

General Conditions

GOLDEN CARE[®]

ExecutiveCover

TO HELP YOU
UNDERSTAND AND USE
YOUR PLAN BETTER



GOLDEN CARE[®]

YOUR HEALTH
INSURANCE
AROUND
THE WORLD



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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 EXECUTIVECOVER PLAN?

- 1.1. You can take out this Plan irrespective of your place of 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 three consecutive months 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 see our website or 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. 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 *your Plan*.

- 2.1.1. In Zone 1 *you* can benefit from all *your* services worldwide, except in the United States 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.
- 2.1.2. 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* returns 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*.

2.2. Deductibles.

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

- 2.2.1. *You* can choose from seven levels of *deductibles* which are applicable to each of the *insured* listed on the same policy:
CHF 75 – CHF 400 – CHF 800 – CHF 1'500 – CHF 4'000 – CHF 8'000 – CHF 15'000

2.3. **Premium payments.**

The premium is the sum you have to pay for the insurance period defined on your notification of term in consideration for the Plan benefits.

The *policyholder* may pay this:

- In Swiss francs, currency of reference for 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 or as specified on *your* Application Form, or *notification of term*, whichever is the case.

2.4. **Languages of correspondence.**

The documents relating to *your Plan* are available in English or French, at *your* choice. However, these General Conditions have been translated into French as a guide only. In the event of a dispute, only the English version shall serve as proof.

2.5. **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*.

2.6. **Terms of reimbursement.**

You may choose reimbursement:

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

3. **WHAT ARE YOUR BENEFITS?**

3.1. **Insurance benefits.**

Your benefits cover all the services referred to in paragraphs 3.2 and 3.3, in cases in which *medical treatment* is the direct result of an *accident* or *illness*, with or without *hospitalisation*. *You* also have the right to reimbursement of costs and additional expenses under the limits and conditions set out in paragraphs 3.4 to 3.9.

In *your* country of *usual residence* and during *your* foreign trips, *your* benefits involve payment of covered *medical treatment* costs. The costs must be a reasonable amount, in accordance with what is generally practised in the area, country and establishment where the *medical treatment* is given. The *Golden Care ExecutiveCover Plan* covers the costs of both public and private clinics or *hospitals*.

3.2. **Assistance services.**

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.	<p>Organisation and cover for assistance services by <i>Golden Care Services</i>, as defined below.</p> <p>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>.</p>
3.2.1.1. Local medical transport (*), evacuation, repatriation from the place of medical emergency.	Organisation and transportation of the <i>insured</i> resulting from a <i>medical emergency</i> , with the agreement of doctors 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 medical treatments carried out in the place of medical emergency.	Treatment given by the first aid medical team or by the <i>assistance company</i> during <i>your</i> travels abroad.
3.2.1.3. Sending a relative or close friend.	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> .
3.2.1.4. Transport (*) of a medical person accompanying the insured at the time of the medical emergency outside the country of usual residence or domicile of the insured.	The <i>insured</i> will be accompanied and assisted during his/her <i>evacuation</i> or <i>repatriation</i> by medical and/or paramedical personnel with the specialisation required for his/her condition and appointed solely by the <i>assistance company doctors</i> .

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> .	Following an <i>illness</i> or an <i>accident</i> , when the <i>insured</i> is not able to take care of the children under 19 years of age travelling with them, and on condition that they are also covered by <i>Golden Care</i> , 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> .
3.2.1.6. <i>Repatriation</i> of other <i>insureds</i> involved in the same accident.	The <i>assistance company</i> will organise and cover, provided that they are also insured by <i>Golden Care</i> , 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.
3.2.1.7. Emergency dispatch of essential prescribed and necessary medicines not available in the place of the <i>medical emergency</i> .	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 that 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.
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 mountain search and rescue shall not be covered.
3.2.2. Assistance services in the event of death.	Organisation by Golden Care Assistance Services of repatriation of the body in the event of death resulting from an accident or illness covered by this Plan.
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 insured 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 services.

In *your* country of *usual residence*, and during *your* time spent abroad, *your* benefits include payment for *your eligible medical treatment*. 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.

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 medical establishment immediately following an accident or illness.
3.3.1.3. Hospitalisation.	If medically necessary, prescribed by a <i>doctor</i> and requiring admission to <i>hospital</i> .
3.3.1.4. Hospitalisation for mental illness.	If medically necessary and prescribed by a psychiatrist. Benefit limited to 60 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 transplant (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 given as soon as possible following discharge from <i>hospital</i> .
3.3.1.7. Individual room and meals.	Individual room, if available, and meals taken at the <i>medical establishment</i> by the hospitalised <i>insured</i> .
3.3.1.8. Room and meals for person accompanying an insured 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 300 per day.
3.3.1.9. Rehabilitation.	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 15 weeks. Subject to prior agreement of <i>Golden Care Services</i> .
3.3.1.10. Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV / AIDS).	<i>Medical treatment</i> of Human Immuno-deficiency Virus and Acquired Immune Deficiency Syndrome. HIV/AIDS HIV and AIDS, and associated illnesses.

3.3.1.11. Pacemaker.	Costs directly related to the implant, in a <i>medical establishment</i> , of a single-chamber, dual chamber or biventricular pacemaker, plus two monitoring appointments with a <i>doctor</i> within 12 months of the implant, in order to carry out any diagnostic tests and adjust the pacemaker during these two appointments. This benefit excludes all other replacement of non-human devices, cardiac defibrillators or subsequent pacemakers.
3.3.2. Out-patient care.	Out-patient treatment is provided when the <i>insured</i> is not admitted to <i>hospital</i> .
3.3.2.1. Consultation of general and specialist <i>doctors</i> .	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 framework of their skills and qualifications. The <i>doctor</i> may not be a member of the <i>insured's</i> family.
3.3.2.2. Laboratory and radiology services.	Laboratory examinations, radiography, ECG, high-tech <i>diagnosis</i> 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> .
3.3.2.3. Medicines on prescription.	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.
3.3.2.4. Physiotherapy 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>

3.3.2.5. Medical assistance at home.	<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 insurance period.</p>
3.3.2.6. Complementary medicines.	<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>
3.3.2.7. Orthopaedic prostheses.	<p>Orthopaedic prostheses, corrective devices and medical appliances which do not require surgical intervention.</p>
3.3.2.8. Endocrinology.	<p>Functional endocrine disorders, including the menopause and hormonal replacement therapies.</p>
3.3.2.9. Behavioural and developmental problems.	<p>Learning difficulties, hyperactivity, attention deficit disorder, speech and behavioural problems and child development problems.</p>

3.4. Maternity and dental care.

Maternity care applies solely to one female *insured* under the same *Plan*.

Benefits	Details
3.4.1. Dental treatment.	The dental treatment cover applies to routine dental treatment carried out by a <i>dentist</i> , and dental prostheses.
3.4.1.1. Routine dental treatment.	An annual check-up and annual appointment with the hygienist including scaling and polishing, extractions including wisdom teeth, radiography, impressions, fillings using amalgams and composite materials, and <i>medical treatment</i> to relieve infection, including antibiotics on prescription and temporary fillings. Benefit limited to teeth which were natural and healthy prior to taking out the <i>Golden Care ExecutiveCover Plan</i> .
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 <i>Golden Care ExecutiveCover Plan</i> .
3.4.1.3. Orthodontic treatment.	Orthodontic treatment for insured children under the age of 19.
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. Treatment of the new-born, after the initial paediatric examination, will be covered by its own <i>Plan</i> , on the condition that it is added to the parents' policy.
3.4.2.1. Treatment related to pregnancy and birth.	Maternal care includes the costs incurred by pregnancy and birth, including antenatal care, normal birth costs, planned home birth, the costs of the <i>hospital</i> stay for the new-born immediately after birth and post-natal care for the mother.

3.4.2.2. Treatment related to pregnancy and birth complications.	Maternal care includes the costs incurred by pregnancy and birth, including antenatal care, normal birth costs, medically necessary Caesarean sections, the costs of <i>hospital</i> stay for the new-born immediately after birth and post-natal care for the mother. All the <i>medical treatments</i> covered by this benefit of the <i>Plan</i> must be qualified as a <i>pregnancy complication</i> .
3.4.2.3. Assistance services.	<p>The pregnant <i>insured</i> benefits from assistance services in the event of a <i>medical emergency</i>, as defined at paragraph 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 paragraph 5.5.2</p>
3.5. Optical and auditory treatment.	
3.5.1. Optical treatment.	The benefit is limited to an eye examination and the cost of glasses or contact lenses, if prescribed by an ophthalmologist or optician.
3.5.2. Auditory treatment.	An annual hearing test, plus contribution to the cost of a hearing aid, if prescribed by an audiologist/Ear Nose Throat specialist.
3.6. Preventive treatment.	
3.6.1. Cancer screening.	<p>Cervical smears, mammograms and cancer screening of the prostate, colon and testicles only.</p> <p>No other test or screening examination will be covered.</p>
3.6.2. Travel vaccinations.	Vaccinations and immunisations directly related to foreign travel. A <i>deductible</i> of 10 % applies to all costs of treatment covered.

3.7. Chronic illness treatment.

3.7.1. Routine and palliative care.	<i>Hospital treatment</i> and out-patient treatment, including diagnostic tests, examinations and medicines prescribed for routine and <i>palliative care</i> given as part of a <i>chronic illness</i> .
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3.8. High-risk sports.

3.8.1. Aerial activities.	<p>This <i>Plan</i> covers the <i>medical treatment</i> required following participation in the following aerial activities: air flight or participation in aerial activities other than travelling on an approved aeroplane as a paying passenger. Depending on the case, the <i>insured</i> must hold a valid private pilot's licence.</p> <p>A <i>deductible</i> of 20 % applies to all costs of treatment covered.</p>
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3.9. Cash benefits.

The *deductible* does not apply to the following cash benefits:

3.9.1. Cash benefit for hospitalisation.	A cash benefit which is payable when <i>hospitalisation</i> is provided free of charge as part of a national state health service, which is not covered by any other benefit under this <i>Plan</i> . This benefit is payable "per night" up to a maximum of 30 nights per <i>insurance period</i> .
3.9.2. Cash benefit for convalescence at home	A cash benefit payable for each week of <i>convalescence at home</i> (with the exception of the first week) on the instruction of a <i>doctor</i> , immediately following <i>hospitalisation</i> for an <i>illness</i> covered by this <i>Plan</i> . This benefit is payable for a maximum period of four weeks per <i>insurance period</i> .

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. In the event of hospitalisation in your country of usual residence or abroad.

4.1.2.1. Under the insurance, 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 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.

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 *medical emergency* requiring *evacuation*, *you* will be responsible for the additional costs if *you* wish to be 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 for shall include the difference between the cost of 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 paragraph 2.2) shall apply per *insured* and per *illness*, and not per act of treatment, nor per year.

If *you* change *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, dental treatment or travel vaccinations, a *deductible* of 10 % applies to all costs of treatment covered.

4.2.4. A special *deductible* of 20% will be applied to any payment made, if the conditions detailed at paragraph 4.1.2.1. is not met.

4.3. Application of limits.

Our payments under this *Plan* shall not exceed the *overall maximum* and/or the individual maximums of each section of the *Plan* and the option chosen.

4.3.1. In insurance terms, the maximum amount of reimbursement or coverage is separate from *your deductible*. It amounts to 4'000'000 CHF per *insured* and per *insurance period*.

In Switzerland and in Liechtenstein, the reimbursement of *your* insured benefits is made on the basis of the reference rates applied in private clinics and private *hospital* wards 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 300 per day applies to the room and meals benefit for a person accompanying an insured hospitalised child under the age of 19 years which is included in the maximum limit stated above in this section.

4.3.2. For maternity and dental care, the limits are as follows:

4.3.3. Maternity care: limit per pregnancy, applicable to one *insured* female per *Plan*: CHF 30'000 per pregnancy and normal birth.

The limit applies to all the maternity care, including antenatal and post-natal medical costs. 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 100'000 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.

4.3.4. Dental treatment and dental prostheses: limit per *insurance period* and per family listed in the same *Plan*: 3'000 CHF per *insured* and per *insurance period*, up to a maximum of CHF 5'000 per family.

Orthodontic treatment for insured children under the age of 19 years is limited to CHF 1'000 per child and per *insurance period*, within the dental care limits indicated above.

4.3.5. For the contribution to funeral costs the limit is CHF 1'500.

4.3.6. Mountain search and rescue operations are limited to CHF 75'000 per *insured* and per *insurance period*. This is the maximum limit and does not increase cumulatively at renewal.

4.3.7. A single fixed sum of CHF 100'000 per *insurance period*, with a *single fixed payment* of CHF 500'000, applies to the *medical treatment* given in the case 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.

4.3.8. A maximum of CHF 500 applies to cancer screening benefits every two years for each *insured*.

4.3.9. A maximum of CHF 500 applies to travel vaccinations every two years for each *insured*.

4.3.10. A maximum of CHF 400 applies to optical treatment every two years for each *insured*.

- 4.3.11. A maximum of CHF 300 applies to auditory treatment every two years for each *insured*.
- 4.3.12. A limit of CHF 100 per night applies to the cash benefit for *hospitalisation*, up to a maximum of 30 nights per *insurance period*.
- 4.3.13. A *single fixed payment* of CHF 10'000 applies to the *medical treatment* of learning difficulties, hyperactivity, attention deficit disorder, speech and behavioural problems, and child development problems. This benefit is subject to prior agreement of *Golden Care Services*.
- 4.3.14. A limit of CHF 10'000 applies to routine and palliative care for each chronic illness, per insured and per insurance period.
- 4.3.15. A limit of CHF 500 applies per complete week of *convalescence at home*, up to a maximum of four weeks (with the exception of the first week), when authorised by a *doctor*.

5. WHAT ARE THE EXCLUSIONS?

The following risks are excluded:

5.1. General exclusions of the Golden Care ExecutiveCover Plan.

- 5.1.1. 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.
- 5.1.2. All organ transplants, except heart, kidney, liver, lung and/or skin graft transplant. The acquisition and search for the organ itself, and the expenses incurred by the donor.
- 5.1.3. 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 60 nights per *insurance period*.
- 5.1.4. Laboratory and radiology examinations, radiography and nuclear medical procedures carried out superfluously and which are not necessary to establish a *diagnosis* and/or treatment.
- 5.1.5. *Illnesses, accidents, dental or maternity problems, and the consequences thereof, leading to a 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.*

Prior treatments and symptoms must be detailed on the medical declaration on the subscription date.
- 5.1.6. All treatments resulting after three consecutive months in *your country of origin* (USA and/or Canada only). Cover may also be withdrawn where *we* are not made aware of *your country of usual residence* changing and as a direct result local laws or regulations are breached.
- 5.1.7. SANCTION LIMITATION AND EXCLUSION CLAUSE.
No (re)insurer shall be deemed to provide cover and no (re)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 (re)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.

5.1.8. The costs related to *medical treatment of a premature baby*, birth deformities or a congenital abnormality after CHF 100'000 limit has been reached.

5.1.9. 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*.

The following risks are excluded:

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* (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, such as mandatory vaccinations on a healthy person, inoculations, prophylactic antibiotic treatment, preventive serotherapy, health check-up and the monitoring and systematic and periodical screening for biological or pathological anomalies, other than those included in the preventive treatment benefit referred to at paragraph 3.6.
- 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 implanting 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. The cost of staying and *medical treatments* in hydrology or thalassotherapy centres, spas, sanatoria, health and fitness centres, geriatric care homes, retirement or *convalescence homes*, or similar establishments.

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, paragliding.
- 5.5.7. Attacks related to war, whether declared or not, in all cases 48 hours or more after the commencement of hostilities recognised by the Federal Department of Foreign Affairs or other official Swiss bodies.
- 5.5.8. Participation in a revolution, acts of sabotage, *act of 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. The 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 USE YOUR BENEFITS?

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 Claims 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 examined if it is not supported by the original documents.

If you do not have the necessary forms, contact Golden Care Services which 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* reimbursement file (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 medical treatment costs.	<ul style="list-style-type: none">• In the event of an accident: At the latest 5 days after the accident.• In the event of an illness: As soon as you receive the bill or within 90 days.• 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 <i>you</i> don't receive our approval, <i>you</i> 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 necessary to process the 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 a 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* 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 practised 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 thirty 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. A 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 to contact the *assistance company's Emergency Call Centre* immediately, by telephone, fax or e-mail. The *assistance company's* contact details are on *your Golden Care Services* insurance card.

Your claim	Time limit for sending the claim	Consequences
6.2.2. Medical emergency assistance in the event of an accident, illness or death.	<p>As soon as the event occurs, <i>you</i> must contact <i>GOLDEN CARE ASSISTANCE SERVICE</i></p> <p>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 <i>hospitals</i> visited in the place where the <i>accident</i> or <i>illness</i> occurred. • <i>Your</i> Claim form, prescriptions and invoices. 	<p>If <i>you</i> do not do this immediately, the 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. In order to evacuate *you* to a *medical establishment* outside the country where the event took place, *you* must possess a valid passport, and a visa for the country in question. If *you* do not possess these, 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 competent 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* will organise the necessary contacts with 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 or 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 carrying out reimbursement or providing 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. Start of cover.

- 7.1.1. *Your Plan* will enter into force on the *effective date* stated on *your* insurance certificate.
After examining the medical risk and final and formal acceptance of *your* application, this date is determined 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 shall apply after the waiting periods referred to below which start on the effective date of your Plan. The waiting periods enable *Golden Care Services* to identify any pre-existing conditions. In accordance with insurance principles, your Plan covers uncertain events. Consequently, 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 accident:
No *waiting period* shall apply. *Your* protection therefore enters into force on the *effective date of your Plan*, as stated on *your* insurance certificate.
- 7.1.4. Waiting periods for other benefits of the Golden Care ExecutiveCover Plan:
Your protection enters into force at the end of the *waiting periods* specified below. *Medical treatments* received before the end of the *waiting period* will not be covered.
- **Illnesses :** 30 days
 - Dental treatment : 180 days
 - Maternity Care : 300 days
 - Optical treatment : 180 days
 - *Cancer screening* : 180 days
- 7.1.5. The *waiting period* for *illness* shall not apply when upgrading from another *Golden Care Plan*, provided that there has been no interruption in cover between the *insurance periods* of the two *Plans*. All other *waiting periods* shall remain in force, with the exception of the cases referred to at paragraph 7.1.6.
- 7.1.6. In addition to the cases referred to at paragraph 7.1.5, the *waiting periods* for dental and maternity care shall not apply when upgrading from the *Golden Care EveriCover Plus Plan*, provided that there has been no interruption in cover between the *insurance periods* of the two *Plans*.
- 7.1.7. However, it is possible that no *waiting period* for *illness* 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, on the understanding that *Golden Care Services* and *your insurer* reserve the exclusive right to agree whether or not to waive the *waiting periods* for *illness*. All other *waiting periods* shall remain in force.
- 7.1.8. Waiting periods for assistance services:
Assistance services are subject to the same regulations on *waiting periods* as at paragraph 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 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, any 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 *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 applicable

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 your benefits	You must make your request
8.2.3. By reducing your deductible.	30 days before the anniversary date.
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 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 we 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>).

- 8.2.6. 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 your benefits	You must make your request
8.2.7. By increasing your deductible.	30 days before the <i>anniversary date</i> .
8.2.8. By going from Zone 2 to Zone 1 following a change in country of <i>usual residence</i> .	Immediately.
8.2.9. By going from Zone 2 to Zone 1 for any other reason.	30 days before the <i>anniversary date</i> .
8.2.10. By removing an <i>insured</i> .	Immediately.
8.2.11. By cancelling the <i>ExecutiveCover Plan</i> .	30 days before the <i>anniversary date</i> .

You can correct information if:	You must make your request:
8.2.12. <i>You</i> have changed address.	Immediately.
8.2.13. <i>You</i> have made a mistake in <i>your</i> application documents.	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 Services* 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 *Golden Care ExecutiveCover Plan*, the General Conditions, *your* insurance certificate, and any discounts or additional costs on *your* premium. A notice to this effect will be sent to *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, this may not in any circumstances cancel or delay the implementation of these changes.

8.3.3. The *insurer* expressly waives its right to *cancellation* of the policy in the event of a loss.

9. HOW AND WHEN TO PAY YOUR PREMIUM?

9.1. When to pay your premium?

A notification of term will be sent to the policyholder 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?

The *policyholder* may pay the premium:

- In Swiss francs, currency of reference for 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 transfer, bank card or payment slip, or in the manner indicated on *your* Application Form or the *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.	By letter, 30 days before the <i>expiry date</i> .	On the expiry date.
10.1.2. In the event of the policyholder's death.	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 conclusion of the contract 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 Cancellation date
10.2.1. If you 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 due date.
10.2.2. In case of omission or false declaration.	Immediately.	Your Plan will be cancelled from its subscription date.
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 <i>expiry date</i> .
10.2.4. <i>Cancellation</i> may take place automatically if the <i>insurer</i> withdraws its approval of <i>your Golden Care</i> policy because of changes in <i>your</i> circumstances. An example of this would be moving to a different country where the local regulations prohibit or restrict international health <i>insurers</i> .		
10.2.5. The agreement between <i>Golden Care Services</i> on behalf of the <i>insurer</i> and <i>yourself</i> is based on <i>your</i> declarations made on the <i>subscription date</i> or during the life of <i>your</i> policy. Therefore, any omission, intentional false declaration, simulation or use of false or distorted documents in full knowledge of the facts will invalidate <i>your Plan</i> and <i>your</i> premium will be forfeited. If benefits have been provided, the sums paid in advance shall be reimbursed to <i>Golden Care Services</i> upon receipt of the notification sent to <i>you</i> by <i>Golden Care Services</i> 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 *accident*, 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>Convalescence at home</i>	When the <i>insured's</i> condition, following an <i>illness</i> or an <i>injury</i> , restricts their capacity to go outside the home, except with the aid of another person or a suitable support device (such as crutches, a walking stick, a wheelchair or a walking frame) or if the <i>insured</i> suffers from an <i>illness</i> for which going outside the home is medically contraindicated.
<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 illness, which requires immediate medical assistance.
<i>Episode of Medical treatment</i>	For the purposes of the contract, an <i>episode of 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 insured benefit, but a separate <i>episode of 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 by the <i>assistance company</i> of an <i>insured</i> following a <i>medical emergency</i> , 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 assistance company 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, <i>acts of terrorism</i> , 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 <i>medical establishment</i> .
<i>Medical emergency</i>	Situation in which the <i>insured</i> is suffering from an <i>illness</i> / <i>accident</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>	<i>Medical treatment</i> 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>	<i>Illness</i> , <i>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> . "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.
<i>Pregnancy and birth complications</i>	<i>Pregnancy and birth complications</i> shall include the following: toxæmia, gestational hypertension, pre-eclampsia, extrauterine pregnancy, hydatiform mole, post-partum haemorrhage, ante-partum haemorrhage, retained placenta, stillborn child, miscarriage, medically necessary caesarean sections / terminations of pregnancy.
<i>Premature baby</i>	Child born before the start of the 37 th 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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