

Student Insurance Package International

Policy Terms and Conditions no. 1.13

|

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Important

If you need to visit a healthcare provider in the US, you should first contact:

GMMI (24 hours/7 days)

Tel: 1 800 682 6065 (free within the US) Fax: +954 370 8130 www.gmmusa.com

Billing address:

GMMI

1300 Concord Terrace, suite 300, Sunrise, Florida 33323 USA

In the event of hospital admission worldwide, with the exception of the US and the Netherlands, you should first contact:

ACE Assistance

Tel: +31 (0)10 448 8260

Keep the following information at hand when you call:

- patient's name
- patient's policy number
- patient's contact details
- contact details of the hospitals

Failure to comply with the obligation to contact the above organisations in advance, may lead to (partial) rejection of the claim.

1 Definitions and general conditions

This contract meets the requirement of uncertainty, within the meaning of Article 7:925 of the Dutch Civil Code, if and to the extent that the damages suffered by the insured or a third party/third parties, for which it was uncertain at the time when the insurance was contracted that this had caused damages to the insured or to a third party/third parties, or would still do so in the normal course of events. Damages that do not meet the aforementioned uncertainty required are not covered. The only consequence of the absence of uncertainty is that the relevant damages are not covered; the insurance remains fully in effect.

- 1.1 Definitions of terms
 - 1.1.1 Policyholder
The institution/organization that has issued the insurance certificate or the person who applied for the insurance on his or her own account.
 - 1.1.2 Insurance Certificate
The document issued to individual persons who qualify for insurance.
 - 1.1.3 Qualifying persons All persons and their family members, regardless of nationality, who have applied for a recognized course or study or training placement or who temporarily teach abroad qualify for this insurance.
 - 1.1.4 The Insured The person whose details are shown on the insurance certificate. The insurance cannot be transferred to third parties.
 - 1.1.5 Broker
Aon Hewitt, Consulting, The Netherlands

Correspondence address and E-mail
Address: P.O. Box 1005, 3000 BA Rotterdam, The Netherlands
E-mail: students@aon.nl
www.aonstudentinsurance.com
 - 1.1.6 Insurer
ACE European Group Limited.
 - 1.1.7 Authorised representative
The authorised representative is Jacobs & Brom B.V.
 - 1.1.8. (Semi-) Professional Sport
Sport played (partly) as a means of earning income.

1.2 Payment of premium

1.2.1 The policyholder must pay the premium, including expenses and insurance tax, before the due date.

If the policyholder fails or refuses to pay the initial premium by the 30th day following the request for payment, no cover will be provided for any incidents taking place thereafter, with no need for further notice of default by the Insurer. If the policyholder refuses to pay subsequent premiums, no cover will be provided in relation to incidents occurring thereafter. If the policyholder fails to pay subsequent premiums on time, no cover will be provided in relation to incidents taking place after the 15th day following that on which Insurer issues a written warning to the policyholder after the due date and no payment has been received.

The policyholder remains obliged to pay the premium. Cover for incidents taking place after the due date is resumed after the date on which the Insurer receives the amount in full owed by the policyholder. In the event of a payment plan, the cover is resumed only after all unpaid installments are settled. 'Subsequent premiums' also refers to the amounts payable by the policyholder on renewal of the insurance policy.

'Initial premium' also refers to the premium payable by the policyholder in connection with a change in the insurance policy before the expiration date.

1.3 Premium Refunds

1.3.1 Early cancellation

In the event of early cancellation of the policy, other than as a result of a deliberate attempt to mislead the Insurers, the current premium will be reduced on a fair basis.

1.4 Duration of the insurance

The insurance is effective only within the term shown on the insurance certificate. The cover of the insurance commences at midnight CET and will end at 23.59 hrs. CET. The insurance will also be terminated with immediate effect if the insured no longer qualifies for this insurance.

- 1.4.1 The cover of the insurance commences as soon as the insured leaves the address in the home country in accordance with the period shown in the insurance certificate.
- 1.4.2 The cover of the insurance ends on the expiration date shown in the insurance certificate or on the earlier date on which the insured returns to the address in the home country, with the exception of the provisions of paragraphs 1.4.3 and 1.4.4.
- 1.4.3 The cover for the Medical expenses module remains in effect during a temporary stay in the Home Country and during a holiday outside the country of study for a period of at most eight consecutive weeks, starting on the day on which the Insured Party entered the Home Country, to the extent that this temporary stay concerns a visit to family, holiday or an incident for which cover is provided in the section on extra costs and assistance. The cover is also effective during a training placement in the home country, for a maximum of nine months.
- 1.4.4 If the insured returns to the home country on a permanent basis, the insurance for the medical expenses section remains effective until the insured has contracted health insurance for a maximum term of 14 days, provided that these 14 days fall within the term of the insurance.
- 1.4.5 The period referred to in Article 1.4.4 will lapse automatically on the date on which the insured has contracted health insurance or can claim government cover.
- 1.4.6 The insurance can be renewed prior to the expiration date if and for as long as the insured qualifies for the insurance.

1.4.7. Termination of insurance

- The insurance can be terminated through written cancellation by the Insurers:

Within 60 days from the discovery that the policyholder failed to comply with the reporting obligation on contracting the insurance and deliberately acted here with the aim of misleading the Insurers or if the Insurers would not have contracted the policy if the policyholder had provided the correct information. In such cases, the insurance is terminated on the date shown in the cancellation letter.

The Insurers reserve the right to cancel the insurance within 30 days of an insured notifying the Insurer of an incident that could lead to an obligation for the Insurer to pay benefits, or after the Insurer has paid or rejected a claim for benefits under the insurance policy. The insurance is terminated on the date shown in the cancellation letter, but no earlier than 60 days after the date of the cancellation letter, unless the cancellation concerns a deliberate attempt by the insured to mislead the Insurer.

- Through written cancellation by the policyholder:
Within 60 days of the Insurers invoking non-compliance with the policyholder's reporting obligation on contracting the insurance. The insurance is then terminated on the date of the cancellation letter. The policyholder has the right to cancel the cover in writing within 30 days of the insured reporting an incident to the Insurer that could lead to benefit obligations for the Insurer, or after the Insurer has paid or rejected a claim for benefits under the insurance policy. The insurance is then terminated on the date shown in the cancellation letter, but no earlier than 30 days after the date of the cancellation letter.

1.5 Area of coverage

The insurance is effective worldwide.

1.6 Obligations of the insured

- 1.6.1 As soon as an insured is aware of an incident that could lead to an obligation for the Insurer to pay benefits, the insured is required:
- a. to report the incident to the broker as soon as reasonably possible, accompanied by all details concerning the damage;
 - b. to refrain from any action from which acknowledgement of blame could be deduced and to send all letters and other documents to the broker within a reasonable term;

- c. to do everything possible to reduce or limit the damage;
- d. to provide the broker, within a reasonable term, with the fully completed and signed damage reports form, accompanied by e.g. referral letters, doctor's notes, legible bills;
- e. to provide full cooperation and to refrain from any action that could harm the interests of the Insurer;
- f. to report all damages concerning medical expenses of EUR 2,250 or more to the broker in advance. All the other damages should be reported in advance of the amount of damages exceeds EUR 1,000.

1.7 General exclusions

No right to compensation exists for costs, damages, accidents or losses relating to:

- 1.7.1 Wilful damage/ acts of war that are directly or indirectly related to or caused by or arise from an armed conflict, civil war, rebellion, domestic disturbances, riot, or mutiny. The meaning of these terms shall be those given in the definitions deposited by the Dutch Association of Insurers [Verbond van Verzekeraars in Nederland] with the registry of the District Court in The Hague on 2 November 1981;
- 1.7.2 Hijacking/strike
Relating directly or indirectly to, or caused by the Insured knowingly and willingly taking part in a hijacking, strike, rebellion, or act of terrorism;
- 1.7.3 Drugs through the abuse of alcohol or the use of medication, intoxicants, narcotics, or stimulants, other than on medical prescription;
- 1.7.4 Nuclear reactions through or in connection with nuclear reactions, other than as a result of medical treatment;
- 1.7.5 The insurance policy provides no cover if the insured has failed to comply with one or more, obligations, if and to the extent that this harmed the interests of the Insurer. All rights to benefits lapse if the insured failed to comply with one or more obligations with the intent of misleading the Insurer, unless such misleading information does not warrant the withdrawal of such rights;
- 1.7.6 Intent
attributable to malicious intent on the part of the Insured or of anyone who has an interest in the benefits;
- 1.7.7 Incorrect presentation If the insured or a party with an interest in the benefits misrepresented the position or made an untruthful statement, if the insurance

would not have been contracted for the same premium and/or on the same conditions if the correct information had been provided;

- 1.7.8 Deliberate provision of incorrect information
If the Insured or a party with an interest in the benefits has deliberately provided incorrect information, if the insurance would not have been contracted for the same premium and/or conditions if correct information had been provided.
- 1.7.9. Sports
During or in connection with sports carrying an extra risk of accidents, playing (semi-) professional sports, inter-collegiate sports and in relation to sports fairs.

1.8 Claim procedure

Medical expenses

If you have paid medical expenses in advance, you should complete the Medical Expenses Claim Form, which can be downloaded from our website www.aonstudentinsurance.com, adding the original bills.

If medical expenses related to psychotherapy or long-term physiotherapy or the treatment of a chronic illness, an indication and treatment plan by the treating physician should also be presented.

- Claim forms can be sent to:
Claims Department, Aon Hewitt, Consulting, PO Box 1005, 3000 BA Rotterdam.
- N.B. The costs of consulting a GP are covered at the walk-in rate. Registration charges are not reimbursed.
- Claim forms can also be sent by e-mail to students@aon.nl. You should then keep the original documents for one year after they are dispatched. Aon reserves the right to request these original documents from you.

In the event of hospital admission in the Netherlands, you should contact the following in advance:

Aon Hewitt | Consulting
Expatriate Services
Tel: +31(0)10 448 82 70
Fax: +31(0)10 448 87 24
students@aon.nl

If you need to visit a health care provider in the US, you should contact the following in advance:
GMMI (24 hours/7 days a week)
Tel: 1 800 682 6065 (free of charge within the US)
Fax: +954 370 8130
www.gmmusa.com

Billing address:
GMMI
1300 Concord Terrace, Suite 300
Sunrise, Florida 33323 USA

In the event of hospital admission worldwide, with the exception of the US and the Netherlands, you should contact the following in advance:
Eurocross Tel: +31 (0)71 3641873.

Accidents

- In the event of decease or permanent disability as a result of an accident, you or a close relative should report this to Aon by telephone or e-mail as soon as reasonably possible. In the event of decease of the insured, this must be reported to the company as soon as reasonably possible, and in any event at least 48 hours before the burial or cremation. In the event of your decease, Aon will ask your relative for a death certificate or other evidence of decease and a statement of the person to whom the death benefits should be paid.

Deleted: invalidity

Extra costs (alarm centre)

- If you suffer a serious illness or accident requiring assistance from the home country with evacuation, repatriation, transportation of a body or a necessary early return to your home country, you should first contact ACE Assistance +31 (0) 10-448 8260, which is available 24 hours a day. Keep your policy number at hand when you call.
- If you have paid extra travel and / or accommodation expenses in advance, you should complete the General Claim Form, which can be downloaded from the website (www.aonstudentinsurance.com). This should be accompanied by the original (legible) tickets and supporting documents. The claim form should also state the reason for examination / admission.

- Claim forms can be sent to:
Aon Hewitt, Consulting, PO Box 1005, 3000 BA Rotterdam.
- Claim forms can also be sent by e-mail to students@aon.nl. You should then keep the original documents for one year after they are dispatched. We reserve the right to request these original documents from you.

Liability

- In the event of liability, complete the General Claim Form, which can be downloaded from the website at www.aonstudentinsurance.com. If there is not sufficient space for a detailed description of the damages, add a description on a separate sheet. Never admit liability.
- Claim forms can be sent to:
Aon Hewitt, Consulting, PO Box 1005, 3000 BA Rotterdam.

Home contents and baggage

- In the event of damage, loss, theft, burglary, extortion or mugging, always report this to the local police and request a copy of the statement;
- In the event of damage, loss, theft or mugging at an airport, always report this to the airline staff and have a confirmation of the report drawn up;
- In all other cases, you should report the incident to the competent authorities.
- Fill in the General Claim Form, which can be downloaded from the website at www.aonstudentinsurance.com, in full. If there is not sufficient space for a detailed description of the damages, add a description on a separate sheet.
- It is important to provide a detailed description of how the damages arose, as well as a statement of the location, date and time of the loss. Send purchase receipts and repair bills. State the cost, type and purchase date of the lost baggage. If a damaged item cannot be repaired, a statement from a retailer confirming this should be provided.
- Claim forms can be sent to:
Aon Hewitt, Consulting, PO Box 1005, 3000 BA Rotterdam.

1.8.1 Other insurance

If a claim could be made for benefits on the grounds of any other law or other provision or contract if this insurance did not exist, this insurance only provides secondary coverage. If the insured claims compensation for damages from the Insurers, the Insurers will assess and settle damages, provided that it is covered. The Insurers shall then claim the damages elsewhere.

1.8.2 In the event of damages, the policyholder is required to report all other known insurance policies under which (part of) the insured property was also insured immediately before the incidents to the Insurers on request.

1.8.3 Section 1.8.1 shall not apply to the category of accidents.

1.9 Term of limitation

A claim for benefits in any event lapses if it is not reported within three years of the date on which the insured or the party with an interest in the benefit became aware, or could have become aware of the incident that could give rise to an obligation for the Insurer to pay benefits.

1.10 Data protection

The information provided on contracting of this insurance and any further personal details to be provided may be recorded in a file of personal data managed by the Insurers. The data may also be issued to third parties (e.g. GPs, pharmacists, etc.) in order to determine whether the insured is actually insured. Such third parties only have access to the data needed in order to perform their task. The Dutch Data Protection Act (WBP) applies to the above operation of data.

1.11 Address

Notifications of the insured by the Insurer take place lawfully to the most recent of the insured known to the broker (e-mail and/or residential address) or to the address of the policyholder. The insured is required to report any change of (e-mail and/or residential) address to Aon Hewitt, Expatriate Services via the website www.aonstudentinsurance.com and / or via the policyholder, if this is not the insured.

1.12 Precedence of the conditions

Where the conditions of this insurance, or an extract of these, have been issued in a language other than Dutch, the conditions in Dutch shall take precedence.

1.13 Applicable law

The contract is governed by Dutch law. The competent institution is the District Court of Rotterdam.

1.14 Complaints

- Aon Hewitt, Consulting
You can contact us at any time. Problems can then usually be solved quickly and satisfactorily. You can send an e-mail to students@aon.nl or send your complaint to the following address:
Aon Hewitt, Consulting, PO Box 1005, 3000 BA Rotterdam.
- In writing
You can submit your complaint in writing to The Management, Aon Nederland bv, PO Box 518, 3000 AM Rotterdam.

Online

Our website also offers you the possibility of responding. You can do this via our online complaints form, which can be found at www.aon.nl.

1.15 Clauses sheet terrorism cover

by the Dutch Terrorism Risk Reinsurance Company (NHT)

1.15.1 Definitions

Where they appear in this clauses sheet and the provisions based thereupon, the following terms shall, unless otherwise stipulated, be understood to mean:

1.15.1.1 *Terrorism*

Violent actions and/or conduct – outside the context of one of the six forms of wilful damage/acts of war mentioned in Article 64(2) of the 1993 Financial Supervision Act (WFT) - in the form of an attack or a series of attacks that are related in terms of time and objective, resulting in injury and/or harm to health or decease, and/or damage to property or other harm to economic interests, in which it can reasonably be assumed that this attack or series of attacks, in an organisational relationship or otherwise, was planned and/or performed with a view of realising certain political and/or religious and/or ideological goals.

1.15.1.2 *Malicious infection*

The (provision for) the circulation - outside the context of one of the six forms of wilful damage/acts of war mentioned in Article 64(2) of the 1993 Financial Supervision Act (WFT) - of pathogens and/or substances that, as a result of

their direct or indirect physical, biological, radioactive or chemical effects, can cause injury and/or harm to health, if not death, to humans or animals and/or can cause damage to property or harm economic interests in other ways, in which it can reasonably be assumed that the (provision for) circulation, in an organisational relationship or otherwise, was planned and/or performed with a view of realising certain political and/or religious and/or ideological goals.

1.15.1.3 Preventive measures

Measures taken by the government and/or insureds and/or third parties to avert an immediate threat of terrorism and/or malicious infection or – if this risk has materialised, to limit the consequences.

1.15.1.4 Nederlandse Herverzekeringsmaatschappij voor Terrorismeschaden N.V.

A reinsurance company formed by the Association of Insurers in the Netherlands, through which Insurers admitted in the Netherlands can reinsure their liabilities to pay benefits arising directly or indirectly from the materialisation of the risks described in Articles 1.16.1.1, 1.16.1.2 and 1.16.1.3.

1.15.1.5 Insurance contracts

- a. The provisions of Article 1(1o) of the 1993 WFT relating to risks located in the Netherlands.
- b. Life insurance contracts, to the extent that these are contracted with a policyholder normally resident in the Netherlands or, if the policyholder is a legal person, with the establishment of the legal person in the Netherlands to which the insurance relates.
- c. Contracts for funeral insurance with in-kind benefits contracted with a policyholder normally resident in the Netherlands or, if the policyholder is a legal person, with the establishment of the legal person in the Netherlands to which the insurance relates.

1.15.1.6 Insurers admitted in the Netherlands

- Non-life, life and healthcare Insurers, within the meaning of Article 12 of the 1993 Insurance Industry (Supervision) Act (WTV), and
- Benefits in kind funeral Insurers, within the meaning of Article 7 of the Benefits in kind Funeral Insurance Industry (Supervision) Act, which are authorized to operate an insurance business in the Netherlands.

1.15.2 Limitation of the cover for the terrorism risk

1.15.2.1 If and to the extent that cover exists for the consequences of an incident relating (directly or indirectly) to the following, in observance of the descriptions provided in paragraphs 1.16.1.1, 1.16.1.2 and 1.16.1.3 and within the limits of the current policy conditions.

- terrorism, malicious infection or preventive measures;
- for actions or conduct to prepare for terrorism, malicious infection of preventive measures, hereinafter jointly referred to as 'the terrorism risk', the Insurer's obligation to pay benefits in relation to each claim for compensation for damages and/or benefits submitted to it is limited to the amount of the benefits that the Insurer receives in relation to that claim under the reinsurance of the terrorism risk with the NHT, in case of insurance with capital accumulation, plus the capital accumulation already realized on the basis of the insurance in question. With life insurance, the amount of the capital accumulation realized is based on the premium reserve for the relevant insurance to be maintained pursuant to the 1993 WFT.

1.15.2.2 The NHT offers reinsurance cover for the above claims of up to EUR 1 billion per calendar year. The said amount can be adjusted from year to year and applies for all Insurers affiliated to the NHT combined. Any adjustment must be notified in three national daily newspapers.

1.15.2.3 By way of departure from the provisions of the preceding paragraphs of this Article, for insurance relating to:

- damage to real estate and/or its contents;
- consequential losses resulting from damage to real estate and/or its contents, it applies that a maximum of EUR 75 million per year will be paid out per policyholder per insured location under this agreement, for all participating Insurers as referred to in Article 1.16.1 combined, regardless of the number of policies issued. For the purpose of this paragraph, 'the insured location' refers to all objects present at the risk address that are insured by the policyholder, as well as all objects outside the risk address insured by the policyholder, the use and/or purpose of which relates to the business activities at the risk address. In any event, all objects insured by the policyholder located less than 50 meters distance away from each other, and at least one of which is located at the risk address, will be regarded as such. For the purposes of this paragraph, legal persons and companies affiliated in a group, within the meaning of Article 2:24b of the Dutch Civil Code will be jointly regarded as a single policyholder, regardless of which group, company or companies the policy or policies has or have been contracted.

1.15.3 Payment Protocol NHT

- 1.15.3.1* The Claims Settlement Protocol (hereinafter referred to as 'the Protocol') applies to the Insurer's reinsurance with the NHT. Pursuant to the provisions of this Protocol, the NHT has the right, among other things, to defer the payment of compensation or the insured sum until the time at which it can determine whether and if so, to what extent it has sufficient financial resources to settle all claims for which it offers cover as a reinsurer in full. To the extent that the NHT proves not to have sufficient financial resources, it has the right to pay partial benefits to the Insurer in accordance with the said provisions.
- 1.15.3.2* In observance of provision 7 of the Protocol, the NHT is authorised to decide whether an incident in connection with which a claim for benefits is made, must be regarded as a consequence of the materialisation of the terrorism risk. A decision taken by the NHT to that effect, in accordance with the said provision, is binding on the Insurer, the policyholder, the insureds and the beneficiaries.
- 1.15.3.3* Only after the NHT has notified the Insurer of the amount that will be paid to it, as an advance or otherwise, for a claim for benefits can the insured or the beneficiary claim the benefits referred to in Article 1.16.3.1 from the Insurer.
- 1.15.3.4* Pursuant to provision 17 of the Protocol, the reinsurance cover of the NHT applies only for claims for compensation for damages and/or benefits that are reported within two years of the NHT establishing that a particular incident or circumstance is deemed to be a materialisation of the terrorism risk within the meaning of this Clauses Sheet.

1.16 Clause regarding obligatory return

If, as a result of the implementation of legislation or regulations prevailing in the Netherlands, the Insured Person no longer possesses the permits required to remain in the Netherlands, or the residence permit issued to the Insured Person is not to be extended after it expires and in connection with the illness of the Insured Person or an accident of which he/she has become the victim his/her repatriation to his/her home country is necessary and possible, this insurance – if and insofar as reimbursement of these costs is not made possible by the educational institution with which the Insured Person is associated – will cover the costs for: land, sea, or air transport of the Insured Person to his/her home country by a means of transport that is, from a medical point of view, adequate and the cheapest possible; medical care and facilities during transport; communication/telecommunication costs up to a maximum of EUR 150; accommodation until the point when the Insured Person has arrived at his home or family address or otherwise at his

fixed destination, or has arrived at the premises of the medical carer where he/she is to be treated. If permitted to do so by the applicable legislation or regulations, the Insured Person must delay his/her repatriation until the point when he/she can be repatriated by normal transport and unaided. During such delay period, the Insured Person shall remain insured for reimbursement of medical costs at cost price under the conditions of the insurance, for as long as this insurance continues in return for payment of the premium. The Insured Person must make use of tickets (including return tickets) that he/she already has available to him/her for the return journey to his/her home country. The costs for these tickets/return tickets shall not be eligible for reimbursement. The costs incurred to have these tickets retain their validity – for example the costs for changing or extending them – shall, however be eligible for reimbursement under this insurance.

2 Medical expenses

2.1 Definitions of terms

2.1.1 Physician

Physician refers to be the person recognised as such by the competent authority.

2.1.2 Dentist

Dentist refers to be a person recognised as such by the competent authority.

2.1.3 Physiotherapist

A practising physiotherapist (or sports physiotherapist), including a Cesar or Mensendieck remedial therapist, who is registered as such by the competent authority.

2.1.4 Acupuncturist physician

A practicing as a physician-acupuncturist, or an acupuncturist recognised as such by the competent authority.

2.1.5 Medication

Medication refers to a medicine that can be acquired solely on prescription by a doctor or dentist.

2.1.6 Medical necessity

Medical necessity refers to the need for, examination, or treatment based on generally recognised medical-scientific considerations.

- 2.1.7 **Medical costs**
The costs of medical treatment shall be understood to be:
- hospital admission and operation;
 - treatment and examinations prescribed by a doctor;
 - medication prescribed by a doctor for use during the period of the insurance;
 - medically necessary transport by ambulance to and from the location where medical treatment is given;
 - psychiatric day or overnight treatment;
 - physiotherapy (including sports physiotherapy);
 - day-patient rehabilitation treatment;
 - kidney dialysis;
 - laboratory investigation, including when prescribed by a general practitioner.
- 2.1.8 **Dental expenses**
'Dental expenses' refers solely to the costs of:
Urgent dental treatments to relieve acute pain and/or medicines, to the extent that these are prescribed by a dentist.
- 2.1.9 **Psychotherapy**
This refers to treatment prescribed by a physician or specialist, delivered by a psychiatrist or psychologist.
- 2.1.10 **Ambulance service**
This refers to medically necessary transportation of a patient who, on medical grounds, cannot be regarded as able to travel independently, to the nearest hospital or medical care provider where adequate treatment is possible.

2.2 Scope of coverage

- 2.2.1 **Scope of cover for medical expenses**
The costs of medical treatment on the grounds of medical necessity, incurred during the period that the insurance is in effect. In the event of hospital admission, reimbursement will take place up to the 365th day following that on which the admission commenced. Reimbursement takes place on the basis of the lowest class of nursing care.

2.2.2 Pregnancy

2.2.2.1 *Medically necessary childbirth in a hospital or maternity centre*

The costs of pregnancy and childbirth incurred for mother and child on the grounds of medical necessity/indication for:

- a. nursing costs and additional costs for mother and child together, in the lowest category of nursing care, if and for as long as hospital admission is necessary;
- b. maternity care provided by a maternity centre recognised by the government, an A-grade nurse or a qualified maternity assistant, for a maximum of eight days from the date of childbirth;
- c. the additional costs charged;
- d. charges for specialised clinical care (outpatient or in hospital);
- e. the costs of medically necessary ambulance transportation.

2.2.2.2 *Non-medically necessary childbirth in a hospital, maternity centre or at home*

- a. The nursing costs of mother and child together, and/or maternity care provided at home by an authorised maternity centre recognised by the government, a class A nurse or a qualified maternity assistant for a maximum of eight days from the date of childbirth. Maternity care will be reimbursed to a maximum of EUR 135 per day;
- b. the charge for obstetric care provided by a specialist, GP or midwife;
- c. the costs for the use of out-patient facilities.
The combined costs referred to in Article 2.2.2.2 will be reimbursed to a maximum of EUR 2000.

2.2.2.3 *Children* The following provisions apply for children born during the term of this insurance, provided that they are registered for insurance with the broker within one month of their birth:

- a. this insurance is effective from birth, regardless of any congenital diseases or disorders;
- b. if such children, to the extent that they are younger than three months, must remain with the mother in the hospital for breastfeeding, the associated costs will be reimbursed in accordance with the rate for healthy infants for as long as the Insurer is required to reimburse the nursing costs for the mother.

2.2.3 Scope of coverage for dental expenses

Costs of dental treatment incurred due to acute medical necessity (ie. the

immediate need to alleviate pain) where and for as long as the insurance applies, up to a maximum of EUR 350 per insurance year.

2.2.3.1 Dental care following an accident

In the event of damage to the natural teeth due to an accident as described in Sections 3.1.1 and 3.1.2, the dental costs will be reimbursed up to a maximum of EUR 1,100 per event.

2.2.6 Psychotherapy

Reimbursement shall be provided for up to a maximum of 9 treatments per 12 months after a referral letter from a general practitioner or specialist has been submitted. The cost of further treatment will only be reimbursed if the Insurer has given its consent beforehand. Said consent will be based on the medical necessity of further treatment and the submission of a treatment plan by the Insured Person.

2.2.4 Physiotherapy, manual therapy by a physiotherapist, Cesar therapy or Mensendieck therapy

This refers to treatment provided by a (sport) physiotherapist, following submission of a referral confirmation by a GP or specialist. Up to 12 treatments per indication will be reimbursed, to a maximum of EUR 30 per treatment. If further treatment is necessary thereafter, prior consent must be requested on the basis of a progress report by the care provider. The following are not deemed to be included in physiotherapy:

- speech therapy lessons;
- occupational therapy;
- pregnancy exercises
- sports massage.

2.2.5 Acupuncture

Consultation and treatment by a physician-acupuncturist, as described in Article 2.1.4, will be reimbursed for a maximum of 12 consultations, to a maximum of EUR 30 per consultation and/or treatment per insured per insurance year.

If ICS insurance is contracted within three months of the expiration date of the ICS insurance before last, the commencement date of the ICS insurance before last will be regarded as the commencement date of the insurance for the determination of the commencement of the insurance year.

2.2.6 Psychotherapy

Reimbursement shall be provided for up to a maximum of 9 treatments per 12

months after a referral letter from a general practitioner or specialist has been submitted. The cost of further treatment will only be reimbursed if the Insurer has given its consent beforehand. Said consent will be based on the medical necessity of further treatment and the submission of a treatment plan by the Insured.

- 2.2.7 Medical Aids All requests for prostheses and medical aids must be made in advance, accompanied by an official application and/or referral from a GP or specialist before the aid is procured. The reimbursement for prostheses and medical aids by the Insurer will be based on arguments of medical necessity and the ability to present a treatment plan by the treating physician, which will be assessed by the Insurer's medical advisor.
- 2.2.8 Medically necessary transport
Within the meaning of Section 2.1.10, the cost of medically necessary transport to the nearest hospital or medical care provider where proper treatment is possible will be reimbursed. The indication for such transport must appear from a statement to that effect provided by the physician treating the patient. Should the Insured be transported by his/her own vehicle, an amount of EUR 0.28 per kilometer will be reimbursed, up to a maximum of EUR 150.
- 2.3 Exclusions
Apart from the exclusions listed in Section 1.7, costs for the following shall not be reimbursed:
- 2.3.1 Pre-existing medical conditions
If such circumstances were known or present on contracting of the insurance that costs can reasonably be expected to be incurred. In cases of doubt, you can contact our offices, Tel: +31 (0)10 4488270, prior to the treatment;
- 2.3.2 Use of medicinal supplies outside the insurance term
For medicines and bandaging intended for use outside the agreed contract term and the medicines available without prescription;
- 2.3.3 Cosmetic operations
For aesthetic surgery to improve appearance, the reason for which arises from personal need, necessity or circumstances, unless mutilation is involved as a result of an accident or illness or a serious deformity present and detected at birth, without prejudice to the provisions of Article 2.3.1;
- 2.3.4 Specific therapies
expenses for cell therapy, and other alternative medical treatment;

- 2.3.5 Sterilisation
for sterilisation;
- 2.3.6 Spectacles and contact lenses
costs for spectacles and contact lenses, orthopedic articles and similar
devices and appliances other than those referred to in Section 2.2.7;
- 2.3.7 Vaccinations, preventive antibiotics treatments, general examinations and
population surveys
For vaccinations, preventive antibiotics treatments, examinations, attestations,
general preventive examinations and population surveys;
- 2.3.8 Contraception and abortion
for contraception and abortion;
- 2.3.8.1 *Medically necessary abortion*
By way of departure from the provisions of Article 2.3.8, the costs incurred for
medically necessary abortus provocatus and for abortion in connection with
vice offences will be reimbursed if and to the extent that the treatment is
performed in an institution recognised by the government.
- 2.3.9 Existing pregnancy
Relating to a pregnancy already existing on the issue date of the insurance
certificate;
- 2.3.10 Fertility treatment
Relating to and other fertility treatments;
- 2.3.11 Costs in other countries
costs incurred abroad that were exclusively or partly the object of the stay
abroad;
- 2.3.12 Organ transplantation in connection with an organ transplant, unless the
Insurer's explicit consent has been obtained in advance;
- 2.3.13 Home nursing
in connection with home nursing, unless the explicit consent of the Insurer has
been obtained in advance.
- 2.3.14 Dietician In connection with consultations, treatments and food supplements,
unless the Insurer's explicit consent has been obtained in advance.

- 2.3.15 Registration fees by medical providers
Aon will reimburse the costs of medical providers on the basis of the visiting patient rate. Registration fees etc. will not be reimbursed.
- 2.3.16 Student Insurance Package Start
If the Student Insurance Package Start policy has been taken out, cover will only be from category 3 to 7 (inclusive).
- 2.3.17 Start and Start+
If the Start package has been contracted, there is no cover under Section 2. If the Start+ package has been contracted, there is cover for medical expenses in accordance with Section 2, supplementary to your Basic Health Insurance or European Health Insurance Card (EHIC).

3 Accidents

3.1 Definitions of terms

- 3.1.1 Accident
Sudden external violence occurring against the will of the Insured and affecting his/her body directly, the nature and location of which can be determined medically.
- 3.1.2 Extended definition of 'accident' The following will also be taken to be an accident:
 - a. acute poisoning not caused by pathogens through the use of medication, intoxicants, narcotics, or stimulants;
 - b. infection by pathogens as a direct consequence of an involuntary fall into water or into some other substance, or entering water to save a person or animal;
 - c. complications or deterioration of accidental injury as a direct result of first aid or medically necessary treatment;
 - d. wound infection or blood poisoning directly related to an accident;
 - e. involuntary ingestion of substances or objects, with the exception of pathogens;
 - f. suffocation, drowning, sunstroke, hyperthermia, freezing, burning, lightning

- g. strike or other electrical discharge;
exhaustion, starvation, water deprivation, or sunburn due to a disaster;
- h. sprain, dislocation, or muscle or tendon tears, with internal damage being done instantly, the nature and location of which can be determined medically;
- i. anthrax, scabies, and bulb dermatitis, ringworm (trichophytia), Bang's disease or cowpox.

3.1.2.1 *No accident*

Unless the Insurer's medical adviser determines otherwise, the occurrence and/or manifestation of any type of hernia will not be taken to constitute an accident.

3.2 Scope of coverage

3.2.1 Payment in the event of decease (Section A)

In the event of the death of the Insured as a direct and exclusive consequence of an accident, the sum of EUR 10,000 will be paid out.

3.2.2 Payment in the event of permanent disability (Section B) In the event of the Insured Person becoming permanently disabled as a direct and exclusive consequence of an accident, a maximum of EUR 75,000 will be paid out. The extent of the payment will be determined as soon as the extent of the permanent disability can be determined objectively and medically, but no later than two years after the accident took place. The payment will be a percentage of the above-mentioned amount as follows:

total incurable paralysis	100%
total incurable mental disturbance	100%
overall loss of function of:the sight of both eyes	100%
the sight of one eye	30%
and, if the company has made full payment for the loss of the sight of one eye, or the sight of the other eye	70%
the hearing of both ears	50%
the hearing of one ear	20%
and, if the company has made full payment for the loss of the hearing of one ear, for the hearing of the other ear	30%
smell and taste	10%

the function of a kidney or the spleen	10%
an arm up to the shoulder joint	75%
an arm up to the elbow or between the elbow and the shoulder joint	65%
a hand up to the wrist and/or an arm between the wrist and the elbow joint	60%
a leg up to the knee or between the knee and the hip joint	60%
a leg up to the hip joint	70%
a foot up to the ankle joint or a leg between the ankle and the knee	50%
a thumb	25%
an index finger	15%
a finger other than an index finger	10%
a big toe	10%
a toe other than a big toe	5%
a kidney or the spleen	10%

In the event of partial loss of function, a proportionate part of the above percentages will be paid. In all cases of permanent disability not listed above, the percentage will be determined according to the extent of the permanent disability, without account being taken of the Insured Person's profession.

3.2.3 Taxes

The Insurers will deduct all applicable taxes from payments to interested parties if and when the law prescribes that the Insurer should deduct such taxes before paying the claim. In all other cases, interested parties shall be liable in respect of taxes.

3.2.4 Maximum benefits

No payments made in respect of permanent disability occurring during the period of the underlying insurance shall exceed the maximum insured amount for permanent disability.

3.2.4.1 *Decease following permanent disability*

The payment due to death shall be the same as the insured amount referred to in Section 3.2.1, on the understanding that any payment made due to permanent disability (B) resulting from the same accident shall be deducted up to a maximum of the amount insured for in the case of death.

3.2.4.2 *Existing disability*

If an existing permanent disability is exacerbated by an accident, the payment shall be calculated on the basis of the difference between the percentage of permanent disability before and after the last accident.

3.2.4.3 *Extra benefits*

If no payment in respect of permanent disability can be determined within six months after the accident, the Insurer shall pay an extra payment of 6% per year on the payment in respect of permanent disability that is later determined. This extra payment will be calculated from the seventh month after the accident until the point at which the payment in respect of permanent disability is paid out.

3.2.5 Pre-existing medical conditions

If the consequences of an accident are exacerbated by a morbid condition or by a physical or mental defect of the Insured, no higher payment will be made than if the accident had affected an entirely able-bodied and healthy person.

3.2.5.1 *Section 3.2.5 shall not apply if the consequences are exacerbated by an accident for which a right to payment exists pursuant to this insurance or a payment has already been made.*

3.3 Exclusions

In addition to the exclusions listed in Section 1.7, no benefits will be made if the Insured has become the victim of an accident:

3.3.1 Intent

through intent on the part of the Insured Person or of anyone who has an interest in the benefits;

3.3.2 Commission of a criminal offence

in the course of the Insured Person committing or being an accessory to a criminal offence;

3.3.3 Fights or high-risk action

in the course of a fight or hazardous act other than in defence/self defence, or to save or preserve persons, animals, or property;

3.3.4 Alcohol and drugs through the abuse of alcohol or the use of medication,

intoxicants, narcotics or stimulants, other than pursuant to a medical prescription;

3.3.5 Dangerous sports

While participating in or practicing underwater sports, combat sports and tests of strength, (semi-)professional sports, hunting for big game, parachute jumping, climbing and glacier and mountain sports (other than on paved roads

or a terrain with no roads that can also easily be traversed by untrained persons), skiing or sleighing sports in mountainous areas;

- 3.3.6 Races
While participating in or preparing for races with cycles, motor-cycles, motorised vehicles, motor boats or horses;
- 3.3.7 Aircraft
during the use of an aircraft of any kind whatsoever other than as a passenger in an aircraft licensed for public transport;
- 3.3.8 Military service
during and as a consequence of military service.
- 3.4 Obligations following on accidents
- 3.4.1 Reporting damages
In the event of an accident occurring from which an entitlement to payment due to disability may arise, the company must be informed in writing and as quickly as is reasonably possible, but no later than before the Insured leaves for abroad.
- 3.4.2 Reporting at a later date
- if the accident is reported later, the Insured Person may still be entitled to a payment if it can be demonstrated that:
 - the disability was directly and exclusively the consequence of an accident;
 - the consequences of the accident were not exacerbated by a morbid condition or by a physical or mental defect of the Insured;
 - the Insured Person has followed the instructions of the doctor treating him/her in all respects.
- 3.4.3 Reporting of decease
In the event of the death of the Insured, the company must be informed as quickly as reasonably possible, but no later than 48 hours prior to the burial or cremation.

- 3.4.4 Cooperation by beneficiaries
In the event of the death of the Insured, the party entitled to receive payment shall be obliged to cooperate, if so requested, with all measures to determine the cause of death.
- 3.4.5 Promotion of recovery
The Insured is obliged to immediately have himself/herself treated by a certified doctor and to do everything possible to promote his/her recovery.
- 3.4.6 Extra supplementary examination
The Insured is obliged, if so requested, to allow himself/herself to be examined, at the expense of the Insurer, by a doctor designated by the Insurer or to allow himself/herself to be admitted for examination to a hospital or other institution designated by the Insurer.
- 3.4.7 Inquiries of third parties
The Insured is obliged to authorise the Insurer to acquire information from third parties.
- 3.4.8 Provision of information
The Insured is obliged to provide the Insurer, or the experts designated by the Insurer, with all information that the Insurer considers necessary, or to cause such information to be provided, and not to conceal any facts or circumstances that are relevant to determine the extent of the permanent disability.
- 3.4.9 Reporting of recovery
The Insured is obliged to inform the Insurer immediately of his/her complete or partial recovery without delay.
- 3.4.10 Non-compliance with obligations
The insurance does not provide cover if the Insured Person has failed to comply with one or more obligations and insofar as the interests of the Insurer have thereby been damaged. All right to payment shall lapse if the Insured Person fails to comply with one or more obligations with the intention of misleading the Insurer, unless the misleading does not justify the lapsing of the right to payment.
- 3.4.11 Payments of benefits
Unless agreed otherwise, payments pursuant to this insurance shall be made to the Policyholder, with the exception of payment in the event of death (category A) if the Policyholder and the Insured Person are the same person. In the latter case, payment in the event of death (category A) will be made,

unless agreed otherwise, to the widow/widower of the Policyholder or, if there is no widow/widower, to the Policyholder's heirs.

3.5 Determination of benefits

The extent of the payment and of the permanent disability will be determined by the Insurer on the basis of data provided by medical experts and other experts.

3.6 Code of Conduct for Treatment of Injury (GBL)

We shall observe the GBL. The GBL focuses on the victim and is aimed at efficient settlement of damages for physical injuries.

4 Extra costs and assistance

4.1 Cover additional costs

The insurance covers compensation for:

4.1.1 Extra flight costs

the cost of a return flight (for a maximum 4-week period), as well as any necessary extra costs related to transport to the airport up to a maximum of EUR 500, that the Insured Person is required to take if he/she is called back to his/her home country in connection with the death or life threatening illness of a first or second degree relative by blood or affinity who lives there, namely parents, parents-in-law, children, brothers, sisters, or spouse

4.1.2 Airline tickets for family members the cost of a return flight for two members of the Insured family and the costs of accommodation if they are required to travel from their home country to the country where the insured is located following the Insured Person having died or being in a life threatening state due to illness or accident;

4.1.2.1 *Accommodation expenses*

reimbursement will be paid for stay expenses up to a maximum of EUR 125 per Insured's family per day.

- 4.1.2.2 *Maximum for air ticket and accommodation expenses*
the total reimbursement payable for the costs referred to in Sections 4.1.2, 4.1.1 and 4.1.2.1 shall be a maximum of EUR 7,000 per event.
- 4.1.3 **Telecommunication costs**
If the insured suffers an incident that is covered by the Section on extra costs and assistance, the necessary telecommunication costs arising from that incident shall be reimbursed, to a maximum of EUR 150 per incident.
- 4.2 **Reimbursements**
Reimbursement of the costs referred to in Sections 4.1 to 4.1.3 shall be based on the actual air travel costs incurred, based on the cost of the lowest class.
- 4.3 **Conditions**
Reimbursement shall only be paid in respect of the costs referred to in Sections 4.1 to 4.1.3 if:
- 4.3.1 the life-threatening condition or decease is the result of an accident or a suddenly-arising illness that, according to medical insights, could not reasonably have been foreseen in view of the health condition of the insured on the date on which the insurance was contracted;
- 4.3.2 in the event of decease, a death certificate and an official statement of the cause of death are provided;
- 4.3.3 a birth certificate (in English, Spanish, French, German, Portuguese or Dutch) is provided showing the relationship between the Insured Person and the deceased/ill family member;
- 4.3.4 a statement (in English, Spanish, French, German, Portuguese or Dutch) by the doctor/doctors treating the patient is provided showing the nature and seriousness of the illness or accident and also showing when the illness or injury was sustained.
- 4.4 **Benefits**
Reimbursement will be made for costs incurred pursuant to Sections 4.1 to 4.1.3 per relative by blood or affinity once per period of 12 months, commencing on the first day of travel.

4.5 Obligations in the event of damages

4.5.1 Reporting to the insurer

The Insurer must be informed as quickly as reasonably possible of any event which may lead to the company being obliged to pay reimbursement for costs, with the relevant circumstances being indicated.

4.5.2 Evidence

Original documentation must be provided, for example a statement by the doctor/doctors treating the patient, a death certificate, the air travel ticket, or other information needed by the Insurer to deal with the matter and determine the reimbursement.

4.6 Scope of coverage for assistance

If assistance is necessary, ACE Assistance should be contacted immediately on +31 (0)10 448 8260. Cover for assistance comprises payment for:

4.6.1 Emergency evacuation

ACE Assistance will arrange and pay for normal and necessary land or air transport, medical care during transport, communication, and all other necessary and usual additional costs arising in connection with moving and transporting a participant to the nearest hospital where the necessary medical help is available; this will not necessarily be in the country of study.

4.6.1.1 The Insurers have the right to determine, as they see fit, whether the medical condition of a participant is serious enough to justify a medical evacuation, to determine the location to which the insured will be evacuated and the means and methods by which such an evacuation or repatriation will be performed. In the organisation, we are authorised to take all relevant circumstances into account, which need not be confined to the state of health. The urgency, the fitness of the participant to travel, the availability of an airport, weather conditions and the distance to be travelled will be considered in order to determine whether transportation will be provided by a private ambulance, aircraft, helicopter, a regular flight, by rail or over land.

4.6.2 Repatriation under medical supervision The Insurers will provide for the repatriation and pay the normal and necessary costs for transporting the participant to the Netherlands and/or his/her home country for hospital admission or rehabilitation treatment following a medical evacuation if the

participant is evacuated to a location outside the country of which he/she is a national.

- 4.6.2.1 The insurers are entitled to determine at our own discretion whether the condition of the participant gives sufficient cause for concern as to justify medical evacuation, to determine the location to which the participant will be evacuated, and to decide on the manner and method for carrying out such evacuation or repatriation. In organising evacuation/repatriation, the insurers are entitled to take all relevant circumstances into consideration, with those circumstances not being restricted merely to the patient's state of health. The urgency, fitness of the participant to travel, availability of an airport, weather conditions, and travel distance will be taken into account in determining whether transport will be by private ambulance, aircraft, helicopter, regular flight, rail, or land.
- 4.6.2.2 The patient will be transported under constant medical supervision unless otherwise agreed with a physician.
- 4.6.3 Repatriation of remains
The insurers will arrange for repatriation or pay all reasonable and necessary costs for transporting the mortal remains of the participant from the place of death to his/her home country or, at the request of an authorised family member or counsel/lawyer and with our prior written consent, will arrange and pay all reasonable and necessary costs of a local funeral at the place where the participant died if the expenses involved do not exceed the cost of repatriating the participant's mortal remains from the place of death to his/her home country.
- 4.6.4 Restrictions
Reimbursement of the costs referred to in Sections 4.6.1 to 4.6.3 shall be restricted to a maximum of EUR 700,000 per participant per event.
- 4.7 Exclusions
The following actions, goods, disorders and activities, and related or resulting costs, are excluded from cover unless the insurers have given their prior written consent:
- 4.7.1 more than a single emergency evacuation and/or repatriation for each separate medical condition of a participant during the period of 12 months;
- 4.7.2 all costs and expenditure that are not explicitly covered under the service program and that we have not approved in writing in advance and/or that we

do not organise. These exclusions shall not apply in the case of urgent medical evacuations from remote and primitive areas for which we could not be contacted in advance or delays could reasonably be expected, during which the insured could die or his/her condition could deteriorate;

- 4.7.3 every incident arising when the insured is within the territory of his or her country of origin or the Netherlands, subject to the provisions of Article 4.6.3;
- 4.7.4 all costs incurred by the insured against the advice of a medical specialist or that are aimed at medical care, rest and recovery as a result of an earlier accident, pre-existing disorder or illness;
- 4.7.5 all costs of medical evacuation or repatriation if the participant is not suffering from a serious medical condition and/or if the participant according to the physician the participant can be effectively treated locally or if the treatment can reasonably be postponed until the participant returns to his/her home country or country from which he/she is sent out;
- 4.7.6 all costs of medical evacuation or repatriation if the physician considers that the participant can travel as a normal passenger without medical supervision;
- 4.7.7 all treatments and costs relating to childbirth, miscarriage or pregnancy. This exclusion will not apply in the case of an abnormal pregnancy or serious pregnancy complications that endanger the life of the mother and/or the unborn child during the first twenty-four (24) weeks of the pregnancy;
- 4.7.8 costs related to an accident or wound occurring/sustained when the participant was taking part in or involved with cave exploration, mountaineering or rock climbing requiring a guide to be engaged or ropes to be used, speleology, freefalling, parachute jumping, bungee jumping, ballooning, hang gliding, underwater sports, combat sports, rallying, all types of racing other than on foot, and all organised sports on a professional or sponsored basis;
- 4.7.9 all costs arising as a result of pre-existing medical condition;
- 4.7.12 costs arising during the use of aircraft of any kind, other than as a passenger of an aircraft/airline on a fixed route or as a passenger travelling for business in an aircraft owned or leased by the insured;
- 4.7.13 costs incurred because the participant was involved in an assignment or attempt to carry out a wrongful act;

- 4.7.14 costs relating to treatment by or on the instructions of a non-registered physician or not in accordance with standard medical practice as defined in the country where the treatment is given;
- 4.7.15 costs incurred by the participant during military or police service in any country whatsoever, active participation in warfare (whether or not war has been declared), invasion, action by a foreign enemy, hostilities, civil war, rebellion, uprising, revolution, or riot;
- 4.7.16 costs that are a direct result of nuclear reactions or radiation;
- 4.7.17 costs arising as a result of activities by or on a ship or oil drilling platform or similar offshore location

5 Liability

5.1 Insured persons

The following are insured:

- a. the Insured;
- b. underage visitors, insofar as their liability is not covered by a different insurance;
- c. domestic staff, insofar as the liability is related to work carried out for the Insured.

5.2 The insured capacity

Liability is covered for the Insured as a private person. Liability related to running a business (including a sideline) or carrying out paid manual work is not covered. Claims by the employer or the employer's legal successors or heirs are not covered.

5.3 Scope of coverage

The insured's liability for damages caused or arising during the term of the insurance, in their aforementioned capacity, is covered, to a maximum of EUR 1,250,000 per claim for all insureds combined, as well as for all insureds who form a family and are not insured under different policies, with a maximum of EUR 2,500,000 per 12 months. Where the conditions refer to 'damage', this is deemed to refer to personal injury and to damage to property.

- 'Personal injury' refers to damage through injury or harm to the health of persons, leading to death or otherwise, including the damages arising from this.
- Damage to property refers to damage and/or destruction and/or loss of material goods of parties other than the insureds, including the damages arising from this.

5.4 Mutual liability

The liability of the previously mentioned insureds to each other is co-insured only for the personal injury suffered by the insureds concerned, to the extent that the insureds have no claims in relation to the incident on other grounds. The liability of an insured to domestic staff for damages suffered as a result of accidents at work is also covered in respect of damage to property. No compensation for damages will be paid if the claimant is a party other than a natural person directly involved in the incident who suffered damages, or his or her surviving relations.

5.5 Voluntary assistance

If persons other than Insured Persons sustain damage when rendering assistance free of charge to prevent:

- death or physical injury;
- immediately threatened damage to an Insured Person's goods;
- the company will pay the cost of damage covered by this insurance.

Arrangements for compensation will normally be effectuated according to civil law. In allocating compensation, all entitlements to payments that the disadvantaged person has in some other way will be deducted. No payment will be made if the party claiming is different to a natural person directly involved in the event and thereby disadvantaged, or his/her heirs.

5.6 Legal costs and interest at the statutory rate

The following will be reimbursed in addition to the insured amount:

- a. costs incurred for proceedings conducted with the approval or at the request of the Insurer and legal assistance rendered on its instructions;
- b. the statutory interest on the portion of the principal covered by the insurance.

5.7 Surety

If a government requires the provision of financial surety for damages covered by the insurance policy to secure the rights of injured parties, the Insurer will provide such surety to a maximum of 10% of the insured sum. The insureds are required to authorise the Insurer to dispose of the surety as soon as this is released and furthermore, to provide every assistance in order to obtain repayment.

5.8 Exclusions

In addition to the general exclusions referred to in Section 1.7, the following exclusions shall apply.

5.8.1 Intent

Liability on the part of an Insured is excluded for damage that is the intended or certain consequence of his/her action or omission. The company shall not invoke this exclusion in respect of liability on the part of children up to 14 years of age.

5.8.2 Object

There is no insurance cover for liability for damages:

- a. to goods in the possession of the insured, or of a party on behalf of the insured, pursuant to a rental, lease, leasehold or pledge agreement, or usufruct (including the rights of use and occupation);
- b. on the grounds of the operation of a (secondary) business or (secondary) occupation, the performance of manual work other than as a free service, and the performance of military service or mandatory civil service;
- c. to goods that are in the possession of the insured unlawfully;
- d. to trailers, (standing) caravans, trailer tents, motor vehicles and sailing vessels, including windsurfers and flying equipment in the possession of the insured or of a party on behalf of the insured;
- e. consisting and/or as a result of the loss, theft or missing of money, securities, bank, giro, debit or credit cards in the possession of an insured or of another party on behalf of the insured. Liability for damage to property in the possession of the insured other than in the cases referred to in paragraphs 5.8.2a to 5.8.2e is covered, to a maximum amount of EUR 10,000 per incident.

5.8.2.1 Goods in the possession of the insured during work on a training placement or that belong to the location of the training placement are insured to a maximum amount of EUR 10,000 per incident.

5.8.3 Motor vehicles

Liability in respect of damage caused with or by motor vehicle owned by, in the possession of, driven by, or used by an Insured Person is excluded from cover. This exclusion does not, however, apply to:

- a. the liability of an Insured as a passenger in a motor vehicle, including damage to the motor vehicle concerned;
- b. the liability of an Insured as the owner/user of a motorized mowing machine, child's toy, or similar appliance if this cannot exceed a speed of 10 kilometers an hour, or remote controlled model cars;
- c. the liability of an Insured in respect of damage caused by a caravan trailer, baggage trailer or boat trailer not connected to a motor vehicle, with the exception of damage caused by the coupling giving way;
- d. the liability of the Insured, if he/she is younger than 18, in respect of damage caused while joyriding in a motor vehicle. Liability remains excluded:
 - in the event of the theft or misappropriation of the motor vehicle;
 - for damage to the motor vehicle itself.

In case of joyriding without vandalism, this cover shall not apply insofar as the liability is covered by a different insurance, whether or not of earlier date.5.8.4 Vessels

Liability is excluded in respect of damage caused with or by a vessel. This exclusion does not, however, apply to:

- a. liability in respect of damage caused with or by rowing boats, canoes, sailboards, or remote-controlled model boats;
- b. liability in respect of damage to persons caused by or with sailing boats with a sail area of no more than 16 m²; unless the boat concerned is equipped with a motor (including an outboard motor) with a capacity of more than 3 kW, the liability of an Insured Person as a passenger in a vessel, including

damage to the vessel concerned. The above cover shall not apply insofar as the liability is covered by a different insurance, whether or not of earlier date.

5.8.5 Aircraft

Liability is excluded in respect of damage caused with or by an aircraft, model aircraft, hang-glider, target aircraft, parasailer, cable-controlled kite, airship, model rocket, or balloon with a diameter of more than 1 m when entirely filled. This exclusion does not, however, apply to:

- a. liability in respect of damage caused with or by a remote-controlled model aircraft with a maximum weight of 20 kg;
- b. the liability of an Insured Person as a Passenger in an aircraft, including damage to the aircraft concerned. The cover referred to in a and b shall not apply insofar as the liability is covered by a different insurance, whether or not of earlier date.

5.8.6 Weapons

Liability is excluded in respect of damage caused by and/or possession of weapons (including firearms).

5.8.7 Sexual conduct

Liability is excluded:

- of an Insured in respect of damage caused by and/or arising from his/her sexual or sexually tinted conduct of any kind whatsoever;
- of an Insured belonging to a group for damage caused by and/or arising from sexual or sexually tinted conduct of any kind whatsoever towards one or more persons belonging to the group, even if the Insured Person did not himself/herself behave in such a manner.

5.8.8 Residential accommodation/home contents

Liability is not covered in respect of damage to the accommodation lived in or used by the Insured Person or damage to the household effects within the living accommodation.

5.8.9 Living as a family

In the case of persons living together as a family (cohabiting couple, married couple, registered partners), liability is only covered in respect of personal

damage done to one another. There is consequently no cover for liability in respect of damage to personal or common property.

5.9 Damage assessments and regulation

The Broker will deal with determining the damage and making the relevant arrangements. He/she is entitled to compensate the aggrieved party directly and arrange settlements with him/her. In doing so, the Broker will have regard to the interests of the Insured Person. If payment of compensation consists of periodic payments and if the value thereof, taking into account other payments, is higher than the insured amount, the duration or size of the payments – this being at the discretion of the Insured Person – will be reduced proportionately.

5.10 Obligations of the insured

If its liability is invoked, the insured is required to notify Aon of this as soon as is reasonably possible. Aon will submit your claim for personal injury to the Insurer.

6 Legal aid

6.1 Connection of conditions

These terms and conditions form an integral part of the general terms and conditions that have been declared applicable for Aon's Student Insurance Package. The Insurer will reimburse the Insured Party or the policyholder for the costs of legal assistance and related expenses up to at most the amounts listed below, in accordance with the provisions in these policy terms and conditions.

6.2 Area of coverage

'Outside Europe' shall also be taken to mean the Azores, the Canary Islands, Madeira, and the non-European countries on the Mediterranean Sea.

6.2.1 Legal aid

The insurer shall reimburse the insurant or policyholder for costs incurred for the recovery by or on behalf of the policyholder on a third party who has

caused the policy holiday physical injury, illness or death during a stay abroad relating to a period of study or training up to a maximum of EUR 50,000 within Europe and 15,000 outside Europe.

6.2.2 Custody

The insurer shall reimburse the costs of a foreign solicitor, if the policyholder is taken into custody or is threatened with being taken into custody during a period of study or training abroad, up to a maximum of EUR 5,000.

6.2.3 Bail

Euro Assistance arranges and grants advances of up to a maximum of EUR 50,000 to post bail if a policyholder is taken into custody or is threatened with being taken into custody during a period of study or training abroad. The policyholder must repay the advance within 3 months of the date of payment, or immediately in case of repayment by the authorities or if the bail is declared forfeit due to non-appearance in court, unless the latter could not reasonably be required of the policyholder.

6.3 Exclusions

there is no right to payment if the expenses of legal aid:

- are the result of a violent crime, a property crime or a violation of narcotics legislation by the policyholder;
- are intended for a claim against a travel agent, tour operator insurance company or their agents;
- are intended for a claim against the insurant, the insurer or any organisation or person who is involved in drawing up this insurance.

6.4 Damages

6.4.1 Obligations

The insurer shall agree in advance to the intended recovery. This permission shall be given if the policyholder can convince the insurer that:

- a. there are reasonable grounds for realising the intended recovery, and
- b. the costs of legal aid will be reasonable. All claims and legal proceedings, including any appeals ensuing from the same event or circumstances, shall be deemed as a single claim. If the recovery action is concluded successfully, all the costs of legal aid that are reimbursed partly or in full shall fall to the insurer up to a maximum of the sum that was reimbursed by the insurer.

7. Home contents and baggage

7.1 Definitions of terms

7.1.1 Home contents

Household effects shall be taken to mean all movable items under the responsibility of the Insured Person that are normally considered to be household effects and that are present at the permanent address or abode of the Insured.

7.1.2 Baggage

Baggage refers to items that the Insured has taken with him/her on the journey or which he/she has sent on ahead or had forwarded to his/her destination during the validity period of the insurance.

7.1.3 Travel

Travel refers to travel on a recreational basis or for study purposes outside the home country. Holiday travel within the stay country shall comprise only travel involving at least 1 night's stay or for a period longer than 24 hours for which the Insured Person can demonstrate the recreational nature and can provide evidence of booking/reservation/payment. Normal commuting/study travel within the country where the Insured Person is studying is not covered.

7.1.4 Additional exclusions

The following shall not be deemed to be household effects or baggage:

- monetary instruments of any kind whatsoever, manuscripts, drawings and drafts;
- collections (for example collections of postage stamps or coins);
- animals;
- cash and/or cheques.

7.1.5 Travel documents

Travel documents shall be taken to be: passport, identity document, tourist card, travel ticket, driving license, vehicle registration certificate, license plate, 'Green Card', and visa.

7.1.6 New value

The 'new value' refers to the amount required to purchase new objects of the same type and quality.

7.2 Scope of coverage

Household effects are insured up to a maximum of EUR 6,000. Baggage is insured up to a maximum of EUR 1,500.

7.2.1 Limits

Taking account of the amounts referred to in Section 7.2, the following maximums shall apply:

7.2.1.1 *Windsurfers and bicycles*

Windsurfers and bicycles are insured up to a maximum of EUR 250 per item, including accessories.

7.2.1.2 *Photographic, film, video, audio, and computer equipment*

Photographic, film, video, audio, and computer equipment – which shall be taken to include accessories such as peripherals and audio or information carriers – are insured up to a joint maximum of EUR 700,-.

7.2.1.3 *Jewellery and watches*

Jewellery and watches are insured up to a joint maximum of EUR 150.

7.2.1.4 *Telecommunication equipment*

Telecommunication equipment (mobile or otherwise) is insured up to a maximum of EUR 150.

7.2.1.5 *Spectacles and contact lenses*

Spectacles, sunglasses, and contact lenses are insured in respect of all cover up to a maximum of EUR 200.

7.3 Covered incidents

Baggage is insured against loss, damage, theft, or absence. Household effects are insured in respect of the following risks:

7.3.1 Fire

fire and extinguishing of fire;

7.3.2 Explosion

fire and explosion;

7.3.3 Theft/robbery

theft, extortion, and robbery, as well as destruction or damage resulting from these events or attempts thereto. Damage due to theft will only be

compensated for if the theft is preceded by the building and/or outbuildings and/or site where the insured items are located being broken into (including from within). Theft and/or robbery out of doors are excluded if a journey is not concerned as referred to in Section 7.1.3;

- 7.3.4 Vandalism
vandalism perpetrated by a person who has illegally entered the building where the Insured Person resides;
- 7.3.5 Storm
storm damage, with storm being taken to mean a wind speed, observed by a local weather station, of at least 14 meters per second, including damage caused by rain, snow, or hail;
- 7.3.6 Precipitation
rain, snow, or melt water insofar as this has entered the building and/or associated outbuildings here the Insured Person resides and/or associated outbuildings through the roof or as a result of breakage, blockage, or overflowing of gutters or drainpipes. Damage resulting from defective maintenance of the building and damage caused by sewer water and groundwater are excluded;
- 7.3.7 Cranes
collapse of cranes or pile frames;
- 7.3.8 Aquaria
breakage of the glass of aquariums and wall mirrors due to any external calamity. In addition to damage to the household effects caused by glass breakage, the damage to the glass itself will also be covered;
- 7.3.9 Collisions
collision or crash involving the buildings where the Insured Person resides;
- 7.3.10 Lighting strike
lightning strike, regardless of whether this causes fire.
- 7.3.11 Water pipes
unforeseen leakage or overflows of water from central heating systems or water installations, and all the sanitary and other equipment attached to such, as well as from washing machines, dishwashers and other such equipment plumbed into the water mains by means of a protected connection to the extent they are in the building in which the Insured Person lives and/or an associated annex, and provided the leakage or overflow of water is a direct

consequence of a defect in the installations, machines or equipment referred to. Any damage as a result of wear and tear or inadequate maintenance of the installations, machines or equipment is excluded, as is damage caused by sewage or ground water.

7.3.12 Compensation in excess of the insured amount

The company will provide payment, if necessary above the insured amount, up to a maximum of 10% of the amount for which the household effects are insured in respect of:

- a. damage to the building where the Insured Person resides due to breaking and entering or an attempt thereto insofar as the cost is for the account of the Insured;
- b. extra costs incurred for necessary accommodation elsewhere if the building where the Insured Person resides becomes uninhabitable due to one or more of the events specified in Section 7.3;
- c. clearing-up costs, i.e. the costs for clearing up the household effects that are not already specified in the damage assessment, insofar as the clearing-up is a necessary consequence of the covered event.

7.4 Exclusions

Apart from the exclusions listed in Section 1.7, costs for the following shall not be reimbursed:

7.4.1 Motor vehicles

vessels (with the exception of sailboards), aircraft (including hang-gliders and parasailers), motor vehicles and mopeds, campers and other vehicles (with the exception of bicycles, together with the associated accessories, components and attachments (including tents);

7.4.2 Personal fault/personal wear and tear

damage due to wear and tear, inherent defect, inherent deterioration, and gradual effects of weather, seizure or forfeiture otherwise than due to a traffic accident, and damage by vermin;

7.4.3 Scratches

damage consisting of impairments such as scratches, dents, spots, and other

disfigurement, unless the damaged item thereby becomes entirely unsuited for its intended use;

- 7.4.4 Recording tubes, video and audio heads
damage consisting solely of damage to recording tubes or the video or audio heads of video or audio equipment;
- 7.4.5 Failure to exercise normal care
if the Insured Person has failed to observe the normal level of caution to prevent loss, theft, or damage of/to baggage or household effects.
- 7.4.5.1 *Due Care*
Normal caution shall in any case be deemed not to have been observed if video, computer, photo, film, audio, or telecommunication equipment, jewellery, watches, furs, or other valuable items are left unattended elsewhere than in a properly locked room. A properly locked room shall not be taken to include a means of transport.
- 7.4.5.2 *Goods left in a means of transport*
An entitlement to payment in respect of items not listed in Section 7.4.5.1 that are left in a means of transport shall only apply if and insofar as: the Insured Person could not reasonably have been expected to take any more secure measures; the items were contained in a properly locked car boot and were also not visible from outside.
- 7.4.6 Money
cash, cheques, and/or credit card.
- 7.5 Obligations in the event of damages
In addition to the obligations listed in Section 1.6, the Insured Person shall also be obliged:
- In the event of loss, damage, vandalism, burglary, extortion, or robbery, to report the matter to the police as quickly as possible, but no later than within 3 times 24 hours. A copy of the police confirmation of the report
 - must be sent to the Broker;
if necessary, to demonstrate the ownership,
 - value, and age of the insured items;
in the event of damage to baggage or household effects, to enable the Insurer to
 - examine them before they are repaired;
in the event of damage occurring during

transport of the insured items by train, boat, aircraft, or other means of transport, to check the baggage on receipt to determine its good condition and/or whether anything is missing;

- should anything be missing and/or not be in good condition, the Insured Person shall be obliged to report the matter to the transport company and to require that the transport company provide official confirmation that a report has been made.

7.6 Method of determining damage

7.6.1 Travel documents

The basis for calculating the compensation to be paid for travel documents shall be the amount that must be paid to reacquire the documents concerned.

7.6.2 Compensation

The basis for calculating the compensation to be paid for baggage and household effects shall be the replacement value in the case of items that are no older than 12 months. In the case of items older than 12 months, the compensation to be paid shall be determined on the basis of the current value.

7.6.3 Replacement value

Replacement value shall be taken to mean the amount that must be paid to acquire new items of the same type and quality.

7.6.4 Current value

Current value shall be taken to mean the replacement value minus an amount representing the reduction in value due to age or wear and tear.

7.6.5 Market value

In the case of items that cannot be replaced by new items of the same type and quality, the compensation to be paid will be based on the market value, which shall be taken to mean the market price for sale of the items by the Insured Person in the condition in which they were immediately before the damage was incurred.

7.7 Repair or replacement

If damaged or lost items are reasonably capable of repair and/or can be replaced, the Insurer shall be entitled to have them repair and/or replaced.

7.8 First Loss

Compensation shall be paid up to a maximum of the insured amounts regardless of the total value of the insured items.

Summary of cover

Cover description	Complete	Start
Section 2 medical costs		
Reimbursement of doctors-expenses.	Actual costs	Not covered and hospital
<i>Special medical costs:</i> Physiotherapy	12 treatments	Not covered
Acupuncture	12 treatments	Not covered
Expenses in connection with medically unnecessary delivery Hospital or obstetric care in or at home.	Max. EUR 1,800	Not covered
Medical aids extensive medical	According to aid regulation	Not covered
Dental expenses caused by an accident.	Max. EUR 1,000 per event	Not covered
Dental expenses in case of per year of insurance	Max. EUR 350	Not covered an emergency
Section 3 Accident insurance		
a In case of accidental death.	EUR 10,000	EUR 10,000
b Maximum in case of disablement	EUR 75,000	EUR 75,000 permanent
Section 4 Extra costs and assistance		
a The costs of a return flight by the insured on being	Max. EUR 7,000	Max. EUR 7,000

Cover description	ICS Complete	ICS Start
recalled to his or her country of origin in the event that a relative by blood or by affinity in the first and second degree should be in peril of death or have died. If the insured is in peril of death the costs for tickets and accommodation of 2 family members are covered.		
b Repatriation of mortal remains	EUR 700,000	EUR 700,000
to the country of origin or local burial/cremation, place of death, if the costs do not exceed the repatriation costs.		
c Telecommunication expenses p.p. per insured period	Max. EUR 150	Max. EUR 150
d Additional costs in connection with repatriation/evacuation by ambulance airplane.	EUR 700,000	EUR 700,000
Section 5 Liability insurance	Max. € 1,250,000	Max. € 1,250,000
	per insured event	per insured event

Section 6 Legal assistance (not valid during work)

- Legal assistance in seeking redress
- Legal assistance in penal cases
- Legal assistance in contracts
- Bail

Inside Europe	EUR 50,000	EUR 50,000
Outside Europe	EUR 15,000	EUR 5,000
(max. p.p. per event)	per event	per event per event

Section 7 Travel and Baggage insurance

Household contents	Max. EUR 6,000	Max. EUR 6,000
Personal baggage	Max. EUR 1,500	Max. EUR 1,500

Special inner limits apply a.o. to:

Photo, film, video and computer equipment	Max. EUR 700	Max. EUR 700
Contact lenses and spectacles	Max. EUR 200	Max. EUR 200
Travel documents	Actual costs	Actual costs

N.B. This summary of cover provides an indication. Read the policy conditions for full details of the cover.

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