



A MEMBER OF AMERICAN INTERNATIONAL GROUP, INC.

Translated from French

**GENERAL CONDITIONS
CONCERNING AIG EUROPE INSURANCE CONTRACT N° 4.089.005
NAMED " PLAN SANTÉ INTERNATIONAL STUDIES "**

**AIG EUROPE
A corporation with a capital of 25.000.000 €
A Company governed by the insurance Code
Nanterre Trade and Companies Register B 552 128 795 00135 – EEC VAT FR 41 552 128 795
A Member of American International Group, Inc.**

INTRODUCTION

This certificate confirms that as a member, you are insured under the AIG EUROPE contract:

PLAN SANTE INTERNATIONAL STUDIES N° 4.089.005

This booklet describes the general conditions regarding coverage of the risks eligible for insurance.

We wish you a pleasant stay.

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Translation : This document is a literal translation of the original policy conditions in French. In the case of an event which involves one or more of the guarantees, the policy conditions in French shall take precedence and be considered as the binding contractual document.

CHAPTER 1 – YOUR COVERAGE

The present contract covers you during your studies abroad under the following guarantees and services:

- Loss, theft, or deterioration of luggage coverage
- Reimbursement for Medical Expenses in case of accident or illness coverage.
- Implementation of assistance services in case of accident or illness.
- Accidental death or disability capital coverage
- Civil liability coverage.
- Interruption of studies (option)

It is agreed that this coverage and these services may not be subscribed independently of one another

The PSI Studies Management Center, acting under a special mandate granted by AIG EUROPE S.A., is authorized to process and settle claims as per the terms and conditions of this policy.

The Assistance Centers appearing in Chapter 6 are authorised to process and settle claims connected with the "Medical Expenses" and "Assistance" coverage arising during your trip.

Only the present contract governed by the French general conditions and the French insurance Code, and the information appearing in your membership form is authoritative and applicable in case of a claim or of a dispute between the parties.

Your entire insurance premium remains AVA's property. (In case of cancellation, there will be no refund of any premiums paid).

CHAPTER 2 – « PSI STUDIES » COVERAGE CHART

To find out what are the conditions of coverage applications presented in this chart, see the following chapter.

COVERAGE	AMOUNT AND LIMITATIONS
<ul style="list-style-type: none"> Loss, theft or deterioration of luggage coverage 	Maximum per person 1.500 € Valuables limitations : 750 € Deductible per loss : 25 €
<ul style="list-style-type: none"> Medical Expenses Abroad In case of Hospitalization call to the Assistance Center compulsory <ul style="list-style-type: none"> 100 % of reasonable and customary in a hospital previously approved by the Assistance Center 90 % of reasonable and customary in a hospital not previously approved by the Assistance Center Apart from Hospitalization 100 % of reasonable and customary. Medical Expenses in France Upper limit in accordance with the French Social Security Convention rate. 	Maximum Worldwide :1.000.000 € Deductible per loss :NONE for approved hospital Deductible for non-approved hospital 25 € Maximum maternity medical expenses: 8.000 € Maximum Worldwide :1.000.000 € Deductible per loss : NONE Maximum maternity medical expenses: 8.000 € Maximum emergency dental care: 250 € Maximum in case of Hospitalization :1.000.000 € Deductible per loss in case of Hospitalization: ..NONE Maximum apart from Hospitalization : 15.000 € Deductible per loss apart from Hospitalization: 25 €
<ul style="list-style-type: none"> Repatriation Assistance, <ul style="list-style-type: none"> Sending drugs that are indispensable and unattainable locally Dispatch of a physician abroad Transport of the insured to a medical center Repatriation to the domicile Repatriation of the body in case of death Payment of Travel and stay for one of a relative in case of extended hospitalization Payment of extra accommodation and travel expenses in case the Insured stay is extended Return of the travel companions and payment of additional expenses and/or stay extension expenses Insured's early return Legal assistance abroad Bail advance abroad Cash advance Forwarding urgent messages Search and Rescue 	Real expenses Real expenses Real expenses Real expenses Real expenses Round trip ticket (economy flight) Maximum per person and per day : 50 € Maximum : 500 € Maximum per person and per day: 50 € Maximum : 500 € Round trip ticket (economy flight) Maximum per person and per day: 50 € Maximum : 500 € Return Ticket (economy flight) Maximum per Insured : 3.000 € Maximum per Insured : 7.500 € Maximum per Insured : 500 € Real expenses Maximum per Insured : 5.000 € Maximum par event 25.000 €
<ul style="list-style-type: none"> Individual accident <ul style="list-style-type: none"> Accidental death Accidental permanent disability 	Per person : 8.000 € Maximum per person :up to 40.000 € Deductible in case of disability: 30 %
<ul style="list-style-type: none"> Civil liability abroad 	Maximum bodily injury :4.500.000 € Maximum material damage :4.500.000 € Deductible per claim : 80 €
<ul style="list-style-type: none"> Interruption of studies 	Maximum per Insured 15.000 €



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CHAPTER 3 –DEFINITIONS OF YOUR CONTRACT

Insured/Policy holder

Any person being an AVA client whose names are mentioned on the Application Form and the Assistance Card and who has paid the premium of this contract.

Insurer

AIG EUROPE S.A.

Assistance Center

AIG Assist and AVA ASSISTANCE mandated by the Insurer.

Claim management center

AVA, mandated by the Insurer

Application Form

Document fully filled out and signed by the insured, giving his full name, date of birth, address, the dates of his stay, country of destination, coverage period, the option chosen if necessary, the drafting date of this document and the corresponding insurance subscription amount.

In case of a claim, the only applications that will be taken into account by the insurer are the ones whose corresponding subscriptions have been fully paid.

Assistance Card

Assistance card delivered by AVA to each insured on which his full name, beginning and ending dates of his stay, his identification number and the telephone number of the Assistance Centers appear.

Domicile

Your usual place of residence. The address for taxation purposes will be considered as the domicile in case of dispute.

Stay

Time period spent by the insured in a Foreign country. Time and destination appearing on the Application Form.

Territoriality

Worldwide.

Accident

Any unintentional bodily injury suffered by you resulting from the sudden action of an outside cause of which you are the victim after the effective date of your membership in the present contract.

Serious Accident

Any unintentional bodily injury suffered by you resulting from the sudden action of an outside cause of which you are the victim after the effective date of your membership in the present contract, noted by a qualified medical authority, forbidding any moving by your own

Disease (illness)

Any deterioration of health or any bodily injury recorded by an authorized medical authority during the time for which the contract is in effect.

Serious disease (illness)

Any sudden deterioration of the state of health, recorded by an authorized medical authority, entailing cessation of any professional or other activity, and resulting in a reserved prognosis or a long evolution requiring intensive medical treatment generally with hospitalization for study and treatment.

Prior accident or disease (illness)

Any temporary or definitive attack on the Insured's physical integrity recorded by a competent medical authority, prior to registration for the trip

Hospital / Medical Facility

A hospital or a clinic authorized to carry out medical acts and provide medical treatment to people who are ill or who have suffered accidents, possessing the local administrative authorizations allowing such practices as well as the required staff.

The following are not considered hospital or medical facilities: businesses not meeting the above definition, as well as establishments devoted to rest (rest homes, convalescence homes or re-education centres), as well as cure and detoxification establishments.



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Hospitalization

Hospitalization is the act of receiving treatment at a hospital or medical facility requiring a minimum stay of one night.

Deductible

The fixed amount appearing in the contract paid by the insured.

Term

A period of 90 consecutive days, starting at the beginning of the stay mentioned on the application form.

Surgery and comfort treatment

Among others, surgical operations or treatment due to: acne, allergies including allergy tests, any periodic check ups or examination and periodic contraceptive check ups, plastic surgery operations of all kinds not resulting from a covered accident, circumcision, corns on the feet or bunions, cosmetic treatments of all kinds not resulting from a covered accident, operations for and treatment of congenital malformations, health check-ups, fertility tests and the treatments connected with fertility (men and women), hormone treatments, incontinence, treatment of warts, cysts, treatment of obesity, prenuptial examinations, preventive treatments or vaccines not resulting from a covered event, insomnia treatment, tying the fallopian tubes, vasectomy, and slimming treatments.

Usual Reasonable and Customary Charges

Means a reasonable charge which is :

- Usual and customary when compared with the charges made for services and supplies
- Made to persons having similar medical conditions in the locality of the Insured person.

No payment will be made under this policy for any expenses incurred which in the judgment of the Insurer are in excess of usual Reasonable and Customary Charges.

Civil war

Armed conflict between two or more parties belonging to one and the same state, the members of the mentioned parties being of different ethnic origin, religion or ideology.

The following in particular are treated as civil war: armed rebellion, revolution, sedition, insurrection, coup d'état, the consequences of martial law and of border closings ordered by a government or by local authorities.

It is up to the Company to prove that the claim results from one of the mentioned facts of civil war.

Foreign war

Armed conflict, declared or undeclared, between one state and another state. The following are also considered as Foreign War: invasion, state of siege.

If an accident occurs, it is up to the insured to prove that the claim results from some fact other than a fact of foreign war.

Terrorism

shall mean the use or threatened use of force or violence against person or property, or commission of an act dangerous to human life or property, or commission of an act that interferes with or disrupts an electronic or communication system, undertaken by any person or group, whether or not acting on behalf of or in any connection with any organization, government, power, authority or military force, when the effect is to intimidate, coerce or harm a government, the civilian population, or any segment thereof, or to disrupt any segment of the economy.

Terrorism shall also include any act which is verified or recognized as an act of terrorism either by the government of the country where the act occurs or the insured person's country of residence.

Nuclear

Substances shall refer to elements, particles, atoms or material which through the emission, discharge, dispersal, release or escape of any radioactive material which emits a level of radiation through ionization, fission, fusion, breakdown or stabilization of said elements, particles, atoms or material.

Biological

substances shall refer to any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxin(s)) which are capable of causing incapacitating disablement or death amongst people or animals.

Chemical

substances shall refer to any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.

Claim

Realization of an event provided for in the contract. Consists of one and only claim, related to the same event.

CHAPTER 4 – EFFECTIVE DATE AND DURATION OF COVERAGE

The coverage applies 24 hours a day in accordance with the country of your stay during the period appearing on your application form under the present contract and on your "Plan Santé International Studies" identification card.



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The coverage period may never be more than 12 consecutive MONTHS.

CHAPTER 5 – LOSS, THEFT OR DETERIORATION OF LUGGAGE:

Concerning the implementation of this coverage, see the following definitions:

Luggage

Suitcases, trunks, hand luggage of the insured and their contents as long as they are clothing, personal effects, taken by the insured during the covered trip or objects obtained during this trip.

Valuables

Hunting guns, sporting equipment and goods, jewelry, objets made with precious material, precious stones, pearls, watches, furs, photographic equipment, equipment related to cinematography and information technology or cellular phones, equipment related to recording, sound or picture production as well as their accessories.

PURPOSE OF COVERAGE

The purpose of this coverage is to reimburse the insured, up to the amount stated herein (minus the deductible paid by insured) in case of loss, theft or total or partial deterioration of their luggage, during transport by the airline company with whom the insured is travelling and by which the luggage has been properly checked in and under the care, custody and control of the airline.

In all cases, the compensation is calculated on the basis of the replacement value of the objects of the same kind minus depreciation and cannot exceed the amount of the loss sustained and cannot take into account indirect damage.

The first year following the purchase the reimbursement value is calculated up to 75% of the purchase value price. The second year following the purchase, the value is reduced by 10% per year.

The valuables are covered up to the amount shown on the "Coverage Chart".

When the loss, theft or total or partial destruction of the insured's luggage falls under civil liability of the transporting company by which they were properly checked in, the coverage stated herein is in excess and surplus to any compensation provided by the transporting company without exceeding the maximum amounts given on the "Coverage Chart".

SPECIAL MEASURES TO TAKE IN CASE OF LOSS, THEFT OR DETERIORATION OF LUGGAGE

Besides the measures provided in Chapter "WHAT TO DO IN CASE OF A CLAIM", the insured or his representative must:

- **In case of theft, inform the concerned local authorities that same day by filing a complaint.**
- **File a loss, theft, total or partial deterioration claim (specify the damages) with the airline company in charge of transportation of luggage.**
- **In case of theft, inform the Management Center by registered mail within 2 business days following the theft. Claims filed after 2 business days may be rejected by the Insurance Company.**

CHAPTER 6 – MEDICAL EXPENSES COVERAGE

PURPOSE OF THE COVERAGE

This coverage applies for expenses incurred in the treatment of a covered accident or illness.

It pays for the following:

- pharmaceutical, radiology, tests and fees expenses,
- all expenses resulting from Hospitalization, including hospital transport expenses.

A competent medical authority must prescribe all such out-of-pocket expenses.

Emergency dental treatment :

The insurance will cover 75% of the reasonable and customary resulting from emergency dental treatment (i.e., work that cannot be deferred because of the insured's pathological condition). This benefit covers the following types of treatment : dressing, filling, root canal and extraction.

Dental prosthesis following an accident :



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If, following a covered accident, you must receive care requiring a dental prosthesis, this insurance will pay 75% of the reasonable and customary for the mentioned prosthesis up to the amount shown on the "Coverage Chart".

Optical :

The insurance will cover 75% of the reasonable and customary for an ocular prosthesis up to the amount shown on the "Coverage Chart".

Medical expenses with Hospitalization :

The insurance will cover the hospital medical expenses resulting from an accident or a covered illness, up to 90% of the real expenses from 0 to 5.000 € and 100% of the real expenses for the amount from 5.001 € to 200.000 €.

SPECIAL MEASURES TO TAKE IN CASE OF HOSPITALIZATION

In case of an accident or illness of the insured requiring Hospitalization, the insured (or his legal representative) must beforehand, except in certain uncontrollable instances, contact the Assistance center who will give him the name and address of the authorized hospital closest to him.

If for health's reasons the insured (or his legal representative) was not able to establish contact before Hospitalization, contact must be made to the Assistance Center as soon as his condition allows.

Failing that, Hospitalization expenses will not be able to be taken care of directly by the Assistance center, and will be reimbursed only up to 90% of actual expenses, within restrictions per person and per file defined in the "Coverage Chart".

If the hospital does not accept direct payment of expenses by the Assistance Center, the insured will pay and will be reimbursed according to the restrictions per person and per file defined in the "Coverage Chart".

LIMITS ON COVERAGE

- Medical costs without Hospitalization : 100 % of reasonable and customary within the limit, per person and per loss, as defined in the "coverage chart" after deducting the deductible per loss also indicated in the "Coverage Chart".
- Medical costs in case of Hospitalization : 100 % of reasonable and customary within the limit, per person and per loss, defined in the "Coverage Chart" with no deductible if the Insured is an inpatient in a hospital previously approved by the Assistance Center. 90 % of reasonable and customary within the limit, per person and per file, defined in the "Coverage Chart" if the Insured is an inpatient in a hospital not previously approved by the Assistance Center.
- Emergency dental care : 70 % of the reasonable and customary, within the limit, per person and per loss, defined in the "Coverage Chart" after deducting the deductible per loss also indicated in the "Coverage Chart", incurred by an emergency dental care (which cannot be postponed in time, the sequels of the Insured party's pathology) administered for the following care : dressing, filling, removal of a nerve of a tooth or extractions.
- Medical costs related to maternity (pregnancy, non voluntary abortion, delivery and their pathological consequences) :75 % of reasonable and customary, within the limit, per person and per loss, defined in the "Coverage Chart" after deducting the deductible per loss also indicated in the coverage chart.
This coverage is afforded to an Insured aged maximum 40 years the day of her subscription to the present policy, exclusively abroad and after a 180 days waiting period as from the Insured's subscription to the present policy.

TERMINATION OF MEDICAL EXPENSES COVERAGE :

Coverage of your medical expenses shall cease in the following cases :

ABROAD :

On the expiry of the period of Insurance shown on the Identification Card

However the cover may continue for 90 days from the expiry of your identification card if, and only if, the cause of the claim occurred during the period of insurance.

IN FRANCE :

Definitive return to France :

Your medical expenses coverage ceases on your return to France.

However we shall cover the effects of accident or illness occurring during the period of validity of your insurance for a maximum period of 90 days from your date of return. The maximum cover shall be the official French Social Security rate.

Temporary return to France :



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If you stay in France for less than 30 days (e.g. holiday) while your card is still valid, you shall benefit from medical expenses coverage though only in the case of hospitalization following an accident or illness. Medical expenses apart from Hospitalization shall be borne by you in all cases.

CHAPTER 7 – ASSISTANCE COVERAGE, REPATRIATION

CONDITIONS OF INTERVENTION

For every intervention, the insured or his representative must contact the Assistance Center beforehand. The name and address can be found in the Chapter “WHAT TO DO IN CASE OF A CLAIM” and on the assistance card.

In every case, only the Assistance Center medical authorities are entitled to decide on repatriation, the choice of transportation and the place of Hospitalization, and if need be will contact the doctor in charge and/or the family doctor.

Reservations are made by the Assistance Center who has the right to ask the insured for any unused tickets.

The Assistance Center has to cover only additional charges, to the ones the insured would have had to face for his return.

This coverage is provided for implementation and taking care of the following services :

SENDING DRUGS THAT ARE INDISPENSABLE AND CANNOT BE OBTAINED LOCALLY ABROAD

The Assistance Center seeks, on your behalf, the necessary drugs and sends them to you as soon as possible, within the limits of the legislation of the country in which he is located.

You have to pay for the cost of the said drug. Treatment in progress before departure is not covered. Contraception means are not considered drugs

DISPATCH OF A PHYSICIAN ABROAD

In case this is considered necessary both your state of health and due to the circumstances, the Assistance Center sends a physician or a medical team to obtain a better judgement of the steps to be taken and to arrange them.

TRANSPORT TO A MEDICAL CENTER

On the basis of an the Assistance Center medical opinion, we arrange, carry out and pay for, in total or in part, your transport to the best appropriate medical center or the one that is best equipped.

Depending on the seriousness of the case and on the circumstances, you are transported by:

- 1st class rail, seated or sleeping car,
- ambulance,
- a regular flight, seated or on a stretcher, (class depending on medical advisor)
- private hospital plane.

REPATRIATION TO THE DOMICILE

On the basis of an the Assistance Center medical opinion, we will repatriate you to your domicile when you are able to leave the hospital establishment and your condition justifies this.

The repatriation as well as the most appropriate means are decided on and chosen solely by the Assistance Center.

REPATRIATION OF THE BODY IN CASE OF DEATH

In case of death of the insured, we pay for and see to repatriating the body to the insured's domicile or to his country of origin.

The expenses relating to burial, embalming, the coffin and ceremonies are not paid, unless they are mandatory under local legislation.

PAYMENT OF TRAVEL AND STAY FOR ONE OF YOUR RELATIVE IN CASE OF EXTENDED HOSPITALIZATION

If none of your relatives travels with you, and if your state of health does not allow repatriation and if your hospitalization is for more than 7 consecutive days (or 48 hours if you are a minor or disabled), AVA Assistance pays for travel (round trip economy class from home country) and accommodation for one of your relatives so that he can stay with you.

The Assistance Center organizes and pays for living expenses of your relative up to the amount shown in the Table of benefits.

PAYMENT OF EXTRA ACCOMMODATION AND TRAVEL EXPENSES IN CASE YOUR STAY IS EXTENDED

If your state of health does not require hospitalization, the Assistance Center cannot carry out repatriation and the anticipated duration of the trip is over, the Assistance Center pays for your stay extension expenses up to the amount shown in the table of benefits



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RETURN OF YOUR TRAVEL COMPANIONS AND PAYMENT OF ADDITIONAL EXPENSES AND/OR STAY EXTENSION EXPENSES

If you are hospitalized or repatriated by the Assistance Center during your trip, the Assistance Center organizes and pays for additional expenses and/or stay extension expenses for your spouse and/or children or for one unrelated travel companion

INSURED'S EARLY RETURN

In case of death or hospitalization for more than 48 consecutive hours of a relative, the extra cost for the insured to return home as long as he cannot use the transport ticket initially provided in connection with his trip

LEGAL ASSISTANCE ABROAD

If you are jailed or threatened with jail, the Assistance Center pays the expenses of legal counsel up to the limit shown in the Table of Benefits

BAIL ADVANCE ABROAD

If you are jailed or threatened with jail, the Assistance Center will bail you out up to the limit shown in the Table of Benefits

You will have to reimburse the Assistance Center within three months starting from the day of the advance. If this bail is refunded before that time by the country's authorities, it must be returned immediately to the Assistance Center. If you are summoned to appear before a court and do not appear, the Assistance Center shall immediately demand repayment of the bail. Legal proceedings may be filed if no reimbursement is provided for the bail within the scheduled period.

CASH ADVANCE

In case of loss or theft of your bank cards, your identity papers (such as passport, visa, identity card...) and/or your return air ticket, the Assistance Center will provide you with a maximum cash advance shown in the Table of Benefits to help you to replace them. The Assistance Center will also ask you at the same time for a financial guarantee in France.

FORWARDING URGENT MESSAGES

Upon your request, the Assistance Center transmits to your addressee in country of residence, 24 hours a day, urgent and strictly personal messages.

SEARCH AND RESCUE

Reimbursement of expenses incurred during search and rescue (including helicopter) operations organized by either civil or military rescue staffs as a result of your accidental disappearance.

Only expenses incurred by authorized entities and for which you are invoiced may be the object of reimbursement.

CHAPTER 8 –PERSONAL ACCIDENT COVERAGE

PURPOSE OF THE COVERAGE

Payment of a capital in case of accidental death

In case of death of the insured occurring immediately or within 2 years following a covered accident, the Insurance Company commits to giving to the beneficiary(ies) a fixed amount shown on the "Coverage Chart".

The capital beneficiary is the insured spouse, failing that the insured children, failing that the insured eligible parties.

Payment of a capital in case of accidental disability

When the insured is a victim of a covered accident and that medical authority recognize a partial or total permanent disability the Insurance Company will pay a fixed amount shown on the "Coverage Chart" multiply by the disability rate of the insured in conformity with the Indicative Disability Table of Work Related Accidents established according to October 30, 1946 law of the Social Security Code.

The insured cannot expect any compensation before the disability is proved permanent, which is before complete setting. Setting meaning the date from which the insured health is considered stabilized from a medical standpoint even though there are some permanent after-effects.

Relative deductible : This contract covers only disabilities over 30%.

Cumulative compensations :

No accident can bring simultaneously a compensation payment for accidental death and accidental disability. However, if after having received compensation following disability due to a covered accident, the insured died within 2 years of the consequences of that accident, the Insurance Company will give to the beneficiary(ies) the amount provided in case of accidental death, after deduction of compensation already given in relation to the disability.



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CHAPTER 9 – CIVIL LIABILITY COVERAGE

Concerning the implementation of this coverage, see the following definitions:

Bodily injury

Any physical harm suffered by a person.

Material damage

Any degradation, deterioration, or loss or destruction of a thing or of a substance, including any physical injury to animals.

Third party

Any natural or legal person to **the exclusion of :**

- **yourself,**
- **the members of your family as well as your ascendants and descendants,**
- **your employees, whether salaried or not, when carrying out their duties.**

Civil liability Claim

In connection with civil liability, any claim made against you. All claims relating to one and the same occurrence constitute one and the same claim.

PURPOSE OF COVERAGE

The Insurance Company covers the financial consequences of civil liability occurring during your stay according to the concerned legislation or jurisprudence resulting from bodily and material damages to third parties up to the amount and deductible shown on the "Coverage Chart".

If a contract covering your civil liability, had been taken out previously or at the same time as this one, this coverage will be in excess and surplus of any coverage taken out previously or at the same time.

CHAPTER 10 – INTERRUPTION OF STUDIES COVERAGE

Since this coverage is optional, it must be requested when taking out the International Health Plan

In the case of :

- Hospitalization of more than 60 consecutive days as a result of an illness or accident,
 - in the case of medical repatriation or in case of death of a relative,
- the Company shall reimburse the Insured Person for the unused portion of his school tuition already advanced. The maximum amount reimbursed may not exceed the amount shown on the "Coverage Chart".

The invoices corresponding to your course tuition must be supplied on taking out the contract to enable us to calculate the amount of the additional premium corresponding to this option (3% of the cost of your course). In the case of a claim, only the figures shown on the invoices provided to the Insurer before the claim used as the basis for calculating the additional premium shall be taken into account for reimbursement.

CHAPTER 11 – RISKS EXCLUDED FROM THE CONTRACT**EXCLUSIONS FROM ALL CONTRACTUAL COVERAGE**

Are always excluded:

- Any loss arising out of Civil or Foreign War, invasion, insurrection, revolution, use of military power or usurpation of government or military power.
- Any loss, directly or indirectly, as a result of Terrorism, including any action taken in hindering or defending against an actual or expected incident of Terrorism.
- Any contributory cause(s), to any loss, directly or indirectly, arising out of any Nuclear, Chemical or Biological exposure or contamination.
- Accidents that are intentionally caused or provoked by the insured.
- The consequences of the insured suicide or attempted suicide.
- Accidents caused by the use or absorption of drugs or similar substances, medicines, or treatment not prescribed by an authorized medical authority.
- Accidents caused by the insured alcoholic condition, characterized by the presence in the blood of a rate of pure alcohol equal to or greater than the one laid down under the French law governing automobile traffic.
- The consequences of an epileptic attacker or delirium tremens, of rupture of an aneurysm, coronary thrombosis, cerebral embolism or meningeal hemorrhage.
- When the insured is practicing a sport professionally.
- When the insured is practicing or taking part in an amateur race requiring the use of a motorized terrestrial, aerial or aquatic device.
- Use by the insured as pilot or as a passenger of an ULM (Ultra Light Motorized aircraft), delta plane, flying wing, parachute or paraglider.
- Dangerous sports: mountain climbing, caving, boxing, polo, parachuting, gliding, delta plane, underwater diving with autonomous devices.
- In connection with the insured participation in fights (except in legitimate defense), crimes, wagers of all kinds, popular movements, strikes, riots, attacks, acts of terrorism.
- Accidents resulting from the insured's use of firearms.

Are also excluded:

- The consequences of or relapses in connection with illness previously noted or a mental illness, spa cures, re-education, the expenses due to diagnosis or treatment of a physiological condition (pregnancy) already known before the effective date of membership in the present contract.
- Sexually transmissible diseases, AIDS and HIV infections.
- Nervous states of depression.
- Cases of backache, lumbago, sciatica, herniated disc, hernia parietal, invertebrate, white line inguinal and umbilical, crural nerve, scrotal,.

SPECIFIC EXCLUSIONS FROM COVERAGE OF LOSS, THEFT OR DETERIORATION OF LUGGAGE

Besides common exclusions, the following are never covered:

- Documents, identification papers, credit cards, bank cards, transportation tickets and vouchers, cash, titles and values, keys, skis, bikes, windsurfs, boats or any other means of transportation, material professionally related, musical instruments, arts objects, antiques, collections, merchandises, glasses, contact lenses, prosthesis of any kind, clothing or accessories worn by the insured, merchandises or perishable food.
- Smokers' accidents, as well as damages caused by objects fallen in or thrown into a hearth or burns due to an excess of heat without a fire.
- Loss and damages due to normal wear, timeworn, defect of the thing.
- Deterioration due to moth or vermin, to cleaning, fixing or restoration processes, humidity.
- Wrong handling of the thing by the insured or any other person.
- Bad packaging or defect of the package.
- When the objects are left unattended in a public place or in an unlocked room at the disposal of several occupants or when the objects are in a convertible automobile, in a vehicle with open windows or a vehicle with unlocked doors or unlocked trunk.
- Damages resulting from confiscation, seizure or destruction following the order of an administrative authority.

SPECIFIC EXCLUSIONS FROM COVERAGE OF MEDICAL EXPENSES AND ASSISTANCE COVERAGES

Besides common exclusions, the following are never covered:



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- Expenses relating to burial, embalming, coffins and ceremonies, unless made obligatory under local legislation, are not paid.
- The expenses incurred by the insured without the Assistance center's prior approval.
- The medical expenses incurred in the country of the insured's domicile.
- Routine examinations and tests or check-ups, preventive tests or treatment, check-up examinations and tests in the absence of a covered accident or illness.
- The expenses of transplanting organs not required by a covered accident or illness.
- The expenses of surgery and Comfort Treatment not resulting from a covered accident or illness.
- The medical expenses incurred by the insured in connection with a covered accident for replacement or repair of auditory, visual, dental and orthopedic prosthesis, except in the cases provided for above.
- Expenses relating to vaccination, acupuncture, physical therapy, or treatment by a chiropractor or an osteopath not resulting from a covered accident.
- The expenses relating to glasses (spectacles), contact lenses and prosthesis (excepted dental prosthesis) of all kinds.
- The expenses and treatments not prescribed by an authorized medical authority.
- Birth control.

SPECIFIC EXCLUSIONS IN CONNECTION WITH PERSONAL ACCIDENT COVERAGE

Besides common exclusions, the following are never covered:

- Accidents resulting from the use with or without driving of 2 or 3 wheel-engines of a cylinder superior to 125cm³
- Accidents occurring when the insured uses as a passenger aerial devices not belonging to a regular company or "Charter" authorized for commercial transportation of travelers on regular lines.

SPECIFIC EXCLUSIONS IN CONNECTION WITH CIVIL LIABILITY COVERAGE

Besides common exclusions, the following are never covered:

- Accidents caused to the insured or to his ascendants or descendants or to any person living with him.
- Accidents occurring in connection with use of automobiles or motorized devices, sailing or motorized boats, airships, or saddle animals of which the insured or the persons with whom he is civilly liable have ownership, management or custody.
- The material damage resulting from fire or explosion by virtue of the provisions of article 1384 of the Civil Code, the said damage being excluded in any case if it occurs on the premises owned or occupied by the insured.
- The material damage occasioned by the insured in case of loan of a motor vehicle or similar device will never be covered under the present contract.



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CHAPTER 12 – WHAT TO DO IN CASE OF A CLAIM (LOSS)

A - REPORTING A CLAIM

1 -CONCERNING ASSISTANCE SERVICES AND PAYMENT OF HOSPITALIZATION EXPENSES TAKEN CARE OF DIRECTLY

- Before any intervention you have to contact exclusively the Assistance Center
- Give the insurance contract number and the insured identification number shown on the card.

After verification, the Assistance Center gives a reference number
The Assistance Center then makes payment of expenses directly to the hospital.

Assistance Center's name and address : (appearing on the Assistance Card as well)

Concerning assistance services and payment of medical expenses due to hospitalization exclusively:

AVA ASSISTANCE

Téléphone : +33(0)1.49.02.42.11
Fax : +33(0)1.55.92.40.69

AXA Assistance US
122 Michigan Ave
Suite 1100
CHICAGO ILLINOIS 60603
Tel : 1.888.558.26.91

2 – FOR ALL OTHER COVERAGE

In order to be compensated as soon as possible, the insured or his legal representative, must file all claims by registered mail in order to implement the guaranties of the contract as soon as he found out about it :

- Within 2 business days in case of theft of luggage
- Within 5 business days in case of loss of deterioration of luggage
- Within 15 business days concerning medical expenses reimbursement except for hospitalization, concerning "Individual Accident" "Civil Liability" and "interruption of studies" coverage.

ALL CLAIMS WILL HAVE TO BE SENT TO THE MANAGEMENT CLAIM CENTER AT THE FOLLOWING ADDRESS:

AVA
25 rue de Maubeuge
75009 – PARIS – France

Telephone: From France: 01.53.20.44.23 From Abroad: 33.1.53.20.44.23
Fax: From France: 01.42.85.33.69 From Abroad: 33.1.42.85.33.69

In case of non-filing or late filing, coverage is no longer granted if the Insurance Company sustains a loss from this delay, except if you can prove that it was impossible for you to file your claim within the allowed period.

B - DOCUMENTATION NECESSARY FOR CLAIM SETTLEMENT

THE INSURANCE COMPANY WILL ALWAYS NEED THE FOLLOWING INFORMATION TO ESTABLISH A FILE

- The identification number of the insured and the contract number (written on the Assistance card)
- A signed copy of the application form of the present contract

(For fast processing of your file, fill out the "claim reporting" form located at the end of this document and send it at the time of your first reporting of the claim)

Furthermore, depending on the circumstances the Insurance Company will also need the following documents

CONCERNING LOSS, THEFT OR DETERIORATION OF LUGGAGE COVERAGE

- In case of theft, a copy of complaint reported to the concerned local authorities the same day or 48 hours after the theft occurred at most.



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- Copy of loss, theft or total or partial deterioration of luggage claim filed with the Airline Company in charge of transportation of luggage.

If stolen or lost goods are found and given back to the Insured, he has to advise the Management Center and return all compensation given to him according to this contract.

Concerning damage goods, the Insured may have to give proof of the damage either by sending the object to the Management Center or with the invoice paid for fixing the damage.

CONCERNING MEDICAL EXPENSES EXCLUDING HOSPITALIZATION

- Original invoices.

CONCERNING PERSONAL ACCIDENT COVERAGE

- A statement on one's honor describing in details the circumstances of the Accident and the names of potential witnesses, and eventually, the report written by the concerned local authorities describing in details the circumstances of the Accident.

In case of death

- A death certificate,
- A medical certificate certifying and giving the cause of death.
- A notarized birth or marriage certificate for each of the beneficiaries or eligible parties.

In case of permanent disability

- A medical certificate to certify initially.
- A disability certificate from the Social Security certifying Permanent Disability.

In case of disappearance : It is established that after a minimum delay of 12 months, after having checked all proof and available justification, the Insurance Company doesn't have any reason not to presume that an Accident occurred, then the Insured disappearance will constitute an event that implies the application of the present contract. It is agreed that if at any time after compensations have been distributed to beneficiaries, it is proved that the Insured is still alive, the whole payment will have to be reimbursed to the Insurance Company.

CONCERNING CIVIL LIABILITY COVERAGE

- A statement on one's honor describing the circumstances and consequences in details.
- All correspondence, written materials, summonses, judicial letters in relation to the claim.
- Inform also of any proceedings or investigations that the Insured may be subject to in relation to the claim.

The Insured cannot propose any agreement, promise, offer payment or compensation without the Company's written approval.

CONCERNING INTERRUPTION OF STUDIES COVERAGE

- Original invoices of the school establishment
- Any original document or information justifying the purpose of the claim

If additional medical documents or any other supporting document depending on the concerned coverage, are necessary for compensation of claim, the Insured will be informed personally by the Claim Management Center or the Insurance Company.

C - CLAIM PAYMENT PROCEDURE

Payment of the indemnity is made at the registered office of the Company in France or at the office of the agency where the contract was subscribed or to which it was transferred. After the parties' agreement, the indemnity is payable without interest within a period of two weeks following the time at which it is set. In the absence of agreement, payment shall be made within the same period following an enforceable court decision. Payment of the indemnity is definitive and releases the Company from any later recourse referring to the claim or to its consequences.

If you intentionally use inaccurate documents or fraudulent means, you lose all rights to any compensation.

If you refuse, without any valid reason, to be examined by the Company's physicians and / or experts and if, after notice given 48 hours in advance by registered mail, you persist in this refusal, you lose all rights to compensation for the claim in question.

Aggravation independent of the accidental or pathological fact

Whenever the consequences of an accident or of an illness are aggravated by the victim's constitutional condition, by the existence of prior incapacity, by empirical treatment or the insured refusal or failure to submit to the medical care required by his condition, the indemnity shall be calculated not on the basis of the actual consequences of the case, but rather on the basis of the ones that would have occurred in a person of normal health submitting to rational and appropriate medical treatment.



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Expertise (expert opinion)

The damage is valued by private agreement or, failing this, by agreed expertise (expert opinion), subject to the parties' respective rights. Each of the parties is to choose an expert.

If the experts designated in this way do not agree, they are to choose a third expert. The three experts are to operate by joint agreement and by majority vote.

If one of the parties fails to designate its expert, or if the two experts fail to agree on the choice of the third one, the designation is made by the Commercial Court within the district of which the loss (damage) has occurred. The appointment takes place on the basis of a simple application by the most diligent party filed, at the earliest, two weeks after dispatch to the other party of a registered letter containing a warning, with receipt.

Each party pays the expenses and fees of its expert, if any, and half of the fees of the outside expert and of the expenses relating to his appointment.

Exceptional circumstances

The Company and its agents may not be held liable for delays or hindrances in the performance of the services in case of strike, riot, traffic, any act of sabotage or of terrorism, civil or foreign war, release of heat or irradiation resulting from the disintegration of atomic nuclei, radioactivity, or other acts of God or cases of "force majeure".

Subrogation

To the extent of the expenses it has incurred, the Company has subrogated under the terms of Article L 121-12 of the Insurance Code to the rights and actions of its insured against any party liable for the prejudice.

Similarly, when all or part of the services supplied for performance of the contract coverage are covered in total or in part by an insurance policy, a medical insurance entity, social security or any other institution, the Company is subrogated to the insured rights and actions against the above-mentioned entities and contracts.

CHAPTER 13 – MISCELLANEOUS CONDITIONS

DECLARATION OF THE RISK

Pursuant to law, the present contract is drafted in accordance to your declarations. Hence you must make an exact declaration at the time of filing and answer the questions asked by the insurer of such nature as to enable it to judge the risks for which it is accepting responsibility (Article L 113-2 of the Insurance Code).

SANCTIONS IN CASE OF INTENTIONAL FALSE DECLARATION

Any intentional concealment, omission or inaccuracy in the risk declaration is sanctioned, even if it has had no influence on the claim, under the conditions laid down in Articles L 113-8 and L 113-9 of the insurance Code.

Likewise all oversight, reluctance, false declaration voluntarily or not in reporting the claim, exposes the Insured to loss of coverage or even cancellation of the contract.

NON-PAYMENT OF SUBSCRIPTION CHARGES

In case of non-payment within 10 days following starting date of coverage, the Insurance Company will have to claim the unpaid subscription charge by registered mail reminding of the legal actions to be taken:

- Suspension of coverage within 30 days following sending of registered letter, giving notice (art. L 113.3 of insurance Code).
- Cancellation of the contract 10 days after this 30 day-delay in case of non-payment.

STATUTE OF LIMITATIONS

Pursuant to Articles L 114-1 et L 114-2 of the Insurance Code, all actions lapse two years after the date of the event giving rise thereto, unless the beneficiaries in case of the insured death are the victim's assigns, in which case the said period is then increased to 10 years.

MULTIPLE INSURANCE

You may not in any case subscribe several times to the present contract for one and the same period. If that should occur, the Company's commitment would be limited in any case to a single membership.

ELECTION OF DOMICILE

The Company and its agents elect domicile at the Company's registered office:

TOUR AIG - 92079 PARIS LA DEFENSE 2 CEDEX

The contracting parties declare that they submit to the jurisdiction of the French courts and waive any proceedings in any other countries.

DATA PROCESSING AND FREEDOM (LAW N° 7817 OF 6 JANUARY 1978)

You may apply for communication and correction of any information concerning you that may appear in any file for the Company's use. The access and correction right may be exercised with the Company's registered office.



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NATURE OF THE CONTRACT AND INCONTESTABILITY

The present contract is a group insurance contract governed by French law and the Insurance Code. The insurer is a Company governed by the insurance Code and subject to the insurance Inspection Commission located at 54, rues de Châteaudun - 75009 - Paris.