

International health insurance



Insurance product information document

Insurer: Groupama Gan Vie, 8-10 rue d'Astorg - 75383 Paris Cedex 08, France.

This company, which is registered in France with the Paris Trade and Companies Register under number 340 427 616 and governed by the French Insurance Code, is licensed and supervised by the French Prudential Supervision and Resolution Authority (ACPR).

Product: neoTempo

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

What type of insurance is it?

The neoTempo plan is designed to provide benefits (within the limit of actual costs) during the period of coverage to reimburse healthcare expenses incurred by the Insured member living on a temporary basis outside their country of origin for private or professional purposes, and by their Dependents (if any) living or not in the same foreign country if they are enrolled in the plan.



What is insured?

neoTempo provides coverage from the 1st euro.

Reimbursements of healthcare expenses are subject to annual upper limits which vary according to the level of coverage chosen and are shown in the benefits schedule. They cannot be higher than expenses actually incurred and you may have to make a contribution to costs.

When this upper limit is reached, any costs incurred over and above this limit will not be covered.

BENEFITS WHICH ARE ALWAYS PROVIDED

Hospitalization

- ✓ Hospitalization: room and board, emergency hospitalization, specialist consultations and treatments and procedures, prescribed medication, prostheses, treatments, etc.

OPTIONAL BENEFITS

- **Routine healthcare**
Consultations with general practitioners and specialists, prescribed medication, physical therapy, emergency dental care, emergency eye examination, etc.
- **Dental and Vision care**
Routine dental care and dental surgery, consultations with ophthalmologists and optometrists, lenses and frames, contact lenses, hearing aids, etc.
- **Prevention**
Vaccination, antimalarial treatment.

SERVICES WHICH ARE ALWAYS PROVIDED

- ✓ Mobile application and Members' Area.
- ✓ Teleconsultation.
- ✓ Medical network.

Benefits preceded by a check mark ✓ are included as standard in the plan.



What is not insured?

- ✗ Costs incurred before the effective date of the plan and after coverage has come to an end.
- ✗ Any medical and surgical expenses prescribed by a medical authority which is not recognized.
- ✗ Costs which were paid by another insurance company, a person, an organization or a public scheme.
- ✗ Additional expenses with no direct medical purpose such as charges for telephone, television, internet access, newspapers, taxi fares, meals for visitors, etc.
- ✗ Treatments, consultations and drugs prescribed by the Insured member, their Dependents or any member of their family.



Are there any exclusions from coverage?

MAIN EXCLUSIONS

- ! The consequences of intentional action by the Insured member or the Dependent.
- ! The consequences of the harmful, dangerous or addictive use of alcohol, narcotics and/or medication and any treatment resulting from it.
- ! Pre-existing medical conditions not declared or not covered at the time of membership.
- ! Costs and treatments related to maternity.
- ! Costs deemed to be excessive, unreasonable or unusual considering the country in which they were incurred.

MAIN RESTRICTIONS

- ! Certain benefits are subject to waiting periods indicated in the Information Booklet serving as the General Terms and Conditions.
- ! Certain benefits are subject to upper limits and/or prior approval, as shown in the benefits schedule.

The full list of exclusions is available in the General Terms and Conditions.



Where are you covered?

- In the selected coverage zone (details can be found in the General Terms and Conditions of the plan).
- Worldwide (except for excluded countries*) for emergency care only, during occasional stays of less than 30 consecutive days per year (only following an accident or a sudden and unforeseeable unexpected illness).

*see the Information Booklet serving as the General Terms and Conditions.



What are your obligations?

Failure to fulfill 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, inform the insurer of any change in your circumstances (change of address, occupation, family composition, etc.).
- In the event of a claim: send the insurer your claims for reimbursement within a maximum of 24 months of the date of treatment for healthcare costs.



When and how to make your payments?

- Premiums are payable quarterly, bi-annually or annually in euros.
- You can make your payments online (by bank card), by bank transfer or by direct debit (from a bank account in France or Monaco only).



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. You have 14 calendar days to cancel your membership either from the date of membership or from the date on which your Certificate of enrollment is sent out if later, without having to justify your reasons or being subject to penalties.
- The plan is purchased for a fixed term indicated on the Certificate of enrollment, with a minimum of 3 months and a maximum of 36 months. It can be renewed for successive and continuous periods of 1 to 36 months in total (36 months being the maximum duration of the plan, including any renewals).



How can you terminate your plan?

- You can terminate your plan:
 - At any time, after a waiting period of 1 continuous year of coverage starting from the date of membership. Membership will end 1 month after the insurer receives your notification.
 - If you no longer meet the plan membership conditions, for example if you return to your country of origin, or if your employer enrolls you in a similar plan or in the local or French Social Security. Termination will take effect on the 1st or 15th of the month following the date of receipt of the termination letter together with an official supporting document and will not be effective before a minimum notice period of 1 month.

neoTempo is a product of:

- **MSH - DIOT-SIACI Group** - Insurance and reinsurance brokerage company. RCS Paris 352 807 549, 39 rue Mstislav Rostropovitch, 75017 Paris, FRANCE.
- **Groupama Gan Vie** (Health insurer), RCS Paris 340 427 616, 8-10 rue d'Astorg, 75383 Paris Cedex 8, FRANCE.

MSH - DIOT-SIACI Group - Insurance and Reinsurance Brokerage Company. Registered office: 39, rue Mstislav Rostropovitch - 75017 Paris - France. A French joint stock company (société par actions simplifiée) - Capital: €2,500,000 - Registered with the Paris Trade and Companies Register under number 352 807 549 - APE 6622 Z - Intra-Community VAT identification number: FR 78 352 807 549. Registered with ORIAS under number 07 002 751 (orias.fr) - Regulated by the French Prudential Supervision and Resolution Authority (Autorité de Contrôle Prudenciel et de Résolution) - 4, place de Budapest - CS 92459 - 75436 Paris Cedex 09 - France.

Groupama Gan Vie, a French "société anonyme" - Capital: €1,371,100,605 - Registered with the Paris Trade and Companies Register under number 340 427 616 - APE 6511Z - Tel: +33 (0)1 44 56 77 77 src-collectives@ggvie.fr - Registered office: 8-10 rue d'Astorg – 75383 Paris Cedex 08. Company governed by the French Insurance Code and subject to the French Prudential Supervision and Resolution Authority (ACPR) - 61 rue Taitbout – 75009 Paris.

Expatriates Insurance

Insurance Product Information Document



Company (Insurer) : Chubb European Group SE, a company governed by French Insurance Code, domiciled at La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France, entered in the Nanterre Trade & Companies Register with the number 450 327 374, subject to regulation by the French ACPR.

Produit : neoTempo – Standard Assistance

This document provides a summary of the main cover and exclusions. It is not personalized to your specific individual circumstances. Complete pre-contractual and contractual information about this product is provided in the policy schedule and policy terms and conditions <https://www.msh-intl.com/fr/>

What is this type of insurance?

This insurance is designed to protect Insureds on posting or expatriates, as well as their family members if they are mentioned on the Membership Certificate, by providing them with assistance services and private live civil liability coverage.



What is insured?

COVERS ALWAYS INCLUDED

- ✓ Emergency medical transport (Actual costs)
- ✓ Repatriation to the country of residence / country of posting or expatriation (Actual costs)
- ✓ Repatriation of the body in case of death (Actual costs)
Coffin or urn costs (Up to €2,000)
- ✓ Identification of the body and death formalities (Round-trip ticket for air or train travel for one member of the family and coverage of costs of staying up to €150 per day per person over a maximum period of 2 days)
- ✓ Accompanying the deceased body or urn (One return air or train ticket for one family member)

Coverages marked with a check mark ✓ are systematically included in the contract..



What is not insured?

- ✗ Any cover, claim or indemnity the payment of which would expose Chubb to a violation of United Nations resolutions or economic and trade sanctions, or of the laws or regulations of the European Union, the United Kingdom, France or the United States of America.
- ✗ Pregnancy and childbirth **except in the case of unforeseeable complications that could endanger the life of the mother or the unborn child**, termination of pregnancy, treatment of sterility.



Are there any restrictions on cover ?

- ! Claims caused or provoked intentionally by the Insured Party.
- ! Claims caused by the Insured's use of drugs or narcotics not prescribed by a physician; due to the Insured's suicide or attempted suicide; or due to a neurological or neuropsychiatric disorder.
- ! Claims resulting from the practice of a sport as a professional, as well as from participation, even as an amateur, in motor racing or sports deemed to be dangerous, such as ski jumping, bungee jumping, scuba diving, extreme sports and record attempts.
- ! Assistance :
 - May not intervene outside the limit of the approvals given by the local authorities.
 - Is not required to intervene in cases in which the Insured Party has voluntarily committed violations of the laws in force in the countries through which he or she passes or in which he or she stays;

The comprehensive list of exclusions can be found in the Information Notice



Where am I covered ?

- The cover provided by this Contract applies worldwide, strictly and exclusively during the period of expatriation or posting of the Insured, to the exclusion of the following countries and territories: **Cuba, Iran, Syria, North Korea, North Sudan, Venezuela, Crimea, the Donbass Region including Luhansk and Donetsk.**



What are my obligations ?

Under penalty of suspension of benefits, termination or nullity of the contract :

- On applying for the contract: The Insured must accurately declare all information known to him/her which may enable the Insurer to assess the risks he/she is assuming
- During the term of the contract: Pay the Premium and inform the Insurer of any change in the insured risk.
- In the event of a claim: Declare any claim within 5 working days of becoming aware of it. In order for the assistance services to be implemented, the Insured must contact Europ Assistance prior to any intervention involving the cover of the contract. The contact details are shown on the Insured card and in the Information Notice.



When and how do I pay ?

- The annual premium or partial premium shown on the Membership Certificate is payable in advance on the agreed due dates.



When does the cover start and end ?

- Cover takes effect when the Insured leaves his/her Home in his/her Country of origin to go to the Country of posting or expatriation, and ceases upon definitive return to his/her Country of origin or nationality.
- They are valid twenty-four hours a day (24/24), in both private and professional life, for the duration of this period.
- Cover expires thirty (30) days after the Insured's definitive return to his/her country of origin or nationality. All cover terminates for each Insured under the following conditions: on the date of termination of the Contract; on the date on which the Insured is no longer part of the insured group, at the end of insurance year during which the Insured will have reached the age of 70, on the date on which the Insured no longer has posting or expatriate status.



How can I cancel the contract ?

- When ? :
 - The Insured may cancel the contract at any time one year after taking out the contract, subject to 1 month's notice.
 - In the event of the removal of aggravating conditions mentioned in the contract, if the Insurer refuses to reduce the insurance premium accordingly within 10 days of the complaint made by the Insured by registered letter.
 - In the event of a price increase, the Insured may cancel the Contract within 15 days of becoming aware of the increase.
- How :
 - The Insured may terminate the contract either by letter or any other durable support, or by a declaration made against receipt at the Insurer's head office, or on the MSH website <https://www.msh-intl.com/fr/>

Expatriates Insurance

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Produit : neoTempo – Premium Assistance

This document provides a summary of the main cover and exclusions. It is not personalized to your specific individual circumstances. Complete pre-contractual and contractual information about this product is provided in the policy schedule and policy terms and conditions <https://www.msh-intl.com/fr/>

What is this type of insurance?

This insurance is designed to protect Insureds on posting or expatriates, as well as their family members if they are mentioned on the Membership Certificate, by providing them with assistance services and private live civil liability coverage.



What is insured?

COVERS ALWAYS INCLUDED

- ✓ Emergency medical transport (Actual costs)
- ✓ Repatriation to the country of residence / country of posting or expatriation (Actual costs)
- ✓ Repatriation to the country of origin or nationality (Actual costs)
- ✓ Repatriation of the body in case of death (Actual costs)
Coffin or urn costs (Up to €2,000)
- ✓ Identification of the body and death formalities (Round-trip ticket for air or train travel for one member of the family and coverage of costs of staying up to €150 per day per person over a maximum period of 2 days)
- ✓ Accompanying the deceased body or urn (One return air or train ticket for one family member)
- ✓ Repatriation of the Insured's children under 18 in the event of repatriation of the Insured (return ticket) and Organization and payment of travel expenses for a relative or escort if required (One return air or train ticket, and accommodation expenses max €100 per person per day for up to 2 days)
- ✓ Presence with the hospitalized Insured Party (Round-trip ticket for air or train travel for one member of the Family and coverage of accommodation costs of up to €100 per day and per person, capped at €1,000)
- ✓ Return of the Insured to his/her Country of Posting or Expatriation (One air or train ticket)
- ✓ Emergency return of the Insured Party following the death or serious illness of a Close Relative (Round-trip ticket (max once per year for the same event)
- ✓ Psychological Assistance
- ✓ Private life civil liability

Coverages marked with a check mark ✓ are systematically included in the contract..



What is not insured?

- ✗ Any cover, claim or indemnity the payment of which would expose Chubb to a violation of United Nations resolutions or economic and trade sanctions, or of the laws or regulations of the European Union, the United Kingdom, France or the United States of America.
- ✗ Pregnancy and childbirth **except in the case of unforeseeable complications that could endanger the life of the mother or the unborn child**, termination of pregnancy, treatment of sterility.



Are there any restrictions on cover ?

- ! Claims caused or provoked intentionally by the Insured Party.
- ! Claims caused by the Insured's use of drugs or narcotics not prescribed by a physician; due to the Insured's suicide or attempted suicide; or due to a neurological or neuropsychiatric disorder.
- ! Claims resulting from the practice of a sport as a professional, as well as from participation, even as an amateur, in motor racing or sports deemed to be dangerous, such as ski jumping, bungee jumping, scuba diving, extreme sports and record attempts.
- ! Assistance :
 - May not intervene outside the limit of the approvals given by the local authorities.
 - Is not required to intervene in cases in which the Insured Party has voluntarily committed violations of the laws in force in the countries through which he or she passes or in which he or she stays;

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- During the term of the contract: Pay the Premium and inform the Insurer of any change in the insured risk.
- In the event of a claim: Declare any claim within 5 working days of becoming aware of it. In order for the assistance services to be implemented, the Insured must contact Europ Assistance prior to any intervention involving the cover of the contract. The contact details are shown on the Insured card and in the Information Notice.



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 - In the event of the removal of aggravating conditions mentioned in the contract, if the Insurer refuses to reduce the insurance premium accordingly within 10 days of the complaint made by the Insured by registered letter.
 - In the event of a price increase, the Insured may cancel the Contract within 15 days of becoming aware of the increase.
- How :
 - The Insured may terminate the contract either by letter or any other durable support, or by a declaration made against receipt at the Insurer's head office, or on the MSH website <https://www.msh-intl.com/fr/>