

1. Subject

The Insurance Company offers the Policyholder the purchase of a package of 250 insured travel days.

The Insurance Company guarantees the benefits defined in the present General Insurance Conditions at the specified amounts and maximum amounts in the case of the Insured Event occurring Abroad, in the case of accident, illness or death.

2. Period of validity of the flat-rate insurance

The insured travel days purchased in this way are to be claimed within a period of three years from the entry into force of the contract.

After the end of this period, any unreported and/or not used insured travel days shall expire. The Insurance Company will not provide a refund in this case.

3. Scope

The insurance is valid worldwide.

4. Definitions

INSURANCE COMPANY

DKV Luxembourg S.A., Société Anonyme d'Assurances (joint-stock insurance company under Luxembourg law), with its registered office in L-3372 Leudelange, 11-13 rue Jean Fischbach, entered in the Trade and Companies Register of Luxembourg under the number RCS Luxembourg B 45762.

POLICYHOLDER

The Policyholder is the legal person, concluding the insurance contract with DKV Luxembourg S.A. and whose registered office is in the Grand Duchy of Luxembourg.

INSURED PERSON(S)

"Insured Person(s)", for which the present insurance protection applies, are deemed to be:

- the worker and/or equivalent employee, working for the account of the Policyholder, undertaking a tour organised by the Policyholder, referred to by the Policyholder as such;
- any other person, with the prior approval of the Insurance Company, undertaking a tour organised by the Policyholder and referred to by the Policyholder as such;

The following may not be considered to be "Insured Person(s)":

- the crew of an air carrier, bus drivers, ship's crew,
- participants on expeditions and/or research trips,
- guards and security personnel protecting persons and/or working in the field of goods safety,
- war reporters, politicians and diplomats travelling in war zones,
- war participants, development workers, search and evacuation personnel for ammunitions/explosive substances
- pyrotechnicians, explosives experts,
- artists, acrobats, stuntmen,
- professional divers, diving instructors, mountain guides
- employees of nuclear power plants,
- miners involved in underground mining, oil rig employees.

TRIP

The insurance protection under this insurance policy includes:

All tours organised by the Policyholder (e.g. company and/or business trips), provided that the identity of the Insured Person(s) as well as the beginning and end dates of the Trip falling under the insurance protection is reported to the Insurance Company **before the start of the Trip to be insured**.

The insurance protection may be extended for each Trip by up to seven days for private stays by the Insured Person(s) where such stays are directly linked to the insured Trip (e.g. by way of an interruption to the company or business trip, or immediately before the beginning or immediately after the end of the insured Trip).

The following are not deemed to constitute "Trips":

- journeys from the "ordinary residence" to the "ordinary place of work" and vice versa,
- journeys from the "ordinary place of work" to a "temporarily assigned place of work" and vice versa.

ABROAD

All countries outside the territory of the Grand Duchy of Luxembourg.

Accident involving Injury to Persons

Impairment of health status due to a sudden event outside the will of the Insured Person, occurring outside the organism of this person, and the cause and symptoms can be diagnosed by a doctor.

HOSPITAL

Any institution whose main task is the treatment and/or (childbirth) delivery, and/or additionally the diagnosis and/or preventive, curative and palliative treatment, and which has departments into which patients are admitted.

The following facilities are not considered to be Hospitals: closed psychiatric facilities, medical-educational institutions, rest homes, approved recreation and nursing homes, centres for spa treatments, convalescence centres, rehabilitation facilities, diagnostic centres, specialised hospital facilities.

ILLNESS

Impairment of physical or mental health which is not due to an accident involving to Persons, and whose cause and symptoms can be diagnosed by a doctor.

OCCURRENCE OF INSURED EVENT

Every treatment provided on the basis of the proven medical need of an Insured Person as a result of illness or accident involving injury to Persons.

The Insured Event occurs upon the treatment being provided and ends when the medical examinations reveal that there is no longer any medical need.

A new Insured Event occurs if the treatment of an illness or of the consequences of an accident, which have no causal connection with these events, has to be extended.

The medical treatment may be outpatient or inpatient in nature, i.e. in a Hospital.

The death of the Insured Person is deemed to constitute the Occurrence of an Insured Event.

5. Date of entry into force of the guarantee

The insurance protection of the Insured Person begins upon the start of the insured and reported Trip by the Policyholder, but not before the actual payment of the premium or prior to the conclusion of the contract.

The Trip begins at the time which the Insured Person leaves his/her ordinary residence and/or ordinary place of work. In all other cases, the insurance coverage begins at 00:00 on the departure date reported by the Insured Person.

6. End of the insurance protection

The insurance protection ends when the Insured Person returns to his/her ordinary place of residence and/or their ordinary place of work, but by the latest at 24:00 on the day reported as at the end of the Trip by the Policyholder. If the Insured Person should not be fit for transport in case of an Insured Event occurring before the end of the insurance protection the insurance coverage will be extended up to transportability without payment of an extra premium, for a maximum of 28 days.

If, due to unforeseeable reasons, an extension of the insured Trip is necessary, the insurance protection may be extended provided that the notification of the extension is received by the Insurance Company within five working days after the original end is reported.

7. Maximum duration of the insurance protection

The maximum duration is 99 days per Insured Person and per calendar year.

8. Scope of insurance protection

The Insurance Company will pay out for the contractually defined benefits of examination and treatment procedures, and for generally recognised medicinal products / for medicinal products used in the field of academic medicine.

It may extend the contractually defined benefits to the therapeutic methods and medicinal products which, in practice, have shown themselves to be as convincing, or which are used because of a lack of academic medical procedures or drugs.

It may reduce the level of its benefits to the amount which would have been incurred in the application of academic medical procedures or drugs.

The Insurance Company may commission an assistance service provider to evaluate the supportive measures to be taken according to the state of health of the Insured Person, and to evaluate adherence to hygiene regulations existing at the time of the occurrence of the Insured Event.

The assistance service provider shall in particular be entitled:

- to contact the doctor on site who examined the Insured Person;
- obtain all necessary information from the doctor on site and, if necessary, from the usual general practitioner of the Insured Person.

All the procedures/decisions shall be made in accordance with the respective provisions in relation to the obligation of professional secrecy and to the processing of personal data.

Any final decisions and their implementation (decisions on transport, repatriation, choice of the means used, decision on any hospital stay, etc.) in

relation to the support measures and/or repatriation are, as a last resort, subject to the exclusive jurisdiction of the Insurance Company.

If the Insured Person refuses to adhere to the decision which the Insurance Company deems most suitable, the Insurance Company expressly becomes exempt from any responsibility, especially in the case of repatriation using the Insured Person's own funds or with upon the deterioration of his/her health. The following benefits are included in the insurance cover:

The Insurance Company assumes, for the benefits A.B.C.D., overall costs taken together in the amount of up to a total of 150,000 EUR (or the equivalent in the appropriate national currency) per Trip and per person. The amount of the guaranteed costs assumed include VAT (see lower limits in the relevant section).	A. Outpatient treatment; B. Inpatient treatment; C. Dental treatment; D. Search and rescue costs.
The insurance company will cover the entire cost of the benefits specified in E. The amounts of the guaranteed cost coverage are inclusive of VAT (see sub-limitations in the section).	E. Return transport and repatriation

A. Outpatient treatment

For outpatient treatment Abroad, the Insurance Company shall reimburse up to 100 % of the costs

- of medical treatment,
- of doctor-prescribed drugs and dressings.

The costs of the following are not assumed: dietetic products, food and/or food supplements, tonics, slimming products, mineral water, bath additives, cosmetic products, means and/or measures of contraception, geriatric products;

- of remedies such as: physiotherapy, massages, hydrotherapy and packs, heat treatments, electrotherapy, light therapy and medical baths.

The costs of the following are not assumed: additional expenses for treatment at the abode (e.g. in a hotel or boarding house) of the patient; saunas, thermal baths or equivalent baths.

- of auxiliary equipment required for the first time due to an accident occurring during the stay Abroad, with the exception of sight and hearing aids.

For medically necessary outpatient treatment, the Insured Person may select which doctor authorised in the country of stay attends to him/her.

Drugs and dressings, as well as therapies and medical equipment must always be prescribed by a doctor. In addition, drugs must be purchased in a pharmacy. The multiple purchases of drugs with the same prescription must be justified by means of a special indication of the general practitioner on the prescription form.

B. Inpatient treatment

In the event of inpatient treatment abroad, the company shall reimburse up to 100 % of the costs

- for medical treatment (including costs for surgical procedures),
- for the hospital stay (including accommodation in a single room).

In the case of medical treatment in a Hospital becoming necessary, the Insured Person may select the Hospital from those in the country of the stay.

C. Dental treatment

In the event of dental treatment Abroad, the company shall reimburse up to 100 % of the costs

- of analgesic dental treatments,
- of medically necessary dental fillings of simple design,
- of repairing existing dentures to restore the ability to chew,
- of temporary prostheses, of up to **250 EUR** per prosthesis.

For medically necessary dental treatment, the Insured Person may select which dentist authorised in the country of stay attends to him/her.

D. Search and rescue costs

The Insurance Company shall assume the following costs, upon the Occurrence of the Insured Event Abroad:

- of medically necessary transport using approved rescue services to the nearest Hospital or doctor;
- in the context of the search and rescue services of approved rescue services, in the amount of **5,000 EUR** per Insured Person, per Trip.

Should the Insured Event occur whilst doing the following non-professionally:

- skiing at a ski resort on the slopes or off-piste, but in the company of a ski instructor or a trained guide,
- other sports activities during the Insured Person's stay.

E. Repatriation and return transport

The Insurance Company shall organise, depending on the state of health of the Insured Person, the necessary and sensible return transport of the Insured Person from Abroad, and shall assume the costs for this.

The return transport is carried out either:

- to the residence of the Insured Person;
- to the Hospital with an appropriate department which is nearest for the Insured Person.

In the event of death, the Insurance Company shall organise the repatriation of mortal remains to the country of ordinary residence, and shall assume the costs:

- of the undertaker Abroad;
- for the preparation of the corpse to be carried out in accordance with the relevant legislation;
- for a coffin costing up to **1,500 EUR**;
- for the transport of mortal remains from the place of death to the place of burial or cremation.

The following will not be assumed: costs in connection with the burial or cremation in the country in which the Insured Person has his/her ordinary residence or in the country in which the Insured Person is deceased.

9. In general, the following is excluded from insurance cover:

- medical treatment Abroad, where such treatment is the sole and/or one of the reasons for the stay Abroad;
- medical care/medical treatment determined on the basis of a medical diagnostics prior to the commencement of the Trip, where these must be continued during the Trip (e.g. dialysis);
- medical treatment prescribed and/or carried out in the Grand Duchy of Luxembourg;
- costs of contraception;
- costs of preventive medicine and vaccinations;
- injury caused by nuclear radiation or energy; injury due to a civil or other war; injury occurring in the context of military service, a rebellion, an uprising, a labour dispute, a terrorist attack or other similar circumstances; injury caused by epidemics or pandemics;
- intentionally caused illnesses or accidents, including their consequences; poisoning; drug addiction including detoxification measures/cures; the consequences of intentional and/or deliberate acts of the Insured Person;
- suicide or attempted suicide, including the consequences thereof;
- the treatment of mental, psychological and psychosomatic illnesses, as well as psychoanalytic treatment;
- the costs incurred as a result of the pregnancy to the Insured Person and/or the costs incurred in connection with the consequences of abortion, sterilisation, miscarriage or delivery, or with a childbed illness, insofar as the respective event took place less than eight months before the start of the Trip;

However, the Insured Person is covered for unforeseeable, acute pregnancy complications, including premature births before the end of the 32nd week of pregnancy, and miscarriages occurring during the insured stay Abroad.

For the medically necessary treatment of premature babies, insurance protection also exists up to the maximum amount referred to in Article 8 for inpatient treatment, including the treatment of the mother;

- dentures and crowns;
- thermal spas; treatments in sanatoria; treatments/operations for aesthetic purposes and their consequences; stays in rest homes or a withdrawal facility; rehabilitation measures; medical check-ups and the associated costs;
- outpatient treatments at a thermal bath facility or a thermal bath complex; this restriction does not apply if the Insured Person has his/her habitual residence there or if a medical treatment is required during a temporary stay as a consequence of an accident or an illness that is not associated with the original purpose of the stay.
- with regard to the treatment of a spouse or a direct relative in the ascending or descending line, only the material costs will be reimbursed against evidence, on the basis of a refund table.

- the consequences of events in the course of competitions, races or sporting competitions (or the corresponding training), played at a professional level;
- accidents occurring during a race involving motor vehicles in which the Insured Person is a participant or helper to a participant;
- accommodation due to a dependency within the meaning of Art. 348 of the Code de la Sécurité Sociale;
- costs incurred in connection with reports, certificates, cost estimates, medical reports.

If a curative treatment or other measure exceeds the medically necessary extent, the Insurance Company is allowed to reduce the benefits to a reasonable amount. If the costs for the medical treatment or other measures are clearly disproportionate to the benefits provided, the Insurance Company is not obliged to reimburse the manifestly disproportionate share. The evaluation of the situation will be carried out in accordance with the destination country.

If an entitlement to benefits also exists as a result of statutory health, accident insurance or pension insurance, or of statutory medical care or accident care, then the Insurance Company shall only reimburse the amount of the resulting treatment costs which no other insurance company and/or no other of the above-mentioned assistance schemes assume.

The Insured Person shall have no insurance protection, if and insofar as he/she stays in a country which is the subject of a sanction or restriction, or is the subject of a full or partial EU-imposed economic embargo, and/or the country is imminently faced with such measures.

No insurance protection applies to areas about which the Luxembourg Ministry of Foreign Affairs (Ministère des affaires étrangères), or a competent ministry or a competent authority in a country bordering the Grand Duchy of Luxembourg has issued a travel warning. If the Insured Person is already in an area about which such a travel warning is given, his/her insurance protection ends legitimately ends 14 days after notification of the travel warning.

10. Obligations upon the Occurrence of the Insured Event

The Insured Person must take all reasonable steps in order to avoid the occurrence of an Insured Event, or to mitigate its consequences.

The Insured Person must provide the Insurance Company with all useful information and evidence, and answer its questions which serve to identify the circumstances and extent of the Insured Event.

The Insured Person must inform the Insurance Company of any Hospital treatment within three days after their commencement, by telephoning (+352) 42 64 64 611 or emailing to assistance@dkv.lu. If this is not done, the Insurance Company shall provide benefits only from the date on which it becomes cognisant of the event.

The Insurance Company shall pay the benefits subject to the presentation of the bills of charges, which must always be in the original, and after any reimbursement by the statutory health insurance scheme. The presentation of a copy is allowed if a different health insurance company is assuming some of the costs, whereby in this case, proof of the amount reimbursed by the other insurance company must be provided. The submitted evidence becomes the property of the Insurance Company upon receipt.

The invoices/bills of charges must contain the following information: The name and address of the doctor; surname – first name – date of birth of the Insured Person; treatment duration; description of services provided. The insurance company may demand any further particulars in terms of the illnesses/diagnostics which are the subject of the invoices/bills of charges. For dental treatments, in addition to the nature of the services, a description of the treated teeth is to be noted on the bills of charges.

Invoices relating to drugs, auxiliary equipment and treatments must be sent to the Insurance Company alongside the corresponding doctor's prescription, on which the illness is specified, or alongside a replacement document recognised by one of the statutory health insurance schemes in Luxembourg.

A prerequisite for the performance of the insurance benefits in the case of repatriation in the event of death, is the sending of the death certificate of the Insured Person to the Insurance Company.

If the doctor refuses to specify the name of the illness, the Insurance Company may make its benefits dependent on a medical examination.

The Insurance Company reserves the right to request all other documents which it considers appropriate in order to determine any entitlement to benefits, and to assess the scope of benefits; this includes its own mandatory forms.

Claims for insurance benefits may not be transferred or pledged.

11. Declarations

Each declaration shall be made in writing and sent to the following address:

**DKV Luxembourg S.A. | 11-13, rue Jean Fischbach | L-3372 Leudelange
assistance@dkv.lu**

Should you have any questions, please call the Insurance Company's customer service team, 7 days a week, 24 hours a day, on (+352) 42 64 64 611 or write to assistance@dkv.lu – please give the number of the insurance contract.

All communications are deemed to be legally valid if sent to last registered place of residence of the Insured Person.

12. Non-compliance with the obligations

Should a breach of the above obligations result in a prejudice for the Insurance Company, then the latter is entitled to reduce its benefits in the amount of the resulting prejudice.

Should the Insured Person have acted fraudulently, the Insurance Company shall no longer be bound to its obligation to provide benefits, and may terminate the insurance contract.

13. Conversion of bills and receipts given in a foreign currency

Costs that are given in a different currency will be converted into euros at the rate valid on the day on which the bills and/or receipts are submitted to the Insurance Company.

14. Refunds

The refund will be paid into a bank account specified by the Insured Person.

15. Rules regarding transfer and translation costs

Should the documents (medical reports, invoices, prescriptions, etc.) not be in one of the official languages of Luxembourg, they are to be submitted together with a certified translation. The costs of translation and transfers may be deducted from the benefits.

16. Subrogation

The Insurance Company will defend the rights and claims of the Insured Person up to the amount of the paid benefits and/or the amount of the benefits it has rendered, vis-à-vis any person who is responsible for the circumstances which required the intervention of the Insurance Company.

Should the Insured Person relinquish this claim – or even on a right guaranteeing this claim – without the prior consent of the Insurance Company, then the Insurance Company will be released from its obligation in the amount of the compensation to which it would have had rights within the framework of the entitlement or claim.

If the insurance protection guaranteed by the execution of the insurance contract be wholly or partly covered by an insurance policy taken out with another insurance company, then the Insurance Company will defend the rights and claims of the Insured Person with respect to that company or institution.

17. Period of limitation

Any claim arising from the contract expires three years after the event on which this claim is justified. However, should the person with this right prove that he/she first became cognisant of the event at a later point, the period of limitation runs from that point in time, though it will expire by no later than five years from the date of this event, unless it is a case of deliberate deception. The period of limitation is suspended in the case of a person who is prevented from formulating his/her claims due to the existence of a case of force majeure. If notification of the Occurrence of an Insured Event is done in good time, the limitation period is suspended until such time as the Insurance Company informs the other party in writing of its decision.

18. Jurisdiction and applicable law

The insurance contract shall be governed by Luxembourg law.

Without prejudice to the application of international agreements or conventions, only the courts of the Grand Duchy of Luxembourg shall have jurisdiction for all disputes arising in connection with the insurance contract.

19. What happens with your data ?

The privacy statement can be consulted at the following URL:

<https://www.dkv.lu/en/data-protection>

GENERAL CONDITIONS INSURANCE BUSINESS TRAVEL

20. Complaints

Complaints or grievances may – regardless of any legal action proceedings – be addressed in writing to DKV Luxembourg S.A., 11-13 rue Jean Fischbach, L-3372 Leudelange.

They may likewise be addressed to the following:

- Commissariat aux Assurances, 11, rue Robert Stumper, L-2557 Luxembourg
- Union Luxembourgeoise des Consommateurs, 55, rue des Bruyères, L-1274 Howald
- Association des Compagnies d'Assurances et de Réassurances, 12, rue Erasme, L-1468 Luxembourg