians or the authorities.
<i>Single fixed payment</i>	The maximum amount which we will pay for the benefits for the entire life of this <i>Plan</i> and for all other <i>Plans</i> in force with <i>us</i> .
<i>Subscription date</i>	Date stated on the Application Form stating the date of the request for cover. This date does not indicate the start date of the cover.
<i>Usual residence</i>	Address where the <i>insured</i> resides the majority of the time, which is stated on the Application Form.
<i>Waiting period</i>	Period commencing on the <i>effective date</i> of the policy or the endorsement as referred to on <i>your</i> insurance certificate, and during which access to the insurance benefits or assistance is not given.
<i>We/us/our</i>	<i>Golden Care Services</i> acting on behalf of Global Health and Accident Insurance Limited which is regulated by Guernsey Financial Services Commission (licence number : 2291879).
<i>You/your</i>	The <i>insured</i> of the <i>Golden Care Plan</i> .

Contact

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