



GENERAL TERMS AND CONDITIONS FOR INSURANCE AND ASSISTANCE POLICIES

AIG EUROPE Ltd No. 4 091 291

"MICEFA STUDENTS and TEMPORARY VISITS"

- **REPATRIATION ASSISTANCE**
- **MEDICAL EXPENSES**
- **BAGGAGE**
- **LEGAL LIABILITY**
- **ACCIDENT BENEFIT**
- **STUDY INTERRUPTION OPTION**



What to do in case of a claim?

When insurance coverages are in concerned, you must request an intervention.

When a loss occurs, contact our Assistance Center prior to any intervention:

Tel. from abroad: 33 1 49 02 46 70

Tel. from France: 01 49 02 46 70



CHAPTER 1 - DEFINITIONS

THE DEFINITIONS BELOW ARE APPLICABLE TO ALL COVERAGES, EXCEPT FOR SPECIFIC DEFINITIONS UNIQUE TO EACH COVERAGE.

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

Subscriber

MICEFA acting on its behalf or on behalf of its members.

Insurer.

AIG.

Claim Declaration and/or Management Center

AIG.

Assister

The Repatriation Assistance board: AIG ASSISTANCE

Insured

Students or relatives or any persons not having posted or expatriate status, less than 35 years old, having subscribed to the present contract through MICEFA and having paid their insurance premium, going abroad for travel, studies, linguistic stays, compensated or uncompensated professional internships, as part of a school, association, or university program, and whose original residence is located exclusively within the European Union or Switzerland.

Beneficiary

The insured himself, unless otherwise specifically provided in the coverage.

Spouse.

The Insured's spouse or cohabiter

Family

The Insured's spouse, or the Insured's and/or his spouse's parents, grandparents, children, grandchildren, brothers, or sisters.

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 contract.

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 or Switzerland). The tax address will be considered as the domicile in case of disputes.

Abroad

Country other than that in which the Insured is domiciled.

Territorial validity of the coverages

For French Insureds: the entire world except for Metropolitan France, Corsica, the Overseas Departments and Territories, unless specifically otherwise provided in the coverage.

For foreign Insureds: the entire world with the exception of their country of origin.



Stay

Period of a maximum duration of 12 consecutive months where the Insured stays abroad for travel, studies, linguistic stays, compensated or uncompensated professional internship, or as part of a school, association, or university program.

Application

Document duly completed and signed by the Insured listing his first and last names, date of birth, country or address of the visit, reason for the travel, departure and return dates, option selected where applicable, the corresponding insurance premium, and the date the document was established. For Internet subscriptions, the online validation of this information is equivalent to a signature on the application.

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

Information notice

Document issued by MICEFA to each Insured summarizing all of the terms and conditions for intervention, the nature and total of the coverages, exclusions, and contractual limitations, in compliance with article L 140-4 of the Insurance Code.

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 covered 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.

Covered accident

Any unintentional bodily harm to the Insured coming from sudden and unforeseeable action by an external cause of which the Insured is a victim after the effective date of the contract.

Covered illness

Any alteration in health affecting the Insured and diagnosed by a licensed medical authority while:

- The contract is in force,
- The illness is noted during the coverage period,
- The nature of the illness is not excluded from the contract.

Prior accident or illness

Any temporary or permanent impairment of the physical integrity of the Insured prior to the reservation of the trip or the present contract, diagnosed by a competent medical authority not having been the subject of a first diagnosis, relapse, aggravation, or hospitalization within the 30 days preceding the 1st day of the trip.

Hospitalization

The act of receiving care in a hospital establishment requiring a minimum stay of 24 consecutive hours or one night.

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 is considered to be a hospital establishment.

Loss

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

Deductible

Sum established outright in the contract and remaining the Insured's responsibility in case of compensation following a Loss.

The deductible may also be expressed in hours or days. In this case, the coverage in question will be acquired upon the expiration of the fixed period.



CHAPTER 2 - NATURE AND TOTAL OF THE COVERAGES AND EXCLUSIONS

The object of this insurance contract is to cover, within the limits and according to the terms defined below, the subscribers to the present contract during their Travel abroad.

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 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.

This **Schedule of Coverages** outlines the coverages that are described in the information notice below:

COVERAGE	TOTAL AND LIMITS
Baggage loss, theft, or damage	Maximum per person: € 750, Limit for valuables: € 225, Deductible per claim: € 25
Assistance, Repatriation, Medical expenses	
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 a medical center	Actual cost
Repatriation of the Insured to his domicile	Actual cost
Repatriation of the body in case of the Insured's death	Actual cost
Coverage of a transport document for a family member	Round-trip ticket
Presence of next of kin in case of hospitalization	€ 50 per night, € 500 maximum
Return of accompanying persons	One-way return ticket
Early return of the Insured	One-way return ticket
Medical expenses abroad	
<u>In case of hospitalization</u>	Maximum Around the World: € 500,000
Required call to the assistance center	Deductible per claim: nil
Coverage up to 100% of actual expenses	Maximum maternity expenses: € 8,000
<u>Other than hospitalization</u>	
Reimbursement up to 100% of actual expenses	
In case of consultation, exam, x-rays, tests, pharmacy	Maximum Around the World: € 500,000 Deductible per claim: € 25
For maternity	Maximum: € 8,000 Deductible per claim: nil
Emergency dental expenses	Maximum: € 300 Deductible per claim: € 30
Following a covered accident for dental prostheses, hearing aids, or vision care expenses	Maximum: € 300 Deductible per claim: € 30
<u>Medical expenses in France (for insureds domiciled in France)</u>	
Limited to the Contractual Rate for French Social Security for the temporary return of the Insured to France (30 day maximum)	Maximum in case of hospitalization: € 500,000 Deductible per hospitalization claim: nil Maximum other than hospitalization: € 15,000



	Deductible per claim other than hospitalization: € 25
Foreign legal assistance	Maximum per person: € 3,000
Foreign bail bond advance	Maximum per person: € 7,500
Cash advance	Maximum per person: € 500
Psychological assistance	Telephone service
Search and Rescue expenses	€ 4,000 per person. € 25,000 maximum per event
Legal liability abroad	Bodily injury maximum: € 4,500,000 Tangible and intangible damage maximum: € 450,000 Deductible per claim: € 80
Accident Benefit	Benefit of € 3,500 in case of accidental death Benefit of € 35,000 in case of permanent disability
OPTIONAL COVERAGE	TOTAL AND LIMITS
Study interruption	Maximum: € 4,000

ASSISTANCE, REPATRIATION, MEDICAL EXPENSE COVERAGE

Terms of intervention

In all cases, only AIG ASSISTANCE 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.

AIG ASSISTANCE will make reservations and will have the right to request unused transport documents from the Insured.

AIG ASSISTANCE 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, AIG ASSISTANCE 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 BE 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, AIG ASSISTANCE 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

AIG ASSISTANCE will organize and manage transportation of the Insured to a more suitable or better-equipped hospital establishment.

Depending upon the seriousness and the circumstances, the Insured 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

AIG ASSISTANCE will repatriate the Insured to his domicile as soon as he is able to leave the medical center. AIG ASSISTANCE 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 an Insured dies during the trip, AIG ASSISTANCE will manage and organize transportation of the Insured's body to his domicile.

AIG ASSISTANCE will not cover burial, embalming, coffin, and ceremony expenses unless they are required by local legislation.

Coverage of a transport document for a family member of the Insured

If neither the Insured's spouse nor any major member of the Insured's family are accompanying the Insured, and if his health condition does not permit his repatriation, and his hospitalization on site is longer than 06 consecutive days (or 48 hours if the Insured is a minor or handicapped), AIG ASSISTANCE will provide a round trip economy class air or 1st class train ticket for the Insured's spouse or a member of the family or a person without family relationship to allow them to come to his bedside. Additionally, AIG ASSISTANCE will organize and pay for the lodging expenses for this person up to the total indicated in the "Schedule of Coverages."

The coverage will also be provided in cases where the Insured dies abroad if the presence of the Insured's spouse or a family member proves to be indispensable for carrying out the formalities of repatriating the body.

Early return by the Insured

In cases of death or hospitalization for more than 48 consecutive hours of a member of the Insured's family, AIG ASSISTANCE will provide the Insured with and pay for a transport document up to a one way economy class airline or 1st class train ticket to allow him to return to his domicile and a return ticket to then return to his place of study or internship.

Return of accompanying persons

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

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 contract, 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.

Medical expenses

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 limits minus the deductibles 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.

If an Insured benefits from the required social security regime of a European Union country (except the United Kingdom) and wishes to benefit from the "EUROPE level" insurance rate, he must agree to obtain a European Health Insurance Card before his departure and to present it to the medical authority in the country in which he is staying; in this case AIG ASSISTANCE will only reimburse the additional expenses upon documentation of the services of the required basic regime.

The same provisions apply if the Insured benefits from a supplemental insurance plan.



If necessary and by express request from the Insured, AIG ASSISTANCE may directly pay hospitalization expenses in the local currency up to the limits defined in the "Schedule of Coverages," provided the medical center involved accepts this payment method.

This service is subject to the possibilities offered by French and local legislation on controlling currency exchange.

A REQUEST FOR PRIOR AGREEMENT IS NECESSARY AND REQUIRED FOR COVERAGE OF HOSPITALIZATION AS WELL AS FOR ONGOING TREATMENTS.

- Precision on coverage ceilings:
 1. Hospitalization medical expenses: 100% of the actual expenses up to the per person and per claim limit defined in the "Schedule of Coverages."
 2. Non hospitalization medical expenses: 100% of the actual expenses up to the per person and per claim limit defined in the "Schedule of Coverages."
 3. Medical expenses related to maternity: (pregnancy, involuntary pregnancy interruption, delivery and their consequences or pathological complications): 100% of the actual expenses up to the per Insured limit per year, defined in the "Schedule of Coverages. **The coverage will be provided for Insureds of a maximum of 35 years of age on the day of their subscription to the present contract exclusively abroad and after expiration of a waiting period of 180 days calculated from their subscription date.**
 4. Dental prostheses, hearing aids, and vision care expenses (glasses, lenses): exclusively for covered accidents, 100% of the actual cost up to the per person and per year limits defined in the "Schedule of Coverages."
 5. 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," reimbursement of 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.

- Cessation of the coverage of Medical expenses
 1. Abroad:
Cessation of the coverage upon the expiration of the Insured's travel, according to the date listed on his application. 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.

 2. In the Insured's country of origin.
Definitive return:
Cessation of the coverage upon the Insured's return to his country of origin.
However, for an Insured domiciled in France, the Insurer will cover the consequences of an accident or illness that occurred during the valid period of the contract according to the dates listed on his application, and for a maximum of 90 days from his return date.
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 his country of origin temporarily for a maximum duration of 30 consecutive days during his school vacations even though his planned stay abroad has not expired according to the dates listed on his application, he will benefit from coverage of medical expenses following an accident or illness.

This coverage will be up to the indicated limit of **€ 15,000 including all taxes and fees** minus the deductible of **€ 25 per claim** for all types of expenses and in addition to French Social Security for Insureds with social security coverage, and by default limited to the French Social Security Rate Convention.

Foreign legal assistance

If the Insured is incarcerated or threatened with incarceration, provided the charges are not subject to criminal sanctions under local legislation, AIG ASSISTANCE will cover lawyer's fees up to the limit listed in the "Schedule of Coverages."

Foreign bail bond advance

If the Insured is incarcerated or threatened with incarceration, provided the charges are not subject to criminal sanctions under local legislation, AIG ASSISTANCE will provide an advance of the Insured's bail bond up to the limit listed in the "Schedule of Coverages."

AIG ASSISTANCE will grant the Insured a period of three months from the date of the advance to reimburse this sum. If the authorities in the country reimburse this bond before this deadline, it must then be returned to AIG ASSISTANCE. If the Insured is summoned before a court and does not appear, AIG ASSISTANCE will require the immediate reimbursement of the bond that it cannot recover because of the failure to appear. Legal action may be initiated if reimbursement of the bond is not made by the established deadline.

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, AIG ASSISTANCE will make available to the Insured a maximum sum listed in the "Schedule of Coverages" in order to help him replace them.

For this advance, AIG ASSISTANCE will simultaneously request a financial guarantee from him in France.

Psychological assistance

In case of Accident or aggression during travel, by a simple telephone call, the AIG ASSISTANCE medical team is available to the Insured 24 hours per day to provide human and personalized support, to analyze the situation and the Insured's needs, and to determine the nature and extent of the difficulties to be overcome.

Where necessary, AIG ASSISTANCE will put the Insured in contact with a medical social and psychological counselor, and if needed and where appropriate for the Insured, direct him to consultations with a psychotherapy partner in the AIG ASSISTANCE Network.

IN ALL CASES, THE INSURED WILL BE RESPONSIBLE FOR THE COST OF THESE SERVICES.

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 expenses incurred by bodies licensed to come to the aid of the Insured and billed to him will be subject to reimbursement.



Claim procedure

In addition to the rules set out in the Chapter "Common claim procedures," the Insured or his representative must:

For Assistance services

- In advance of any intervention contact exclusively AIG ASSISTANCE at 01 49 02 46 70
- Provide the number of the present insurance contract: 4.091. 291

For "medical expenses" coverage:

For coverage of hospitalization medical expenses, the Insured or his representative must make exclusive contact with AIG ASSISTANCE in advance of any intervention.

AIG ASSISTANCE will then make payment of any expenses directly to the hospital.

For the reimbursement of medical expenses outside of hospitalization, the Insured or his representative:

- Must directly pay the service provider (doctor, pharmacist,...) and save the related bills.
- Send the original bills to the appropriate reimbursement or coverage body or bodies (social security, private insurance,...).
- Send his declaration to AIG by mail and include all documentation and proof of reimbursements already made. The Insurer's reimbursement will be in addition to the sums that the Insured receives for his expenses from the bodies with which he is affiliated. In cases where he is not covered by one of these bodies, the Insured must provide proof by providing a refusal of coverage and declare the entirety of the expenses incurred to AIG. The latter will then cover the medical expenses up to the limits set out in the contract.

Contact details for AIG ASSISTANCE

In France: Tel.: 01.49.02.46.70

Abroad: Tel.: + 33.1.49.02.46.70

Exceptional circumstances

AIG ASSISTANCE 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.

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.

COVERAGE FOR BAGGAGE LOSS, THEFT, OR DAMAGE

Nature of the coverage

The coverage will reimburse, up to the limits and minus the deductibles listed in the "Summary of Coverages," the loss, theft, or total or partial damage of the Insured's baggage and personal effects only on the outgoing and return trips between the Insured's domicile and his place of stay, made with a public transportation company.



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 ARE COVERED UP TO THE LIMITS LISTED IN THE "SCHEDULE OF COVERAGES."

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

Claim procedure

In addition to the rules set out in the Chapter "Common claim procedures," the Insured or his representative must:

- In case of theft, file a claim with local authorities on the same day.
- Make a declaration to the public transporter, specifying the damages.
- In cases of total or partial destruction, have a competent authority or a manager, or a witness provide a written description.
- Take all measures to limit the consequences of the loss.
- Inform AIG by registered letter, within 05 working days and 48 hours in cases of theft, after their return to their domicile except in fortuitous cases or cases of force majeure.
- Provide the number of the present insurance contract.
- Provide a copy of all original documents and information justifying the grounds for the request and/or those documents required by AIG.

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 benefits already paid under the present contract 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.

FOREIGN LEGAL LIABILITY COVERAGE

Nature of the coverages

The Insurer will cover the financial consequences of the Insured's legal liability that may be incumbent upon him under legislation in force or case law because of bodily injury and material damage caused to third parties, as well as his defense and appeal up to the limits minus the deductibles 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.

Claim procedure

In addition to the rules set out in the Chapter "Common claim procedures," the Insured or his representative must:

- Declare any loss that would incur the Insurer's coverage to AIG by registered letter, as soon as the Insured becomes aware of it, and within 15 days at the latest, mentioning the details of the circumstances and consequences. All correspondence, documents, challenges, notifications related to a covered loss, must be sent without delay to the claim manager.
- Provide the number of the present insurance contract.
- Also inform AIG of any proceedings and inquiries of which he may be the subject related to an insured event.



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

Definitions specific to the coverage

Bodily Injury

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.

Consequential loss following bodily injury and/or property damage

Financial loss resulting from the deprivation of the enjoyment of a right, the interruption of a service rendered by a person or by personal or real property or resulting from the loss of profit. It is considered a consecutive consequential loss when it is the consequence of covered bodily injury and/or property damage.

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.

INDIVIDUAL ACCIDENT COVERAGE

Nature 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."

This benefit is limited to the burial expenses if the deceased child is less than 16 years of age.

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 other benefit before the Disability has been acknowledged as permanent, which is to say before complete stabilization (the date upon which the condition of the injured or ill person is considered stabilized from a medical point of view, even though permanent after effects remain).

DISABILITIES OF LESS THAN OR EQUAL TO 20% WILL NOT BE COVERED.



Claim procedure

In addition to the rules set out in the Chapter "Common claim procedures," the Insured or his representative must:

- Declare any loss that would incur the Insurer's coverage to AIG by registered letter, as soon as the Insured becomes aware of it, and within a maximum of 15 days.
- Provide the number of the present insurance contract.
- Provide a copy of the application, the detailed circumstances of the accident and the names of any witnesses, the police report or any other report from local authorities describing the circumstances of the accident, or in its absence, the location of the report or ledger, the first medical report describing the nature of the injuries and giving a precise diagnosis, the first medical report stating that this was an accidental death mentioning the exact cause of death, a death certificate, a medical certificate specifying the cause of death, legal documents establishing the identification of the beneficiaries (civil status cards, certificate of inheritance) and the name and address of the notary handling the estate.

Only the documents indispensable to the claim file may be binding upon the Insured.

Proof of death must be provided by one of the beneficiaries of the coverage, either by providing the death certificate, or a declaratory judgment of death whether this judgment is definitive or not. In the latter case, the Death benefit paid will be the amount set out in the present terms and conditions on the presumed date of disappearance.

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 (or beneficiaries) the benefit set out for accidental death minus the benefit already paid for disability.

STUDY INTERRUPTION OPTION

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

Nature 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 MICEFA 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.

PER COVERAGE LIMITATION OF AIG'S COMMITMENTS:

In case of loss, our benefit may in no case exceed the totals set out below:

- **REPATRIATION ASSISTANCE:** € 500,000 including all taxes and fees per person, maximum € 1,000,000 including all taxes and fees per event.
- **MEDICAL EXPENSES:** € 500,000 including all taxes and fees per person, maximum € 1,000,000 including all taxes and fees per event.

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 contract.



- Consequences of suicide or attempted suicide by the Insured.
- The absorption of hard drugs, narcotics, similar substances, and medications not prescribed by a licensed medical authority and their consequences.

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.
- The consequences and/or events resulting from Civil or foreign wars, riots, popular movements, strikes, acts of piracy, acts of terrorism, any effect from radioactive sources, epidemics, pollution, natural catastrophes, or climatic events.
- All trips with destinations in, or made in, or in transit through 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 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)
- 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.
- Expenses that may be criminally sanctioned according to legislation in the country where the Insured is staying.
- States of pregnancy before the 3rd month and/or known before purchasing the insurance.
- 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.
- 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, routine tests and checkups, preventive tests or treatments, or diagnostic 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 contract.
- Expenses for vaccinations, acupuncture, physical therapy, chiropractors or osteopaths not following a covered Accident or Illness.
- Expenses and treatments not prescribed by a licensed medical authority.
- Contraceptives.

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 packing or defective packaging.



- When objects are left without surveillance 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 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 competition 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, the same damages being excluded in all cases if they occur on premises owned or occupied by the Insured.
- Damages arising in the Insured's country of domiciliation.

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 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.

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 contract and the Insured's identification No. listed on the application sheet.

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 in the general terms and conditions)

Exclusively for assistance services and payment of hospitalization medical fees:

AIG ASSISTANCE

Telephone: 01.49.02.46.70 within France

33.1. 49.02.46.70 for the rest of the world

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 contract by registered letter as soon as he is aware of it:

- Within 15 working days for reimbursement of "Medical Expenses" other than hospitalization and for "Foreign Legal Liability" coverage.



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

**AIG
Service Indemnisation
Tour CB 21
16 place de l'Iris
92040 PARIS LA DEFENSE**

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 contract No.
- A copy of the application for the present contract.
- A copy of the Travel registration sheet.

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

FOR COVERAGE OF MEDICAL EXPENSES OTHER THAN HOSPITALIZATION:

- Original documentation of expenses.

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.

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

C - CLAIM SETTLEMENT

No settlement may be made until a complete application 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 state, 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.

CHAPTER 3 – 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).

PENALTIES FOR MISREPRESENTATION

1- Penalty for intentional misrepresentation

Any intentional inaccuracy, omission, concealment, or misrepresentation by the Subscriber or the Insured bearing on components of the risk of enrolling the policy or during the contract, will be penalized by nullification of the policy even if they had no influence on a Claim (articles L.113-8 of the Insurance Code).

2- Penalty for unintentional misrepresentation

In case of any unintentional omissions, concealments, or misrepresentations in the risk declaration, noted before any claim, the Insurer will have the right to terminate the contract ten days after notification by registered letter, by returning the portion of the premium paid for the time in which the insurance is no longer valid.

In case of any unintentional omissions, concealments, or misrepresentations noted after a claim, the benefit will be reduced in proportion to the rate of dues paid in relation to the rate of dues that should have been due if the risks had been completely and accurately declared.

LIMITATION

In conformance with the provisions set out in articles L114-1 and following of the Insurance Code, all actions deriving from an insurance policy are limited to two years from the event that gave rise to them.

However, this period does not start:

1 In case of concealments, omissions, misrepresentations or inaccuracies about the risk involved, until the day the Insurer learned of them;

2 in case of Losses, on the day when the interested parties became aware of them, if they can prove that they were unaware until that point.

When the Insured's action against the Insurer results in recourse to a third party, the limitation period will only begin on the day the third party brought legal proceedings against the Insured or when the third party was compensated by the Insured.

The limitation is extended to ten years for life insurance policies when the Beneficiary is a person distinct from the subscriber, and for Accident insurance policies affecting persons, when the Beneficiaries are the rights holders for a deceased Insured.

This limitation may be interrupted by one of the ordinary causes for interruption of limitations, in particular by:

- any legal subpoena including a summary one, any command or seizure, served to the person that one wants to inhibit from limiting;
- any unequivocal acknowledgment by the Insurer of the Insured's priority right, or any acknowledgment of a debt owed by the Insured to the Insurer;

as well as the following other cases set out in article L114-2 of the insurance code:

- any naming of an expert following a Loss;
- Any sending of a registered letter with advice of delivery by:
 - the Insurer to the Insured for non-payment of the premium;
 - the Insured to the Insurer to settle the benefit.



By derogation to article 2254 of the Civil Code, the parties to the insurance policy may not, even by common agreement, either modify the duration of the limitation, or add to the causes of its suspension or interruption.

CLAIMS - MEDIATOR - SUPERVISORY AUTHORITY

When telephone answers do not satisfy the Insured's expectations, he may send a claim to: AIG Europe Ltd - Tour CB 21 – 92040 PARIS LA DEFENSE.

If a disagreement persists, it is possible to appeal to a mediator designated by the Fédération Française des Sociétés d'Assurances (French Federation of Insurance Companies), whose address will be provided by the AIG Customer Service department without prejudice to other paths for legal action.

The Insurer is a company governed by the Insurance Code and subject to the Autorité de Contrôle Prudentiel et de Résolution (Insurance Regulatory Authority) located at 61 rue Taitbout - 75436 PARIS cedex 09

ELECTION OF DOMICILE

The Insurer and its authorized agents elect domicile at the Insurer's headquarters
AIG - TOUR CB 21 - 92040 PARIS LA DEFENSE.

SUBROGATION

In conformance with Article L 121-12 of the Insurance Code, in case of partial or complete settlement of benefits, the Insurer will be automatically substituted for the Insured's rights and actions up to the total of the benefits paid.

LAW AND APPLICABLE LANGUAGES

The present group contract is governed by French law. The French language is applicable.

DECLARATION OF OTHER INSURANCE

If during the insurance period of the present policy the Subscriber has subscribed to other insurance policies for identical risks, he must declare this to the Insurer upon penalty of the sanctions set out in articles L.113-8 (nullity of the policy) and L.113-9 (reduction of benefits) of the Insurance Code.

REQUEST FOR INFORMATION

It is agreed that at any time, the Insurer reserves the right to ask the Subscriber for any information to help it assess proper value and changes in the risk associated with the policy.

AGGRAVATION OF THE RISK

When a modification constitutes an aggravation of the risk (except for modifications to health condition) such as, if the new state of affairs had existed at the time of subscription to the policy, the Insurer would not have contracted or would have done only for a higher premium, the Insurer may propose a new premium rate.

If the Subscriber does not accept this new rate within thirty days following the proposal, the Insurer may terminate the contract at the end of this period on the condition of having informed the Insured of this ability by listing it in bold-faced type in the proposal letter.

SUBMISSION OF THE INFORMATION NOTICE

According to article L.140-4 of the Insurance Code, the Subscriber agrees to send an information notice drafted for this purpose to any Insured subscribing to the present policy.

MULTIPLE INSURANCE POLICIES

In no case may an Insured be covered by more than one subscription to the present policy even if he has paid dues several times. If that is the case, the Insured is limited in all cases to the coverages and coverage ceilings related to one subscription to the present policy.

CORRESPONDENCE

Any request for information or additional precision, and any declarations of loss must be sent to:

TOUR CB 21 - 92040 PARIS LA DEFENSE



All correspondence must be sent according to the forms prescribed by regulations currently in force.

If the Insured sends his email and/or cell phone contact information, AIG reserves the right (unless the Insured exercises his right to opposition) to send him information by email and/or text message.

NATURE OF THE POLICY AND INCONTESTABILITY

The policy is a group insurance policy governed by French law and the Insurance Code. The Insurer is a company governed by the Insurance Code and subject to the Autorité de Contrôle Prudenciel et de Régulation (Insurance Regulatory Authority) located at 61 rue Taitbout - 75436 PARIS cedex 09

APPLICABLE LAW AND JURISDICTION

The present policy is a group insurance policy governed by French law and in particular by the Insurance Code. Any dispute that may arise from its interpretation, execution, or failure to be executed will be submitted to the exclusive authority of French jurisdictions.

LAW ON INFORMATION TECHNOLOGY AND CIVIL LIBERTIES

The data concerning Insureds collected at subscription and declarations of loss are necessary to the processing of the subscription and or loss. They are intended for authorized persons at AIG EUROPE Ltd and its intermediaries, partners, and service providers for the purposes of subscription, management and execution of policies as well as for the purposes of managing and monitoring losses..

They may also be sent to co-insurers and reinsurers as well as to authorized professional bodies responsible for intervening under the policy to prevent or combat fraud. Any irregular declaration may be subject to special processing designed to prevent fraud.

The insured may access or correct data concerning him by writing to AIG Europe Ltd, Tour CB 21 – Paris La Défense – 16 Place de l'Iris – 92400 COURBEVOIE, and providing his first and last names, address, and where possible his customer number, accompanied by a copy of his identification card. The insured may also oppose the usage of his contact information and non-sensitive data, which may be sent to other companies in the AIG Group or to other companies or association, for purposes of commercial prospecting by a simple letter sent to the address mentioned above.