SWISS

GUARANTOR FOR

SCHENGEN VISA

INSURANCE

COVERAGE

CONDITIONS

SWISS GUARANTOR FOR SCHENGEN VISA

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0 GENERAL INFORMATION ABOUT EVASAN AND THE ASSISTANCE PROVIDER

HEALTH INSURER

The health and accident insurer is Mutuelle Générale d'Enseignement National with its registered office at 3 Square Max Hymans, 75015 Paris - France (Siren No. 775 685 399), authorised by the Autorité de Contrôle Prudentiel et de Résolution (ACPR) to operate in the fields of health/accident insurance for the risks described in the CONDITIONS OF INSURANCE SPECIFIC TO "SCHENGEN VISA" COVERAGE. (Hereinafter MGEN or INSURER).

In the context of this contract, the insurer will be represented by SOS Evasan SA (hereinafter EVASAN). Consequently, EVASAN is authorised to receive calls on behalf of MGEN, which insures all the illnesses described in the CONDITIONS OF INSURANCE SPECIFIC TO THE "SCHENGEN VISA" COVERAGE.

ASSISTANCE INSURER

The assistance insurer is Mutuelle Générale d'Enseignement National with its registered office at 3 Square Max Hymans, 75015 Paris - France (hereinafter referred to as INSURER, which provides all the benefits in kind - assistance described in the "SCHENGEN VISA" Insurance Conditions. The claims manager is INSURER.

The insured person shall inform INSURER at the first occurrence of the claim by calling the Call Centre, which will process the claim using its best efforts. Any call concerning a claim will be followed by a written notification from the insured to EA within 5 days of the occurrence of the event.

INSURER can be contacted by the insured in case of emergency at Phone+41 (0)22 929 52 52, E-mail: claims@evasan.com 24/24H 7/7d, 365 days.

CONTRACT ADMINISTRATOR, CLAIMS HANDLING AND ALARM CENTRE

The administrator of the insurance contract is SOS Evasan SA (hereafter EVASAN), Route de L'Etraz 12A, CH-1267 Vich. EVASAN shall manage the contract, the issue of the contractual documents and their eventual modifications, the renewal of the insurance contract, as well as the collection of the insurance premiums in the name and on behalf of the INSURER.

EVASAN can be contacted by the insured for all administrative questions on the following telephone number: + 41 (0)22 929 52 51 from 8.00 a.m. to 12.30 p.m. and from 1.30 p.m. to 5.00 p.m. (Monday to Friday) or by e-mail: info@evasan.com

CONTACT WITH INSURERS

On behalf of and at the request of MGEN or the delegate - EVASAN, EA assist the insured through their Alarm Centre.

EVASAN will, on its own behalf and according to the mandate received from MGEN, take care of the administration of the insurance documents, as well as the messages of the insured. Decisions and

responsibility, however, remain solely with MGEN and shall be theirs. EVASAN cannot be held responsible in any way.

1 GENERAL INSURANCE ARRANGEMENTS

1.1 DEFINITIONS AND FIELD OF APPLICATION

1.1.1 ACCIDENT

Any harmful, sudden, unforeseen or involuntary injury caused to the human body by an external and violent source which affects the physical integrity of the insured party, and which could be objectively witnessed.

1.1.2 SERIOUS PHYSICAL ACCIDENT

This is an accident recognized by a medical doctor, implying for the insured party the termination of all professional or other activities, and stopping him from moving around by his own means.

1.1.3 ALEA

An unintentional, unforeseen, unavoidable, external event.

1.1.4 ATTACK

An attack is any act of violence, which is a criminal or illegal attack, taken against people and/or goods, with the aim of seriously disrupting public order.

Such an 'attack' must have been recorded by the competent authorities.

1.1.5 INSURED PARTY

Provided that the payment has been collected, insured parties are children, people or groups of people, up to and including those aged 70 years old, who are specifically mentioned on the compiled insurance proposal and have signed as beneficiaries of the insurance contract or on the nominative list attached to the contract. Exceptionally, the insurer can admit people who are over 71 years old, up to and including the maximum age of 84 years old. In this case, a special fee will apply.

The generic term 'insured party' and related terms will be used interchangeably to describe people of the two sexes.

1.1.6 LUGGAGE

Luggage or other containers (backpack, travel bag, etc.), as well as the personal belongings that they contain.

1.1.7 LEGAL BASIS

The insurance contract is governed by the presented INSURANCE CONDITIONS SPECIFIC TO 'SCHENGEN VISA' COVERAGE relating to accessory coverage which appeares in each contract agreed by the policyholder and is adapted to the situation of the insured party, if necessary. In addition to the mandatory provisions of the law, Swiss law on the insurance contract (LCA) is applied in a suppletive manner. INSURANCE CONDITIONS SPECIFIC TO 'SCHENGEN VISA' COVERAGE apply provided that the specific conditions are respected.

1.1.8 BENEFICIARIES

1. In the event of death following an insured accident or illness: the funds will be transferred to the heirs of the insured party.
2. For the other guarantees of insurance and assistance: the beneficiary is the insured party.

1.1.9 NATURAL DISASTER

The abnormal intensity of a natural event that has not arisen from human intervention and has been announced as a natural catastrophe by the competent authorities.

1.1.10 AN 'ALARM CENTRE'

Our intervention and assistance service consists of doctors, technicians and operators that EA makes available to insured parties on a 24h/24h basis, every day of the year.

1.1.11 INSURANCE CERTIFICATE

The insurance certificate is a declarative document that the INSURER supplies to the proposer upon his request to allow him to undertake to third parties (embassy etc.) all the necessary administrative processes. This document will only be released after the payment has been received, the INSURER will confirm acceptance of concluding with the proposer under the condition that all the essential elements of the contract (cf. 1.1.14.) are subsequently being met. A certificate alone shall not act as an insurance policy itself.

1.1.12 INSURANCE CONTRACT

1. The insurance contract is the reciprocal and congruent expression of the will of the proposer and EVASAN on all the essential points of their relationship.
2. The essential elements of the contract, which are cumulative, are the following:
   - Reading and approval of the INSURANCE CONDITIONS SPECIFIC TO 'SCHENGEN VISA' COVERAGE.
   - Complete drafting of the proposal form and any annexes.
   - Collection of the insurance premium by EVASAN.
   - Acceptance to conclude with the proposer.
   - Acceptance and understanding of the contract language by the insured party and the policy holder.
3. However, there is no obligation to provide compensation if the contracted party only pay for the insurance premiums on the same date he knows about of a claim or can predict that a claim is going to occur.
4. By no means can an insurance contract, which has been concluded on behalf of other, be interpreted as a mixed contract which has also been concluded for the policyholder.

1.1.13 DEPRIVATION

Deprivation is the loss of rights to insurance entitlement for the accident in question.

1.1.14 DESTINATION AND REGION

1. The destination is the place where the insured party intends to travel to.

2. The region is the geographical or political area, which is defined by the contract and INSURANCE CONDITIONS SPECIFIC TO 'SCHENGEN VISA' COVERAGE, on which the contractual effects are deployed and within which the destination is located.

1.1.15 DOMICILE

The country of domicile or the habitual residence such as declared in the insurance policy or in the origin country of the insured party. By origin country is meant the country of nationality of the insured party.

1.1.16 DURATION OF THE INSURANCE CONTRACT

The duration of the insurance contract is the guarantee period such as defined in the INSURANCE CONDITIONS SPECIFIC TO 'SCHENGEN VISA' COVERAGE inside which the insured party has, subject to the type of coverage outlined, the possibility of starting one or multiple guarantee periods of insurance.

1.1.17 PERSONAL BELONGINGS

Items which are destined for the insured party's personal use during travel, such as clothes, shoes, toiletries, etc.

1.1.18 HAZARDS

Hazards are when the insured party exposes himself to severe danger without taking or being able to take precautions. In the event of an accident caused by a hazard, insurance payments can be reduced in half, or refused in particularly severe cases.

1.1.19 PRE-EXISTING HEALTH CONDITION

Any change, disease, illness or physical or psychological infirmity which has existed before the date of subscription to the insurance contract, in which the consequences or complications require medical treatment, a consultation, exams or medical intervention during the duration of the insurance guarantee. Before getting insurance and starting its enrollment, it is highly recommended that the insured party takes a complete medical check-up, at his own expenses.

1.1.20 THE EXTENT OF COST COVERAGE

The claims within the scope of the insurance conditions field must be effective, suitable and economical. The effectiveness, suitability and economical nature of action must be demonstrated through scientific evidence.

Failing this, the INSURER reserves the right to reasonably reduce entitlements.

1.1.21 INSURED EVENT

An event which causes harmful consequences, which falls under one or more guarantees of the contract. Insured events are events which occur during the insured period, without being subject to exclusion, that are included in the insurance coverage.

1.1.22 VALUATION

1. Losses to insured goods are evaluated by mutual agreement, otherwise, by an amicable valuation, whilst maintaining the respective rights of both parties.
2. Each party will have to choose a valuation expert; if the chosen experts do not agree, they will appoint a third expert; the three experts will operate according to a majority vote.

3. If one party fails to appoint an expert, or if two experts do not agree on a third choice, the designation will be carried out by a competent legal authority. This nomination is done through a simple form signed by two parties, or one only, with the other party being summoned by registered mail.
4. Each party must pay for the costs and fees of his expert. The fees of the third-party expert and the costs of his nomination, if that took place, will be half covered by the INSURER, with the insured party covering the other half.

1.1.23 FAMILY

A family includes two adults and children who are under the age of 18 years old, of whom identity appears on the policy.

1.1.24 DEDUCTIBLE

The fixed sum on the contract which the insured party will have to cover in the event of a claim.

1.1.25 STRIKE

Collective action consisting of stopping work by employees of a business, of an economic sector, of a profession which aims to support demands being made.

1.1.26 HOSPITALISATION

Being admitted to a hospital for a period of 24 hours and more for urgent medical assistance that cannot be postponed.

1.1.27 TEMPORARY TOTAL DISABILITY

When someone is entirely incapable of completing his private or professional activities. The inability must be proven through medical evidence and verified by a doctor.

1.1.28 NON-TRANSFERABLE DEBT OBLIGATIONS

The susceptible debt resulting from an insurance contract is non-transferable. In particular, the beneficiary cannot in any case transfer the amount to another party, such as close family or friends, a hospital, business, buyer, work colleague, authority, etc.

1.1.29 COMPENSATION

The coverage of expenses for all insurance benefits by the INSURERS in the event of a claim. The upper limit of the foreseeable services for each insurance coverage package is called 'the maximum sum of compensation'.

1.1.30 PLACE OF STABILISATION

A place where the insured party is transported to after an accident, with a purpose of making him able to an evacuation or a repatriation.

1.1.31 MAXIMUM AMOUNT OF COMPENSATION PER EVENT AND PER YEAR

1. Different insured parties who are affected by the same insured event - In a case where the guarantee is used to benefit multiple insured parties by the same event, where insured parties have the same insurance conditions, the maximum amount of compensation applicable is given by person and by year - See Table of Coverage.

2. The maximum aggregated amount of insurance per year - The coverage outlined in the following Table of Coverage, is subject to a maximum aggregated annual limit, regardless of the number of insured parties or relevant events during the year.

1.1.32 ILLNESS

A health alteration, determined by a competent medical authority and by social security if the person is employed, which has meant that the person has had to stop all educational or professional activity.

1.1.33 SUDDEN ILLNESS

All non-intentional aggravation in the state of health which results in a consultation, treatment or medical assistance, which has not resulted from an accident, and which is not related to a pre-existing health condition.

1.1.34 SERIOUS ILLNESS

Any health alteration determined by a medical doctor, which has meant that the person has had to stop working and needs appropriate medical assistance.

1.1.35 INSURANCE GUARANTEE PERIOD

1. The insurance guarantee periods are periods of time determined in the contract, during which the insured party can value his rights to the coverage outlined in 'INSURANCE CONDITIONS SPECIFIC TO 'SCHENGEN VISA' COVERAGE.
2. If outlined in the insurance coverage, multiple periods of insurance can be triggered.
3. Both the departure date and the expiry date of the latest insurance period must be within the duration of the contract.
4. The insured period takes effect from 00:01 AM on the day following the date that EVASAN (or the person having received permission from EVASAN for this purpose) receives the full payment due and will end at midnight 11:59 PM on the date at the end of the contract.

1.1.36 INSURANCE POLICY

The document which confirms the existence of the insurance contract, which determines the rights and obligations of all parties.

1.1.37 POLICYHOLDER

1. The physical or moral person who initiated and registered for the insurance contract for his own use or someone else's use, and therefore, is the person who is liable to settle payment.
2. In the case that the insurance contract is taken out on someone's behalf - excluding the policyholder - only the insured party can benefit from the policy and can make a claim. The contingent liabilities that the policyholder would have taken regarding third parties, do not apply to the parties present on the contract, even if they had influenced his conclusion. This is subject to possible contractual exemptions.

1.1.38 PRESCRIPTION

All action deriving from the present contract should be settled within a prescribed period of two years, counting the event which initiated it, in the conditions outlined by LCA.

1.1.39 INSURANCE PREMIUM

1. Insurance premiums can be paid in advance and are billed from the date when the coverage takes effect.
2. Collecting payment for the insurance premiums by the insurer is an essential element of the contract, regardless of the method of payment.
3. In any case, the premium must be paid at the latest on the day in which the policyholder or insured party is given the insurance policy.

1.1.40 PARTIAL PAYOUT

If the insured party does not use any or only part of the services offered by the INSURER, the latter is not required to make a refund. If the fees encountered as a result of the incident are less than those cited on the policy, the insured party can not assert a claim on the difference.

1.1.41 NEXT OF KIN

Any person, not necessarily a parent, who finds himself in direct relation with the insured party.

1.1.42 INSURANCE PROPOSAL

1. The proposal is what the proposer submits to EVASAN with a view of concluding an insurance contract. This proposal is not the final agreement of the contract.
2. When EVASAN makes the insurance proposal form available to the proposer, this acts as a simple quote. An insurance proposal does not replace the insurance policy in any case.

1.1.43 CLAIM

A harmful, non-intentional event, which occurs within the period and time of the conditions outlined in the contract, in the legal and contractual limits, with the INSURER being obliged to issue compensation to the insured party.

1.1.44 SUBROGATION

The INSURER is subrogated to the rights and claims of the insurance beneficiary and to the regard of the third parties responsible, as well as the INSURER about the latter. This subrogation will come into motion through the costs incurred by EVASAN through the execution of the insurance contract.

1.1.45 TERRORISM

An act of terrorism is committed by an organised terrorist group (and is recognised as this by the Swiss government), which occurs during travel or at the place of destination:

a) Within 30 days preceding the scheduled departure date (for cancellation coverage for the trip);

b) During the trip (for trip interruption coverage).

1.1.46 THIRD PARTY

1. Any physical or moral person, with the exclusion of the insured party himself, the members of his family and collaterals, as well as his ascendants and descendants.
2. Any other person who the insured party is entrusted to, who also is responsible for, either temporarily or permanently, such as teachers, professors, instructors, educators, child minders, nannies, coaches and trainers (non-exhaustive list).

3. Any person who is not found in the place of work or working body with EVASAN and who is not a parent or guardian of the insured party, does not have partner or cohabitant or next of kin status.

1.2 COMMON ARRANGEMENTS

1.2.1 DUTIES OF THE INSURED PARTY

1. Medical confidentiality

   In order for the present SPECIAL CONDITIONS OF INSURANCE FOR "SCHENGEN VISA" COVERAGE to be accepted, the insured party must disclose all medical confidentiality to the the INSURER and in particular to the doctors and para-medical personnel who have examined him and/or assisted him after the claim. If necessary, the insured party can ask the INSURER to withdraw this process after the occurrence of the claim and/or sign an ad hoc authorisation form that the INSURER can ask him to complete. Any refusal from the insured party will result in the loss of his contractual rights.

2. Report a claim by telephone

   In order to provide you with a comprehensive service from the INSURER, we ask you to call the Alarm Centre immediately (open 24h/24h, 365 days a year), from the first onset of the claim, before any consultation:

   Telephone: +41 22 929 52 52

   Fax: +41 22 929 52 55

   Email: claims@evasan.com

   Remember to mention:

   - The insurance contract number
   - The nature of the claim and the assistance requested.
   - The telephone number and the email address of the insured party;

   In case where the insured party is unable to inform INSURER (or to have INSURER informed) of the incident within 48 hours of its occurrence, a call to the Alarm Centre by the policyholder, financier, next of kin, police, hospital, or any person who intervenes in the incident, will constitute as a valid notification.

   Non-respect of the obligation to inform the Alarm Centre beforehand can result in refusal to pay the insurance coverage on the part of the INSURER.

3. Report a claim online on the website www. evasan.com

   To benefit from the comprehensive services of the INSURER, the insured party can declare an accident online - through a quick, simple and secure procedure (via encrypted data transmission) by filling out the claim fields and submitting it at the following address:

   www.evasan.com/file-a-claim/

   The insured party will receive the reference number for his claim file and information of which documents he will need to provide, and the INSURER will immediately get in contact with the insured party. The declarations shared will only be consulted by the INSURER claim handlers and not by third parties.

4. Required documents in the event of a claim.

Within the time limit, the insured party must provide the INSURER with a claim declaration, at his own expense, with the following supporting documents enclosed:

- A copy of his passport page with an official stamp of entering and leaving his destination territory or any other official documentation from a competent authority on the territory.
- A copy of the SCHENGEN VISA sticker valid from the moment of occurrence of the insured event.
- A copy of a nominative travel ticket which includes date and validity (plane, train, bus ticket etc.);
- An accident report and/or a verbal process prepared by the police authorities.
- A complete medical file established by a consulted doctor or hospital establishment visited following or in relation with the incident.
- Pharmacy prescriptions or other prescriptions;
- Medical and hospitalisation bills relating to the insured party, together with the bills for the medicines.
- In the event of death, a death and civil status certificate.

These documents must be sent to the INSURER within the following deadlines:

1. Within 10 days from their reception by the insured party; or
2. Within 20 days of sending these documents; or
3. At the latest 60 days after the claim.

If the documents are not provided within this time, the INSURER reserves the right to refuse any refund requests.

5. Information and other documents

On request from the INSURER, the insured party must provide, at his own expense, any information on the facts to his knowledge and any supplementary supporting documents that could help determine the circumstances in which the claim was caused, to establish the consequences or to verify the authenticity of the claim declaration.

When putting his request in writing, the INSURER may set a time limit of at least 7 days (formal notice) for the insured party to provide the information or required documents, beyond this date, the insured party will no longer have a right to insurance benefits.

1.2.2 DOUBLE INSURANCE

1. When the same party is insured against the same risk, for the same period, by more than one INSURER, in which the insured sums added together are greater than the insurance value, the policyholder must inform EVASAN of this immediately and in writing.
2. If the insurance policyholder has intentionally omitted giving this information to the INSURER or if they took out double insurance with the intention of making an illegal profit, MGEN will be automatically freed of any contractual obligation to this regard.

1.2.3 RETICENCE

If the proposer has, when settling the insurance contract, omitted to declare or has inexactly declared an important fact that he is aware of or should be aware of, EVASAN has the right to

terminate the contract in writing, within the four weeks after that they have become aware of the disinclination. In this case, the obligation to cover a claim is withdrawn also for claims which have already taken place when the item that had been subject to the disinclination has influenced the likelihood and impact of the claim. MGEN has the right to be refunded for claims which fall under this category.

1.2.4 MAJOR INCREASE OF RISK

1. This is a significant increase of risk which the agreement had already determined before the contract was agreed. This is important as it helps influence the INSURER on whether they agree or do not agree to a contract, or it will help them agree the conditions within the contract.
2. If the insured party invokes a significant increase of risk during the insurance contract, the INSURER will automatically cease to be bound by the contract. The insurance policyholder or the insured party must inform EVASAN or the INSURER of the risk by letter or by email within 8 days.
3. If the major increase of the risk arrives independently of the will of the insured party, the contract will only automatically cease to exist if the insured party has not declared the increased risk to EVASAN or to the INSURER, according to the process above.

1.2.5 EXCLUSIONS

The following situations and their consequences are excluded in the insurance coverage, and no claim will be paid by the INSURER:

1. When the insured party has committed a crime or offence that has caused damage.
2. All health problems which are related to radiation (nuclear radiation);
3. All health problems which have been generated by making or using, voluntarily or involuntarily chemical, biological, biochemical substances or electromagnetic waves destined to make weapons (independently of the competing causes), as well as any damage or derogations caused by ABC methods, nuclear energy or any other radiation.
4. Any consecutive claim made as the result of a natural catastrophe, recognised as this by the authorities of the country or any consecutive claim resulting from a case of major force, coming from an abnormal natural force (e.g. volcanic eruptions, meteorite fall, tidal wave, earthquake);
5. Practice of hazardous activities by the insured party, which substantially change the risk covered such as the practice of high risk activities, identified as extremely dangerous activities;
6. Non-declared or declared war, within 48 hours after the federal department for foreign affairs or, failing this, other official instances which have documented the start of hostilities.
7. A revolt, acts of sabotage, hooliganism or vandalism, strikes, road blockages during large strikes, general problems of any nature and measures taken to re-establish public order;
8. Epidemics and pandemics.
9. Use of substances, medicine, alcohol and/or hallucinogens by the insured party which have led to or contributed to the claim.
10. Suicide or attempted suicide.

11. Occurrence of a claim in a country which is excluded from the contract or for a date which is outside the coverage period.

1.2.6 GENERAL EXCLUSIONS OF THE COVERAGE

In the following cases and without affecting the other exclusion clauses, the INSURER reserves the right to cancel claims, or failing this, terminate the contract in the following cases:

- Failure to get imperative approval from ASSISTANCE PROVIDER regarding an organisation, assistance, treatment, hospitalisation, or acquisition of medicine by the insured party.
- Absence or delay in communication by the insured party for documents and original copies required for the INSURER to control or liquidate the claim.
- Any pre-existing health condition. Furthermore, the INSURER reserves the right to reduce their benefits when the health state of the insured party is not pre-existing but reveals important risk factors such as diabetes, hypertension, hypercholesterolemia etc.
- Incidents, disturbances, and complications linked to pregnancy of which the risk was known or reasonably expected before the first day of travel.
- Failure to announce the existence of another insurance policy covering the same risks by the insured party.
- Absence of taking measures which could have reasonably been taken by the insured party to avoid the heightened risk and prevent it and the claim.
- Any refusal by the insured party, or by the decision maker on his behalf, to honour the contractual services (e.g., offer of repatriation) outlined in the event of a claim will result in the suspension of the contract, the fees caused by the refusal of services will also be charged to the insured party. In the event of a change of mind before the start of the coverage period, the fees linked to the initial service refusal (e.g., fees linked to prolonged hospitalisation, etc.) and a change in decision are at the expense of the insured party.
- Under the penalty of loss of the rights, the insured party and the policy holder must abstain from any interference with the management of the claim by INSURER and ASSISTANCE PROVIDERS, without their previous authorisation.

2 DELIMITATIONS OF THE INSURANCE CONDITIONS SPECIFIC TO 'SCHENGEN VISA' COVERAGE

2.1 SUBJECT TO THE PRESENT COVERAGE

1. To adequately insure people who are travelling outside country of domicile, subject to visa entry for all the states in the Schengen area, with the knowledge that the INSURER will intervene in the following circumstances listed below to the exclusion of any other circumstances. In addition, the insured party is covered during his trip to reach and return to his country of domicile or habitual residence. The right to make a potential claim is removed once the insured party has returned to his country of domicile or habitual residence.
2. The INSURER will intervene and guarantee insurance benefits on the express condition that the event which makes them pay out a claim remains uncertain at the time of

subscription and at the time of departure. As well as not being covered for events caused by a pre-exisitng diagnosed or treated illness and/or injury which has been part of continual hospitalisation, day hospitalisation, or ambulance hospitalisation in the three months which precede the request for assistance, which acts as a manifestation or worsening of that state.

3. This insurance coverage - complementary assistance adds to that of mandatory social insurance as well as that of other insurance and service contracts that the insured party has previously agreed to, in the case that the latter are insufficient. The same applies to the benefits that come from being a member of an association.

2.2 'SCHENGEN VISA' TABLE OF COVERAGE

The amounts indicated in the Table of Coverage are the maximum claim amounts per person per year. The claims which feature a * are subject to an aggregated maximum annual limit.

The Table of Coverage of the 'SCHENGEN VISA' product is annexed to the INSURANCE CONDITIONS SPECIFIC TO 'SCHENGEN VISA' COVERAGE.

The main claims feature in the insurance policy unique to the coverage purchased as well as the certificate of collective insurance agreement.

2.2.1 TERRITORIAL AND TEMPORAL VALIDITY

1. The INSURER will cover all costs encountered in the states within the Schengen zone. When a visa with limited territorial validity is issued, the coverage is limited to the member state or member states concerned.
2. The INSURER covers the duration of the trip, effective for the validity period of the SCHENGEN VISA.

2.2.2 INSURANCE COVERAGE PERIODS

a) Definition

1. The duration of the coverage period relates to the effective duration of the insured party's travel and stay. It cannot exceed 92 consecutive days and must be within the duration licensed by the entry visa. Any period of insurance coverage must start within the duration of the insurance contract.
2. If, because of a late reception of the SCHENGEN VISA for entry, which was not the fault of the insured party, the start date of insurance coverage does not allow this period to finish within the contracted duration, the contract duration will be exceptionally prolonged until the expiry date of the insurance coverage.
3. If the date is brought back from the date that features on the policy, for entry on the territory of the destination country as well as the territory of the states which are part of the Schengen Agreement, the insurance policyholder must inform the INSURER before the start date of the mentioned start date. In the event of receiving the information late, he will have to pay another premium. This would be equivalent to the first premium, minus the corresponding prime close to the remaining period of coverage which will start from the date of late reception.
4. If the prices have been changed in the interval, the INSURER reserves the right to charge the difference in the premiums (excluding tax) on a pro rata basis.

5. If he is in possession of a multiple entry visa and the duration of his cumulative trip on the territory of states which are part of the Schengen Agreement is not greater than the trip duration mentioned on his visa, the insured party can take advantage of multiple periods of consecutive insurance cover, inside the duration of validity of his contract.
6. In all cases, the only admissible documents to prove entrance and the effective duration of the trip, are the following documents: a copy of his passport page with an official stamp of entering and leaving his destination territory or any other official documentation from a competent authority on the territory; Failing this: a nominative travel ticket which includes date and validity (plane, train, bus ticket etc.). If the insured party does not provide or cannot provide any proof to testify his trip and his entrance on the territory of the states which are part of the Schengen Agreement, the start date of the coverage period featuring on the insurance policy shall prevail.
7. The coverage will take effect from the date outlined on the insurance policy, but not before the insurance contract has been agreed- nor before the possible due date. No payment will be made for claims which are made before the date that the insurance has taken effect. Any claims which occur after the insurance contract has been agreed, are only excluded from EVASAN's obligation to provide compensation if they are prior to the date that the coverage has taken effect or have occurred during the waiting period.

b) Grace period

The period of coverage that the insured party benefits from, can be prolonged by 15 days if the insured party is objectively prevented (e.g.: closure of airports due to a natural catastrophe) from reaching his home state or habitual residence before the expiry date of the coverage.

DETAILS OF COVERAGE

2.2.3 Main coverage: Emergency medical stabilisation and Medical Assistance - Repatriation expenses for medical reasons

1. The INSURER insures, in the legal and contractual limits, the assistance of people in difficulty whilst travelling outside his home country. Home country means the country of the passport of the insured party.
2. Under the condition of being notified as soon as possible and having the objective possibility, the INSURER will make aid immediately available for the beneficiary of the insurance contract when he finds himself in difficulty following an accidental event, within the cases and conditions outlined in the contract. The supply of urgent aid does not influence the financial decision making according to the INSURANCE CONDITIONS SPECIFIC TO 'SCHENGEN VISA' COVERAGE.
3. The assistance could consist of benefits in cash or kind. The benefits of ancillary coverage aim to implement principal coverage.

2.2.4 Ancillary coverage: Cost of medical treatment, emergency hospital fees and mortality charges.

The INSURER covers medical fees, including those which are linked to hospitalisation, brought on by a sudden illness or an accident which has occurred during the insured party's travel outside

his home country or habitual residence and has occurred on the territory of states which are part of the Schengen Agreement.

2.2.5 Consecutive claims following catastrophes or natural events

All consecutive claims resulting from catastrophes or natural events which have occurred in the 168 hours from the onset (e.g., tsunamis, floods, volcanic eruptions and volcanic ash obstructing air space, landslides, tornadoes, cyclones and similar manifestations) are grouped together in the same claim, independently of the number of insured parties affected. When the amount of compensation goes beyond the maximum limit outlined in the policy, the claim payments will be made on a prorata basis for each insured party who qualifies for compensation.

3 ASSISTANCE CONDITIONS

3.1 THE COUNTRY OF PROVENANCE, DESTINATION, COUNTRY OF STAY AND TERRITORY COVERED

1. According to the current insurance conditions, the country of provenance includes the country or countries where the insured party:
    - has his legal home; and
    - was a long-term resident before travelling to his destination; and
    - the state or the states in which he is a citizen (nationality).
2. The destination is the place in which the insured party intends to travel to during his trip.
3. For the purposes of the present INSURANCE CONDITIONS SPECIFIC TO 'SCHENGEN VISA' COVERAGE, the country of stay is the state in which the insured party is allowed to reside for a certain amount of time, and it is also a state which is part of the Schengen Agreement.
4. The territory is the geographic or political zone, that is defined by the contract, which displays the contractual effects, and inside which the destination and country of stay will be found, which are both part of the Schengen Agreement.
5. The territory covered is outside the state or native states where he is a citizen (nationality) and is in the territory of the states which are part of the Schengen Agreement during the insured party's travel.

3.2 ASSISTANCE CONDITIONS

Assistance is offered under the following conditions:

a) Rescue and lifesaving

1. In the event of a disaster, INSURER will pay part of the search and/or rescue charges by the competent authorities involved. The fees for rescue and recovery will be taken care in the following cases:
    - Rescuing an injured person.
    - Searching for someone who is lost when his disappearance is following an accident, for as long as required, according to the circumstances and his life expectancy and hope of finding him alive.

- Rescuing someone who has not been injured due to an abnormal external factor (falling into the crack of a glacier) but is susceptible to have health problems, and when the insured party is not able to break free himself. Exhaustion, loosing sense of direction or bad meteorological conditions alone, are not included in the coverage.
- Recovering the body of a deceased insured party.

2. However, fees to find the body of a deceased person who is insured will not be compensated for.
3. Use of a helicopter is covered when all other means are unreachable or difficult to reach (especially in the mountains) or when time plays a definitive role.
4. If the case does not fall under the previous category, generally, a usual means of transport will be sufficient, when road conditions are normal.
5. It is the responsibility of the rescuer to judge the reasonable course of action to take (according to the technical problems that the recovery causes, its nature and the gravity of the injury, the route that needs to be taken for the transport etc.). Thereon, it is necessary to consider that a lay party is not always in a position to judge the nature and gravity of the injury.

b) Medical evacuation and repatriation

1. Once the state of the insured party, victim of a sudden illness or accident, requires it and the doctors in charge give their opinion, INSURER will organise and take care of the evacuation of the insured party to the nearest hospital centre. INSURER will cover the charges in the event of a medical evacuation.
2. Once the state and situation of the insured party, victim of a sudden illness or of an accident, if need be and under the condition that the authorised doctors agree, INSURER will organise and cover the charges for the repatriation of the insured party.
3. Failing this, repatriation flights are covered when medical treatment is insufficient abroad and it needs to be carried out in the home state of the insured party, unless the latter or his next of kin opt for repatriation to his habitual residence. The choice and suitable mode of transport (air, ground or by boat) will be decided by INSURER, who will reasonably cover the costs of the repatriation which have been used for transport.
4. Medical evacuation assistance and/or, if necessary, the repatriation will only be provided through the agreement of INSURER's or ASSISTANCE PROVIDER medical service, in close collaboration with the attending doctor or doctors in the place of stabilisation.

c) Morality charges and repatriation of deceased insured party

1. In the event of death of the insured party during travel or stay, INSURER will organise the repatriation of the human remains from the place of death to the place of burial in his home state or habitual residence. The repatriation will be carried out in conformity with national legislation and the international conventions and under the condition that the transfer is reasonable.

2. INSURER will cover the transport costs of the human remains up to the maximum limit. INSURER will take care of all the necessary formalities for the transportation of the human remains.
3. When it is necessary to make the transport possible, INSURER will cover the following costs until the maximum amount is reached in the table of coverage, the cost to preserve, handle, put the body in a coffin, specific transport needs, preservation treatment which is compulsory by law and conditioning and the cost of the simplest coffin, which is in accordance with the transport provider and conforms to the local and international legislation. The following are explicitly ruled out: burial costs, embalming and the funeral ceremony or other.

d) Medical assistance

During his evacuation, if necessary, his repatriation, the insured party is supported and assisted by medical personnel and/or by paramedics who are specialised in his state, selected by ASSISTANCE PROVIDER, s doctors.

e) Remote medical advice

When the insured party requires remote medical advice, INSURER will supply it, under the costs of INSURER, with a qualified independent doctor to respond to questions linked to his health state. The opinion given by the doctor and the consequences of this advice are unrelated to the INSURER.

f) Advice from local specialist doctors

If a first exam reveals that the insured party is found in a critical state and that this state needs specialist intervention, ASSISTANCE PROVIDER will communicate with the insured party, on his request or that of the doctor who is treating him in the place of the incident, the name of the doctor of this specialism, provided there is one in the region where the insured party is found and for this reason EA will not take any responsibility for the medical act carried out by the named doctor and any possible consequences.

g) Sending urgent medication

INSURER will organise and cover the cost of sending medication required for the insured party's treatment if they are not available in the country where the incident takes place, if they are available in Switzerland and their usage is authorised in the place of their usage. The cost to send medication will be covered by INSURER.

h) Sending urgent messages

INSURER will cover the cost of sending urgent messages on behalf of the insured party to any person identified by him, who is found in his state of residence or place of habitual residence when he is not able to get in contact with the desired person of his own accord.

i) Repatriation of other insured parties in the same incident

INSURER will organise and cover the costs of repatriation of all the insured parties affected by the same incident who cannot return using the mode of transport initially booked, for all the insured parties who are insured by MGEN.

j) Covering travel for next of kin

When the insured party must be hospitalised for at least 7 days before his evacuation or repatriation, INSURER will organise and will cover costs for return travel in economy class for a next of kin to travel to the place of his hospitalisation. The costs of stay of the next of kin are covered by the latter.

3.3 EXCEPTIONAL CIRCUMSTANCES

1. The transportation of people (notably airlines) is likely to oppose travel for people suffering from certain illness, pregnant women, the applicable restrictions until the start of travel, and may need to be modified without notice (for example: medical exam, medical certificate, etc.). Therefore, the repatriation of these people can only be carried out when the transport provider has not refused, and evidently, in the absence of unfavourable medical advice regarding the health of the insured party or expected child.
2. When it is expected that the insured party will have to stay in a foreign hospital, distanced from his homeland (for ten days or more) and that the costs of the transfer are permissible and are not disproportionate regarding the circumstances, the transfer costs can also be settled under exceptional circumstances, taking family ties into consideration.

3.4 SPECIFIC COVERAGE EXCLUSIONS

In addition to the exclusions and limitations outlined in the INSURANCE CONDITIONS SPECIFIC TO 'SCHENGEN VISA' COVERAGE are excluded from the insurance coverage, and no compensation is due by the INSURER, in the following situations and their consequences:

a) When the insured party abusively requests for the organisation for his evacuation or repatriation when suffering from an ailment or mild disease which could be treated in loco, and which would not have stopped him from carrying on the travel or the stay;

b) Travel costs or transport costs encountered through requests from the patient or because of family ties - which are not outlined in the medical plan - will only be considered in exceptional circumstances.

c) Consecutive accidents with symptoms of epilepsy and malaria.

d) The removal and transplantation of organs, tissues or cells.

e) The consequences of taking medication that has not been prescribed by a doctor.

f) Running away and kidnapping.

g) Taking part in sport at a professional level or in the form of an official competition organised by a sport federation and for which a license is issued, as well as training at competitions.

h) Non-observance of official prohibitions, as well as disrespect for the official rules of safety, linked to the practice of a sporting activity and/or hobby.

i) The practice, of a motor sport at any level.

j) The use of motorbikes of 49 cm3 and more.

k) Accidents resulting from the practice of hazardous activities when the standard regulations regarding safety are severely violated. These can be considered as hazardous activities as well as other activities started without taking into consideration the precautions to lower the risks to a reasonable level.

l) Any form of hunting.

m) When the insured party intends to move to the area where the claim occurred (seeking asylum, marriage, family reunification, etc.).

n) The cost of a meal in a restaurant as well as fees linked to excessive weight of luggage during repatriation by plane and the customs fees will not be covered by the INSURER.

4 EMERGENCY MEDICAL FEE CONDITIONS

4.1 MGEN CONDITIONS

1. MGEN will cover the costs for medical fees, as well as compulsory or complimentary medical insurance, relative to refund the treatment fees and hospitalisation brought on by an accident or a sudden non-pre-existing illness which has occurred during the insurance holder's travel outside the state or states where he is a citizen (nationality), sustained up to the amount of cover outlined in the insurance policy. The amount covered for urgent dental assistance is not greater than the amount outlined in the insurance policy.
2. The coverage extends to cover care in the states which are part of the Schengen Agreement.
3. If the stay needs to be prolonged longer than the duration of the SCHENGEN VISA because curative treatment is necessary, after agreement from the INSURER, the coverage remains valid provided that the insured person can not complete his return journey without putting his health in danger. The coverage can not however be extended by more than fifteen days.

4.2 DEDUCTIBLE

1. Compensation from MGEN is subject to deductible of a given amount of money in the insurance policy. This amount is based on the age of the insured party and is featured on the policy.
2. When an incident is covered, MGEN will directly refund the policyholder the assistance (other persons), the insured party will need to transfer an amount equal sum to the deductible of assistance or any other service. If MGEN needs to reimburse the insured party for medical fees that they have already settled (other persons), they will transfer the sum due minus the sum of the deductible.

4.3 SPECIFIC COVERAGE LIMITATIONS

1. In addition to the exclusions and limitations outlined in the INSURANCE CONDITIONS SPECIFIC TO 'SCHENGEN VISA' COVERAGE, MGEN reserves the right to refuse the use of their services in the following cases:

    a) Health checks, tests and other medical investigations, as well as any treatment being undertaken by the insured parties, their doctor or the hospital establishment where they have been admitted, that has not been approved by the doctors at MGEN.

    b) Any treatment and any service supplied by the insured party's family member or next of kin are not covered.

    c) Spontaneous consultations with specialists.

d) Treatment of symptoms that were not caused by the pathological state which was diagnosed.

e) Treatment of a pre-existing health condition as well as the consequences or complications.

f) Treatment of symptoms of an illness or ailment that is developing, that require medication, medical treatment or a consultation before the effective date of the contract or start of the insured period;

g) Costs which have resulted from an untreated illness or accident on departure.

h) Accidents resulting from the practice of hazardous activities when the standard regulations regarding safety are severely violated. These can be considered as hazardous activities as well as other activities started without taking into consideration the precautions to lower the risks to a reasonable level.

i) Psychical, psychological, or psychiatric illnesses, as well as their symptoms and consequences.

j) Consequences of a disease that is being treated and needs a recovery period.

k) Conditions occurring during a trip for the purpose of diagnosis and / or treatment.

l) Costs resulting from medication or treatment where the therapeutic nature is not recognised by Swiss legislation.

m) Consequences of infectious risk situations declared in the context of an epidemic, exposure to infectious biological agents, chemical agents, debilitating, neurotoxic, when the consequences result in quarantine organised by local and/or national health authorities of the destination country and/or travel company.

n) Hospitalisation fees incurred from the day when INSURER is able and has the right to carry out the repatriation of the insured party;

o) The acquisition of non-prescribed medicine by the insured party by a doctor that has been approved by MGEN.

p) Costs of contraception, voluntary termination of pregnancy and of childbirth.

q) Costs related to implants, prosthetics, apparatus and optical devices (glasses, contact lenses, etc.);

r) Operations of an aesthetic nature.

s) Costs of re-education, physiotherapy and chiropractics, spa treatment and thalassotherapy.

t) Costs to buy a vaccination and for the vaccination to be performed.

2. Furthermore, the insured party is not covered when taking a trip in the following situations:

a) Dismissing medical advice.

b) After being diagnosed with a terminal illness.

c) Travelling with the intention of receiving medical treatment for a pre-existing health condition.

d) During an illness or when he is unable to work.

e) During pregnancy beyond the 6th month.

f) When a doctor has prescribed an operation which has never taken place before.

5 ADMINISTRATIVE ARRANGEMENTS

5.1 CALCULATING TIME LIMITS

1. The deadline which is set per day does not include the day which it starts from.
2. The deadline which is set per month or per year expires at midnight of the corresponding calendar day which it starts from; If there is not a corresponding date the next month, the period will expire the last day of the month.

5.2 COMMUNICATIONS AND NOTIFICATIONS

1. Notifications sent to the INSURER, must be also sent in writing.
2. Agents, brokers and other insurance intermediaries are not able to receive these notifications, which are considered as not received from the INSURER.
3. If the policyholder or the insured party does not inform the EVASAN contract administrator of the contract of a change in address, a declaration of intention is sufficient for validity from the contracting party, if it is sent to the last address registered for the policyholder or insured party. This declaration takes effect from the date which it is addressed, reaching the contractual party if there has not been any address change.

5.3 INSURANCE PREMIUMS AND REFUNDS

1. Insurance premiums can be paid in advance and are billed from the date that the coverage takes effect.
2. In any case, the first premium must be paid at the latest the day the policyholder or insured party is given the insurance policy.
3. Compensation for insurance premium due with insurance claims is forbidden.
4. Failure to pay for the insurance premium by the expiry date will automatically pass the insurance premium to the debitor, without that the INSURER will only give them formal notice.
5. If the INSURER renounces or defers the contract, their obligation to provide compensation is reinstated for all new claims for which the debitor would have paid for all of the insurance premiums specified until this date as well as, the basis of evidence, fees for giving notice (failing this evidence, EVASAN can bill at an administrative fee.)
6. The insurance coverage takes effect at 12:00 AM on the day following the date of reception by EVASAN (or by the person who got permission from EVASAN for this purpose) of the total insurance premiums due. However, there is no obligation to provide compensation if the contracted party only paid for the insurance premiums on the date they know of or think that a claim is a possibility.
7. Collecting payment for the insurance premiums by the insurer is an essential element of the contract, regardless of the method of payment.

A refund for the insurance premium is possible:

a) If the insured party has not obtained his SCHENGEN VISA, INSURER will refund the insurance premium within 30 working days that follow the written notification from the insurance policy holder, with the refusal from a competent authority enclosed, and will be subject to a deduction of 10 EUR as an administrative fee. This refund can only be performed before the start of the insurance coverage period.

b) INSURER can also refund the insurance premium, in the sense of the previous paragraph, when the insured party or whose right justifies his impediment to travel through medical certificates, the death certificate of the insured party, certificates and notifications from the police, legal or administrative authorities, or other original documents necessary which prove the impediment. In this case, a refund can be requested in no longer than a third of the duration of the insurance coverage period.

5.4 MODIFICATION OF THE INSURANCE CONDITIONS

1. In the event of a change in the insurance premium, the policyholder can terminate the contract in the conditions governing the termination.
    - The invalidity or cancellation of certain conditions by an administrative or legal body.
    - A change or repeal of law or rules on which the insurance contract was settled on.
    - Changes of legislation, administrative practice or legal practice that affect the terms, interpretation or validity of the contract or of certain of its provisions.
    - The new conditions will be brought to the attention of the insurance policyholder at least two months before the date at which the change will take effect, subject to urgent events, such as, events of major force or of imperative legal, administrative or judicial cases.
2. In the event of the insurance contract not being cancelled by the insurance policyholder, the new conditions will be assumed to have been accepted.
3. The INSURER reserves the right to change the wording of certain contractual conditions at any time and without any notice, when their adoption is to correct typographical errors or obvious mistakes, to clarify or remove uncertainty around a point which is already covered in the text, or to improve the conditions for the insured party exclusively.

5.5 SAFEGUARD CLAUSE

1. The invalidity of a clause which features on the present insurance conditions, does not put into question the validity of other clauses.
2. In order to replace the invalid clause, the INSURER will introduce a reasonable clause, which is as close as possible, to the greatest possible and lawful degree, of the initial intention of the parties.

6 FINAL CLAUSES

6.1 INSURANCE CONTRACT DURATION

1. The insurance contract is agreed for a maximum duration of one year.

2. Provided that the insurance contract is not cancelled by one of the parties, the insurance contract can be renewed from year to year.
3. The insurance contract will start running from the day (at 00:01 AM) after the date outlined in the insurance policy and will close twelve months after.

6.2 TERMINATION OF THE INSURANCE CONTRACT

1. Each party has the right to cancel the contract by sending a registered letter to the other party to cancel the annual insurance contract and/or to seek an automatic renewal with 3 months' written notice from the expiry date of his current annual contract.
2. In the event of an increase of the insurance premiums or a change in the insurance conditions, the policyholder can terminate the contract, by sending a registered letter to the contract administrator or EVASAN, in one month's notice following their notification of the changes, and his cancellation will take effect the date that the announced changes will take effect.
3. Under the condition of the legal or contractual clauses stipulating the invalidity, retroactive termination, immediate termination or insurance contract termination in another time frame, the commission of a non-intentional mistake by the insured party and/or the policyholder is allowed by EVASAN in the following conditions:
    a) Cancelling the insurance contract within a month, after having noticed the mistake.
    b) Requesting a change in the insurance contract within a month after having noticed the mistake, with the change taking retroactive effect from the date when they discovered the defect. In a case where the contracting party declines a change to the proposed contract or if they don't accept it within 14 days following its reception, the INSURER reserves the right to cancel the contract within 14 days.
4. If, in the context of insurance contracts grouping several insured persons, the conditions of a termination are given only for certain of them, the exercise of the right of cancellation may be limited to those persons.
5. If the policyholder cancels the collective insurance contract in its entirety, or cancels it for a certain number of people, he must, under the pain of possible invalidity of the cancellation, prove that the relevant insured parties are aware of the change and accept it. If certain insured parties concerned who have been subject to a cancelled contract, request for a renewal, they can renew the contract they were in, by sending a registered letter to EVASAN within 2 months of receiving a notification of the cancellation by the policyholder.
6. The collective insurance policy is automatically cancelled in the event of death, insolvency or bankruptcy of the policyholder. The insured parties however have the right to seek renewal of the insurance contract in the conditions outlined in paragraph 5 above, within 2 months from the date of death, insolvency or bankruptcy of the policyholder.

6.3 CONCILIATION, APPLICABLE LAW AND JURISDICTION CONCILIATION, ARBITR

1. The insurance contract is bound by the present INSURANCE CONDITIONS SPECIFIC TO 'SCHENGEN VISA' COVERAGE as well as the specific conditions which apply to ancillary coverage which feature in the collective contract taken by the insurance policyholder, such that, it is adapted to the needs of the insured party where appropriate (additional CPA). In

addition to the above previsions, Swiss law on the insurance contract (LCA) is applied in a suppletive manner. Swiss tribunals have the jurisdiction in disputes concerning the interpretation or execution of the present contract. The application of mandatory, conventional, legal provisions is always required.

2. Before engaging in any legal or arbitrary procedure linked to the contract and the INSURANCE CONDITIONS SPECIFIC TO 'SCHENGEN VISA' COVERAGE, each party must engage with each other in writing to try to reach an amicable solution within 10 days following the start of the dispute.
3. In the event of failure of the attempt to reconcile, the INSURER will organise internal, free opposition proceedings for the insured party. Opening of the latter does not suspend any legal or contractual deadlines.
4. If there is still a chance of reconciliation between the two parties, in written agreement, an arbitration procedure involving one or three arbitrators.
5. In the event of divergences between the different linguistic versions of the INSURANCE CONDITIONS SPECIFIC TO 'SCHENGEN VISA' COVERAGE, the French version is the legally valid binding version.

7 ENTRY INTO FORCE

The present INSURANCE CONDITIONS SPECIFIC TO 'SCHENGEN VISA' COVERAGE enters into force on 01.04.2023 removing any right to previous insurance conditions covering the same product.

'SCHENGEN VISA' TABLE OF COVERAGE

The amounts outlined in the table below are the maximum amounts of compensation available per person per year.

	INSURANCE CONDITIONS	Maximum amount of compensation and deductible per insured party
1	Medical evacuation and medical repatriation	Actual cost. - *
2	Urgent medical fees Dental emergency Deductible	50, 000 EUR. ** 250 EUR. The compensation from MGEN is subject to a deductible which is featured on the policy which is based on the age of the insured party, at a maximum of 250 EUR. per event
3	Cost for rescue and lifesaving	40,000 EUR.
4	Medical support	Actual cost
5	Remote medical advice	Actual cost
6	Advice from specialist doctors	Actual cost
7	Medicine supply	Actual cost
8	Provision of a plane ticket for the next of kin of the insured party	Return ticket + Taxi
9	Travel for next of kin in the event of hospitalisation (greater than 7 days)	Return ticket + taxi + 80 EUR per night (for a maximum of 7 days)
10	Repatriation of mortal remains + Fees for first preservation + Funeral costs	40,000 EUR.
11	Repatriation of the rest of the insured party or of accompanying person	2 Return tickets
12	Accompaniment for insured minors	Return ticket + Taxi
13	Sending urgent messages	Actual cost
	INFORMATION	

The coverage as above is applicable only during the duration of the corresponding services during the effective duration of the trip, with a maximum of 92 consecutive days from the departure date.

* With an aggregated maximum limit of 1,000,000 EUR per year.

** with an aggregated maximum limit of 250,000 EUR per year.