

Special Terms and Conditions for Mundo Insurance

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The following provisions are subject to the General Terms and Conditions for Supplemental Health and Accident Insurance (CGC), whose edition is specified in the insurance policy.

Art. 1 Eligibility, duration of insurance

- All Swiss residents are eligible for coverage, without age restriction.
- The insurance is concluded for a minimum term of one year, renewable from one calendar year to the next (insurance term).

Art. 2 Territorial validity

- Mundo insurance coverage is valid worldwide, Switzerland and Liechtenstein excepted.
- Deviating from paragraph 1, Mundo insurance is valid in Switzerland for voluntary vaccination.
- The insurance does not cover any follow-up treatment after the insured returns home for treatment started when he was on holiday or travelling abroad.

Art. 3 Beginning of insurance coverage

The insurance contract is valid from the effective date specified on the insurance policy.

Art. 4 Termination of insurance contract

After one year's coverage, the policyholder may terminate the insurance for the end of a calendar year, subject to six months' advance notice.

Art. 5 Insured sum

The insured sum is maximum CHF 100,000 per calendar year.

Art. 6 Insured benefits

The insured sum shall serve to reimburse the following costs in the event of an illness or accident:

- recognised outpatient treatment, within the meaning of the Federal Health Insurance Law (LAMal/KVG);
- hospitalisation for recognised treatment, within the meaning of the LAMal/KVG;
- the cost of necessary vaccinations recommended by the Federal Office of Public Health for persons travelling abroad, provided such costs are not covered by the ordinance on compulsory health insurance;
- necessary transport to the nearest hospital facility for treatment;
- repatriation transport costs, including for a dead person, subject to the Insurer's prior consent;
- search and rescue costs for an insured person who is sick or whose physical integrity is in jeopardy;
- if an insured person is hospitalised for more than 7 days, the following costs for the visit of a family member:
 - documented costs of a round trip in economy class plus public transport fares to the facility where the insured is hospitalised;
 - documented costs for room and board not exceeding CHF 250 per day up to maximum CHF 2,000;
- a lump-sum benefit of CHF 5,000 is granted in the event the insured dies abroad as a result of an illness or accident.

Art. 7 Exclusions

There is no entitlement to the insured sum in the following cases:

1. if the insured voluntarily decides to have treatment abroad;
2. for illnesses that are already being treated, but have not yet stabilised, at the time of departure;
3. for conditions subject to an exclusion;
4. for psychiatric ailments;
5. for personal expenses such as beverages, telephone calls, TV rental, etc.

Art. 8 Entitlement to benefits in case of death abroad

To justify the entitlement to benefits, a death certificate or any other requisite document must be presented to the Insurer. The Insurer may deduct any amounts owed to it by the deceased from the death benefit payable to the beneficiaries. If a death certificate is not presented beforehand, the entitlement to death benefits expires, without further notice, two years after the insured's death.

Art. 9 Notification of an illness or accident

The insured or his close relations shall promptly notify any illness or accident to the Insurer, indicating whether it is an insured event under the Mundo policy.

Art. 10 Payment of benefits

1. If several family members fall sick or are accidentally injured at the same time, a separate invoice for each insured person must be requested from the doctor, hospital or pharmacy, etc.
2. To obtain reimbursement, the insured shall provide all requisite documents (original detailed invoices, medical certificates, prescriptions, payment confirmations, etc.).
3. For foreign invoices, the applicable exchange rate is the official Swiss Franc rate for the currency concerned on the last day of treatment.
4. The Insurer recognises the customary tariffs applied in the country or region where treatment is administered. The insurer reserves the right to reduce benefits if invoices are exaggeratedly high.

Art. 11 Premiums

When an insured person reaches the last year of his age group, he will be automatically transferred into the next age group at the beginning of the next calendar year.

The applicable age groups are:

- from 0 to 18;
- from 19 to 25;
- from age 26, age groups are graduated in five-year brackets.

Art. 12 Place of performance and jurisdiction

1. The obligations arising from the contract shall be performed in Switzerland and in Swiss francs.
2. In case of dispute, the policyholder or the beneficiary may choose the jurisdiction of the courts of his place of residence in Switzerland, or of the Insurer's registered office.