

Important changes to your policy

Effective from 1st January 2015



MyHealth
app for
members

- ✓ Quick and easy claims submission
- ✓ Policy documents on the go

www.allianzworldwidecare.com/myhealth

Effective from the 1st January 2015, a number of changes will apply to the Indigo Expat International Healthcare Plans. These changes, where applicable to your plan(s), will apply from your renewal date.

Our Individual Benefit Guide for France, Benelux or Monaco has been updated to reflect these changes and will be available to download from www.indigo-expat.com from the 1st November 2014. To be clear about which of these changes apply to your plan(s), it is important that you read this document in conjunction with your Table of Benefits.

If you have any queries regarding the changes outlined in this document, please do not hesitate to contact Assurances Indigo Expat by email at info@indigo-expat.com or by telephone on + 33 (0)1 53 16 42 61.

Change of legal entity

We are pleased to confirm the merger between Allianz Worldwide Care Limited and Allianz France International (specifically the international divisions of Allianz Vie SA and Allianz IARD SA). The new legal entity, called Allianz Worldwide Care SA, is registered in France and regulated by the French Prudential Supervisory Authority.

Further to this merger, please note that the Individual Benefit Guide has been updated as follows:

- In the "Additional Terms" section, the term "Arbitration" has been changed to "Mediation". The process remains the same however any mediation which previously would have taken place in Dublin, Ireland, will now take place in Paris, France
- The "Making a Complaint" section has been amended to remove reference to the Irish Ombudsman. The new wording is as follows: *The Allianz Worldwide Care Helpline (+353 1 630 1301) is always the first number to call if you have any comments or complaints. If we have not been able to resolve the problem on the telephone, please email or write to us at: client.services@allianzworldwidecare.com or Allianz Worldwide Care, 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland.*

Changes to your cover

- In the Indigo Expat Core Plans, **Palliative care and long term care** has been split into two separate benefits, **Palliative care** and **Long term care**, and cover has been extended on both. Palliative care now provides a full refund benefit limit with no maximum number of days (previously full refund up to 30 days). Long term care is now covered up to 90 days per lifetime (previously 30 days).
- A new Out-Patient plan, called 'Indigo Expat UK', has been introduced for members who are UK residents, and have Worldwide excluding USA coverage. All existing UK residents who have Worldwide excluding USA coverage will automatically move onto this new Out-patient plan which features a 30% co-payment.

Policy wording changes

Definitions

- We have updated our definition for "Dental Surgery" to clarify that diagnostic tests required as part of dental surgery are covered under this benefit. The new definition is: **Dental surgery includes the extraction of teeth, apicoectomy, all diagnostic tests required, as well as the treatment of other oral problems such as congenital jaw deformities (e.g. cleft jaw), fractures and tumours. Dental surgery does not cover any surgical treatment that is related to dental implants.**
- We have amended our definition for "Pregnancy" to indicate that this benefit now applies to the period of time from conception to delivery. The amended definition is: **Pregnancy refers to the period of time from conception to delivery.**
- The definition for "Organ Transplant" has been updated to reflect the inclusion of small intestine and skin transplants. The new definition is as follows: **Organ transplant is the surgical procedure in performing the following organ and/or tissue transplants: heart, heart/valve, heart/lung, small intestine, liver, pancreas, pancreas/kidney, kidney, bone marrow, parathyroid, skin/muscular/skeletal and cornea transplants. Expenses incurred in the acquisition of organs are not reimbursable.**

Exclusions

The exclusion for “sex change operations and related treatments” no longer applies and has been removed.

Other policy wording changes

Claims

We have updated the Claims section of our Individual Benefit Guide to reflect the following:

- **Claims Period:** claims should now be submitted no later than two years after the treatment date. Previously, submissions were required six months after the end of the Insurance Year. This change is also reflected in the Policy expiry section of your Individual Benefit Guide.
- **Claims process for members affiliated to the French Social Security:** members affiliated to the French Social Security are required to submit a Cerfa Treatment Form (“Feuille de soins”, supplied by medical providers) for all treatments received in France. Members are also required to retain original supporting documentation, where copies are submitted to us, for up to two years.
- **Medical secrecy and confidentiality:** we now advise that you and your dependants agree to waive any rights that you/they have to medical secrecy/confidentiality in respect of any medical records pertaining to your/their medical condition. You also authorise your medical practitioners, doctors, dentists, healthcare professionals, hospital employees and health services to communicate any relevant information relating to your medical condition to us, our medical adviser(s) or to any third party expert(s) in case of disputes, subject to any legal restrictions which may apply.

Paying premiums

The Paying premium section of our Individual Benefit Guide has been updated to reflect the new process of suspension and termination of cover for non-payment of premium. The new process is as follows:

- If payment of your premium is not paid in time, we shall send you written notice by registered letter.
- If payment is not received within the 30 days following this written notice, your policy will be suspended.
- If payment is not received within 10 days following suspension, your policy will be cancelled. However, if we receive payment of the outstanding premium within the 10 days following suspension and before the cancellation takes effect, the cover will be reinstated from midday on the day after we receive the full amount outstanding.
- After cancellation, we may allow your membership to continue without you having to complete a Confirmation of Health Status Form, if you pay the outstanding premiums within 30 days of the date of cancellation.

Cancellation

We have updated the Cancellation wording of our “Additional terms” section to clarify the situations in which termination of cover can take place.

We are entitled to cancel your policy:

- Where you have not paid the full premium due and owing as set out in the Paying premiums section.
- Every year with effect from the next renewal date by giving you a minimum of 2 months' written notice by registered letter. Termination will only take effect from the next renewal date.
- In the event of an increase in insurance risk as follows:
 - 10 days after providing you with written notice of termination by registered letter; or
 - 30 days after we propose an increase in premium for the increased insurance risk if you do not respond or you expressly reject the proposed increase in premium.

In the event of cancellation arising in the above cases, we shall refund the premium paid on a pro rata basis.

You are entitled to cancel your policy:

- With effect from the next renewal date by giving us a minimum of 2 months notice by registered letter. Termination will take effect from the renewal date.
- In the event of a reduction in insurance risk if we do not agree to a consequent reduction of the premium. Termination will take effect 30 days following such refusal by us.

Fraud and non-disclosure

The Fraud section in “Additional terms” has been renamed “Fraud and non-disclosure”. The previous wording has been replaced by the text below:

- a) **Incorrect disclosure/non-disclosure or intentional false statement of any material facts, by you or your dependants, which changes the subject or affects our assessment of the risk, including, but not limited to, those material facts declared on the relevant application form or in relation to an increased risk during the term of the policy, will render the contract void from the commencement date, unless we confirm otherwise in writing.** If the contract is rendered void due to incorrect disclosure/non-disclosure or intentional false statement of any material facts, premium will not be refunded in part or in whole.

Where bad faith is not established, we shall either increase the amount of your premium, or terminate your policy 10 days after we have provided you with written notice to this effect. In the latter case, we will refund the portion of the premium paid for the time where you are no longer on cover. If a valid claim has been submitted, we shall reduce the amount of the claim payment in proportion to the rate of the premium which would have been paid if the facts had been fully and accurately stated.

Conditions arising between completing the relevant application form and the start date of the policy will be deemed to be pre-existing and will not be covered if not disclosed. If the applicant is not sure whether something is material, the applicant is obliged to inform us.

- b) **If a claim is, in any respect, false, fraudulent, intentionally exaggerated or if fraudulent means/devices have been used by you or your dependants or anyone acting on your or their behalf to obtain benefit under this policy, we will not pay any benefits for that claim.** The amount of any claim settlement made to you, before the fraudulent act or omission was discovered, will become immediately due and owing to us. If fraudulent means/devices have been used, premium will not be refunded, in part or in whole, and any pending claims settlements will be forfeited.

Legal action

We have updated the “Legal action” section under “Additional terms” to provide clarification on the circumstances where the two year period to initiate legal proceedings will not apply. In addition we also outline instances where the applicable limitation period is interrupted. The new Legal action wording is as follows:

All legal actions arising from an insurance policy shall have a limitation period of two years from the date of the event that led to the action.

However, the two year limitation period shall not apply in the following circumstances:

- In the event of non-disclosure, omission, fraudulent representation or misrepresentation of the risk incurred. In this instance the limitation period shall begin from the date on which we become aware of the non-disclosure, omission, fraudulent representation or misrepresentation.
- If the relevant party proves that they were unaware of such facts that led to the action.

If a legal action is due to a third party claim, the limitation period shall only apply from the date on which the third party initiates a legal action against an insured person or was compensated by them.

The limitation period is extended to ten years for insurance contracts covering personal accidents, when the persons entitled to benefit are the beneficiaries of the deceased insured person.

The limitation period is interrupted by one of the following common causes:

- Any legal proceedings, including summary proceedings and cases brought before a court that does not have jurisdiction.
- Any enforcement action, or any protective measure brought under the Civil Enforcement Procedures Code.
- Any acknowledgement by us of an insured person’s right to claim under the policy, or any acknowledgement of debt by an insured person towards us.

The limitation period is also interrupted when:

- An expert is appointed following a claim;
- A registered letter in relation to the payment of a premium is sent by the insurer and receipt is acknowledged by the insured person.
- A registered letter in relation to the payment of a premium is sent by the insured person and receipt is acknowledged by the insurer.

In accordance with article L.114-3 of the French Insurance Code, the parties involved in an insurance contract shall not modify the duration of the limitation period or add further causes of suspension or interruption, even if mutually agreed.

Annual premium rate review

Your renewal premium

As a member of the Indigo Expat, you benefit from specific premiums which are mutualised with other Indigo Expat members. Technical results of the whole group are considered every year to review premiums as well as other factors, such as the cost of healthcare and medical inflation, including healthcare staff wages, the geographical region in which the treatment takes place, as well as new medical technologies, treatments, drugs and diagnostic procedures. We want our members to have access to high quality medical care and so, these factors will be taken into consideration when we calculate your renewal premium.

When your renewal premium is calculated, we also take into account any changes to the premium rates of your Healthcare Plan(s), your country of residence, the age of each member on the policy and your chosen payment frequency. Your renewal premium is shown in your Invoice.

New MyHealth app for quick and easy claims submission

We are always looking for ways to add value and improve the client experience and as such are delighted to introduce our new **MyHealth** app that allows members to submit medical claims more quickly and easily than ever before. Available for Apple and Android devices, members can now provide a few key details, take a photo of their medical invoices and press ‘Submit’. Members can also use the app to track the status of recently submitted claims and check the details of claims that have already been paid.



Policy documents can be accessed whenever it’s convenient, even offline. Plus the app has a number of other features, including turn-by-turn directions to the nearest hospital, access to local emergency services’ telephone numbers and a medical term translator. For more information simply visit our website www.allianzworldwidecare.com/myhealth.

If you have any queries, please do not hesitate to contact us:

Assurances INDIGO EXPAT

63, rue de Provence, 75009 Paris, France

Helpline: + 33 (0)1 53 16 42 61

Email: info@indigo-expat.com

Allianz Worldwide Care SA is regulated by the French Prudential Supervisory Authority located at 61, rue Taitbout, 75436 Paris Cedex 09, France.

Allianz Worldwide Care SA, acting through its Irish Branch, is a limited company governed by the French Insurance Code. Registered in France: No. 401 154 679 RCS Paris.
Irish Branch registered in the Irish Companies Registration Office, registered No.: 907619, address: 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland.