International health insurance

Insurance product information document

Insurer: Groupama Gan Vie – Insurance company registered in France and governed by the French Insurance Code – Paris Trade and Companies Register number 340 427 616

Product: LifePlan'Expat

This information document summarizes the key benefits of and exclusions from the plan. It does not take into account your specific needs and requirements. All of the contractual and pre-contractual information about the product can be found in the Information Booklet serving as the General Terms and Conditions of the plan.

What type of insurance is it?

The LifePlan'Expat plan is designed to provide insured members residing abroad with the payment of a lump sum in the event of death/permanent total disability, of disability (all causes) or the payment of benefits in the event of sick leave from work.

What is insured?

BENEFITS WHICH ARE ALWAYS PROVIDED

Death/permanent total disability lump sum of an amount between €25,000 / $30,000 and €1,000,000 / $1,200,000.

This lump sum will be paid to the named beneficiary or beneficiaries in the event of the insured member's death or to the insured member in the event of permanent total disability.

OPTIONAL BENEFITS

Death lump sum doubled in cases of accidental death.

- ✓ **Disability (all causes) lump sum** of an amount between €25,000 / $30,000 and €1,000,000 / $1,200,000.
  This lump sum will be paid in full in cases of disability, if the degree of disability is greater than 33%.
- ✓ **Standard sick leave benefits**
  Daily benefit amount of between €25 / $30 and €400 / $480 per day, paid after a waiting period of 30/60/90 days and for a maximum of 24 months. These benefits are followed by the payment of a pension if the incapacity to work is recognized as permanent.
- ✓ **Short Term Disability benefits**
  These daily benefits are paid from the 1st day in cases of temporary incapacity to work due to an accident or hospitalization, and from the 7th day in cases of illness and for a choice of 3 payment periods: 30/60/90 days.
- ✓ **Long Term Disability benefits**
  These daily benefits are paid on expiration of a waiting period which can be selected from 30/60/90 days, and for a maximum of 1,080 days.

What is not insured?

- × Death, accident or illness resulting from a war involving the French state;
- × Death, accident or illness caused by civil or foreign war, insurrection, riots, brawls, regardless of the location and the protagonists involved in the event;
- × Suicide, regardless of its classification, during the first year of membership of the plan;
- × Accident or illness caused intentionally by the member or resulting from attempted suicide, deliberate self-harm, or the use of narcotics or psychotropic drugs, unless they were medically prescribed.

Are there any restrictions on coverage?

- ! The plan member must belong to the ASFE association;
- ! They must be at least 18 years old and under the age of 66;
- ! They must be living abroad outside their country of nationality;
- ! Membership of the plan may be excluded for certain countries to which travel is strongly discouraged by the French Ministry of Foreign Affairs (red zone) or subject to prior approval by the insurer if travel to that country is discouraged (unless for compelling reasons) by the Ministry (orange zone)
- ! Benefits can be claimed within the limits of the lump sums / daily benefits purchased;
- ! Any restrictions on benefits specified on your certificate of enrollment.

Where are you covered?

- Benefits can be claimed in the country of destination, anywhere in the world as well as in France and the French Overseas Departments and Regions and the French Overseas Communities.
- However, the benefits can be claimed for periods not exceeding 60 consecutive days between two stays in the country of destination during international trips outside the country of destination (in a private capacity).

What are your obligations?

Failure to fulfil these obligations may result in coverage being reduced or denied

- When you enroll in the plan: complete the application form and the medical questionnaire provided by the insurer accurately and honestly and sign both documents, provide all the requested supporting documents and pay the premium (or premium installment) specified in the plan.

- During your membership of the plan: provide all the supporting documents required for the payment of benefits under the plan and inform the insurer of any changes in your circumstances (change of address, occupation, family composition, etc.).

When and how to make your payments?

- Premiums are payable monthly, quarterly, bi-annually or annually, in euros or US dollars.

- You can make your payments online (by bank card), by direct debit (from a bank account in France or Monaco only) or by bank or postal check.

When does your coverage begin and end?

- Membership becomes effective on the date shown on the Certificate of enrollment and no earlier than the 1st or 15th of the month following notification of acceptance of membership. The plan member has 14 calendar days to cancel their membership from the date on which their Certificate of enrollment is sent out without having to justify their reasons or being subject to penalties.

- The plan is purchased for a period of one year and is automatically renewed on each anniversary date for successive periods of one year, unless it is terminated by one of the parties.

How can you terminate your plan?

- The member can terminate the plan:

    - on the anniversary date of the year during which the member requested termination of their plan, provided the termination is notified to the insurer by registered mail sent at least two months before that date,
    - on the last day of the calendar quarter in which ASFE membership comes to an end. The ASFE must notify the insurer within one month,
    - on the last day of the calendar quarter during which the member returns permanently to their country of origin. The member must notify the insurer at least one month before the date of their return,
    - on the last day of the calendar quarter during which the member's premiums are not paid subject to the provisions of article 20 of the members' guide,
    - on the date on which the member claims their old-age pension from their basic Social Security scheme, including for reasons of unfitness for work and, at the latest, on the last day of the calendar quarter in which they reach the age of 70,
    - on the date on which membership is terminated by the insurer. Terminations are only possible during the first two years of membership.