

General Conditions of Insurance

VB-KS 2020-SFE24-CH Insurance for foreign-national visitors/Premium insurance for foreign-national visitors, ETA Glob

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Client information

The following client information provides a clear and concise overview of the identity of the insurer and the main content of the insurance contract. The content and scope of the rights and obligations arising from the insurance contract are governed exclusively by the General Conditions of Insurance. The use of the masculine form, which may be chosen for reasons of improved readability, also applies to female persons.

Who is the insurer?

The insurer is HanseMerkur International AG, Drescheweg 1, 9490 Vaduz, Liechtenstein (hereinafter referred to as "HanseMerkur International"). For more information visit HanseMerkur International at www.hansemerkur.ch.

Applicable General Conditions of Insurance

The General Conditions of Insurance for the insurance for foreign-national visitors VB-KS 2020-SFE24-CH are applicable.

Who is the policyholder?

The policyholder is the person who has concluded the insurance contract with HanseMerkur International and who is designated as the policyholder in the insurance policy.

What persons are insured?

Insured person(s) is/are the person(s) listed in the insurance policy or group(s) of persons residing abroad and entering Switzerland or a Schengen state.

What risks are insured and what is the scope of the insurance cover?

The risks insured within the scope of the respective insurance contract as well as the scope and limitations of the insurance cover are defined in the insurance policy and the General Conditions of Insurance. The following is a summary description of the insurance components available for easy reference:

- Medical expenses insurance for foreign-national visitors

HanseMerkur International provides insurance cover in the event of accidents or illness. Among other things, it covers the medical expenses (up to a maximum of the sum insured specified in the module) for emergency medical treatments, the costs of hospital stays ordered by a doctor and a medically supervised repatriation to a hospital in the country of residence of the insured person that is appropriate for the treatment. The excess per insured event is CHF 200.

Within the term of the insurance, the total of all benefits from all medical expenses insurance policies in effect with HanseMerkur International is limited to CHF 50,000 per person.

- Additional module "Premium"

Compensation is paid, among other things, for the costs of a necessary search and rescue operation (up to CHF 10,000). Furthermore, with the additional module, the sum insured in the medical expenses insurance is increased to CHF 100,000 per person and the excess is reduced to CHF 100.

When does the cover start and end (contractual term)?

The insurance starts on the date specified in the insurance policy. If a provisional date is entered in the insurance policy, insurance cover starts on the date of entry into Switzerland or a country in the Schengen area, as evidenced by an official notation. The insurance cover commences on the day of payment of the premium and not before the end of the waiting period if the insurance is taken out no later than the fifth day after entry into Switzerland. The insurance ends on the date specified in the insurance policy.

Time and geographical scope of the insurance cover

The insurance is valid for the agreed insurance period stated in the insurance policy in Switzerland and the Schengen states with the exception of the country of residence of the insured person and any economic or trade sanctions or embargoes of the United Nations, the European Union, the United States of America or Switzerland that may be in conflict with the insurance cover.

What are the main exclusions?

There is no insurance cover, in particular, if the insured person causes the insured event intentionally or through gross negligence. Furthermore, there is no insurance cover for events which had already occurred at the time the insurance was taken out or when the trip commenced or for which it was certain at the time the trip commenced that they would have to take place during the scheduled course of the trip. This also applies to pre-contractual illnesses. Moreover, HanseMerkur International is not liable for loss or damage caused by war and civil unrest.

The restrictions on insurance cover described above are not exhaustive. Further exclusions may arise from the General Conditions of Insurance and the IPA.

What are the obligations of the insured persons?

The following list contains only the most common obligations. Further obligations may arise from the General Conditions of Insurance and the IPA.

The insured person is obligated to minimise the loss and avoid doing anything that could lead to unnecessary cost increases. If there is any uncertainty, the insured person is required to contact HanseMerkur International. Loss or damage must be reported to HanseMerkur International at the earliest possible opportunity. Any non-compliance will result in the loss of the insured person's insurance claim.

The notice of claim sent by HanseMerkur International must be filled in completely and truthfully by the insured person and returned immediately to HanseMerkur International. Further supporting documents requested by HanseMerkur International as well as relevant information and evidence must be provided in the same manner. Any non-compliance will result in the loss of the insured person's insurance claim.

Any change of address must be reported to HanseMerkur International immediately.

If the insured person culpably violates one of the aforementioned obligations, HanseMerkur International may refuse or reduce the benefit in accordance with the Swiss Federal Act of 2 April 1908 on Insurance Policies (*Bundesgesetz vom 2. April 1908 über den Versicherungsvertrag – IPA*). If the insured person can prove that the obligation was breached through no fault of the insured person, the insurance cover remains in effect. The insurance cover also remains in effect if the insured person can prove to HanseMerkur International that neither the determination nor the scope of the benefit was attributable to the breach of the obligation. This does not apply if the obligation was breached fraudulently.

How much is the premium?

The amount of the premium is defined by the choice of insurance cover and is indicated in the insurance policy. The premiums mentioned include the current statutory stamp tax.

When is the premium due?

The first or single premium falls due immediately, regardless of whether any right of revocation exists. If any renewal premiums have been agreed in the case of long-term insurance contracts, these fall due on the agreed date. If payment of an annual premium in instalments has been agreed, the first premium is deemed to be only the first instalment of the first annual premium. If the premium cannot be collected through no fault of the policyholder, payment will still be considered on time if it is made immediately in response to a written request for payment from the insurer. Further details can be found in the General Conditions of Insurance.

Does HanseMerkur International offer advisory services?

No individual advice is provided prior to conclusion of the contract.

How does HanseMerkur International handle data?

The processing of personal data represents an indispensable prerequisite for insurance activity. When processing personal data, HanseMerkur International complies with the Swiss Federal Act of 19 June 1992 on Data Protection (Data Protection Act, FADP; *Bundesgesetz vom 19. Juni 1992 über den Datenschutz, DSG*) and the EU General Data Protection Regulation (GDPR). If necessary, HanseMerkur International will obtain the necessary consent from the insured person for data processing in the claim form.

The personal data processed by HanseMerkur International contain the data relevant for the conclusion of the contract (risk assessment), contract administration after conclusion of the insurance contract (including premium receivables) as well as contract and claims settlement. The categories of data collected include client data (e.g. name, address, date of birth and other data to uniquely identify the policyholder), application data (applicant's information on insured risk, answers to application questions), contract data (e.g. duration of contract, insured risks and benefits, etc.), payment collection data (e.g. date and amount of premium receipts, outstanding amounts, reminders), claims data (e.g. notices of claims, clarification reports, invoice documents, etc.).

Primarily, the data of the insured persons from the insurance application and the notice of claim are processed. In the interest of all insured persons, data may also be exchanged with previous insurers, reinsurers and insurers at home and abroad. HanseMerkur International also processes personal data in connection with product optimisation and for its own marketing purposes. Furthermore, personal data may also be passed on to authorities or service providers (e.g. doctors, external experts, lawyers, etc.) by HanseMerkur International or the HanseMerkur Group.

For the purposes stated in the previous sections, personal data may be passed on to companies belonging to the HanseMerkur Group and to third parties, including those abroad.

HanseMerkur International stores data electronically or physically in accordance with the statutory provisions.

Persons whose personal data are processed by HanseMerkur International have the right, in accordance with the FADP, to demand information as to whether and which of their data are processed by HanseMerkur International. They are also entitled to demand the rectification of incorrect data.

Further information on data protection can be found at www.hansemerkur.ch/datenschutz.

Right of revocation

You can revoke your application to conclude the contract or the declaration to accept it in written or electronic form.

The revocation period is 14 days and begins as soon as the policyholder has applied for or accepted the contract. The deadline is considered to have been met if, by the last day of the revocation period, you have notified HanseMerkur International of your revocation or sent your notice of revocation by post.

When must a claim be reported?

The notice of claim must be submitted to HanseMerkur International immediately after the claim comes to light.

Applicable law

Swiss law applies.

Competent supervisory authority and right to lodge complaints

You may lodge a complaint directly with

HanseMerkur International AG, Drescheweg 1, 9490 Vaduz, e-mail: lob-und-kritik@hansemerkur.ch.

For more information on the complaints procedure, please visit www.hansemerkur.ch.

If you do not wish to address your complaint to HanseMerkur International directly, you can also have it reviewed by an independent body.

Conciliation Board

For persons domiciled in Switzerland, to the Ombudsman of Private Insurance and of Suva, Postfach 1063, 8024 Zurich, Switzerland

Internet: www.versicherungsombudsman.ch

Competent supervisory authority

Financial Market Authority (FMA) Liechtenstein, Postfach 279, Landstrasse 109, 9490 Vaduz, Liechtenstein

This does not affect your right to take legal action.

Correspondence

I agree that contractual documents and other correspondence may be sent in unencrypted form as a standard e-mail to the e-mail address specified in my application.

Contact address:

HanseMerkur International AG
Postfach
9475 Sevelen
Switzerland
Tel. +41 43 550 2125
service@hansemerkur.ch www.hansemerkur.ch

General Conditions of Insurance

The insurance cover of HanseMerkur International AG (hereinafter referred to as "HanseMerkur International") is defined by the following General Conditions of Insurance.

A General information

1 Insured persons

The persons listed in the insurance policy are insured.

1.1 The insurance applies only to persons:

- whose permanent or usual residence is not in Switzerland;
- who have not reached the age of 80 yet by the start date of the insurance; and
- are entering Switzerland or a Schengen state.

2 Scope

2.1 The insurance is valid in Switzerland and the Schengen states, with the exception of the country of residence of the insured person, for the agreed insurance period as stated in the insurance policy.

2.2 If the insurance is taken out before the insured person enters Switzerland, the insurance cover will commence on the date of entry entered in the insurance policy, but not before the premium has been paid and not before the insured person actually enters Switzerland. The insurance cover commences on the day of payment of the premium and not before the end of the waiting period if the insurance is taken out no later than the fifth day after entry into Switzerland.

2.3 The extension of insurance cover is only valid if there are no gaps in the insurance and no claim has been made. In addition, the contract can be extended within the maximum permitted total duration of 185 days. HanseMerkur International is free to refuse extensions without giving reasons.

2.4 The contract will be deemed not to have been concluded if no proof of entry can be provided.

3 Waiting period

If the contract is concluded after the insured person has entered Switzerland, a waiting period of three days must be observed for the benefits in this insurance contract. This does not include benefits due to an accident.

4 Premium due date

4.1 Please refer to the insurance policy for the amount of the premium. The premium is due immediately upon conclusion of the contract. There is no insurance cover before the premium is paid and before the end of the waiting period.

4.2 If the premium is not paid at the time of expiry, you will be asked in writing to make payment within 14 days, calculated from the dispatch of the reminder, with a warning of the consequences of default at your expense. If the reminder is unsuccessful, the insurer's obligation to pay benefits will be suspended from the expiry of the reminder period.

- 4.3 If the premium is collected by the insurer by direct debit from a bank or credit card account, payment is deemed to have been made in good time if the premium can be collected on the date of debiting and the policyholder does not object to a justified collection. If the premium could not be collected through no fault of the policyholder, payment will still be on time if it is made as soon as possible after the insurer has requested payment in writing.

5 Reimbursement of premiums

A premium can be reimbursed only:

- 5.1 if the insurance cover has not yet commenced;
- 5.2 if proof can be provided that the entry did not take place (e.g. by means of a letter of refusal from the competent authority in Switzerland); or
- 5.3 if it can be proven that the insured person returned to his or her country of residence prematurely. In this case, the premium is owed for the effective duration of the stay, and HanseMerkur International will reimburse the policyholder the excess premium paid.

Furthermore, the premium must be reimbursed if the company is obligated to do so under Article 24(1) of the Swiss Federal Act of 2 April 1908 on Insurance Policies (*Bundesgesetz vom 2. April 1908 über den Versicherungsvertrag – IPA*).

- 5.4 Any premium reimbursement will be subject to a deduction of CHF 50 by way of an administrative fee.

6 Exclusions

- 6.1 There is no insurance cover for loss or damage caused by
- misuse of alcohol, drugs or medications and its consequences;
 - suicide or attempted suicide and its consequences;
 - participation in strikes or civil unrest;
 - participation in races and drills involving motor vehicles or boats;
 - active participation in competitions of sports organisations and related training;
 - participation in professional or semi-professional sports events to achieve top speeds.
- 6.2 Also excluded from the insurance cover are claims caused by
- participation in risky actions in which the insured person knowingly exposes himself or herself to danger;
 - grossly negligent or intentional acts or omissions on the part of the insured person;
 - the commission or attempted commission of felonies, misdemeanours, contraventions or criminal offences or the wilful breach of statutory provisions by the insured person;
 - fraudulent misrepresentation (in addition, the insurer may cancel the contract if the insurance claim is fraudulently substantiated within the meaning of Article 40 of the Swiss Federal Act of 2 April 1908 on Insurance Policies [(*Bundesgesetz vom 2. April 1908 über den Versicherungsvertrag – IPA*)]);
- 6.3 There is no insurance cover for events which had already occurred at the time the insurance was taken out or when the trip commenced or for which it was certain at the time the trip commenced that they would have to occur during the scheduled course of the trip. This also applies to pre-contractual illnesses.
- 6.4 Insofar as not otherwise regulated in the module-specific parts of the terms and conditions, there is no insurance cover for loss or damage arising from epidemics, pandemics, wars, civil wars, warlike events, civil unrest, strikes, ionising radiation

within the meaning of the Radiological Protection Act of 22 March 1991 (RPA; *Strahlenschutzgesetz vom 22. März 1991, StSG*) as amended, radioactive radiation, confiscations, seizures or other interventions by the authorities. Furthermore, there is no insurance cover for claims arising from violence at a public gathering or demonstration if the insured persons actively participates. HanseMerkur International will not indemnify for events on trips that are booked, commenced or not terminated immediately despite travel warnings from the Swiss Federal Department of Foreign Affairs (FDFA) or a comparable institution in the home country of the insured person.

- 6.5 No insurance cover will exist if economic, commercial or financial sanctions or embargoes imposed by Switzerland and applicable to the contracting parties conflict with the insurance cover. This will also apply to economic, trade or financial sanctions or embargoes imposed by the United Nations, the European Union or the United States of America (USA), unless these conflict with Swiss statutory provisions.
- 6.6 Insofar as HanseMerkur International does not expressly provide cover under the module-specific parts of the terms and conditions, it will not indemnify for loss or damage directly or indirectly attributable to natural catastrophes, seismic phenomena or weather influences.
- 6.7 There is no insurance cover if the purpose of the trip is medical treatment or if medical treatment or medically prescribed measures were the reason for commencing the trip.
- 6.8 Activities in connection with an insured event are not insured, for example costs for the replacement of the insured items or police purposes.
- 6.9 Events related to abductions.
- 6.10 Events that occur while operating a motor vehicle, aircraft or boat without the legally required driving licence or if the legally required accompanying person is not present.
- 6.11 insured events occurring during an expedition, unless agreed otherwise.
- 6.12 Trekking trips or mountain hikes when sleeping at altitudes of more than 4,000 m above sea level.

7 Multiple insurance and claims against third parties

- 7.1 In the case of (voluntary or compulsory) multiple insurance, HanseMerkur International provides its services on a subsidiary basis (that is, there is no benefit obligation on the part of HanseMerkur International), subject to an identical clause in the other insurance contract. In such a case, the statutory provisions of double insurance apply.
- 7.2 If an insured person is entitled under another (voluntary or compulsory) insurance contract, the cover provided by HanseMerkur International is limited to that part of the claim that exceeds the portion covered under the other insurance contract. The costs will only be reimbursed once in total.
- 7.3 If HanseMerkur International provides benefits despite the existence of a subsidiarity provision, these will be deemed to be an advance payment, and the insured person or beneficiary must assign his or her claims against the third party (voluntary or compulsory insurance) to HanseMerkur International to this extent.
- 7.4 If the insured person or person entitled to claim compensation has been indemnified by a liable third party or its insurer, no compensation will be payable under this contract. If the claim has been made against HanseMerkur International instead of the liable party, the insured person or person entitled to benefits must assign his or her liability claims upon first request up to the amount of the compensation received from HanseMerkur International. The policyholder or the insured person is responsible for any act or omission by which he or

she prejudices this right of the insurer, irrespective of his or her fault.

8 Further provisions

- 8.1 Claims arising from the insurance contract become time-barred two years after the occurrence of the fact giving rise to the benefit obligation. (Exception: air accidents, in which case the limitation period is five years.)
- 8.2 Benefits unduly received from HanseMerkur International must be repaid to HanseMerkur International within 30 days, together with any expenses incurred as a result.
- 8.3 Any change of address must be reported to HanseMerkur International immediately. The consequences of non-payment of the premium due to non-deliverability of the insurance contract or the premium invoice are set out in No. A 4 of these General Conditions of Insurance.

9 Obligations in the event of a claim

HanseMerkur International will not be able to provide its benefits without the cooperation of the policyholder and the insured person. The policyholder and the insured person are requested to observe the following points in order not to compromise their insurance cover:

- 9.1 The insured person is obligated to minimise the loss and avoid doing anything that could lead to unnecessary cost increases. If there is any uncertainty, the insured person is requested to contact HanseMerkur International.
- 9.2 The policyholder or the insured person must report the loss or damage to HanseMerkur International as soon as possible.
- 9.3 The policyholder or the insured person must complete the notice of claim sent by HanseMerkur International truthfully and return it within 14 days of receipt. Additional supporting documents, relevant information and evidence requested by HanseMerkur International must be provided in the same manner and also within 14 days of the request. In the event of claims due to injury or illness, the insured person must ensure that the treating doctors are released from their duty of confidentiality vis-à-vis HanseMerkur International. If HanseMerkur International deems it necessary, it may have any evidence verified by expert opinions of independent third parties or carry out other investigations. The time limits commence on the day on which HanseMerkur International has requested the beneficiary to make these notifications under penalty of default.
- 9.4 In the event of illness or accident, you must see a doctor immediately. The doctor must be informed about the travel plans, and his or her instructions must be followed. The insured person or person entitled to claim compensation must release the doctors treating him or her from the obligation to maintain confidentiality with respect to the insurer.
- 9.5 If the policyholder or the insured person culpably violated one of the aforementioned obligations, HanseMerkur International may refuse or reduce the benefit in accordance with the IPA. If he or she can prove that the obligation was breached through no fault of his or her own, the insurance cover remains in effect. The insurance cover also remains in effect if it can be proved to HanseMerkur International that neither the determination nor the scope of the benefit was attributable to the breach of the obligation. This does not apply if the obligation was breached fraudulently.
- 9.6 The insurer's benefit obligation will lapse if intentionally untrue statements are made or facts are concealed. In addition, the insurer may cancel the contract if the insurance claim is fraudulently substantiated within the meaning of Article 40 of the Swiss Federal Act of 2 April 1908 on Insurance Policies (*Bundesgesetz vom 2. April 1908 über den Versicherungsvertrag – IPA*).

10 Further definitions

10.1 Commencement of a trip

A trip is deemed to have commenced from the time at which the insured person is verifiably on a direct route to the destination country. Proof can be provided by using the first travel arrangement booked (e.g. check-in at the airport) or boarding a public means of transport. If the trip takes place without the use of public means of transport, the trip will be deemed to have commenced upon leaving one's residence.

10.2 Serious consequences of accidents

Accident consequences are considered serious if they result in a temporary or permanent incapacity to work or a severe inability to travel.

10.3 Serious illnesses

Illnesses are considered serious if they result in a temporary or permanent incapacity to work or a severe inability to travel.

10.4 Abroad

All countries with the exception of the territories of Switzerland are considered foreign countries.

10.5 Europe

The scope of Europe includes all states belonging to the European continent as well as the Mediterranean states and the Canary Islands, Madeira and the non-European Mediterranean states. The eastern border north of Turkey is formed by the states of Azerbaijan, Armenia and Georgia, as well as the mountain ridge of the Urals.

10.6 Means of public transport

Means of public transport are considered to be those means of transport which run regularly on the basis of a timetable and for which a ticket must be issued for use. Taxis and rental cars are not means of public transport.

10.7 Expeditions

An expedition is a research or discovery trip into a remote and undeveloped region or a mountain hike from a base camp to altitudes of more than 7,000 m above sea level. This also includes trips in extremely isolated lowlands or the exploration of specific cave systems. If you are unsure whether your trip is classed as an expedition, please feel free to get in touch.

11 Limitation period and forfeiture

Claims arising from the insurance contract become time-barred five years after occurrence of the fact giving rise to the benefit obligation.

If HanseMerkur International rejects the compensation claim, the entitled person must assert the claim in court within two years of the occurrence of the event, or else will lose all rights to the claim (forfeiture).

12 Complaints

If the policyholder is not satisfied with the service provided by HanseMerkur International or if differences of opinion arise during the processing of the contract, the policyholder can contact the internal Complaints Department of HanseMerkur International at any time.

HanseMerkur International AG,
Complaints Department,
Drescheweg 1, 9490 Vaduz, Liechtenstein
E-mail: lob-und-kritik@hansemerkur.ch.

For more information on the complaints procedure, please visit www.hansemerkur.ch.

If the policyholder is not satisfied with the decision or a negotiation has not produced the desired result, he or she will have the following options for lodging a complaint.

12.1 Conciliation Board

Policyholders resident in Switzerland can contact the following Conciliation Board:

Ombudsman of Private Insurance and of Suva,
Postfach 1063, 8024 Zurich, Switzerland,
Internet: www.versicherungsbombudsman.ch

The Conciliation Boards are independent. Participation in the conciliation procedure is voluntary for both the policyholder and HanseMerkur International.

Consumers must pay a fee of CHF 50 for proceedings before the Liechtenstein Financial Services Conciliation Board pursuant to the Liechtenstein Alternative Dispute Resolution Act (*Alternative Streitbeilegungs-Gesetz – AStG*). All other procedures are free of charge.

12.2 Insurance supervision

If the policyholder is not satisfied with the service provided by HanseMerkur International or if there are differences of opinion, he or she can also contact the competent supervisory authority:

Financial Market Authority (FMA) Liechtenstein, Postfach 279,
Landstrasse 109, 9490 Vaduz, Liechtenstein
Internet: www.fma.li

The FMA is not an arbitration board and cannot issue binding decisions on individual disputes.

12.3 Legal action

The right to take legal action remains unaffected by the aforementioned options for lodging a complaint.

13 Place of jurisdiction and applicable law

13.1 Legal actions against HanseMerkur International may be filed with the court at the place where the registered office of the company is located or at the Swiss place of residence of the insured person or beneficiary.

13.2 Furthermore to these provisions, the insurance contract is subject to Swiss law.

14 Right of revocation and its effect

14.1 The policyholder may revoke the application to conclude the contract or the declaration to accept it in written form or in any other textually verifiable form.

14.2 The revocation period is 14 days and begins as soon as the policyholder has applied for the contract.

14.3 The deadline is considered to have been met if, by the last day of the revocation period, the policyholder has notified the insurance company of the revocation or sent the notice of revocation by post.

Revocation has the effect that the application to conclude the contract or the policyholder's declaration of acceptance is rendered ineffective from the outset.

15 Contact address

HanseMerkur International AG, Postfach, 9475 Sevelen,
SWITZERLAND

B Insurance for medical expenses/foreign-national visitors

1 Requirements

The insurance is valid in Switzerland and the Schengen states, excluding the country of residence, for the duration of the insurance period specified in the insurance policy – up to a maximum of 185 days per stay.

2 Insured events and benefits

In the event of an accident or illness, HanseMerkur International will reimburse the costs in accordance with the regionally valid health insurance tariff for outpatient treatment or for inpatient stays in a general hospital ward for the following:

- 2.1 Medically necessary treatment measures (including remedies and medication) ordered or carried out by a registered doctor/chiropractor.
- 2.2 Hospital stays ordered by a doctor (including costs of meals) and services of qualified nursing staff for the duration of the treatment measures.
- 2.3 HanseMerkur International will pay for transport to the nearest hospital appropriate for the treatment. HanseMerkur International reserves the right to decide on the continuation of treatment in Switzerland or any repatriation to an appropriate hospital in the insured person's country of origin.
- 2.4 If the insured person dies, HanseMerkur International will reimburse the costs of cremation outside the country of residence or the additional costs incurred to comply with the International Agreement on the Transport of Corpses (minimum requirements such as zinc coffin or lining) as well as the repatriation of the coffin or urn to the last place of residence of the insured person. The disposal of the zinc coffin is also covered.
- 2.5 In the event of unexpected serious illness or a serious accident of the insured person, HanseMerkur International will organise and reimburse, if medically necessary, a medically supervised repatriation to a hospital in the country of residence of the insured person that is appropriate for the treatment.

3 Excess

An excess of CHF 200 will be charged to the insured person for each indemnifiable claim.

4 Exclusions

In addition to the general exclusions under A 6 of the General Conditions of Insurance, there is no insurance cover in the following cases:

- 4.1 Accidents during the exercise of a manual occupation.
- 4.2 Accidents while parachuting or piloting aircraft or flying equipment.
- 4.3 Accidents while operating a motor vehicle for which the insured person does not meet the statutory licensing requirements.
- 4.4 Check-ups for the prevention of diseases and their consequences.
- 4.5 Accidents and illnesses that already existed when the insurance was taken out, as well as their consequences, complications, aggravations or relapses, in particular also chronic and recurring illnesses, and regardless of whether or not they were already known to the insured person when the insurance was taken out.
- 4.6 The consequences of contraceptive or abortive measures.
- 4.7 Pregnancy or childbirth and related complications.

- 4.8 Fatigue or exhaustion, obesity, mental or psychosomatic disorders.
- 4.9 Massage and wellness treatments as well as cosmetic surgery.
- 4.10 Prophylactic medicines, sleeping pills, tranquilisers, vitamins, homoeopathic remedies, vaccinations, first-aid kits, amphetamines, hormones and cholesterol-lowering medicines.
- 4.11 Dental treatment and denture measures.

5 Limits to benefits

- 5.1 Within the term of the insurance, the total of all benefits from all medical expenses insurance policies in effect with HanseMerkur International is limited to CHF 50,000 per person.

6 Claim

- 6.1 In the event of illness or accident, a doctor must be consulted immediately and the doctor's orders followed.
- 6.2 The following documents, among others, must be submitted to HanseMerkur International:
 - Proof of entry or exit
 - A doctor's certificate or medical report with diagnosis, official certificates, certificate of death, receipts, invoices for insured additional costs, travel tickets and/or police reports (originals)
 - A copy of the insurance policy
 - Other documents requested by HanseMerkur International

C Additional module Premium

1 Requirements

The additional module Premium can be taken out only in combination with the module for medical expenses/insurance for foreign-national visitors. The insurance cover under this module lapses upon the termination of the module for medical expenses/insurance for foreign-national visitors.

2 Insured events and benefits

- 2.1 In the event of unexpected serious illness or a serious accident of the insured person, HanseMerkur International will organise and reimburse, if medically necessary, a medically supervised repatriation (repatriation from abroad) to a

hospital in the country of residence of the insured person that is appropriate for the treatment, up to an unlimited amount.

- 2.2 Payment of the costs of a necessary search and rescue operation up to CHF 10,000 if the insured person is considered missing or has to be rescued.

3 Limits to benefits

Within the term of the insurance, the total of all benefits from all medical expenses insurance policies in effect with HanseMerkur International is limited to a maximum of CHF 100,000 per person.

4 Excess

With the additional module "Premium", the excess charged to the insured person for each indemnifiable claim will be reduced to CHF 100.

5 The following applies in addition to and in specification of the obligations in the event of a claim pursuant to A 9 of the General Conditions of Insurance:

The insured person is obligated to claim the benefits through the emergency call centre and have them approved in advance through the emergency phone number or HanseMerkur International. Otherwise, the benefits are limited to a maximum of CHF 1,000 per person and event.

6 Claim

- 6.1 The emergency number or HanseMerkur International must be notified immediately when an insured event occurs in order to claim benefits from HanseMerkur International.
- 6.2 The following documents, among others, must be submitted to HanseMerkur International:
 - Booking confirmation (original or copy)
 - A doctor's certificate or medical report with diagnosis, official certificates, certificate of death, receipts, invoices for insured additional costs, travel tickets and/or police reports (originals)
 - A copy of the insurance policy
 - Other documents requested by HanseMerkur International
- 6.3 HanseMerkur International must also be provided with certain information or notifications if so requested.