

INTERNATIONAL STUDIES HEALTH PLAN

General Insurance Terms and Conditions

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



AVA

SMENO
Assurances

Limited Liability Corporation with capital of €25,000,000
Company governed by the Insurance Code
Commercial Register of Nanterre B 552 128 795 00135
A Member of American International Group, Inc.

CHARTIS 

AVA

HAS SUBSCRIBED TO AN INSURANCE AND TRAVEL ASSISTANCE POLICY WITH THE

CHARTIS

COMPANY

No. 4.089.005

OF WHICH YOU ARE A MEMBER.



INTERNATIONAL HEALTH PLAN

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**In France:
Abroad:**

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GENERAL TERMS AND CONDITIONS

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1 - PURPOSE OF THE POLICY

AVA has subscribed to an insurance and Travel assistance policy with CHARTIS Insurance under No. 4.089.005.
The object of this insurance policy

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.

is to cover AVA customers during their Travel abroad up to the limits and according to the terms defined below.

It sets out the following guarantees and services proposed according to the formula below:

- Baggage loss, theft or damage
- Medical charges
- Repatriation Assistance
- Individual accident coverage
- Legal liability abroad
- Study interruption (optional)

It is agreed that these coverages and services may not be subscribed to independently of each other.

Subscription to the present contract is for a non-renewable fixed duration.

The corresponding premium is not reimbursable.

Only the present contractual terms and the information provided on the Insured's application will apply in case of claims or disputes among the parties.

2 - SCHEDULE OF COVERAGES

To learn more about the terms for application of the coverages described in this summary table, please see the following chapters.

COVERAGES	TOTALS AND LIMITS
• Baggage loss, theft or damage	Maximum per Insured and per year: €1,500 Limit for valuables: €750 Deductible per claim: €25
• Medical expenses Abroad For hospitalization - call to the assistance center required Coverage from the 1st Euro, up to 100% of the actual costs for authorized Reimbursement institutions Reimbursement up to 90% of actual costs for unauthorized institutions	Maximum Around the World: Unlimited Deductible per claim: NONE for in-network hospitals Deductible per claim for non-network hospitals €25 Maximum maternity expenses 75%
Other than Hospitalization Reimbursement up to 100% of actual expenses	Maximum Around the World: Unlimited Deductible per claim other than hospitalization NONE Emergency dental expense Maximum: € 300
• Medical maternity expenses Reimbursement up to 75% of actual costs	Maximum: €8,000
• Medical expenses in France Capped at the level in the Reimbursement Fee Agreement	Maximum in case of hospitalization: €1,000,000 Hospitalization deductible per claim: NONE Maximum other than hospitalization: €15,000 Deductible per claim other than hospitalization: NONE
• Repatriation Assistance • Shipment of indispensable medications that cannot be found on site Abroad	Actual cost
•Transportation of a doctor to a site abroad.	Actual cost
•Transportation of the Insured to medical center	Actual cost

COVERAGES

- Repatriation of the Insured to his domicile
- Repatriation of the body in case of the Insured's death
- Coverage of a transport document
- And lodging expenses for a family member of the Insured

- Coverage of expenses for extending the Insured's travel

- Return of accompanying persons
- And coverage of lodging expenses

- Early return of the Insured
- Foreign legal assistance
- Foreign bail bond
- Cash advance
- Transmission of urgent messages
- Search and Rescue expenses

- **Individual accident coverage**
- Accidental Death benefit
- Accidental Permanent Disability benefit

- **Legal liability abroad**
- For water and fire damage

- **Study interruption (optional)**

TOTALS AND LIMITS

Actual cost	
Actual cost	
Round-trip ticket	
Maximum per person and per day:	€50
Maximum:	€500
Maximum per Insured and per day:	€50
Maximum:	€500
Round-trip ticket	
Maximum per person and per day:	€50
Maximum:	€500
One-way return ticket	
Maximum per Insured:	€3,000
Maximum per Insured:	€7,500
Maximum per Insured:	€500
Actual cost	
Maximum per Insured:	€5,000
Maximum per event:	€25,000
Per Insured	€8,000
Per Insured:	Up to €40,000
Deductible for disability:	30 %
Bodily injury maximum:	€4,500,000
Property damage maximum:	€450,000
Maximum	€100,000
Deductible per claim:	€80
Maximum per Insured:	€15,000

3 - COMMON DEFINITIONS

For the application of the present contract, the following terms have the following meanings:

Subscriber AVA acting both on its own behalf and for its customers.

Insured AVA's customers whose first and last names are listed on the coverage request and who have paid the corresponding premiums.

Insurer The CHARTIS insurance company, corporation governed by the French Insurance Code.

Subscription and premium management center

AVA, authorized by the Insurer.

Claim Declaration and Management Center except for assistance and medical hospitalization expenses

AVA, authorized by the Insurer.

Assister AVA Assistance, authorized by the Insurer.

Spouse The Insured's spouse or cohabiter.

Family The Insured's spouse, or the Insured's and/or his spouse's mother, father, grandparents, children, grandchildren, sons-in-law, daughters-in-law, sisters or brothers.

Child The Insured's and/or his spouse's legitimate, natural, or adopted children.

Beneficiary For all coverages, the beneficiary is the Insured himself, unless otherwise provided in the policy.

Insurance application Document duly completed and signed by the Insured,

which lists his first and last names, address, travel dates, destination country, coverage period, options selected if applicable, the effective date of this document and the amount of the corresponding insurance premium.

In case of losses, the Insurer will only be responsible for subscriptions if the corresponding insurance premium has been paid.

Assistance Card Assistance Card issued by AVA to each Insured, listing his first and last names, travel start and end dates, identification number, and the telephone numbers for the assistance centers.

Travel Period spent abroad by the Insured, whose dates and destination are listed on the Policy application.

Territory Entire World.

Domicile The Insured's habitual place of residence as of the day he subscribed to the policy (Metropolitan France, Corsica, Overseas Departments and Territories, Principalities of Monaco or Andorra, or any of the European Union countries, Switzerland or Norway). The tax address is considered as the Domicile for disputes.

Abroad Country other than that in which the Insured is domiciled. By extension, the Overseas Departments and Territories for Insureds of French citizenship domiciled in Metropolitan France, Corsica, or the Principality of Monaco.

Accident Any unintentional bodily harm of which the Insured is a victim coming from sudden and unforeseeable action by an external cause.

Illness Any alteration in health affecting the insured and diagnosed by a licensed medical authority while the policy is in force.

Serious accident Any unintentional bodily harm of which the Insured is a victim coming from sudden and unforeseeable action by an external cause, diagnosed by a licensed medical authority, preventing the victim from moving on his own.

Serious illness Any sudden change in health condition, diagnosed by a licensed medical authority, involving the stoppage of any professional activity, and including a guarded prognosis or a long period requiring intensive medical treatment, typically with hospital for evaluation and care.

Prior accident or illness Any temporary or definitive physical impairment to the Insured diagnosed by a competent medical authority prior to reservation of the trip.

Hospitalization The fact of receiving care in a hospital establishment requiring a minimum stay of 24 consecutive hours. The following is considered as a hospital institution: Any hospital or clinic licensed to practice medical acts and treatments on ill or injured persons, holding local government authorizations permitting these practices as well as the necessary personnel.

Elective Surgery and Treatment Among others, surgical operations or treatments for: acne, allergies including allergy tests, any periodical test or examination and periodic contraceptive tests, aesthetic surgery operations of all types not following covered accidents, circumcision, corns or bunions on feet, cosmetic treatments of all types not following covered Accidents,

operations and treatments for congenital deformities, health check-ups, fertility tests and fertility treatments (male and female), hormonal treatments, incontinence, warts, cysts, treatments for obesity, prenuptial examinations, preventive treatments or vaccines not following covered events, insomnia treatments, tying of Fallopian tubes, vasectomies, weight loss treatment, all medical acts or treatments related to research and experimentation or not generally acknowledged as standard medical practices.

Reasonable Operating Costs Medical operating costs and judged to be reasonable in the region where the Insured is traveling, which is to say the costs and rates typically charged in the location or region for medical services that the Insurance may need for his treatment in relation to similar cases, of the same seriousness or same type. **Therefore, coverage will in no case cover medical expenses judged by the Insurer to be disproportionate in terms of the preceding.**

Loss The occurrence of an event set out in the policy. All claims related to a single event constitute a single loss.

Deductible Sum established outright in the policy and remaining the Insured's responsibility in case of compensation following a Loss. The deductible may also be expressed in hours, days, or percentage. In this case the coverage in question will be acquired upon the expiration of the fixed period or percentage.

Maximum per event If the coverage concerns several Insureds who are the victims of the same event, in all cases, the Insurer's coverage will be limited to the maximum amount established for this coverage regardless of the number of victims. Then, compensation will be reduced and settled in proportion to the number of victims.

Civil war Armed opposition of two or more parties belonging to a single country in which the opponents are of different ethnicity, faith, or ideology. In particular, the following are included in the classification of civil wars: armed rebellions, revolutions, sedition, insurrection, coup d'état, consequences of martial law, of border closures ordered by a government or by local authorities. The Insurer must prove that the loss results from a case of civil war.

Foreign war Armed opposition, declared or not, of one country against another. Invasions and sieges are also considered as foreign wars. If an accident takes place, the Insurer must prove that the loss results from something other than a case of foreign war.

4 - EFFECTIVE DATE AND DURATION OF THE COVERAGES IN THE POLICY

The coverages in the policy will take effect at the earliest at midnight on the departure date, mentioned on the Policy Application and stop upon the Insured's return to his Domicile, or at the latest by midnight on the day following the return date mentioned in his Policy application.

Coverage will be acquired by the Insured on a 24-hour-per-day basis for the entire duration of the Travel according to the dates and destination country indicated in the Policy application.

In all cases, the coverage period may not exceed 365 consecutive days.

5 - COVERAGE FOR BAGGAGE LOSS, THEFT, OR DAMAGE

For the application of the present coverage, the following terms have the following meanings:

Baggage The Insured's suitcases, trunks, and carry-on baggage as well as their contents as long as they include clothing and personal effects brought on the insured trip by the Insured or objects acquired during this trip.

Valuables

Hunting rifles, sports equipment and hardware, jewelry, objects made of precious materials, precious stones, pearls, watches, furs, photographic, cinematographic, computer or cell phone, or sound and image recording and production equipment as well as their accessories.

PURPOSE OF THE COVERAGE

The purpose of the coverage is reimbursement for the Insured's Baggage, up to the limits and minus the deductibles listed in the "Schedule of Coverages," in case of loss, theft, or total or partial damage during their handling by the airline upon which the Insured is traveling with which his Baggage has been duly registered.

In all cases, the benefit will be calculated based on the replacement value of objects of the same type minus depreciation and may not exceed the total for the loss suffered, nor cover indirect damages.

In the first year following the purchase, the replacement value will be calculated at 75% of the purchase price.

Starting in the second year following the purchase, the value will be reduced by 10% per year.

Valuables will be covered up to the limit indicated in the "Schedule of Coverages."

When the loss, theft, or total or partial destruction of the Insured's baggage falls under the legal liability of an airline with which they were duly registered, the Insurer's coverage will intervene after the exhaustion of and exclusively in addition to the benefits that the transporter must pay without exceeding the maximum limits listed in the "Schedule of coverages."

SPECIAL MEASURES TO TAKE IN CASE OF LOSS, THEFT, OR DAMAGE TO BAGGAGE

In addition to the provisions set out in the Chapter "WHAT TO DO IN CASE OF A LOSS," the Insured or his representative must:

- **In case of theft, file a claim with local authorities on the same day.**
- **Make a declaration of theft loss, or total or partial damage (describe damage) on the same day to the airline in charge of transporting the Baggage.**
- **In case of theft, Inform the Management Center by registered letter within 2 working days following the theft. Beyond this deadline, the Insurer reserves the right to apply a lapse of the coverage.**

6 - COVERAGE FOR MEDICAL EXPENSES

PURPOSE OF THE COVERAGE

The coverage sets out the reimbursement of medical expenses (care, hospitalization expenses, pharmaceutical expenses, fees, ambulance expenses) that the Insured has incurred up to the limit listed in the "Schedule of Coverages." These disbursements must be exclusively prescribed by a medical authority who holds the degrees or authorizations required in the country where he practices and who is legally licensed to practice his art.

This coverage is limited to the reimbursement of the actual expenses incurred by the Insured. For Insureds of French citizenship domiciled in metropolitan France, Corsica, or the Principality of Monaco and traveling in the Overseas Departments and Territories, the Insured's coverage will be in addition to reimbursements made by the French Social Security system or any other coverage or reimbursement body.

SPECIAL MEASURE TO TAKE FOR HOSPITALIZATION

In cases of Accidents or Illnesses to the Insured requiring his Hospitalization, the Insured (or his legal representative) must contact the Assister in advance, except in cases of force majeure; the Assister will communicate to him the complete address of the closest network hospital institution to the location where the Insured is located. If due to his condition, the Insured (or his legal representative) is unable to make contact before his Hospitalization, he must contact the Assister as soon as his condition allows.

Otherwise, hospitalization expenses will not be covered directly by the Assister and will only be reimbursed up to 90% of actual costs, up to the per person and per claim limit defined in the "Schedule of Coverages."

If the hospital institution refuses to accept direct coverage of the expenses by the Assister, the Insured must pay these expenses in advance and will be reimbursed at 100% of actual cost, up to the per person and per claim limit defined in the "Schedule of Coverages."

PRECISION ON COVERAGE CEILINGS

- **Non hospitalization medical expenses: 100 % of actual costs up to the per person, per claim limit defined in the "Schedule of Coverages" and Reasonable Operating Expenses minus the per claim deduction listed in the "Schedule of Coverages."**
- **Hospital medical expenses: 100 % of the actual costs up to the per person,**

per claim limit defined in the "Schedule of Coverages" and Reasonable Operating Expenses without Deductible, if the Insured is hospitalized in an institution authorized by the Assister. 90% of actual costs up to the per person, per claim limit defined in the "Schedule of Coverages," minus a per claim Deductible listed in the "Schedule of Coverages," when the Insured is hospitalized in an institution not authorized in advance by the Assister.

- Emergency dental care: 100% of the actual expenses up to the per person and per year limits defined in the "Schedule of Coverages" minus the per claim deductible listed in the "Schedule of Coverages," for expenses incurred for emergency dental care service (that cannot be delayed, related to the Insured's pathological state) and provided for the following care: packing, filling, pulp removal, or extraction.
- Maternity medical expenses (pregnancy, involuntary interruption of pregnancy, delivery as well as their sequelae or pathological complications: 75 % of actual costs up to the per person, per year limit defined in the "Schedule of Coverages" minus the per claim Deductible listed in the "Schedule of Coverages."
Coverage is provided for Insured women of a maximum of 30 years old as of the date of their subscription to the present policy, exclusively Abroad, and after expiration of a waiting period of 180 days calculated from the date of the Insured's subscription to the present policy.

CESSATION OF THE COVERAGE OF MEDICAL EXPENSES

- **Abroad:**

Cessation of the coverage upon the expiration of the Insured's travel, according to the date listed on his Policy application and Assistance Card.

Nonetheless, coverage will continue for a maximum of 90 days beyond this date, if and only if the obligating event for the Claim occurs during the valid period.

- **in France** (metropolitan France, Principality of Monaco, Corsica, Overseas Departments and Territories)

Definitive Return: Cessation of coverage upon the Insured's return to France.

Nonetheless, coverage will continue for a maximum of 90 days from the definitive return date, if and only if the obligating event for the Claim occurs during the valid period. This coverage will be up to the limits and subject to the deductibles listed in the "Schedule of Coverages" and as a complement to French Social Security for social Insureds, and by default limited to the French Social Security Rate Convention.

Temporary return:

If the Insured stays in France temporarily for a period of less than 30 consecutive days (example: vacation) even though his planned stay abroad has not expired and his policy is still valid, according to the dates listed on his Application and Assistance Card, he will benefit from coverage of medical expenses following an Accident or Illness.

This coverage will be up to the limits and subject to the deductibles listed in the "Schedule of Coverages" and as a complement to French Social Security for social Insureds, and by default limited to the French Social Security Rate Convention.

7 - REPATRIATION ASSISTANCE COVERAGE

INTERVENTION CONDITIONS

For any intervention, the Insured or his representative must contact the Assister in advance. The contact information is listed in the chapter "WHAT TO DO IN CASE OF A LOSS" and on the Assistance Card.

In all cases, only the Assister's medical authorities are authorized to decide upon repatriation, to select the means of transportation and the place of hospitalization, and will, if necessary, be in contact with the attending physician on site and/or the family doctor.

The Assister will make reservations and will have the right to request unused transport documents from the Insured. The Assister may only be held liable for expenses in addition to those that the Insured would have normally incurred for his return.

NATURE OF THE SERVICES AND COVERAGES

Shipment of indispensable medications that cannot be found on site abroad

On behalf of the Insured who is abroad, the Assister will seek necessary medications and ship them to the Insured as soon as possible, within the limits of the country in which the Insured is staying.

The Insured will remain responsible for the cost of these medications. Treatments in progress before departure are not covered. Contraceptives are not considered to be medications.

Transportation of a doctor to a site abroad

In cases where it is judged necessary either because of the Insured's health status or because of the circumstances, the Assister will transport a doctor or medical team to him to better assess the measures to be taken and to organize them.

Transportation of the Insured to a medical center

The Assister will organize and manage transportation of the Insured to a more suitable or better-equipped hospital establishment. Depending upon the seriousness and the circumstances, he will be transported by 1st class rail, in a seat, couchette, or sleeping car, ambulance or light medical transport vehicle, standard passenger airline with a seat or on a stretcher, or private ambulance plane.

Repatriation of the Insured to his domicile

The Assister will repatriate the Insured to his Domicile as soon as he is able to leave the hospital institution. The Assister will decide upon repatriation and select the most suitable means according to the same terms as above.

Repatriation of the body in case of the Insured's death

If the death of an Insured occurs during Travel, the Assister will manage and organize transportation of the Insured's body to his domicile.

The present policy does not cover burial, embalming, coffin, and ceremony expenses unless they are required by local legislation.

Coverage of a transport document and travel expenses for a family member of the Insured in case of prolonged hospitalization

If, neither the Insured's Spouse, nor any adult member of the Insured's Family is accompanying him, his health condition does not permit his repatriation, and his Hospitalization on site is greater than 72 consecutive hours (or 48 hours if the Insured is a minor or handicapped), the Insured will provide the Insured's spouse or family member residing in his country of domicile with a round trip economy class airline ticket or 1st class train ticket free of charge to allow them to come to his bedside.

Additionally, the Assister will organize and cover the lodging expenses for this person up to the total indicated in the "Schedule of Coverages."

Coverage of expenses for extending the Insured's travel

If the Insured's health condition does not require hospitalization, the Assister cannot carry out his repatriation, and the planned duration of the Travel has ended, the Assister will cover the expenses for extending the Insured's travel up to the limit indicated in the "Schedule of Coverages." Similarly, the Assister will provide the Insured with an economy class airline ticket or 1st class train ticket, covered up to the limit indicated in the "Schedule of Coverages," to allow him to return to his Domicile if he cannot use the transport document initially planned as part of his Travel.

Return travel for accompanying persons and coverage of lodging expenses

If the Insured is hospitalized or repatriated by the Assister, the latter will organize and cover:

- For the Insured's spouse and/or children, or for a maximum of two members of his Family or for one person without a family relationship, beneficiaries of the present policy, registered on the same Application as the Insured and traveling with him:
 - Expenses for the early return to the Domicile or burial place, up to an economy class airline or 1st class train ticket, provided that the transport document initially planned for the travel of these persons cannot be used.
 - Travel extension expenses for these persons up to the limit indicated in the "Schedule of Coverages."
- For a Family member or close relation of the Insured residing in his country of domicile, in order to care for and return the Insured's minor or handicapped

children to their Domicile, if he is traveling alone with them:

- A round trip economy class airline or 1st class rail ticket.
- Travel extension expenses for these persons up to the limit indicated in the "Schedule of Coverages."

Early return of the Insured

In cases of death or Hospitalization for more than 48 consecutive hours of a member of the Insured's Family, the Assister will provide and pay for a one-way economy class airline or 1st class train ticket to allow him to return to his Domicile if he cannot use the transport document initially planned as part of his Stay.

Foreign legal assistance

If the Insured is incarcerated or threatened with incarceration, provided that the charges are not subject to criminal sanctions under local legislation, the Assister will cover legal fees up to the amount listed in the "Schedule of Coverages."

Foreign bail bond

If the Insured is incarcerated or threatened with incarceration, provided the charges are not subject to criminal sanctions under local legislation, the Assister will provide an advance of the Insured's bail bond up to the limit listed in the "Schedule of Coverages." To reimburse this sum, the Assister will grant the Insured a period of three months from the date of the advance. If this bond is reimbursed before this deadline by the authorities in the country, it must then be returned to the Assister. If the Insured is summoned before a court and does not appear, the Assister will require the immediate reimbursement of the bond that it cannot recover because of the failure to appear.

Legal action may be initiated if the bond is not reimbursed by the established deadline.

Transmission of urgent messages

By express request from the Insured, the Assister will transmit urgent and strictly personal messages to a recipient in France on a 24-hour-per-day basis.

Cash advance

In case of the loss or theft of the Insured's bank cards, identification papers (such as passport, visa, identification card...) and/or return airline ticket, the Assister will make available to the Insured a maximum sum listed in the "Schedule of Coverages" in order to help him replace them.

For this, the Assister will simultaneously request a financial guarantee from him in France.

Search and Rescue expenses

The Insurer will reimburse, up to the limit listed in the "Schedule of Coverages," search, rescue (including sled) and lifesaving (including helicopter) expenses related to operations organized by civilian or military rescue services or specialized bodies if necessary following the disappearance of or bodily injury to the Insured. Only the expenses incurred by bodies licensed to come to the aid of the Insured and billed to him will be subject to reimbursement.

Exceptional circumstances

The Assister may not be held liable for delays or hindrances to the execution of services due to strikes, riots, popular movements, reprisals, restrictions of free movement, any act of sabotage or terrorism, civil or foreign war, heat or radiation discharge from the disintegration of atomic nuclei, radioactivity or other fortuitous cases or cases of force majeure.

8 - INDIVIDUAL ACCIDENT COVERAGE

PURPOSE OF THE COVERAGE

Payment of an Accidental death benefit

In cases of Death occurring immediately or with 2 years following a covered Accident, the Insurer agrees to pay the benefit listed in the "Schedule of Coverages" to the beneficiary(beneficiaries). The beneficiary of the benefit will be the Insured's spouse, in her absence, the Insured's children, or in their absence, the Insured's legal rights holders.

Payment of an accidental disability benefit

When an Insured is the victim of a covered Accident and it has been medically established that he has suffered permanent partial or complete disability, the Insurer will pay the Insured the sum listed in the "Schedule of Coverages" multiplied by the Insured's Disability rate, according to the "Barème Indicatif d'Invalidité pour les Accidents du Travail" (Disability Barometer for Workplace Accidents) established according to the October 30, 1946 law following the Social Security Code.

The Insured may not request any benefit before the Disability has been acknowledged as permanent, which is to say before complete stabilization. Stabilization means the date at which the Insured's condition is considered to be stabilized from a medical point of view, even if there are permanent sequellae.

Related deductible

Only disabilities greater than 30% will be compensated under the present policy.

Accumulation of benefits

No accident may simultaneously give the right to payment of accidental death and disability benefits. However, in cases where after having received a benefit resulting from a disability related to a covered accident, the Insured dies within

a period of 2 years due to effects from the same Accident, the Insurer will pay the beneficiary (ies) the benefit set out for accidental death minus the benefit already paid for disability.

9 - FOREIGN LEGAL LIABILITY COVERAGE

For the application of the present coverage, the following terms have the following meanings:

Physical harm Any physical harm suffered by a person

Property damage Any alteration, deterioration, loss and/or destruction of a thing, or substance, including any physical harm to animals.

Third party Any individual or corporation **excluding the Insured himself, the members of his family, his parents, and descendants, as well as the persons accompanying him, and the Insured's paid or unpaid agents exercising their duties.**

Legal Liability Claim

Any amicable or legal claim made against the Insured. All claims related to a single obligating event constitute a single loss.

PURPOSE OF THE COVERAGE

The Insurer will cover the financial consequences of the Insured's legal liability that may be incumbent upon him during his Travel Abroad under legislation in force or case law because of bodily injury and material damage caused to third parties, up to the limits minus the Deductions listed in the "Schedule of Coverages."

If a contract covering the Insured's legal liability has been previously subscribed or subscribed in parallel to the present contract, the coverage will intervene after the exhaustion of the coverage of the contract subscribed previously or in parallel.

10 - STUDY INTERRUPTION COVERAGE (OPTIONAL)

As this coverage is optional, it must be requested upon subscription to the present contract.

PURPOSE OF THE COVERAGE

If the Insured must interrupt the course of study undertaken during his Stay Abroad, because of:

- his Hospitalization for more than 60 consecutive days due to the effects of a covered Accident or Illness,
- his medical repatriation or early return for the death of a family member, organized and covered by the Assister under the present contract.

The Insurer will reimburse the portion of the tuition not used up to the totals listed in the "Schedule of Coverages." In case of Loss, only the sums listed on invoices sent to AVA upon subscription to the present contract and to the present option used as the notional amount for the corresponding additional premium will be considered in paying the Insured's tuition.

11 - CONTRACT EXCLUSIONS

EXCLUSIONS COMMON TO ALL COVERAGES

The following are always excluded from all contractual coverages:

- **Accidents intentionally caused or provoked by the Insured or beneficiary of the policy.**
- **Consequences of suicide or attempted suicide by the Insured.**
- **The absorption of drugs, narcotics, similar substances, and medications not prescribed by a licensed medical authority and their consequences.**
- **The consequences of the Insured's inebriated condition characterized by a blood alcohol level equal to or greater than that set by French law governing automobile operation.**

- Nervous or mental illnesses, unless otherwise provided in the present policy. Accidents occurring under the following circumstances are also excluded:
- When the Insured practices a sport professionally, practices or takes part in an amateur race requiring the use of a motorized land, air, or water vehicle.
- When the Insured uses a ULM, hang glider, sail wing, parachute, or paraglider as a pilot or passenger.
- When the Insured participates in brawls (except in cases of legitimate defense), crimes, or bets of any kind.

EXCLUSIONS COMMON TO ALL COVERAGES ANNUAL, TEMPORARY INDIVIDUAL TRAVEL

- All travel (or movement¹) to, or made in, or carried out in or crossing the following countries are always excluded from benefits under the contractual coverages: Afghanistan, Cuba, Liberia, and the Sudan.
- Any Insureds or Beneficiaries listed in any official, governmental, or police database of persons known or suspected to be terrorists, any Insureds or Beneficiaries who are members of terrorist organizations, narcotics traffickers, or involved as suppliers in the illegal trade of nuclear, chemical, or biological weapons are always excluded from benefits under the contractual coverages.

EXCLUSIONS SPECIFIC TO THE COVERAGE FOR BAGGAGE LOSS, THEFT, OR DAMAGE

In addition to the common exclusions, the following are never covered:

- Documents, identification papers, credit cards, magnetic cards, transportation tickets and "vouchers," cash, certificates and securities, keys, skis, bicycles, sailboards, boats or any other means of transportation, professional equipment, musical instruments, art objects, antiques, collections, merchandise, glasses, contact lenses, prosthetics and orthotics of any kind, clothing or accessories worn by the Insured, merchandise or perishable food.
- Losses and damage caused by normal wear, obsolescence, or defects unique to the item.
- The improper handling of the item by the Insured or any other person.
- Improper or defective packaging.
- When objects are left unmonitored in a public place or in a location not locked with a key with common access for several occupants.
- Damage resulting from confiscation, seizure or destruction by order of a government authority.

EXCLUSIONS SPECIFIC TO THE FOREIGN MEDICAL EXPENSE AND REPATRIATION ASSISTANCE COVERAGES

In addition to the common exclusions, the following are never covered:

- Benign affections or lesions that can be treated locally (for Repatriation assistance coverage only)
- Relapses of previously diagnosed illnesses involving a risk of abrupt and imminent aggravation that are not stabilized.
- Burial, embalming, and ceremony expenses, unless they are required by local legislation.
- Expenses incurred by the Insured without the prior approval of the Assister.
- Expenses for meals, lodging, travel, tolls, fuel, taxi, or customs, except those set out under the coverage.

¹ according to the definition in the insurance policy

- Expenses that may be criminally sanctioned according to legislation in the country where the Insured is staying. •Medical expenses incurred in the Insured's country of domiciliation except in the cases set out in the coverage.
- Consequences or relapses from previously diagnosed accidents or illnesses and medical expenses incurred for the diagnosis or treatment of a physiological condition (such as pregnancy) already known before the effective date of the coverages.
- Voluntary interruptions of pregnancies and their consequences, unless due to a medical recognized necessity or following a covered Accident or Illness, and treatments related to infertility.
- Maternity medical expenses incurred during the 180-day waiting period calculated from the Insured's date of subscription to the present policy or incurred in the Insured's country of domicile.
- Maternity medical expenses incurred by Insured women older than 30 years of age on the date they subscribed to the present policy.
- Medical expenses following from cases of dorsalgia, lumbar pain, lumbosciatica, herniated discs, parietal, intervertebral, femoral, scrotal, inguinal of the linea alba and umbilical hernias.
- Spa therapy, physical therapy, expenses for glasses, contacts, prosthetics of any kind, routine tests and checkups, preventive tests or treatments, or diagnostic examinations and tests not following a covered accident or illness.
- Organ transplant expenses not made necessary by a covered Accident or Illness.
- Expenses for Cosmetic or Reconstructive Surgery and Nonessential treatments as defined in the present policy.

- Expenses for vaccinations, acupuncture, physical therapy, chiropractors or osteopaths not following a covered Accident or Illness.
- Contraceptives.

EXCLUSIONS SPECIFIC TO THE INDIVIDUAL ACCIDENT COVERAGE

In addition to the common exclusions, the following are never covered:

- Accidents resulting from the use with or without a license of 2 or 3 wheeled motor vehicles with a displacement greater than 125 cc.
- Accidents caused by foreign or civil war.
- Accidents occurring while the Insured is a passenger on aircraft not belonging to a commercial airline or "Charter" duly authorized for the paid transportation of passengers on regular lines.

EXCLUSIONS SPECIFIC TO THE FOREIGN LEGAL LIABILITY COVERAGE

In addition to the common exclusions, the following are never covered:

- Professional legal liability and consequential losses not related to bodily injury or property damage covered as part of professional legal liability.
- Damage intentionally caused or provoked by the Insured or with his complicity or by the Insured's managing agents when the insured is a corporation.
- Accidents caused by and to the Insured, his parents, descendants, or any person living with him, occurring during the use of automobiles or motor vehicles, sail or motor boats, aircraft, or saddle animals of which the Insured or the persons for which he is legally liable for ownership, conduct, or custody, or stemming from the Insured's participation as a competitor in a competitive sport.

- Snow skiing, ice-skating or snow sledding as a professional in competition.
- The practice of dangerous sports, mountain climbing, speleology, boxing, polo, karate, American football, parachuting, piloting an aircraft, sail plane, hang glider, ULM, or scuba diving.
- Property damage resulting from fires or explosions in light of the provisions of article 1384 of the Civil Code. Such damages are covered if they occur on premises owned or occupied by the Insured.
- Damages arising in the Insured's country of domicile.

12 - WHAT TO DO IN CASE OF A CLAIM

A- DECLARING A CLAIM

1 - FOR ASSISTANCE SERVICES AND DIRECT PAYMENT OF HOSPITALIZATION EXPENSES

- The Insured must only contact the Assister before any intervention.
- Provide the number of the present insurance policy and the Insured's identification No. listed on the Assistance Card.

After verification, the Assister will issue a claim number. The Assister will then make payment of any expenses directly to the hospital.

Assister's contact information: (also listed on the Assistance Card)

Exclusively for assistance services and payment of hospitalization medical fees

Telephone: 01.49.02.42.11 from France
 1.888.558.2691 from the USA and Canada (toll free)
 33.(0)1.49.02.42.11 from the rest of the world
 Fax: 01.55.92.40.69 from France
 33.(0)1.55.92.40.69 from abroad

2 - FOR ALL OTHER COVERAGES IN THE CONTRACT

To receive benefits as rapidly as possible, the Insured or his legal representative must, upon penalty of losing the benefit, declare any loss that would incur the coverages in the policy as soon as he is aware of it:

- Within 2 working days for Baggage theft
- Within 5 working days for Baggage loss or damage,
- Within 15 working days for reimbursement of Medical expenses other than hospitalization, and for "Individual Accident," "Foreign Legal Liability," and "Study Interruption" coverages.

ALL DECLARATIONS MUST BE SENT TO THE CLAIM MANAGEMENT CENTER AT THE FOLLOWING ADDRESS:

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 cases of failure to declare or late declaration, coverages will no longer be provided if the Insurer establishes that this delay has caused it harm, unless it

can later be documented that a fortuitous case or case of force majeure made declaration by the fixed deadline impossible (art. L 113-2 of the Insurance Code).

B - DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

IN ALL CASES, THE INSURER WILL NEED THE FOLLOWING ELEMENTS TO PROCESS A CLAIM:

- The Insured's identification number and the Policy No. (listed on the Assistance Card).
- A copy of the application for the present policy. (For rapid and efficient claims processing, detach, complete, and include the pre-printed "claim declaration" card provided at the end of the present document with the declaration).

Additionally, depending upon the circumstances, the Insurer may also need the following documents:

FOR THE COVERAGE FOR BAGGAGE LOSS, THEFT, OR DAMAGE:

- For cases of theft, a copy of the complaint filed with the competent local authorities, made the same day or at least within 48 hours following the theft.
- A copy of the declaration of loss, theft, or total or partial damage to Baggage made to the airline.

If the stolen or lost items are found and returned to the Insured, the latter agrees to inform the Management Center of this fact and to return the benefits already paid under the present policy to the center.

For damaged goods, the Insured may be asked to document the damage at any time, either by sending the damaged good to the management center or by documenting with an invoice for the repair of the aforementioned good.

FOR COVERAGE OF MEDICAL EXPENSES OTHER THAN HOSPITALIZATION:

- Original documentation of expenses.

FOR PERSONAL ACCIDENT COVERAGE:

- A declaration on honor providing a detailed description of the circumstances of the Accident and the names of any potential witnesses, and where applicable, a report from the competent local authorities describing the Accident circumstances. For traffic Accidents, specify whether the Insured was the driver or a passenger in the vehicle.

In cases of death:

- A death certificate.
- A medical certificate diagnosing and specifying the cause of death.
- A certified personal civil status certificate for each of the beneficiaries or rights holders.

For Permanent Disability:

- A medical certificate with the initial diagnosis.
- A disability notice from the Social Security Administration recognizing the Permanent Disability

For disappearance: It is agreed that if upon the expiration of a minimum period of twelve months, having examined all proof and documentation available, the Insurer has no reason to assume that an Accident has not occurred, then the Insured's disappearance will be considered as an event incurring coverage under the present policy. It is also agreed that if at any time whatsoever, after payment of the agreed upon coverage benefit for a claim to the beneficiary(ies), it is found that the Insured is still living, all sums paid by the Insurer must be reimbursed.

FOR LEGAL LIABILITY COVERAGE

- A declaration on honor mentioning the details of the circumstances and consequences.
- All correspondence, written statements, summations, and legal notices related to the claim.
- Also provide information about any proceedings and investigations concerning the Insured related to the declared claim.

The Insured may not propose any agreement, promise, offer, payment, or indemnification without the Insurer's written approval.

FOR STUDY INTERRUPTION COVERAGE:

- Original invoices for the Insured's expenses for the degree program.
- All original documents and information justifying the grounds for the claim.

If additional medical documents or any other documentation of the coverages concerned become necessary for the payment of the Claim, the Insured will be personally informed by the Claim Management Center or the Insurer.

C - CLAIM SETTLEMENT

No settlement may be made until a complete claim has been submitted, accompanied by the documents required by the Claim Management Center. After agreement by the parties, the benefit will be payable without interest within 15 days of being established.

If an expert audit becomes necessary for the settlement of the Claim and without valid grounds the Insured or his legal representative refused to submit to such an audit, and if after an opinion given within forty-eight hours to the Insurer by registered letter, he persists in his refusal, the Insurer will be obligated to decline all right to compensation for the Claim in question.

Aggravation independent of an accidental or pathological fact

Every time the consequences of an accident or illness are aggravated by empirical treatment, by the Insured's refusal or negligence in submitting to medical care necessitated by his condition, the benefit will be calculated not based on the actual outcomes of the case, but on those that would have occurred to a subject in normal health subjected to rational and appropriate medical treatment.

Appraisal

Damages will be evaluated by mutual agreement or if that is not possible, by amicable appraisal, subject to the respective rights of the parties. Each of the parties must choose an appraiser. If the appraisers thus designated do not agree, they will appoint a third appraiser. The three appraisers will operate by common agreement and majority vote. If one of the parties does not name its appraiser, or if the two appraisers cannot agree on the selection of the third, the designation will be named by the commercial court in the jurisdiction in which the loss occurred. This nomination will take place by simple request from the first party to take action at least 15 days after the sending the other party a formal notice by registered letter with advice of delivery. Each party will pay its appraiser's expenses and fees, and if necessary, half of the fees for the third appraiser and the expenses for his nomination.

Subrogation or recourse against those liable for the loss

For coverage of Medical expenses, when a benefit has been paid, the Insurer will assume the rights and actions of the Insured up to the amount of this benefit against any person liable for the damage. These provisions do not apply, except in cases of malice, to the children, descendants, ancestors, and servants of the Insured, or to any person habitually living within his household.

13 - MISCELLANEOUS PROVISIONS

RISK DECLARATION

In compliance with the law, the present contract is established based on the Insured's declarations. Therefore, he must respond to the questions posed by the Insurer, through the Application, which are intended to help him assess the risks for which he is responsible (Art. L 113-2 of the Insurance Code).

SANCTIONS FOR MISREPRESENTATION

Any intentional inaccuracy, omission, concealment, or misrepresentation by the Insured bearing on components of the risk of enrolling the policy or during the policy, will be penalized by reduction of the benefit or nullification of the policy, even if they had no influence on a Claim (articles L.113-8 of the Insurance Code). Similarly, any omission, concealment or misrepresentation, voluntary or not in a Claim declaration shall open the Insured to nullification of the coverages or termination of the policy.

DEFAULT IN PAYMENT OF THE PREMIUM

If the premium has not been paid within 10 days following the effective date of the coverages in the policy, the Insurer will be forced to claim the unpaid premium by registered letter summarizing the applicable legal provisions, including:

- **Suspension of coverage 30 days the formal notice is sent by registered letter (art. L 113-2 of the Insurance Code).**
- **Termination of the contract 10 days after the expiration of the 30-day period for refusal to pay.**

LIMITATION

In conformance with articles L.114-1 and L.114-2 of the Insurance Code, all claims are limited to two years after the event they concern, except if

Beneficiaries in cases of the Death of the Insured are the rights holders for the victim, in which case the deadline is extended to 10 years.

MULTIPLE INSURANCE POLICIES

The Insured may not in any case subscribe more than once to the present policy for the same period. If that is the case, the Insured's liability will be limited to a single subscription in all cases.

ELECTION OF DOMICILE

The Insurer and its authorized agents elect domicile at the Insurer's headquarters TOUR CHARTIS - 92079 - PARIS LA DEFENSE 2 CEDEX. The contracting parties agree to be subject to the jurisdiction of French courts and waive all proceedings in any other country.

LAW ON INFORMATION TECHNOLOGIES AND CIVIL LIBERTIES (LAW NO. 7801 DATED 01/06/78)

The Insured may request to have any information concerning him listed in any file used by the Insurer to be sent to him, and may request its rectification. This right of access and rectification may be exercised through the Subscription and Premium Management Center.

NATURE OF THE CONTRACT AND INCONTESTABILITY

The present policy is a group insurance policy governed by French law and in particular by the Insurance Code. The Insurer is a company governed by the Insurance Code and subject to the Commission de Contrôle des Assurances (Insurance Regulatory Authority) located at 54, rue de Châteaudun - 75009 – Paris.

CLAIM DECLARATION CARD

Your card number: _____ **4 0 8 9 0 0 5** _____

Last Name _____

First Name: _____

Address : _____

_____ Postal Code: _____

Telephone: _____

Your Trip

Departure date: ____/____/____/

Return Date: ____/____/____/

Destination: _____

Date of the loss: ____/____/____/

Type of claim: (*check the appropriate box*)

Baggage loss, theft, or damage *

Medical expenses *

Repatriation Assistance *

Individual accident coverage *

Legal Liability Abroad *

Study interruption *

Other, please specify: _____

CLAIMS PROCEDURES

Independent of the procedures for each of the coverages in your insurance and assistance policy, please fill out the individual declaration form completely and legibly.

Detach this form and send it by registered letter,
potentially accompanied by any elements required of you, to the address listed below.

The elements that you list will help us to open an inquiry upon receipt of your declaration and thus to compensate you as soon as possible.



Assurance Voyages et Assistance

25 rue de Maubeuge

75009 - PARIS - FRANCE

From France: Tel. 01.53.20.44.23 - Fax 01.42.85.33.69

From abroad: Tel. 33.1.53.20.44.23 - Fax 33.1.42.85.33.69

ASSISTER'S CONTACT INFORMATION

- Exclusively for assistance services and payment of hospitalization medical fees

Telephone: 01.49.02.42.11 from France
 1.888.558.2691 from the USA and Canada (toll free)
 33.(0)1.49.02.42.11 from the rest of the world

Fax: 01.55.92.40.69 from France
 33.(0)1.55.92.40.69 from Abroad

CONTACT INFORMATION FOR THE CLAIMS MANAGEMENT CENTER

- Except for AVA Assistance and hospitalization medical expenses



AVA
25 rue de Maubeuge - 75009 PARIS - FRANCE
Telephone: 01.53.20.44.23 Fax: 01.42.85.33.69