Policy conditions 2021
Supplementary insurances
Aevitae

P.O. Box 2705 • 6401 DE Heerlen • T 088 - 35 35 763
www.aevitae.com • info@aevitae.com

Important information and service

If you have questions, or something you think we should know, we will be happy to offer our assistance!

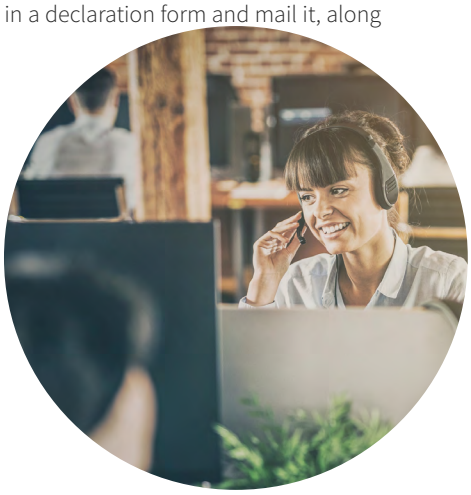
Our website
Comprehensive information about your health insurance is available at aevitae.com. This is where you can find answers to frequently-asked questions, calculate your premium, submit invoices online, find healthcare providers and review and compare all reimbursements from A to Z.

Contact
You can contact us by phone, e-mail, regular mail or social media. Our Service Desk is open on weekdays from 08:30 to 17:30. We can be reached on 088 353 57 25. For current opening hours, please refer to aevitae.com/service-contact. During the weeks in December when many people change providers, we offer expanded hours of operation in order to provide you with even better service.

If you have questions about your health insurance, you can also send us a private message through Facebook or Twitter.
Follow @aevigram on Instagram for a peek behind the scenes at Aevitae!

Submitting care invoices
If you have received an invoice for care, you can digitally submit it for reimbursement through Mijn Aevitae. First, log in securely and easily using iDIN. In order to use iDIN, you must first complete the one-time activation process. More information on logging in using iDIN can be found here. In the Mijn Aevitae digital environment, you can also easily and conveniently edit your personal details, view your healthcare costs or make changes to your coverage package(s).

You can submit an invoice to us by regular mail as well. To do so, simply print out and fill in a declaration form and mail it, along with the original invoice, to the postal address below. The declaration form is available here.



Postal address
Aevitae
P.O. Box 2705
6401 DE Heerlen

Visiting address
Aevitae
Nieuw Eyckholt 284
6419 DJ Heerlen

Need approval for care?
To find out which healthcare requires our approval in advance, please refer to the policy terms & conditions. You will need to send a request for approval for the treatment in question to the address above, for the attention of Medisch Advies.

More information on requesting approval can be found on our website. The request forms are also available for download here.

Complaints
We do everything we can to provide Aevitae clients like yourself with the best possible service. If you are unsatisfied with a decision we have taken regarding our service, or the service of one of your healthcare providers, please do not hesitate to let us know. For more information on complaints and disputes, please visit aevitae.com/klachten.

Find a healthcare provider
Healthcare providers have agreements in place with health insurance companies. Such providers are referred to as 'contracted care providers'. They have signed contracts with the insurers that include agreements on things like quality of care. The healthcare providers with whom we have such agreements are listed in the CareFinder. Our CareFinder is available here.

Aevitaal
Health and vitality are incredibly important to us. This is why we are eager to help you stay healthy and fit as well. On the Aevitaal platform, you'll find information on health, vitality, employability and resilience. Are you experiencing symptoms or having trouble sleeping, or would you like to adopt a healthier lifestyle or enhance your employability? Go to Aevitaal and sign up today!

Contents

AEV-21532 (A)

I Definitions of terms

In this insurance contract the following terms are understood to mean:

Additional Insurance Policy(s)
The insurances set out in these conditions of insurance.
Admission
Admission in a (psychiatric) hospital, psychiatric ward of a hospital, rehabilitation institution, convalescent home or an independent treatment centre, when and as long as nursing, examination and treatment can only be offered on medical grounds in a hospital, rehabilitation centre or convalescent home.
Aevitae
The authorised agent to whom authorisation has been granted by the health insurance company, as meant in article 1.1 of the Financial Supervision Act, with regard to the implementation of health care insurances.
Basic health insurance / Health care insurance
The health insurance as laid down in the Dutch Health Care Insurance Act.
Birth centre
A childbirth facility in or on the site of a hospital, possibly combined with a maternity care facility. A birth centre may be equated to a birth hotel and childbirth centre.
Calendar year
The period that runs from 1 January up to and including 31 December.
Care group
This is a group of care providers from different disciplines that together provide integrated care.
Care hotel
An institution contracted by the insurer in which 24-hour care and service provision, consisting in any event of nursing and care, is guaranteed, in a hotel like setting.
Centre for Special Dentistry
A university or centre considered as equivalent by the health care insurer providing dental treatment in special cases in which treatment requires a team approach and/or special expertise.
Centre for genetic research
An institution which holds a licence under the Act on Special Medical Procedures for the application of clinical genetic testing and genetic counselling.
Child and youth psychologist
A child and youth psychologist who is registered in accordance with the conditions laid down in Article 3 of the Individual Health Care Professions Act and is in the Register of Child and Youth Psychologists of the Dutch Institute of Psychologists (DIP).
Clinical psychologist
A health care psychologist who is registered in accordance with the conditions referred to in article 14 of the Individual Healthcare Professions Act.
Consent (authorization)
A written consent for the purchase of certain care that is provided by or on behalf us or the insurer is provided to you, prior to the purchase of this certain care.
Contract with preference policy
This is defined as a contract between the insurer and the dispensing general practitioner wherein specific agreements are made on the preference policy and/or the delivery and payment of pharmaceutical care.
Day treatment
Admission for less than 24 hours.
Dental surgeon
A dental specialist who is registered in the specialists' register for oral diseases and dental surgery of the Dutch Dental Association.
Dentist
A dentist who is registered as such in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act.
Diagnosis Treatment Combination (DTC) care product
From 1 January 2012, new care services for specialist medical care are expressed in DTC Care Products. This process is called DTT (DTC's Towards Transparency). A DTC Care Product is a declarable benefit under the Health Care Market Regulation Act within the specialist medical care that is the result of the entire process of the diagnosis that the caregiver gives up to the (possible) treatment. The DTC process begins when you submit your request for care, and terminates at the end of the treatment, or after 365 days.

Dietician
A dietician who meets the requirements stipulated in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree'.
Dispensing general practitioner
The dispensing general practitioner or a resident pharmacist who is registered in the register of established pharmacists or a pharmacist who is allowed to assist in a pharmacy by pharmacists who are entered in this register or the legal person that provides the care by pharmacists who are registered in above-mentioned register.
Dyslexia (severe)
A reading and spelling disorder as a result of a neurobiological function disorder that is genetically determined and can be distinguished from other reading and spelling problems.
EU and EEA state
Includes the following countries other than the Netherlands in the European Union: Belgium, Bulgaria, Cyprus (the Greek part), Denmark, Germany, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxemburg, Malta, Austria, Poland, Portugal, Romania, Slovenia, Slovakia, Spain, the Czech Republic, the United Kingdom and Sweden. Under convention provisions, Switzerland is considered as equivalent to these countries.
The EEA states (states who are party to the Agreement on the European Economic Area) are Liechtenstein, Norway and Iceland.
Family
One adult or two married or permanently cohabiting persons and the unmarried own, step, foster or adoptive children under 30 years of age, who are entitled to child benefit, benefit under the Student Finance Act 2000 / Study Costs Allowances Act or deduction of extraordinary expenses under tax legislation.
Fraud
The intentional perpetration of or attempt to commit forgery of documents, deception, prejudice to creditors or rightful claimants and/or embezzlement through the realization and/or execution of a contract of general insurance, aimed at obtaining a payment, compensation or service to which no right exists or to obtain insurance coverage under false pretences.
General practitioner
A physician who is registered as general practitioner in the register maintained by the HVRC (Registration Committee for general practitioners, geriatric specialists and physicians for the mentally handicapped, of the Royal Dutch Medical Association and exercises the general practice in customary manner.
General remedial educationalist
A general remedial educationalist who is registered in the NVO Register of General Remedial Educationalists of the Association of Educationalists in the Netherlands.
Geriatrics specialist
A physician who has followed the training for the geriatrics specialty and is registered in the register of geriatric specialists of the Royal Dutch Medical Association. This specialty only exists since 1 January 2009. This specialty is in succession to nursing home medicine. Physicians who commenced the training course before 1 January 2009, are registered as nursing home physicians, but are now also called geriatrics specialists.
Group health insurance contract
A collective agreement of health insurance (collective contract) concluded between Aevitae and an employer or legal entity with the aim of offering the affiliated participants the possibility of taking out health care insurance and any additional insurance cover under the conditions set out in this agreement.
Health Care (Market Regulation) Act tariffs
Tariffs as established by or pursuant to the Health Care (Market Regulation) Act
Health care insurer
The insurance company which has been authorized as such and provides (supplementary) insurance(s) within the meaning of the Health Care Insurance Act. Your health care policy states which company this concerns.
Health care provider
The health care provider or health care providing organization that provides health care.
Health care psychologist
A Health care psychologist who is registered in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act.
Hospital
An institution for medical specialist health care for nursing, examination and treatment of illnesses, which is approved as such in accordance with the rules drawn up by law.
Independent treatment centre
An institution for medical specialist health care for examination and treatment that is approved as such in accordance with the rules drawn up by law.

Individual Health Care Professions Act
Act on professions in individual health care. This act sets out the expertise and competencies of the care providers. The accompanying registers list the names of the caregivers who meet the legal requirements.
Institution
1 an establishment within the sense of the Care Institutions (Accreditation) Act;
2 a legal entity established abroad which provides care in the respective country in connection with the social security system existing in that country or which is aimed at providing care to specific groups of public officials.
Insured person
Everyone named as such in the policy document.
Insurer
The health insurance company which has been authorized as an insurance company, providing (supplementary) insurance(s) within the meaning of the Health Care Insurance Act.
Integrated care
A care programme organized around a particular disorder.
Laboratory research
Research by a legally accredited laboratory.
Maternity centre
An institution that provides obstetric and/or maternity care and that meets the statutory requirements.
Maternity care
The care provided by a qualified midwife or a nurse working as such.
Medical consultant
The physician who advises us in medical matters.
Medical devices
The provision in the need for functioning aids and bandages designated in the Health Insurance Regulations, taking into account the regulations established by the insurer with regard to consent requirements, periods of use and volume prescriptions.
Medical specialist
A physician who is registered in the register maintained by the Medical Specialists Registration Committee of the Royal Dutch Medical Association.
Mental health care institution
An institution which provides medical care related to a psychiatric disorder and is authorized as such.
Multidisciplinary cooperation
Integrated (chain) care that is supplied by multiple care providers in conjunction with different disciplinary backgrounds and wherein direction is necessary in order to provide the care process surrounding the insured party.
Obstetrician
An obstetrician who is registered as such in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act.
Occupational physician
A physician who is registered as occupational physician in the register established by the Social-Medical Registration Committee (SGRC) of the Royal Dutch Medical Association and acts on behalf of the employer or the occupational health and safety service wherein the employer is affiliated.
Occupational therapist
An occupational therapist who meets the requirements stipulated in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree'.
Oral hygienist
An oral hygienist who has been trained in accordance with the oral hygienist's training requirements as listed in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree' and in the Health Care (Unsupervised Activities) Decree (Bulletin of Acts and Decrees 1997, 553)'.
Orthodontist
A dental specialist who is registered in the Specialists Register for Dentomaxillary orthopaedics maintained by the Dutch Dental Association.
Pelvic physiotherapist
A physiotherapist who is registered as such in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act and is also registered as a pelvic physiotherapist in the pelvic physiotherapy sub-register of the Central Quality Register (CKR) of the Royal Dutch Association for Physiotherapy (KNGF).
Pharmaceutical care
This is defined as:
• the handing over of medicines and dietary preparations designated in this insurance contract and/or
• advice and guidance such as pharmacists tend to offer for the benefit of medication assessment and responsible use, all this taking into account the Pharmaceutical Care Regulations established by the insurer.

Pharmacy
Pharmacy refers to: (Internet) pharmacies, pharmacy chains, hospital pharmacies, outpatient pharmacies and dispensing GPs.

Physician
Whoever is authorized under Dutch law to practice medicine and is registered as such by the competent authority in the context of the Individual Health Care Professions Act.

Physiotherapist
A physiotherapist who is registered as such in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act. The term physiotherapist also means a remedial gymnast/masseur according to Section 108 of the Individual Health Care Professions Act.

Podiatrist
A podiatrist who meets the requirements stipulated in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree'.

Policyholder
The person who has entered into the insurance contract with us.

Policy schedule
The health insurance care policy (instrument) wherein the basic and supplementary insurances entered into between you (the policyholder) and the health insurance company are recorded.

Preferential medicines
Preferred products designated by the insurer within an identical group of mutually interchangeable medicinal products.

Primary care psychologist
A health psychologist who is registered in accordance with the conditions laid down in Article 34 of the Individual Health Care Professions Act and who meets the training and quality requirements as contained in the Primary Care Psychologists' Qualification Scheme of the Dutch Institute of Psychologists (NIP).

Prosthodontist
A prostodontist who is trained in accordance with the so called 'Decree for training requirements and expertise for prosthodontists'.

Psychiatrist/neurologist
A physician who is registered as psychiatrist/neurologist in the register maintained by the Specialists Registration Committee of the Royal Dutch Medical Association. Neurologist may also be read in place of psychiatrist.

Psychotherapist
A psychotherapist who is registered in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act.

Rehabilitation
Examination, advice and treatment of a specialist medical, paramedical, behavioural and rehabilitative nature. This care is provided by a multidisciplinary team of experts, led by a medical specialist, connected to a rehabilitation institution in conformity with the rules laid down by law.

Remedial therapist
A remedial therapist who meets the requirements stipulated in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree'.

Sexological care provider
Primary care psychologist, physician or nurse who, as a sexological care provider, is in the possession of a registration from the Dutch Association for Sexology (NVVS).

Skin therapist
A skin therapist who is trained in accordance with the Decree on skin therapist training and area of expertise (Bulletin of Acts and Decrees 2002, no. 626). This decree is based on article 3 of the Individual Health Care Professions Act.

Specialist mental health care
Diagnosis and specialized treatment of complex psychiatric disorders. The involvement of a specialist (psychiatrist, clinical psychologist or psychotherapist) is necessary.

Speech therapist
A speech therapist who meets the requirements stipulated in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree'.

Sports medical examination
Taking an anamnesis (general and sports specific), performing a physical examination and performing (sports specific/additional) examination of the postural and movement apparatus, cardiovascular system and lungs in order to give (inexperienced) athletes a direct and responsible movement and sporting advice. There is no basis for care demand.

Sports physical examination
Sports associations require athletes to undergo a physical examination in order to practice the respective sport. (Sports) academies require potential students to undergo a physical examination in order to be admitted. There is no basis for care demand.

Stay
Admission with duration of 24 hours or longer.
Treaty country
Any state with which the Netherlands has concluded a social security treaty wherein an arrangement for the provision of medical care is included. These are defined as Australia (only temporary stay), Bosnia and Herzegovina, Cape Verde Islands, Croatia, Macedonia, Serbia-Montenegro, Tunisia and Turkey.
We/us
Aevitae
Wlz
The Long Term Care Act (Wet langdurige zorg).
Wmo
The Social Support Act (Wet maatschappelijke ondersteuning).
You/your
The person insured. This is stated to in the policy document. 'You (the policyholder)' means the person who has entered into the insurance with us.
Youth health care physician
The physician employed as referred to in the Youth Care Act.
Youth Care Agency
An agency as referred to in article 4 of the Youth Care Act.

II General terms and conditions

Article 1 Insured health care

1.1 Content and scope of the insured health care
Your additional insurance entitles you to (compensation of the costs of) health care as described in these insurance policy terms and conditions.

1.1.1 Collective health insurance agreement
The provisions of the collective agreement prevail if and insofar as they deviate from the conditions stated in these insurance policy terms and conditions. If those provisions no longer apply to the person covered by the insurance policy, then the provisions of the individual contract will be applicable again.

1.2 Medical need
You are entitled to (compensation of the costs of) health care as described in these insurance policy terms and conditions, provided you, within all fairness, rely on the content and scope of the type of health care and provided the type of health care is suitable and effective. The content and scope of the type of health care is partly determined by what the health care providers concerned 'usually provide'. The content and scope is also determined by the current level of scientific developments and standard practices, as defined using the Evidence Based Medicine (EBM) method. If there is no current level of scientific developments or no known standard practices, then the content and scope of the health care is determined by what is considered responsible and appropriate care within the field concerned.

1.3 Health care providers
Your health care provider must meet certain conditions. These conditions are statutory for many health care providers and generally, their medical title is protected by law. This is the case, for example, for a general practitioner, medical specialist, dentist, physiotherapist and health care psychologist. The conditions to be met by a health care provider for whom we have set supplementary conditions can be found in the relevant health care article.

For a number of types of health care, we have contracted, appointed or recognized certain health care providers. You will receive no or reduced compensation if you use a non-contracted, non-appointed or non-recognized health care provider for these types of health care. This will be specified in the relevant health care articles. For the other types of health care, you are free to choose a health care provider provided that the other stipulations in these insurance policy terms and conditions are met.

An overview of the health care providers who have been contracted or appointed by us and of the compensation awarded for non-contracted health care providers is available on our website or can be requested by telephone. The recognized health care providers are listed in the relevant health care article. We have made specific agreements with some health care providers. They are our preferred health care providers. Preferred health care providers are specified in the relevant health care article.

1.4 Compensation of the cost of health care

You are entitled to compensation of the cost of health care up to the maximum Health Care Market Regulation Act rates applicable in the Netherlands. If no Health Care Market Regulation Act rates apply, the costs will be reimbursed up to a maximum of the reasonable market price applicable in the Netherlands. If you receive health care from a health care provider who is contracted by us, then the costs of the health care are reimbursed based on the rate which has been agreed wit the health care provider concerned.

If you receive treatment from a non-contracted health care provider, then it is possible that you will not be reimbursed or that you will receive less compensation. You can find more information in the relevant health care article or you can request further details.

If there is a budget for a certain type of health care, then the total compensation will not be more than the maximum amount of the budget stated in the relevant health care article.

1.5 Claiming compensation

Many health care providers send their invoices directly to us. If you receive an invoice yourself, then you can submit it online via My Aevitae.

You can also complete a declaration form and send this to us together with the original invoice. We do not accept copies of invoices or reminders. It is important that the invoice includes the name of the person covered by the insurance policy, the treatment, the date of the treatment, the invoice amount and the signature of the health care provider. The invoice must be itemized in such a way that it is immediately clear to us what compensation we have to pay. You can submit invoices up to three years after the start of the treatment.

Foreign invoices must have detailed specifications and be written in English, Spanish, French or German. If we deem it necessary, we can request you to have an invoice translated by a sworn translator. We will not reimburse you for the cost of the translation.

1.6 Direct payment

We have the right to pay the costs of health care directly to the health care provider. As a result, you have no right to compensation.

1.7 Settlement of the costs

If we pay the health care provider directly and pay more than we are obliged to pay or the costs of the health care are to be met by yourself, then you, as the policy holder, owe us the costs of the health care. We will charge you for these costs at a later date. You will be obliged to pay these costs. We can settle these costs with compensation still owed to you.

1.8 Referral, prescription or permission

For some types of health care, you require a referral, a prescription and/or prior, written permission which shows that you require the health care. You can find more information in the relevant health care article.

If a referral or a prescription is required, then you can request this from the health care provider stated in the article. This is usually the general practitioner. If permission is required, then you require our permission prior to receiving the health care. This permission is also referred to as authorization.

Contracted health care provider

If you receive health care from a health care provider who is contracted by us, this provider will assess for us whether you meet the requirements. For some types of health care, it has been agreed that we will assess the request for care ourselves. In that case, the health care provider will send us the request. If, for privacy reasons, you do not wish your request to be assessed by your health care provider, then you can also submit your request directly to us.

Non-contracted health care provider

If you receive health care from a non-contracted health care provider, then you must request permission from us to do so prior to receiving the health care.

1.9 Derived rights

You are entitled to (compensation of the costs of) health care if the treatment or delivery takes place during the term of the supplementary insurance. If treatment takes place over the course of two calendar years and the health care provider is allowed to send one total invoice (diagnosis-treatment combination), then the costs will be reimbursed provided the treatment commenced within the term of the supplementary heath insurance.
When these insurance policy terms and conditions refer to a (calendar) year, then the actual date of treatment or date of delivery stated by the health care provider determines the (calendar) year to which the costs involved should be attributed.

1.10 Exclusions

There is no right to health care or reimbursement of health care costs:

1.10.1 That are related to illnesses or abnormalities which existed before or during the time at which the insurance policy was taken out and which the person covered by the insurance policy knew of or should have known of or which he was experiencing the symptoms of and which Aevitae was not informed of in writing. This exclusion does not apply if and insofar as the insurance came into effect without medical or dental screening;

1.10.2 Of written certificates, administrative costs, costs of appointments not kept or costs incurred as a result of late payment of health care providers' invoices;

1.10.3 Incurred as a result of gross negligence or intent;

1.10.4 Consisting of personal contributions or excess payable under the terms of any other insurance, unless stipulated otherwise in these insurance policy terms and conditions;

1.10.5 That could be claimed under the Long-term Care Act (Wet langdurige zorg), the Youth Act (Jeugdwet) or the Social Support Act (Wet maatschappelijke ondersteuning), if the insured person is covered under the Act;

1.10.6 That could be claimed under another insurance policy, whether or not of a previous date or under any law or other provision provided the insurance coverage is not available from Aevitae. In that case, this insurance policy is the last insurance policy applicable. Only the costs which exceed the amount the person covered by the insurance policy could claim elsewhere will be eligible for reimbursement;

1.10.7 That can be claimed or could be claimed under the Health Care Insurance Act if you are obliged to be insured according to that law;

1.10.8 Caused by or resulting from armed conflict, civil war, uprising, civil disorder, riots or mutiny;

1.10.9 Caused by, incurred during or resulting from nuclear reactions, irrespective of how they came about. This exclusion does not apply in the case of damage caused by radioactive nuclides situated outside a nuclear facility that are used or intended to be used for industrial, commercial, agricultural, medical, scientific or security purposes, provided there is a valid permit issued by the national government for the manufacture, use, storage and disposal of radioactive substances (in this context, a 'nuclear facility' is a nuclear facility as defined in the Wet Aansprakelijkheid Kernongevallen (Nuclear Incidents (Third Party Liability) Act). The stipulations of the previous sentence do not apply insofar as a third party is liable under Dutch or foreign law for the damage sustained;

1.10.10 Or compensation for damage indirectly resulting from acts or omissions by Aevitae.

1.11 Entitlement to (compensation of the costs of) health care and other services as a result of terrorist actions

The following rule is applicable if you require health care as a result of one or more terrorist actions. If the total amount which is claimed in one year from damage insurers, life insurers or funeral insurers is greater than, according to the Nederlandse Herverzekeringsmaatschappij voor Terrorismeschaden N.V. (NHT) (Netherlands Reinsurance Company for Terrorism Losses), the maximum amount which this insurance company reinsures per year, you are only entitled to compensation of a certain percentage of the costs or of the value of the health care. The NHT determines this percentage. This applies to damage insurers, life insurers and funeral insurers (including health care insurers) to whom the Wet op het financieel toezicht (Financial Supervision Act) is applicable.

The exact definitions and stipulations with regard to the aforementioned entitlement are included in the Clauses Sheet Terrorism Cover by the Dutch Reinsurance Company for Terrorism Losses.

Article 2 General conditions

2.1 Basis of the health insurance

The health insurance agreement is agreed based on the information which you have specified on the application form or which you have given to us in writing.

2.2 Supplementary insurance

The health insurance agreement is applicable to the supplementary insurance stated on the policy summary sheet. These health insurance policy terms and conditions are part of the health insurance agreement and are applicable to the supplementary insurance.

If you have employee-related supplementary insurance based on the collective agreement agreed between your employer and Aevitae, then the compensation from the employee-related package is applicable to you. In that case, you are not entitled to (compensation of the costs of) this health care based on this supplementary insurance.

2.3 Accompanying documents

These health insurance policy terms and conditions refer to other documents. These documents are part of the terms and conditions as far as they are applicable. It concerns the following documents:

- Appendix 1 of the Besluit zorgverzekering (Health Care Insurance Decree);
- The Health Care Insurance Regulations;
- The Clauses Sheet Terrorism Cover;
- The list of contracted health care providers.

These documents can be found on our website or may be requested by telephone.

2.4 Fraud

If you commit fraud, then you lose your right to (compensation of the costs of) health care. You will also have no right to (compensation of the costs of) health care for which you was not found to have committed fraud (partial fraud). We will also reclaim any compensation which has been paid to you.

The consequence of fraud is that we will register your personal details and the personal details of any accomplices or co-fraudsters in the Incident Register of the health care insurer. This Incident Register is registered with the Dutch Data Protection Authority (AP) and is managed by the health care insurer.

We may also register your personal details and the personal details of any accomplices or co-fraudsters:

- With the Centrum Bestrijding Verzekeringsfraude (Centre for Combating Insurance Fraud) of the Verbond van Verzekeraars (Association of Insurers);
- In the internal and external observation systems recognized by the financial institutions: the Internal Reference Register (IVR) and the External Reference Register (EVR).

The health care insurer may also report fraud to the police, the justice department and/or the Fiscal Information and Investigation Service/Economic Investigation Service (FIOD-ECD).

The consequence of fraud relating to an insurance policy you have with us is that your supplementary insurance policy and any (damage) insurance policy you may have with Aevitae or the health care insurer may be terminated. You will then not be able to agree any supplementary insurance policy or any damage insurance policy with Aevitae or the health care insurer for a period of 8 years.

We are entitled to claim back from you the required investigation costs.

2.5 Protection of personal information

We take your privacy very seriously. Collecting and processing your personal details is necessary for concluding and performing your healthcare or other insurance and any supplementary policies. We will enter your personal details in our system of insured persons records.

Your personal details will be processed for the following purposes:

- vfor concluding and performing your insurance contracts or financial services;
- for inspections and/or checks among insured, healthcare providers and/or suppliers to ensure the healthcare services have actually been delivered;
- for research into the quality of healthcare delivered as perceived by our insured;
- for statistical analysis;
- for compliance with statutory obligations;
- in the context of the security and integrity of the financial sector (preventing and combating fraud);
- if you participate in a group contract: for exchanging data with the contract party to the group contract for assessing your entitlement to premium discounts.

Processing your personal details is subject to privacy legislation, including the Private Data Protection Act, the ZN Code of Conduct for Processing Private Data Healthcare Insurers, the General provisions BSN Act, the Application of BSN in healthcare Act, and the Privacy Declaration of Coöperatie VGZ U.A. Please find the Code of Conduct and the Privacy Declaration on our website.

It is mandatory for us to use your BSN (citizen service number) in our administrative system and in communications (data exchange) with the healthcare providers. The BSN is also used in data exchange on expense forms. Both are completed on a statutory basis.

We may decide to check your data at CIS Foundation (CIS) for the security and integrity of the financial sector, www.stichtingcis.nl.

2.6 Announcements

You will be considered to have received all announcements sent to the last address known to us. We always use the address given in the municipal personal records database.

2.7 Right of withdrawal period

When taking out a supplementary health insurance policy, you, as the policy holder, have the right to withdraw from the policy any time during the first 14 days. You can terminate the supplementary insurance policy in writing within 14 days after entering into the agreement or within 14 days after you have received the health care policy, whichever is the latter. The health care insurance policy will then be considered as not having been taken out.

2.8 Dutch law

The supplementary insurance is governed by Dutch law.

Article 3 Payments

3.1 Due premium

The policy holder is obliged to pay a premium. On the death of the policy holder, the premium is due until the day of death. If the supplementary insurance policy is altered, then we will recalculate the premium commencing from the date that the insurance policy was altered.

3.2 Premium reduction for a collective agreement

3.2.1 The premiums and terms and conditions as agreed in the collective agreement are applicable from the day that you participate in the collective agreement.

3.2.2 From the day that you are no longer entitled to participate in the collective agreement, the premium reduction and the terms and conditions agreed in the collective agreement will no longer apply. From that day, the supplementary insurance policy will be continued on an individual basis.

3.2.3 You may only participate in one collective agreement at a time.

3.3 Payment of the premium, (legal) excess, legal contributions and costs

3.3.1 Unless agreed otherwise, you are obliged to pay the premium and (foreign) legal contribution in advance for all the people covered by the insurance policy every month. If you pay the premium in advance for the whole year in a single payment, you will receive a reduction on the premium to be paid. The amount of this reduction is stated on the policy summary schedule.

3.3.2 For payments by deposit transfer, we charge € 1.50 per transfer.

3.3.3 You can grant us permission to direct debit the premium, the (legal) excess, the personal contributions and other costs. Two separate authorizations are required: one for granting permission for direct debiting the premium and one for direct debiting the (legal) excess, the personal contributions and other costs.

3.3.4 If you have authorized Aevitae B.V. to write off excess or other amounts by direct debet from your account, you (policyholder) will receive a notification of the direct debet by us. We try to send this notification to you (policyholder) a few days before we collect the outstanding amount.

3.4 Settlement

You may not settle any outstanding amounts of money against money which we owe you.

3.5 Non-timely payment

3.5.1 If you do not pay the premium, the (mandatory) excess, personal contributions or any other costs in time, we send you a payment reminder. If you do not pay within the time of **14** days stated, we can suspend your coverage. In that case, there is no right to (compensation of the costs of) health care from the last premium payment due day before the reminder. In the event of the insurance coverage being suspended, you are still obliged to pay the insurance premium.

3.5.2 In the event of non-timely payment, we also have the right to terminate any supplementary insurance policies. In the event of termination, the supplementary insurance can be reinstated after payment of the outstanding amount and any additional costs. You will have to apply for this reinstatement in writing within one month after you have paid all of your outstanding costs. Your supplementary coverage will resume from the first day of the month following your payment. If your request exceeds the term of one month after your payment, the starting date of your supplementary insurance will be January 1st of the following calendar year. The supplementary insurances will not be automatically reinstated. You have to apply for it.

3.5.3 We may charge for the administration costs, (extra)judicial collection charges and statutory interest.

3.5.4 If you have previously received a reminder for the non-timely payment of the premium, legal contributions, personal contributions or other costs, we do not have to remind you in writing separately in the case of non-timely payment of a subsequent invoice.

3.5.5 We have the right to settle overdue premium payments and costs with any compensation of costs for health care you have claimed from us or other sums of money which we owe you.

3.5.6 If we terminate the supplementary insurance on account of the non-timely payment of the owed premium, we have the right to not enter into an insurance agreement with you for a period of five years.

Article 4 Other obligations

You are obliged:

- To ask the doctor in charge of your case to inform our medical consultant of the reason for admission;
- To cooperate with our medical consultant or employees who are charged with the task of ensuring that all the information necessary to fulfil the supplementary insurance is obtained;
- To inform us of facts which (may) result in the possibility of recovering costs from (possibly) liable third parties and to provide us with the necessary information in connection to this. You may not agree any arrangement with a third party without our prior, written approval. You must refrain from actions which may harm our interests;
- To inform us as soon as possible of facts and circumstances which are important for correctly fulfilling the supplementary insurance. This includes the starting and end dates of a period of detention, a divorce or separation, moving home, a birth, adoption or a change of bank account. We accept no responsibility in the case of omission from your side.

If you do not fulfil your obligations and our interests are damaged as a result, we may suspend your right to (compensation of the costs for) health care.

Article 5 Alterations to the premium and the terms and conditions

5.1 Alterations to the premium and the terms and conditions

We have the right to alter the premium, as well as the terms and conditions, of the supplementary insurance at any time. We will inform you, as the policy holder, of this in writing. Any alterations will be implemented on a date to be determined by us.

5.2 Right of termination

If we alter the premium and/or the terms and conditions of the supplementary insurance in a way which is disadvantageous to you, you are entitled to terminate the insurance agreement up to a month after you have been informed of the alteration with effect from the day that the alteration takes effect. You do not have this right of termination if an alteration to the insurance terms and conditions is a direct result of legal measures, legal regulations or legal stipulations.

Article 6 Commencement, duration and termination of the supplementary insurance

6.1 Commencement and duration

The insurance agreement comes into force on the day on which the health care insurance commences or the first day of the calendar year. If you apply for health care insurance from us, then you give us permission to terminate your old health care insurance with a Dutch insurer. This permission also applies to the supplementary insurance. If the supplementary insurance does not have to be terminated, then you must state this on the application form.

The supplementary insurance is entered into for the calendar year in which the supplementary insurance takes effect. After this period has expired, the supplementary insurance will be automatically extended for a period of one calendar year

6.2 Acceptance for supplementary insurance

6.2.1 Health care insurance

You can agree the supplementary insurance as an addition to our health care insurance, but you are not obliged to do so. Medical selection may be required for the supplementary insurance. Furthermore, an age limit may apply. A supplement to the premium may be applicable in the following cases:

- You did not take out a basic health insurance with us;
- The health care insurer of your supplementary insurance is different from the health care insurer of your basic health insurance.

6.2.2 Family cover

All the people covered by the health insurance policy 18 years of age or older can agree supplementary insurance of their choice. Children younger than 18 years of age cannot receive more extensive insurance than the adult with the most extensive insurance covered by the health insurance policy.

6.2.3 Alterations to supplementary insurance

You can alter your supplementary insurance. The stipulations of 6.2.2 will then apply. The person covered by the insurance policy must inform us of the alteration by no later than 31st December. The change will then become effective as per 1 January (with retroactive effect if submitted after 1 January). Relating to healthcare subject to reimbursement periods of more than one calendar year, such terms will continue if supplementary insurance policies are amended within Aevitae. This means that any reimbursements paid out previously pursuant to a previous supplementary insurance policy will be transferred to the new supplementary insurance policy. This is subject to the condition that your new supplementary insurance policy covers reimbursement of this service or treatment.

6.3 Termination by law

6.3.1 The supplementary insurance is terminated by law on the day following the day on which:

- The health care insurer is no longer allowed to offer or provide insurance as a result of an alteration or withdrawal of its license to act as an insurance company;
- The person covered by the insurance policy passes away;
- The health care insurer stops offering and providing the supplementary insurance.

You, as insurance policy holder, are obliged to inform us as quickly as possible of the death of a person covered by the insurance policy or of any other facts and conditions concerning the person covered by the insurance policy which have led to or could lead to the end of the supplementary insurance. We will send you proof of termination as quickly as possible once we have determined that the supplementary insurance is terminated or will be terminated.

If the supplementary insurance ends because we stop offering the supplementary insurance concerned, we will inform you, as the insurance policy holder, of this no later than three months before the supplementary insurance ends.

6.4 Times when the insurance policy may be terminated

6.4.1 Annually

The policy holder can terminate the supplementary insurance on 1st January of every calendar year on the condition that we receive notice of such no later than 31st December of the previous year.

6.4.2 Intervening times

The policy holder may terminate the supplementary insurance in the intervening time in writing:

- In the event of an alteration to the premium and/or the terms and conditions as stated in article 5.2;
- At the same time as when the health care insurance is terminated.

6.4.3 To terminate the supplementary insurance as stated in articles 6.4.1 and 6.4.2, you may also use the termination service provided by the Dutch Health Care Insurers.

6.5 Termination, annulment or suspension of the supplementary insurance

We can terminate, annul or suspend the supplementary insurance in writing:

- On account of non-timely payment of money owed as stated in article 3.5;
- If fraud has been committed (see article 2.4);
- If you have deliberately not provided us with information, have deliberately provided us with incomplete information or have deliberately provided us with incorrect information which is (or can be) disadvantageous to us
- If you have acted with the purpose to mislead us or if we would not have provided supplementary insurance if we had known the real state of affairs. In these cases, we can terminate the supplementary insurance within two months of discovery with immediate effect. In these cases, we are not obliged to pay any compensation or can opt to reduce the compensation. We can settle any money to be reclaimed with outstanding payments for compensation.

Article 7 Complaints and disputes

7.1 Complaint Management

7.1.1 You can be sure that all matters concerning your supplementary insurance will be taken good care of. Nevertheless, it is possible that not everything will be as you would wish.
We will be glad to hear your complaints and suggestions. You can send your complaints to: Klachtenmanagement, Postbus 2705, 6401 DE Heerlen, the Netherlands. You can also send an e-mail to klachtenmanagement@aevitae.com. The Complaint Management department deals with complaints on behalf of the management.

7.1.2 Within 15 days you will receive a response to your complaint from us. If you are not satisfied with the decision or if you haven't received a response within 15 days, you can submit your complaint or dispute to the Dutch Authority on Healthcare Insurance Complaints and Disputes (Stichting Klachten en Geschillen (SKGZ)), P.O. Box 291, 3700 AG Zeist,www.skgz.nl. Instead of going to the SKGZ, you can also submit your complaint to the arbitrator for financial services in Malta (Office of the Arbiter for Financial Services, 1st Floor, St Calcedonius Square, Floriana FRN 1530, Malta, telephone +356 8007 2366 or +356 21 249 245 or complaint.info@financialarbiter.org.mt). Please note that the arbitrator in Malta will only handle cases once you have received a final decision from us on your complaint. You can also submit the dispute to the competent court.

7.2 Complaints about our forms

7.2.1 If you feel there is no need for a certain form or that a form is too complicated, then you can send your complaint to: Klachtenmanagement, Postbus 2705, 6401 DE Heerlen, the Netherlands. You can also send an e-mail to klachtenmanagement@aevitae.com.

7.2.2 You will receive a reaction to your complaint within 30 days. If you are not satisfied with the answer or do not receive a reply within 30 days, you can place your complaint before the Dutch Health Care Authority, care of the Informatielijn/ Meldpunt, PostbusBox 3017, 3502 GA Utrecht, the Netherlands or send an email to informatielijn@nza.nl. The website of the Dutch Health Care Authority (www.nza.nl) explains how to submit a complaint about forms.

Article 8 Health care and waiting list mediation

You have the right to mediation for health care if there is a unacceptably long waiting list for treatment by a health care provider who is allowed to provide the care according to the supplementary insurance policy. You can call upon our Medical Guarantee department for this health care mediation. You can also call upon this department for general questions about health care. Issues include finding a health care provider with specific expertise or needing help to find your way in the health care system. We will discuss what your options are.

III Reimbursements

Article 1 Alternative treatment, therapies and nedicines

We will reimburse the costs of:
- consultations with alternative physicians;
- consultations with alternative therapists;
- homeopathic and anthroposophical medicines.

Conditions for reimbursement
- The homeopathic and anthroposophical medicines must be prescribed by a physician or general practitioner;
- The homeopathic medicines must have a full homeopathic composition and be registered on the list of Registered Homeopathic Medicines of the Royal Dutch Society for the Advancement of Pharmacy (Koninklijke Nederlandse Maatschappij ter bevordering van de Pharmacie: KNMP);
- The homeopathic and anthroposophical medicines must be provided by a pharmacy or a dispensing general practitioner;
- The alternative healer or therapist must be a member of a specific professional association. The list of nationally recognised professional associations can be viewed on www.aevitae.com.

Reimbursement
- Basic: no coverage
- Plus: We will reimburse a maximum of € 300 per calendar year for the joint costs with a maximum of € 50 per treatment
- Extra: We will reimburse a maximum of € 350 per calendar year for the joint costs with a maximum of € 50 per treatment

Exclusion
We do not reimburse laboratory investigations requested or carried out by an alternative healer or therapist.

Article 2 Contraception

We will reimburse:
A the costs of contraceptives for insured persons age 21 and above (such as the contraceptive pill, contraceptive bar, IUD, ring or pessary) up to a maximum amount as determined in the Health Insurance Regulations and the medicine reimbursement system (Geneesmiddelenvergoedingssysteem: GVS).
B personal contribution for the contraceptive pill up to a maximum of € 50 per calendar year for insured persons aged up to 21

Conditions for reimbursement
We will reimburse the costs only if the contraceptive is prescribed by a general practitioner or medical specialist and if it is supplied by a pharmacist or dispensing general practitioner.

Reimbursement
- Basic: A 100% and B
- Plus: A 100% and B
- Extra: A 100% and B

Article 3 Spectacles and lenses

Reimbursement
- Basic: no coverage
- Plus: no coverage
- Extra: insured persons younger than 18 years: € 100 per calendar year for glasses (glasses, frames) or lenses irrespective of their strength

Conditions for reimbursement
- The reimbursement period starts in the calendar year in which you receive the glasses / contact lenses.

Article 4 Worldwide abroad

A Unforeseen care

We will reimburse the costs of emergency medically required care during a holiday, study or business stay of not more than 12 months up. The costs will only be reimbursed if care is involved that was not foreseen at the time of leaving for the foreign country and could not be postponed until after returning to the Netherlands.

Conditions for reimbursement

- The costs are only reimbursed if they would also have been reimbursed in the Netherlands.
- You have to report a hospital admission to us immediately via the help line. You can find the telephone number of the help line on the back of your health insurance card.
- There is only entitlement to reimbursement if there is a right to care under the basic health insurance. The reimbursement to be paid under this Article is of a supplementary nature.

Bills from abroad

- The bills preferably need to be drawn up in Dutch, French, German, English or Spanish.
  When we deem it necessary, we can request you to have a bill translated by a sworn translator. We will not reimburse the costs of the translation.
- If you have health insurance expenses in a country that has not adopted the Euro, you will receive a bill in the current currency. In calculating the bill amount, we will use the rate of the day on which the treatment took place.
- If you have health insurance expenses in a country that has not adopted the Euro, you will receive a bill in their current currency. In calculating the invoice amount, we will use the regulations from the terms and conditions of your basic healthcare insurance.

Reimbursement

- Basic: a maximum of 100% of the average rates applicable in the Netherlands (in addition to the reimbursement through your basic health insurance)
- Plus: a maximum of 100% of the average rates applicable in the Netherlands (in addition to the reimbursement through your basic health insurance)
- Extra: a maximum of 100% of the average rates applicable in the Netherlands (in addition to the reimbursement through your basic health insurance)

B Repatriation and transport of the mortal remains to the Netherlands

We will reimburse:

- The costs of patient transport by ambulance or by plane including the medically necessary costs of supervision from abroad to a care institution in the Netherlands;
- The costs of transporting the mortal remains from the place of death to the Netherlands.

Exclusion

We do not reimburse costs for a possible early return trip of fellow travelers.

Conditions for reimbursement

We will only reimburse costs after prior approval via the Alarmcentrale (emergency centre). You can find the telephone number of the Alarmcentrale (emergency centre) on the back of your health insurance card.

Bills from abroad

- The invoices must be written in Dutch, French, German, English or Spanish.
  When we deem it necessary, we can request you to have a bill translated by a sworn translator. We will not reimburse the costs of the translation.
- If you have health insurance expenses in a country that has not adopted the Euro, you will receive a bill in their current currency. In calculating the invoice amount, we will use the regulations from the terms and conditions of your basic healthcare insurance.

Reimbursement

- Basic: the reimbursement amounts to a maximum of € 3.500 per event. The reimbursement for costs of transporting the remains is capped at € 3.500.
- Plus: the reimbursement amounts to a maximum of € 3.500 per event. The reimbursement for costs of transporting the remains is capped at € 3.500.
- Extra: the reimbursement amounts to a maximum of € 5.000 per event. The reimbursement for costs of transporting the remains is capped at € 5.000.

C **Vaccinations**

We will reimburse the costs of consultations, medicines and vaccination to prevent diseases with regard to a (holiday) trip abroad.

Reimbursement

- Basic: no coverage
- Plus: a maximum of € 200 per person per calendar year
- Extra: a maximum of € 220 per person per calendar year

Article 5 Diabetes testing materials

If you have type II diabetes mellitus and do not use insulin, you can order diabetes test materials from our preferred suppliers for a small additional charge.

If you use insulin, the diabetes testing materials will be reimbursed out of the health insurance. For this, see our Aids Regulations.

Conditions for reimbursement

The testing materials need to be supplied by our preferred suppliers. The preferred suppliers can be found in the Care Guide on our website.

Reimbursement

- Basic: no coverage
- Plus: a maximum of € 40 per calendar year for a starter's pack and test strips
- Extra: a maximum of € 40 per calendar year for a starter's pack and test strips

Article 6 Dietary advice

We will reimburse the costs of dietary advice with a medical purpose offered by dieticians concerning food and dietary habits.

Reimbursement

- Basic: no coverage
- Plus: a maximum of 2 treatment hours per calendar year
- Extra: a maximum of 3 treatment hours per calendar year

Article 7 Physiotherapy and Cesar/Mensendieck Remedial Therapy

We will reimburse:

- The costs of treatment by a physiotherapist;
- The costs of treatment by a remedial therapist.

Conditions for reimbursement

- We will only reimburse the costs if you have been referred by a general practitioner, a dentist or a medical specialist. If you visit a physiotherapist contracted to the health care insurer, the referral is not necessary;
- The reimbursement is maximised up to the amount that has been agreed upon between the health care insurer and the respective health care provider.
- Consulting a health care provider who does not have a contract? Reimbursement can be less than when consulting a health care provider who does have a contract. You can find the maximum reimbursement amounts in the list ' maximale vergoedingen niet-gecontracteerde zorgverleners' on our website. The maximum reimbursement depends on the type of basic health care you have chosen. An overview of our contracted health care providers can be found on our website.

Exclusion

We will not reimburse any costs of individual or group treatment that only aims to improve the physical condition and wellbeing by training, such as, for instance, sports massage and antenatal and postnatal exercises.

Reimbursement
- Basic: a maximum of 6 treatments per calendar year
- Plus: a maximum of 9 treatments per calendar year
- Extra: a maximum of 12 treatments per calendar year

Article 8 Skin treatments

A **Acne therapy**

Reimbursement
- Basic: a maximum of € 100 per calendar year
- Plus: a maximum of € 200 per calendar year
- Extra: a maximum of € 200 per calendar year

Conditions for reimbursement
- The treatment must be carried out by a skin therapist who is a member of the Dutch Association for Skin Therapists (Nederlandse Vereniging voor Huidtherapeuten: NVH) or by a beautician with the Beauty Specialists B Diploma (Diploma Schoonheidsverzorging-B), supplemented by the acne diploma for acne treatment.
- You must provide us with the medical grounds from the dermatologist or general practitioner in advance.

B **Camouflage therapy**

We reimburse:
- lessons in camouflaging severe disfiguring scars or skin spots facial or in the neck;
- for camouflaging necessary fixating pastes, cream, powder and other products;
- scar treatment.

Reimbursement
- Basic: a maximum of € 100 per calendar year
- Plus: a maximum of € 200 per calendar year
- Extra: a maximum of € 200 per calendar year

Conditions for reimbursement
- The treatment must be carried out by a skin therapist who is a member of the Dutch Association for Skin Therapists (Nederlandse Vereniging voor Huidtherapeuten: NVH) or by a beautician with the Beauty Specialists B Diploma (Diploma Schoonheidsverzorging-B), supplemented by the camouflage diploma for camouflage treatment.
- You must provide us with the medical grounds from the dermatologist or general practitioner in advance.

C **Electrical depilation/laser depilation**

Treatment aimed at the permanent removal of extreme hair growth in unusual areas of the face and / or neck.

Reimbursement
- Basic: no coverage
- Plus: a maximum of € 200 per calendar year
- Extra: a maximum of € 200 per calendar year

Conditions for reimbursement
- The treatment must be carried out by a skin therapist who is a member of the Dutch Association for Skin Therapists (Nederlandse Vereniging voor Huidtherapeuten: NVH) or by a beautician with the Beauty Specialists B Diploma (Diploma Schoonheidsverzorging-B), supplemented by the electrical depilation diploma for electrical depilation.
- You must provide us with the medical grounds from the dermatologist or general practitioner in advance.

D **Edema treatment**

Reimbursement
- Basic: a maximum of 6 treatments per calendar year
- Plus: a maximum of 9 treatments per calendar year
- Extra: a maximum of 9 treatments per calendar year

Conditions for reimbursement
- The treatment must be carried out by a skin therapist who is a member of the Dutch Association for Skin Therapists (Nederlandse Vereniging voor Huidtherapeuten: NVH).

- You must provide us with the medical grounds from the dermatologist or general practitioner in advance.
- Edema treatments will not be reimbursed from a supplementary insurance if reimbursement from the basic insurance is possible.

Article 9 Medical aids and personal contributions

We will reimburse the personal contributions you owe on purchasing medical aids under the health insurance. For this, the following maximum amounts apply:

A **Wig**

Reimbursement

- Basic: no coverage
- Plus: We reimburse the personal contribution to a maximum of € 50 per calendar year
- Extra: We reimburse the personal contribution to a maximum of € 70 per calendar year

B **Adhesive strips with a breast prosthesis**

Reimbursement

- Basic: no coverage
- Plus: a maximum of € 50 per 2 calendar years for each prosthesis
- Extra: a maximum of € 50 per 2 calendar years for each prosthesis

C **Personal contribution**

Reimbursement

- Basic: no coverage
- Plus: no coverage
- Extra: a maximum of € 250 per calendar year for the personal contribution for medicine in accordance with the medicines reimbursement system (Geneesmiddelenvergoedingssysteem: GVS), the personal contribution for transport and the personal contribution for hearing aids up to a maximum of € 200 for a maximum of two hearing aids.

Exclusion

- We do not reimburse the personal contribution on ADHD-medication.

Article 10 Mindfulness in case of burn-out related problems from the age of 18

A compensation in the costs of an 8-week training in Mindfulness Based Cognitive Therapy (MBCT) or Mindfulness Based Stress Reduction (MBSR) for insured persons aged 18 and older. These therapies combine scientific knowledge from the fields of medical biology and psychology with meditation and yoga.

Reimbursement

- Basic: a maximum of € 350 per calendar year
- Plus: a maximum of € 350 per calendar year
- Extra: a maximum of € 350 per calendar year

Conditions for reimbursement

- The Mindfulness training must be provided by a category 1 member of the professional association VMBN (Vereniging Mindfulness Based Nederland). You can find these trainers on the website of this association (www.vmbn.nl).
- You need a referral letter from your general practitioner or company physician
- You must have burn-out symptoms in order to qualify for reimbursement.

Article 11 Orthodontics

Exclusions

- In case of loss or damage to existing orthodontic appliances through the person's own fault or negligence, we will not reimburse replacement or repair costs;
- No reimbursement is paid if the suggested treatment is not effective, is unnecessarily expensive or unnecessarily complex.

Reimbursement

- Basic: no coverage
- Plus: no coverage
- Extra: 80% up to a maximum of € 1.500 for insured persons younger than 18 years of age

Article 12 Plastic surgery

We reimburse once the treatment for the correction of outstanding auricles for children up to and including 12 years of age in a hospital or independent treatment center.

Conditions for reimbursement

We must have given you written permission in advance.

Reimbursement

- Basic: no coverage
- Plus: 100%
- Extra: 100%

Article 13 Bedwetting alarm

Reimbursement

- Basic: no coverage
- Plus: full reimbursement if the bedwetting alarm is delivered by Van Lent Systems BV in Oss, telephone number 0412 - 64 06 90, Urifoon B.V. in Amstelhoek, telephone number 0297 – 76 00 01 of Rodger B.V. in Denekamp, telephone number 0541 – 35 14 49. If you use another supplier, the reimbursement amounts to a maximum of € 50 for the duration of the insurance.
- Extra: full reimbursement if the bedwetting alarm is delivered by Van Lent Systems BV in Oss, telephone number 0412 - 64 06 90, Urifoon B.V. in Amstelhoek, telephone number 0297 – 76 00 01 of Rodger B.V. in Denekamp, telephone number 0541 – 35 14 49. If you use another supplier, the reimbursement amounts to a maximum of € 50 for the duration of the insurance.

Article 14 Prevention

A Lifestyle training

Lifestyle training organised by a care provider of choice. The following basic training courses are eligible for reimbursement:

- training for heart patients;
- training for whiplash patients;
- training for people suffering from burn-out;
- stress reduction training for people with stuttering problems.

Conditions for reimbursement

You must have been referred by a general practitioner or a medical specialist.

Reimbursement

- Basic: no coverage
- Plus: a maximum of € 100 per insured person per calendar year
- Extra: a maximum of € 125 per insured person per calendar year

B Sports Medical Examination

The costs for sports medical examinations and physical tests in a sports-medical centre will be reimbursed.

Conditions

- The sports-medical centre must be recognized and meet the requirements of the Federation of Sports Medical Associations (Federatie Sport Medische Instellingen).
- There is no basis for care demand.

Reimbursement

- Basic: no coverage
- Plus: a maximum of € 114 once per 2 calendar years for consultations, tests or treatment by a sports doctor
- Extra: a maximum of € 150 once per 2 calendar years for consultations, tests or treatment by a sports doctor

C **STD prevention**

Reimbursement

- Basic: no coverage
- Plus: annual reimbursement up to € 50 for the purchase of condoms. Reimbursement for the costs of one STD prevention consultation per year
- Extra: annual reimbursement up to € 50 for the purchase of condoms. Reimbursement for the costs of one STD prevention consultation per year

Article 15 Foot treatment / podotherapy

A **Foot treatment / podotherapy**

We reimburse the costs of treatment by a podiatrist, podiatrist and podopostural therapist. In addition to the consultations, treatment also includes the costs of fitting, manufacturing or repairing and delivering podotherapeutic soles and orthoses.

Conditions for reimbursement

The therapist must be registered as a member of "Stichting Landelijk Overkoepelend Orgaan voor Podologie (LOOP) or the "Nederlandse vereniging van Podotherapeuten" (NVvP).

Reimbursement

- Basic: a maximum of € 75 per person per calendar year. If the arch supports are purchased via care providers other than mentioned above, we will reimburse the costs up to a maximum of € 50 per person per calendar year.
- Plus: a maximum of € 100 per person per calendar year. If the arch supports are purchased via care providers other than mentioned above, we will reimburse the costs up to a maximum of € 75 per person per calendar year.
- Extra: a maximum of € 125 per person per calendar year. If the arch supports are purchased via care providers other than mentioned above, we will reimburse the costs up to a maximum of € 100 per person per calendar year.

B **Pedicurist treatment**

We reimburse a pedicure treatment for diabetics and rheumatism patients.

Conditions for reimbursement

The chiropodist must be registered with the 'Diabetische voet (Diabetic foot)' (DV) and/or 'Reumatische voet (Rheumatic foot)' (RV) qualification, or as a medical chiropodist in the ProCert Kwaliteitsregister voor Pedicures (Chiropodist Quality Register) or in the Kwaliteitsregister Medische Voetzorgverleners (KMV).

Reimbursement

- Basic: a maximum of € 75 per calendar year
- Plus: a maximum of € 75 per calendar year
- Extra: a maximum of € 75 per calendar year

Article 16 Accident Coverage

Conditions for reimbursement

For further information regarding this reimbursement we would like to refer you to page 24 of these policy conditions.

Reimbursement

- Basic: no reimbursement
- Plus: in case of death € 12,500.00
  in case of total permanent disability up to € 25,000.00
- Extra: in case of death € 12,500.00
  in case of total permanent disability up to € 25,000.00

Article 17 Baggage Care

Conditions for reimbursement

For further information regarding this reimbursement we would like to refer you to page 32 of these policy conditions.

Reimbursement

- Basic: no reimbursement
- Plus: up to € 3,500.00 per trip
- Extra: up to € 3,500.00 per trip

V Aevitae Accidents

Article 1 Definitions

1.1 Policy Schedule
The sheet containing information and further stipulations concerning the insurance conditions.

1.2 Policyholder
The person concluding the insurance contract with the insurer and specified as such in the Policy Schedule.

1.3 Insured Person
The person whose life or health is insured in the policy and specified as such in the Policy Schedule.

1.4 Beneficiary
The person(s) to whom the relevant payment(s) and/or reimbursement(s) are made.

1.5 Insurer
Aevitae B.V., as authorised representative of the insurer mentioned on the policy schedule.

1.6 Incident
An occurrence or a series of related occurrences which cannot be foreseen on the date on which the insurance is concluded, and which result(s) in a claim within the meaning of the insurance. All occurrences forming part of a series will be deemed to have occurred on the date on which the first such occurrence took place.

1.7 Accident
A sudden, undesired, external impact upon the Insured Person's body that has an immediate and forceful effect upon the aforesaid body, which is a direct and exclusive cause of physical injury to be established by an objective medical examination and which directly results in death or permanent disability.

1.8 Additions
The following are deemed to be equivalent to an accident:
a burns, frostbite, lightning strike, electric discharge, sunstroke;
b drowning, asphyxiation, ingesting germs by involuntarily falling into water or any other liquid or solid substance;
c non-bacterial poisoning (other than viruses) insofar as this cannot be attributed to alcohol, narcotics, stimulants, soporifics and medication, including soft and hard drugs;
d exhaustion, starvation or dehydration resulting from involuntary isolation from the outside world;
e infection of injuries and blood poisoning that are directly connected with an accident;
f anthrax, trichophytosis, brucellosis, sarcoptic mange, vaccinia;
g exacerbation or complications in the event of accidental injury as a direct consequence of first aid or medical treatment of accidental injuries;
h acute poisoning resulting from involuntary ingestion of poisonous gases or fumes from liquid or solid substances (other than viruses or bacterial germs).

1.9 Permanent disability
Permanent full or partial loss or loss of function in any part or organ of the Insured Person's body.

Article 2 Personal data processing

We take your privacy very seriously. Collecting and processing your personal details is necessary for concluding and performing your healthcare or other insurance and any supplementary policies. We will enter your personal details in our system of insured persons records.

Your personal details will be processed for the following purposes:
- for concluding and performing your insurance contracts or financial services;
- for statistical analysis;
- for compliance with statutory obligations;
- in the context of the security and integrity of the financial sector (preventing and combating fraud).

Processing your personal details is subject to privacy legislation, including the Private Data Protection Act, the ZN Code of Conduct for Processing Private Data Healthcare Insurers, the General provisions BSN Act, the Application of BSN in healthcare Act, and the Privacy Declaration of Coöperatie VGZ U.A. Please find the Code of Conduct and the Privacy Declaration on our website.

We may decide to check your data at CIS Foundation (CIS) for the security and integrity of the financial sector, www.stichtingcis.nl.

Article 3 Notifications

3.1 Notifications from the Insurer to the Policyholder may be sent to the last address known to the Insurer or to the address of the broker acting as intermediary for the relevant insurance. The Policyholder is never entitled to claim that he never received such notifications.

3.2 Notifications from the Insured Person to the Insurer may be made in writing and sent to the Insurer's address or the address of the broker acting as intermediary for the relevant insurance. Since the Policyholder will always be responsible for the correct receipt of notifications from the Insurer, such notifications should preferably be sent by registered post.

Article 4 Duration and termination of the insurance

4.1 **The insurer may terminate the insurance by sending written notice to the policyholder:**

a thereby observing a notice period of one (1) month if:
- the Insurer does not wish to renew the insurance on the contract expiry date;

b thereby observing a notice period of one (1) month if:
- the Insured Person fails to fulfil all or part of his obligations arising under the insurance;

c with immediate effect if:
- the Insured Person deliberately makes an incomplete or incorrect statement in the event of a claim.

4.2 The insurance will terminate automatically thirty days after the Policyholder is declared bankrupt or is granted a moratorium, unless agreed otherwise between the Insurer and the Policyholder.

4.3 The insurance will terminate automatically on termination of the supplementary insurance forming an integral part of the basic health insurance as stated in the Policy Schedule.

4.4 The insurance will terminate automatically on the first of January following the date on which the Insured Person reaches the age of eighty (80).

Article 5 Description of the insurance coverage

5.1 **Territorial scope**

The insurance is valid all over the world.

5.2 **In the event of decease**

a Sum insured

The insurance provides coverage up to the sum insured due to decease up to € 12.500,00 if the Insured Person deceases as a direct consequence of an accident occurring within the validity period of the insurance, provided that such decease takes place within three years of such accident.

b Prior payment

If the Insured Person has already received payment for permanent disability due to this same accident, this payment will be deducted from the death benefit. If the payment for permanent disability is greater than the payment owing due to the Insured Person's decease, the Insurer will not reclaim the excess.

5.3 **In the event of permanent disability**

a Sum insured

The insurance provides coverage for a part of the sum insured relating to the degree of disability up to € 25.000,00 due to permanent disability, provided that the Insured Person becomes permanently disabled as a direct consequence of an accident occurring within the validity period of the insurance, within three years of the aforesaid accident.

b As a departure from the provisions of paragraph a. above, the following will be paid out of the sum insured: In the event of:

complete loss of the integrated complex higher brain functions as a result of traumatic damage to the brain	100%
complete loss of the ability to speak as a result of traumatic damage to the brain	90%
general incurable paralysis	100%
In the event of complete loss or functional loss of the following:	
the arm up to the shoulder	75%
the arm up to the elbow, or between elbow and shoulder	65%
the hand up to the wrist or the arm between wrist and elbow	60%
the thumb	25%
the first finger	15%
the middle finger	12%
the third finger or little finger	10%
the leg up to the hip	70%
the leg up to the knee or between knee and hip	60%
the foot up to the ankle or the leg between ankle and knee	50%
the big toe	10%
all other toes	5%
sense of smell	15%
taste	5%
kidneys or spleen	10%
In the event of complete loss of the following:	
sight in both eyes	100%
sight in one eye	30%
hearing in both ears	50%
hearing in one ear	20%

c No more than 60% will ever be paid out in the event of compound finger or hand injuries;

d in the event of partial loss or partial functional loss, a proportional part of the percentages specified under b. above will be paid out, with due observance of the most recent standards published by the American Medical Association (A.M.A.) and the most recent guidelines published by the Netherlands Society of Neurology and the Netherlands Orthopaedic Association;

e with respect to permanent disability as a result of a number of consecutive accidents suffered by the Insured Person, no more than the sum insured for permanent disability as specified in the Policy Schedule will ever be paid out;

f if, in the event of complete loss of sight in one eye, the Insurer has already paid out 30% of the sum insured, the Insurer will pay out 70% in the event of complete loss of sight in the second eye;

g if, in the event of complete loss of hearing in one ear, the Insurer has already paid out 20% of the sum insured, the Insurer will pay out 30% in the event of complete loss of hearing in the second ear.

5.4 Reduction in payments

If any part of the Insured Person's body or any of his organs or bodily functions were already missing or failed to function - partially or completely - before the relevant accident, a proportional reduction will be made in the payments.

5.5 Profession/activities

The Insurer will not take the Insured Person's profession or activities into consideration when determining the degree of permanent disability.

5.6 Whiplash

With respect to acceleration-deceleration of the cervical spine where the Insured Person suffers from certain symptoms although no objective symptoms are discernible, and where the Insured Person fulfils all the other criteria of post-whiplash syndrome as laid down by the Netherlands Society of Neurology, we stipulate that a maximum of 5% of the sum insured will be paid out in the event of permanent disability in this respect. Indications for departures from this obtained from additional tests such as neuropsychological or vestibular tests will not entitle the Insured Person to payments exceeding this 5% maximum.

5.7 Payment of interest

If the Insured Person is entitled to payment due to permanent disability, and the amount of such payment cannot be determined within a period of 2 years after the accident was reported to the Insurer, and if and insofar as the Insured

Person has fulfilled the obligations specified in Article 7 and continues to do so, the Insurer will supplement the relevant payments with interest equal to the statutory interest with effect from the date on which the aforesaid period of 2 years has elapsed until the date on which the Insurer has determined the amount of the aforesaid payment.

Article 6 Amendments

The Insurer is entitled to make interim amendments en bloc to the policy conditions. The Insurer must inform the Insured Person thereof in writing.

Article 7 Obligations in the event of claims

7.1 In the event of an incident whereby the financial consequences may or will be borne by the Insurer, the Insured Person is obliged to do the following:

a inform the Insurer immediately of the occurrence, complete and sign a claim form and send it to the Insurer, together with all relevant documents;
b assist the Insurer to the best of his ability in submitting evidence that will serve to clarify the facts and circumstances of the incident;
c limit the emergence or exacerbation of injury as far as possible;
d authorise the Insurer to engage claims assessors or other experts if this proves desirable.

7.2 Obligations of the insured person

In the event of an accident, the Insured Person is obliged to do the following:

a place himself immediately under medical treatment and do all in his power to ensure a speedy recovery;
b inform the Insurer thereof as soon as possible after the accident yet no later than 14 days after such accident, thereby submitting all the relevant documents;
c have himself examined by a physician designated by the Insurer, at the Insurer's expense;
d have himself admitted for examination to a hospital or other medical institution to be designated by the Insurer, at the Insurer's expense;
e inform the Insurer immediately of his full or partial recovery;
f furnish the Insurer with all the information required by the latter;
g refrain from concealing any facts or circumstances that are of importance when determining the amount of the payments and/or compensation;
h authorise the Insurer to obtain information from third parties.

7.3 Obligations of the insured person's heirs

In the event of an accident, the Insured Person's statutory heirs are obliged to do the following:

a inform the Insurer directly in cases where the Insured Person's life is in immediate danger;
b inform the Insurer directly within 48 hours in the event of decease of the Insured Person (preferably by telephone or fax);
c give their consent to the taking of all measures the Insurer deems necessary to establish the cause of death, including exhumation and autopsy, and to cooperate with such measures;
d furnish all information requested by the Insurer;
e refrain from concealing any facts or circumstances that are of importance when determining the amount of the payment(s);
f authorise the Insurer to obtain information from third parties;
g do all in their power to limit the consequences of the accident.

If the obligations specified in this Article are not fulfilled, all rights to payments will lapse.

Article 8 Exclusions

8.1 The following accidents suffered by the insured person are excluded:

a accidents caused deliberately by the Insured Person or a party concerned in the payment, or with their approval. No coverage exists in cases of self-mutilation, suicide or attempted suicide, regardless of whether the Insured Person can be held accountable when carrying out his intentions;
b accidents caused during a fight or other risky action, except in the case of legitimate defence or self-defence or when saving or preserving the lives of persons or animals or protecting property;
c accidents caused by illness or medical treatment, including all forms of radiotherapy, unless such treatment or

radiotherapy is carried out in connection with an accident or the consequences of an accident, for which the Insurer granted or is granting payment pursuant to this Policy;

d accidents caused by committing or participating in a crime or attempting to do so;

e accidents caused by alcohol consumption or by medication, narcotics, soporifics, stimulants and similar substances, including soft and hard drugs;

f accidents caused by participation in or preparing for competitions involving speed, record-breaking, performance and reliability in motor vehicles and engine-powered vessels;

g accidents caused when participating in forms of professional sport;

h accidents caused when preparing for of participating in the martial arts or in competitions involving motor vehicles, cycles or horses, skiing, sledging, ice hockey, skelter or rugby competitions, mountaineering or glacier trips that are not generally undertaken without a guide, or voyages of discovery;

i accidents caused when practising dangerous sports such as zip lining, bungee jumping or base jumping. Sports should be deemed as dangerous if they are regarded as such in accordance with social standards to be assessed by an arbiter;

j accidents caused by participating in any form of aviation other than as a passenger legitimately travelling in an aircraft designed and furnished for passenger transport, although this is used for civilian aviation;

k accidents caused when acting as an amateur glider pilot or as a passenger in a glider, unless the Insured Person in question is participating in civil aviation and the aircraft is operated by a pilot with a valid glider pilot licence;

l accidents caused by or during the practising of an underwater sport whereby the Insured Person makes use of "underwater equipment";

m accidents caused due to the fact that the Insured Person is driving a motor vehicle under the influence of intoxicants, narcotics, stimulants or similar substances, including alcoholic beverages, soft and hard drugs, unless the Insured Person or the Beneficiary is able to prove there is no causal connection between the accident and the use of the aforesaid substances;

n accidents caused by or arising from acts of war, i.e.:

- armed conflicts: all cases where nation states or other organised parties use military weapons to fight each other or engage in single combat. This definition also includes armed action taken by military units under the responsibility of international organisations such as the United Nations, the North Atlantic Treaty Organisation or the Western European Union;
- civil war: more or less organised armed combat among the inhabitants of the same nation state involving a large percentage of these inhabitants;
- uprising: organised armed resistance within a nation state, directed against the public authorities;
- civil commotion: more or less organised acts of violence occurring in different places within a nation state;
- riot: a more or less organised local violent movement directed against the public authorities;
- mutiny: a more or less organised violent movement on the part of members of any armed force directed against the authority under which they resort.

o accidents caused by, occurring during or resulting from atomic nuclear reactions irrespective of the way in which such reactions were generated. Atomic nuclear reactions should be taken to mean all nuclear reactions whereby energy is released such as nuclear fusion, atomic fission, and natural and artificial radioactivity. This exclusion does not apply to damage caused by radioactive substances which are present outside a nuclear facility and which are used or intended to be used for industrial, commercial, agricultural, medical, scientific, educational or military and non-military security purposes. However, this is on condition that a competent authority has issued a permit for the manufacture, use, storage and disposal of radioactive substances, although the exclusion will remain in force insofar as a third party is liable for the damage suffered pursuant to the law or a treaty. Nuclear facility should be taken to mean a nuclear facility within the meaning of the Act on the liability for nuclear accidents (Bulletin of Acts, Orders & Decrees 1979-225), as well as a nuclear facility on board a ship;

p accidents occurring during a period in which the insurance is invalid;

q accidents caused as a result of the correct or incorrect implementation of an order or regulation during any of the situations or actions specified in Article 8.1.n.

8.2 Exclusive circumstances

The following accidents are excluded from the insurance:

a if the Insured Person fails to fulfil any obligation and the Insurer's interests are or will be harmed;

b if the Insured Person deliberately makes an incomplete or incorrect statement.

8.3 Not insured

The insurance does not cover the development or exacerbation of a rupture (hernia) or a dislocated intervertebral disc (hernia nuclei pulposi).

Article 9 Determining the amount of the payment and/or compensation

9.1 Entitlement to payment

The Insurer will assess all claims for payment on the basis of information provided by medical and other experts to be designated by the Insurer.

9.2 Decease

Payments in the event of decease will be determined as soon as the Insurer has concluded its investigations into the accident, the cause of death and the relationship between the two.

9.3 Permanent disability

a Payments in the event of permanent disability will be determined immediately after the following:
   1 a permanent situation has arisen;
   2 thirty-six months after the accident have elapsed.

b If the Insured Person deceases before the degree of disability has been determined, no entitlement to payment will exist unless such decease is not a direct and immediate result of the accident, in which case the degree of disability will be determined on the basis of the information last known to the Insurer and the payment will be fixed at the amount of the payment which would presumably have been determined if the Insured Person had not deceased.

9.4 Determining the payment

a When determining the degree of permanent disability, the psychological response to the accident or to the physical injury or permanent disability caused thereby is never taken into consideration, even if the aforesaid psychological response itself might result in permanent disability to a certain extent.

b The degree of permanent disability will be determined in the Netherlands, even if the Insured Person is in another country after the accident or if he was in another country at the time of the accident. In such an event, the Insured Person will have to return to the Netherlands at his own expense so that the definitive degree of permanent disability can be established. If the Insured Person fails to fulfil this condition, this will invalidate his entitlement to payment, unless agreed otherwise.

9.5 Maximum payment

The total amount of the payments, including interest equal to the statutory interest, to be made in the event of permanent disability or decease shall never exceed the sum insured as stated in the Policy Schedule.

9.6 Beneficial entitlement in the event of decease

If the Insured Person deceases as a result of an accident, the relevant payments will be made to his legal heirs, who will have to submit a certificate of inheritance. If, when taking out insurance, the Insured Person specified the names of those who should receive the death grant on his decease, this grant will be paid out to these persons. Neither the State of the Netherlands nor any creditors who are not heirs may lay claim to such payment(s).

9.7 Not transferable

The beneficiary's claim against the Insurer regarding payment in the event of decease cannot be transferred to any third party.

Article 10 Expiry of entitlements

Notwithstanding the provisions contained in these Policy Conditions, all entitlements to payment will automatically expire if the Insurer is informed or notified of the accident - in accordance with Article 7 - more than 36 months after the date of such accident.

Article 11 Waiver of right of recourse

The Insurer waives its right to recover damage, including the costs incurred thereby, from those Insured Persons covered by the insurance with respect to the incident for which the Insurer is liable to pay compensation pursuant to the Policy Conditions.

Article 12 Applicable law

All our insurance contracts are governed by Dutch law.

Article 13 Handling complaints

You can be sure that all matters concerning your supplementary insurance will be taken good care of. Nevertheless, it is possible that not everything will be as you would wish. We will be glad to hear your complaints and suggestions. You can send your complaints to: Klachtenmanagement, Postbus 2705, 6401 DE Heerlen, the Netherlands. You can also send an e-mail to klachtenmanagement@aevitae.com. The Complaint Management department deals with complaints on behalf of the management.

You will receive a reaction to your complaint within 30 days. If you are not satisfied with the decision or if you do not receive a reaction within 30 days, you can place your complaint or dispute before the Stichting Klachten en Geschillen Zorgverzekeringen (SKGZ), Postbus 291, 3700 AG Zeist, the Netherlands, www.skgz.nl. You can also place your dispute before the authorized judge.

Article 14 Dispute settlement regulations

If there is a difference of opinion between the Insurer and the Policyholder concerning: (a) the interpretation and application of the Policy Conditions or (b) the question of whether or not an incident is covered under the insurance, the Insurer is obliged to notify the Policyholder of its viewpoint in writing, thereby stating the reasons. The Policyholder may lodge an objection to this in writing, thereby stating the reasons, no later than two months after the date of the Insurer's notification. The Insurer is obliged to respond to the Policyholder's notice of objection in writing, thereby stating the reasons, no later than two months after such notice of objection was lodged.

If the difference of opinion between the Insurer and the Policyholder is not resolved, the Insurer must submit the dispute to a lawyer to be designated in consultation with the Policyholder, at the Policyholder's request, provided that this is done no later than one month after the date of the Insurer's last communication. The costs of the advice given by the lawyer so designated will be borne by the Insurer. The Insurer must defer to the lawyer's advice in advance. If the Policyholder cannot concur in the lawyer's advice, he may then submit the dispute to the Court. If the Court decides in the Policyholder's favour and the ruling is final and not open to appeal, the Insurer must refund the external costs incurred plus interest equal to the statutory interest.

Article 15 Limitation of damage caused by terrorism

In addition to the specific exclusions specified elsewhere in these Policy Conditions, insurance cover for the risk of terrorism is limited.

15.1 Definitions

Unless stated otherwise, the following definitions shall apply in these Policy Conditions and the appurtenant stipulations:

a **Terrorism:** acts and/or actions of violence, committed outside the scope of one of the six types of acts of war specified in Article 3:38 of the Financial Supervision Act and comprising an attack or a series of attacks connected with one another in respect of time and purpose, and resulting in injury and/or impairment of health - either fatal or otherwise - and/or damage to items of property or impairment of economic interests, whereby it may be assumed that the relevant attack or series of attacks - either in any organisational connection or otherwise - has been plotted and/or carried out for the purpose of achieving certain political and/or religious and/or ideological objectives.

b **Malicious contamination:** the spreading of germs and/or substances - outside the scope of one of the six types of acts of war specified in Article 3:38 of the Financial Supervision Act - which, as a result of their direct or indirect physical, biological, radioactive or chemical impact, may cause injury and/or impairment of health - either fatal or otherwise - in humans and animals and/or cause damage to items of property or otherwise impair economic interests, whereby it may be assumed that such spreading of germs and/or substances - either in any organisational connection or otherwise - has been plotted and/or carried out for the purpose of achieving certain political and/or religious and/or ideological objectives.

c **Preventive measures:** measures taken by the government and/or by Insured Persons and/or by third parties for the purpose of averting the imminent danger of terrorism and/or malicious contamination or, if such danger has already materialised, to limit its impact.

d **Nederlandse Herverzekeringmaatschappij voor Terrorismeschaden N.V. (NHT):** a reinsurance company established

in the Netherlands by the Dutch Association of Insurers, whereby obligations for insurance companies permitted in the Netherlands to make payments pursuant to insurance contracts that may be directly or indirectly caused by the materialising of the risks as specified in paragraphs a, b and c of this Article may be reinsured.

e Insurance contracts:
   1 Fire, property and casualty insurance contracts, insofar as they relate to risks present in the Netherlands pursuant to the provisions of Article 1:1 of the Financial Supervision Act under "state where the risk is located";
   2 Life insurance contracts, insofar as they have been concluded with a Policyholder ordinarily resident in the Netherlands or, if the Policyholder is a legal entity, with the registered office of the legal entity to which the insurance relates established in the Netherlands;
   3 Funeral insurance contracts with benefits in kind, insofar as they have been concluded with a Policyholder ordinarily resident in the Netherlands or, if the Policyholder is a legal entity, with the registered office of the legal entity to which the insurance relates established in the Netherlands;

f Insurance companies permitted in the Netherlands: Life insurers, funeral insurers with benefits in kind, and fire, property and casualty insurers authorised to practise the profession of insurer pursuant to the Financial Supervision Act.

15.2 Limiting coverage for risk of terrorism

a If and insofar as coverage exists - with due observance of the specifications in paragraphs 1.a, 1.b and 1.c of this Article and within the limits of the applicable Policy Conditions - for the consequences of occurrences directly or indirectly connected with the following:
   1 terrorism, malicious contamination or preventive measures;
   2 acts or actions in preparation for terrorism, malicious contamination or preventive measures,

b hereinafter jointly referred to as 'the Risk of Terrorism', the Insurer's obligation to make payments relating to all claims for compensation and/or payment submitted to it is limited to the amount of the payment received by the Insurer and relating to the aforesaid claims under the reinsurance with the NHT against Risk of Terrorism, in the event of insurance with capital accumulation plus the amount of the capital already accumulated pursuant to the relevant insurance. With respect to life insurances, the amount of the capital already accumulated will be issued on the premium reserve to be maintained pursuant to the Financial Supervision Act with respect to the relevant insurance.

c The NHT provides reinsurance coverage for the aforesaid claims up to a maximum of 1 billion Euros per calendar year. The aforesaid amount may be amended every year, and applies to all insurance companies affiliated with the NHT taken together. All such amendments will be published in three national daily newspapers. d As a departure from the provisions of the preceding paragraphs of this Article, the following applies to insurances relating to:
   1 damage to immovable property and/or its contents;
   2 consequential damage ensuing from damage to immovable property and/or its contents: That a maximum of 75 million Euros per policyholder per insured location per annum will be paid out under this contract to all participating insurance companies taken together as referred to in paragraph 1.f of this Article, irrespective of the number of insurance policies issued.
   For the purposes of this paragraph, "insured location" shall be taken to mean: all items insured by the Policyholder and present at the risk address, as well as all items insured by the Policyholder and located outside the risk address whose use and/or designated use relates to the commercial activities carried out at the risk address. As such, this will in any case be deemed to include all the items insured by the Policyholder which are located at a distance of no more than 50 metres from one another, at least one of which being located at the risk address. For the purposes of this paragraph, the following applies to legal entities and companies affiliated with one another in a group as referred to in Article 2:24b of the Civil Code: all group companies taken together are deemed to be one sole policyholder, irrespective of which group company or companies concluded the insurance policy or policies as members of the group.

15.3 NHT payment protocol

a The Claims Settlement Protocol (hereinafter referred to as "the Protocol") applies to the Insurer's reinsurance at the NHT. Pursuant to the stipulations laid down in the Protocol, the NHT is inter alia entitled to postpone payment of compensation or of the sum insured until such time as it is able to determine whether - and to what extent - it has sufficient financial resources to enable it to pay out all claims in full for which it provides coverage as the reinsurer. If it transpires that the NHT does not have sufficient financial resources, it is entitled to make a partial payment to the relevant Insurer in accordance with the aforesaid stipulations.

b With due observance of the provisions of Stipulation 7 of the Protocol, the NHT is entitled to decide whether an incident in connection with which a claim for payment is submitted should be deemed to be a consequence of materialisation of the Risk of Terrorism. A decision to that effect taken by the NHT in accordance with the aforesaid stipulation is binding vis-à-vis the Insurer, the Policyholder, the Insured Persons and the parties entitled to payment.

c The Insured Person or the party entitled to payment of the sum referred to in paragraph 3.a of this Article may not claim payment from the Insurer until after the NHT has informed the Insurer of the amount of the payment - either as an advance payment or otherwise - to be made to it in respect of a claim for payment.

d Pursuant to Stipulation 17 of the Protocol, the reinsurance coverage at the NHT is only in force with respect to claims for compensation and/or payment submitted within a period of two years after the NHT has established that a certain incident or circumstance may indeed be deemed as materialisation of the Risk of Terrorism within the meaning of these conditions.

V Aevitae Baggage Care

A General

1 Who are we and what can you expect from us?

We are Aevitae B.V., an authorised representative of the insurer mentioned on the policy schedule.

2 How is damage/loss determined and compensated?

- We will let you know whether we will be compensating you for the damage/loss as soon as possible. And the amount of that compensation, if applicable. Response times can be found on our website.
- Be sure to complete the damage/loss form truthfully and in full. That way, we will be able to assess the damage/loss properly.
- You must be in possession of the original invoice or receipt(s). We may request that you submit these as evidence.
- Have you asked us to compensate damage to an insured item? If so, we can rightfully ask you to turn the item in question over to us.

3 Will we ever ask that compensation be returned?

We will ask to be repaid for payments received in the following instances:
- Is another party liable for your damage or loss? If so, we have the right to ask that party to reimburse us for compensation we have paid to you.
- Have we realised – after the fact – that a particular claim isn't covered by your insurance? Should that happen, we can request that you return the compensation.

4 Multiple insurance policies

- Are you entitled to compensation based on another insurance policy, law or regulation?
  - If so, you will not receive compensation via our insurance policy.
  - We do compensate damage/loss that is not covered by another insurance policy, law or regulation;
  - This restriction does not apply to compensation for death or disability as a result of an accident;
  - If, at your request, we compensate you for damage/loss or pay expenses in advance on your behalf, you transfer your right to compensation from another insurance policy to us at that time.
- Have you taken out multiple insurance policies with us that include coverage of the same risk? If so, you will not receive compensation via this insurance policy.

5 Are we allowed to change the policy conditions?

- Yes, we can change the policy conditions. If we do, we will let you know at least thirty days in advance.

6 Are there circumstances when we can cancel coverage?

We will cancel coverage if you:
- have cancelled the related health insurance policy.
- have mislead us when you took out the policy, whether through dishonesty or omission;

- have intentionally misrepresented the circumstances under which damage/loss occurred;
- have made numerous or unclear reports of damage/loss. We will first determine the cause of the problem and see whether it can be prevented in the future. In our opinion, are we unable to prevent the problem from recurring? Or are you unwilling to cooperate? In that case, we will terminate your policy with two months' notice. You will be sent a letter informing you of this;
- have committed fraud or attempted to swindle or deceive us. You will be sent a letter to that effect. Your coverage will end on the date specified in that letter.

7 What should you do if you have a complaint?

You can be sure that all matters concerning your supplementary insurance will be taken good care of. Nevertheless, it is possible that not everything will be as you would wish. We will be glad to hear your complaints and suggestions. You can send your complaints to: Klachtenmanagement, Postbus 2705, 6401 DE Heerlen, the Netherlands. You can also send an e-mail to klachtenmanagement@aevitae.com. The Complaint Management department deals with complaints on behalf of the management.
You will receive a reaction to your complaint within 30 days. If you are not satisfied with the decision or if you do not receive a reaction within 30 days, you can place your complaint or dispute before the Stichting Klachten en Geschillen Zorgverzekeringen (SKGZ), Postbus 291, 3700 AG Zeist, the Netherlands, www.skgz.nl. You can also place your dispute before the authorized judge.

8 Privacy and personal information

We comply with the guidelines of the Dutch Data Protection Authority, the Dutch Financial Services Complaints Institute (Kifid) and the Dutch Financial Supervision Act when collecting, obtaining and using personal data.
- You submit personal data to us when you apply for an insurance policy and in the course of managing your coverage. The data will be used to approve and manage your policy, to handle damage/loss claims and for client relationship and marketing purposes.
- We will also use your data for statistical analyses, to help prevent and combat fraud and to comply with certain statutory requirements.
- We exchange information with the Central Information System Foundation (CIS) in Zeist. Doing so enables us to arrange new policies and handle damage/loss claims responsibly.

B Explanation of coverage

1 Who is covered by the policy?

The people covered by the policy, the insured persons, are listed on the policy schedule. The coverage remains in effect if these insured persons are on holiday separately.

2 When will the insurance go into effect?

- The start date of the insurance policy is listed on the policy schedule.
- The coverage itself goes into effect when an insured person and/or his/her luggage leaves the home address to go on a trip. It ends upon return to the home address.

3 Where is the insurance valid?

- The insurance is valid worldwide.
- In the Netherlands, the insurance is valid:
  - on a trip spanning multiple days that involves lodging in a hotel, at a port, or at a campsite or holiday village. The coverage does not apply to stays at a fixed location;
  - or if you are travelling in the Netherlands as part of an international trip.

4 What is the maximum duration of a trip under coverage?

The policy covers trips of up to sixty consecutive days.

5 What do we expect from you?

As with any insurance policy, certain rules apply. It is important that you follow these rules. We expect that you will:

- when damage/loss occurs, report the damage/loss to us within 28 days of your initial return to the Netherlands. Assuming you have a valid reason for failing to do so, a maximum term of 180 days from date of return to the Netherlands will apply.
- respond to our proposed solutions. The maximum response time for this is 180 days;
- provide us with the correct, necessary information and take steps to ensure that you are aware of any relevant important information;
- comply with all laws;
- take good care of your belongings;
- take all possible action to minimise the damage/prevent loss;
- send us whatever we ask for, in the way of documentation and evidence.

Please note:
If you fail to abide by the rules, you may not be insured. Other possible consequences are that we will deny your claim for compensation of damage/loss and cancel your policy.

6 Are there things that are never covered?

Here you will find things that are never covered by your insurance. In the content of coverage, additional circumstances that are excluded from that specific policy will be listed.

a We are unable to assist and won't grant compensation for damage/loss:
- if you have failed to exercise proper caution. You must have taken reasonable measures to prevent the damage/loss in question. For a more detailed overview, see the section on 'Treating your belongings with the proper care';
- if you fly with non-approved airlines;
- if you participate in air traffic as a member of an aircraft crew;
- if you take part in competitions or preparations in connection with them;
- if you participate in hot air balloon rides or underwater trips in a submersible craft;
- when engaging in the following sports: boxing, wrestling, karate and other martial arts, jujitsu and rugby.

b We will also offer no assistance and won't grant compensation for damage/loss if you:
- have possessions that are confiscated or declared forfeit;
- could reasonably have expected the costs to occur. For example, in the case of pre-existing illness or infirmity;
- participate in hostage-taking, hijacking, strike action or terrorism, or are a willing presence at the time;
- remain on a ship in international waters in a capacity other than as a assenger.

c We will offer no assistance and won't grant compensation for damage/loss, in the event these are the result of:
- taking part in any criminal act. Or damage/loss resulting from your failure to heed safety rules;
- intent, gross fault or negligence. This includes suicide and attempted suicide;
- participation in crimes, altercations and brawls;
- excessive use of alcohol or narcotics;
- dangerous actions (reckless conduct) and taking part in expeditions;
- acts of war (unless you can prove that the damage/loss you suffered was completely unrelated);
- nuclear reactions

d We will additionally offer no assistance or compensation:
- if you have failed to exercise proper caution. You must have taken reasonable measures to prevent the damage/loss in question;
- if you have intentionally provided us with inaccurate information at the time of taking out the policy or at the time of damage/loss. This will include your failure to cooperate with processing the damage/loss claim;
- if you have neglected to share important information or changes;
- if you will already be compensated for the damage/loss through a regulation, law or other insurance policy. Or if you would have been compensated, in the event you were not insured with us;
- to persons, enterprises, governments and other parties to whom this is prohibited as a result of national or international agreements (sanction lists).

7 Treating your belongings with the proper care

- The insurance policy is only valid if you have demonstrated sufficient caution. You must have done your best to prevent your belongings from being stolen or lost, going missing or sustaining damage. This is a difficult subject, because many times what 'sufficient care' is depends on the particulars of the situation. Our guiding principle is this: could you have been reasonably expected to take more effective measures to prevent damage/loss? If the answer is yes, we will not pay for the damage/loss. Below you will find a number of examples of situations in which we will not compensate you for damage/loss.
  We will not compensate you for damage/loss if:
  - you leave your belongings unattended;
  - you leave your belongings behind in a car or other motor vehicle. You will, however, be insured if the car was properly secured (locked) and the items were not visible from outside the vehicle. In addition, the damage/loss must have occurred between 7:00 and 22:00 and there must be signs of forced entry;

  In addition, we will not compensate for damage/loss:
  - if you leave your digital/electronic equipment, travel documents, valuables or currency unattended and out of arm's reach. Please note that we will not compensate you for these items, even if you leave them in a well-secured vehicle and even if theft occurs between 7:00 and 22:00. Or if you have left them unattended in an improperly secured area;
  - if digital/electronic equipment is stolen from the camper, caravan or pleasure craft. Unless these belongings were stored in a well-secured storage compartment and there are signs of forced access;
  - if digital/electronic equipment is stolen from the tent;
  - if valuables are stolen from the tent, caravan, pleasure craft, car or other means of transportation;
  - if valuables are stolen from the caravan, camper or pleasure craft. Unless these were locked in a safe and there are signs of forced access;
  - when theft involves baggage being stolen from a car and/or caravan/camper that was already packed and ready for departure to the holiday destination. That also applies if the entire vehicle is stolen.

8 Definitions

Here you will find definitions for some of the terms that have been used. Definitions for a few additional terms can be found in the content of coverage section.
Nuclear reactions: Any nuclear reaction that results in the release of energy, such as nuclear fusion, atomic fission or artificial and natural radioactivity.
Extreme sports: Sports that carry a higher than normal level of risk, including hunting, mountain climbing and mountaineering, zip lining, potholing, bungee jumping, parachuting, paragliding, hang-gliding, ultralight flying and gliding.
Extreme winter sports: Winter sports that carry a higher than normal level of risk, including ice climbing, skeleton, bobsleighing, ice hockey, speed-skiing, racing, skijoring, ski jumping, ski flying, freestyle skiing involving aerial stunts, ski-mountaineering, para-skiing and heli-skiing.
Family members: Partner who shares a home with the policyholder and/or any children of the policyholder to the age of 27, still residing in the home.
You: The insured person(s).
You/Policyholder: The person who has taken out the insurance contract.
Act of war: We take this to mean an armed conflict, civil war, uprising, civil commotion, riot and mutiny. These six acts of war and their definitions have been included in the text on file with the Dutch Association of Insurers.
Necessary costs: Costs in the form of expenditures that cannot be postponed until the return to the Netherlands.
Insured person(s): You/policyholder and any family members named on the policy. All insured persons must be registered with a municipal authority in the Netherlands. They must reside in the Netherlands as well.
We/Us/Insurer: Aevitae B.V., authorised representative of AWP P&C SA (with its registered seat in Paris, France), also known as Allianz Global Assistance. Address: Poeldijkstraat 4, 1059 VM Amsterdam.
Winter sports: Any sport involving snow and/or ice that carries a normal level of risk.

C Contents of coverage

1 Baggage

What do the following terms mean in the context of this coverage?

- **Baggage:** These are the belongings you (the insured person) take along with you when travelling, for your personal use.
- **Travel documents:** These include driver's license and vehicle registration, license plates, any transport documents purchased especially for the purposes of the trip, proofs of identity, tourist cards, passports, laissez-passers, ski passes and visas. The costs of replacing these documents will be reimbursed, with the exception of costs relating to travel, accommodation and telecommunication.

- **Digital/electronic equipment:**
  a Photographic, film or video/DVD recording devices. This includes any accompanying media, whether visual, audio or data in nature;
  b Audiovisual equipment. This includes music media such as iPods, MP3 players and any navigation equipment that is not built into the vehicle;
  c Computers. Also includes: organisers and related devices, software and any accompanying media, whether visual, audio or data in nature;
  d Telecommunications devices. For example: mobile telephones, smartphones, iPhones (including accessories). This also applies if the devices in question are equipped with a photo or video camera;
  e Radios and televisions.
- **Valuables:** These are objects of monetary value. Examples are jewellery, watches, furs, precious gems, pearls, any kind of valuable field-glass and items made of gold, silver or platinum.
- **Replacement value:** The amount you would need to purchase a new item as replacement. This refers to an item of the same type and quality.

Please note: In addition to those things never covered, this policy does not insure:

- The theft, loss or damage of currency.
- Photographs, documents and securities. This includes objects of artistic value or collector's items.
- Commercial goods. In other words, items used for your job or your business.
- Goods that have been borrowed, lent, rented or placed in the custody of parties other than yourself or a co-insured person.
- Damage caused by slow-acting influences, such as gradual wear or insects.
- Damage resulting from a flaw in, or of, the belongings themselves.
- Cosmetic defects such as scratches, dents and stains.
- Means of transportation and any parts of these, such as motor vehicles, trailers, caravans including awnings, aircraft and boats. The policy does extend to bicycles; we consider them miscellaneous baggage.
- Breakage of fragile objects. This is covered by the policy, if the breakage results from a vehicular accident during transport or from a burglary, theft, robbery or fire.

Insured	Theft, loss or damage of • Digital/electrical devices, including accessories - Telecommunications devices - Valuables - Prosthetics, dental and otherwise, and hearing aids - Contact lenses and spectacles • Miscellaneous baggage, maximum amount per item • Items purchased during the trip • Gifts for other people • Replacement clothing and toiletries in the event baggage is lost or its arrival is delayed	Up to €3,500 • €1,000 - €100 - €250 - €250 - €250 • €500 • €350 • €250 • €250

Policy excess	• Per event • For replacement clothing/toiletries	€75 None

Special instructions	• Digital devices, valuables and travel documents must be carried with you in your hand baggage during transport. • Objects that combine to form a piece of equipment are considered a single item. For example, a camera includes lenses, filters, tripods and carrying cases.

In case of damage/loss	• Have items been lost, stolen or gone missing? If so, you should immediately file a police report in the city where it happened. If you are staying in a hotel, report the matter to the hotel management as well. If damage or theft has occurred during transport, you must report this to the carrier. • We will reimburse the cost of repairs. However, we also have the right to issue reimbursement • for damage/loss (wholly or in part) in the form of replacement goods. • You will receive compensation in the event the damage cannot be repaired, or in the event of a lost, stolen or missing item. We will base this compensation on the replacement value. For items older than one year, an amount will be deducted from the replacement value (the cost of a new item). This represents the decrease in the value of an item as it ages. If the cost of repairs is higher than this amount, we will reimburse the current value of the item. • We never reimburse more than the original purchase price of the insured item.

2 Damage to holiday accommodations

What does the term 'holiday accommodations' mean in the context of this coverage?
By holiday accommodations, we mean the space you have rented as your lodgings while on holiday: a vacation home, hotel room, caravan or tent.

Insured	• In addition to the 'Baggage' coverage, damage to holiday accommodations is also insured.	€250
Policy excess		€75

3 Extra coverage for winter sports

Insured	• Your baggage is also insured when you go on a winter sport trip. • Things you have paid for in advance but are unable to use because of an accident or hospitalisation. Or if you must return to the Netherlands earlier than planned, as a result of an event covered under your insurance. This will include: - access to sport areas; - rented sports equipment; - Has your own sports equipment been stolen or irrevocably damaged? We will compensate you for the cost of renting replacement equipment.	• Up to the maximum amount listed under Baggage. - Necessary costs - Necessary costs - Necessary costs
Policy excess		The personal policy excess as listed under Baggage.

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Need more info?
Our experienced customer service employees are happy to help! You can reach our customer service on working days from 08.30 until 17.30 on telephone number 088-35 35 763.

You will find useful information and the answers to frequently asked questions on our website www.aevitae.com.

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