



CONTRACT IMPACT MULTISPORTS FOR EUROPEAN RESIDENTS N°5923

NOTICE OF INFORMATION FOR THE CONTRACT MULTIRISQUE N°5923

TABLE OF GUARANTEES

ASSISTANCE GUARANTEES		CEILING
1 / REPATRIATION ASSISTANCE		
✓ Repatriation or medical transport (A)	(A)	Actual expenses
✓ Repatriation of accompanying persons (B)	(B)	Return ticket *
✓ Repatriation of children under 18 years of age (C)	(C)	Round-trip ticket or hostess*
✓ Visit from a relative (D)	(D)	Round-trip ticket* 150 € per night (Max 10 nights)
✓ Medical expenses outside the country of residence (E)	(E)	20 000€
- Deductible (E1)	(E1)	50 €
- Dental care (E2)	(E2)	300 €
- Advance on hospitalization costs (E3)	(E3)	20 000 €
✓ Medical expenses in case of accident (F)		
- Following the practice of a covered sporting activity (F1)	(F1)	3 500 €
- Rehabilitation equipment (F2)	(F2)	150 €
✓ Sending medications abroad (G)	(G)	Shipping costs
✓ Repatriation of remains		
- Repatriation of remains (H1)	(H1)	Actual expenses
- Funeral expenses necessary for transport (H2)	(H2)	800 €
✓ Early return (I)	(I)	Return ticket *
✓ Replacement driver (J)	(J)	Transport ticket * or Driver
✓ Legal assistance abroad (K)		
- Advance of bail (K1)	(K1)	15 000 €
- Payment of legal fees (K2)	(K2)	3 500 €
✓ Search and rescue costs (L)	(L)	30 000 €
✓ Transmission of urgent messages (M)	(M)	Actual expenses
INSURANCE GUARANTEES		CEILING
1/ IN CASE OF ACCIDENTAL DAMAGE to your personal sports equipment		
✓ Rental fees (A1)	(A1)	300 € per year (max 2 claims per year)
2/ COSTS OF INTERRUPTION OF SPORTS AND / OR LEISURE ACTIVITIES (B)		
	(B)	Pro rata temporis, Max 500 € per year, deductible of 50 € per claim
3 / INDIVIDUEL ACCIDENT		
✓ Accidental death (C1)	(C1)	5 000 €
✓ Total permanent disability following an accident (C2)	(C2)	5 000 €
		Reducible in the event of partial permanent disability according to the scale for Work-related Accidents of the Social Security. Relative deductible: Any accident covered under this contract resulting in partial Permanent Disability of less than or equal to 10% will not give rise to the payment of any compensation. However, for any disability greater than 10%, no deductible will be applied.
✓ Maximum per event (C3)	(C3)	50 000 €

* by train 1st class or airliner economy class

ARTICLE 1 – DEFINITIONS AND SCOPE

We, the Insurer

MUTUAIDE ASSISTANCE - 126 rue de la piazza – 93196 Noisy-le-Grand Cedex - S.A. with capital of 12,558,240 € fully paid in-Company governed by the Insurance Code, RCS 383 974 086 Bobigny - VAT FR 31 3 974 086 000 19.

Serious personal injury

Abrupt deterioration of health resulting from the sudden action of an external cause, unintentional on the part of the victim, established by a competent medical authority, leading to issuance of a prescription to the patient to take medication and involving the cessation of all professional or other activities.

Attack

Any act of violence, constituting a criminal or illegal attack against persons and/or property in the country in which you are staying, with the aim of seriously disturbing public order through intimidation and terror and which is the subject of media coverage.

This "attack" will have to be recognized by the French Ministry of Foreign Affairs or the Ministry of the Interior.

If several attacks take place on the same day, in the same country, and if the authorities consider it to be a single coordinated action, this event will be considered to be a single event.

Beneficiary

Any person residing in mainland France, in the DOM-ROM COM and sui generis communities or in Europe, practising a sporting activity and requesting the benefit of these guarantees.

Injury

Abrupt impairment of health resulting from the sudden action of an external cause, unintentional on the part of the victim, as determined by a competent medical authority.

Natural disaster

Abnormal intensity of a natural agent not resulting from human intervention. A phenomenon, such as an earthquake, a volcanic eruption, tidal wave, flood or natural cataclysm, caused by the abnormal intensity of a natural agent and recognized as such by the public authorities.

COM

COM refers to the Overseas Collectivities, i.e. French Polynesia, Saint-Pierre-et-Miquelon, Wallis and Futuna, Saint Martin and Saint-Barthélemy.

Definition of assistance to persons

Assistance to persons includes all the benefits provided in the event of illness, injury or death of the covered persons during a covered trip.

Covered travel or guaranteed sports activity

Stay for which you are insured and have paid the corresponding premium, with a maximum duration of 90 consecutive days outside your tax domicile country.

Domicile

The domicile is considered to be the main and usual place of residence in mainland France, in the DOM-ROM COM and sui generis communities or in Europe. In the event of a dispute, the tax domicile constitutes the residence.

DOM-ROM, COM and sui generis collectivities

Guadeloupe, Martinique, French Guiana, Reunion, French Polynesia, Saint Pierre and Miquelon, Wallis and Futuna, Mayotte, Saint Martin, Saint Barthelemy, New Caledonia.

DROM

Overseas Departments and Regions, i.e. Guadeloupe, Martinique, French Guiana, Reunion and Mayotte.

Duration of guarantees

The period of validity of the guarantees corresponds to the dates indicated at the time of your subscription, with a maximum duration of 90 consecutive days outside the country of principal residence.

European Economic Area (EEA)

Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece; Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom

Abroad

Any country outside your country of residence.

Europe

Europe refers to the following countries: Andorra, Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Hungary, Greece, Ireland, Italy, Liechtenstein, Latvia, Lithuania, Luxembourg, Malta, Principality of Monaco, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, San Marino, Spain, Sweden, Switzerland, United Kingdom.

Guaranteed events for assistance

Illness, injury or death during a guaranteed sports activity.

Guaranteed events for insurance

Depending on the products selected:

- ✓ Property damage (Rental costs)
- ✓ Interruption of sports and/or leisure activities
- ✓ Individual Accident

Performance of services

The services guaranteed by this agreement can only be triggered with the prior agreement of MUTUAIDE ASSISTANCE. Consequently, no expenditure authorized solely by the Beneficiaries can be reimbursed by MUTUAIDE ASSISTANCE.

Deductible

Share of the loss left as the responsibility of the Beneficiary, as specified in the contract in the event of compensation following a loss. The deductible may be expressed as an amount, a percentage, in days, hours or kilometres.

Illness

Sudden and unforeseeable deterioration of health established by a competent medical authority.

Serious illness

Sudden and unforeseeable deterioration in health observed by a competent medical authority leading to issuance of a prescription for the patient to take medicine and involving the cessation of all professional or other activities.

Family members

Your spouse or common-law spouse or any person related to you by a PACS (civil solidarity pact), your ascendants or descendants or those of your spouse, fathers-in-law, mothers-in-law,



brothers, sisters, including the children of the spouse or common-law spouse of one of your direct ascendants, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, or those of your spouse. They must reside in the same country as you, unless otherwise stipulated by contract.

We organize

We take the necessary steps to give you access to the service.

We cover

We finance the service.

Nullity

Any fraud, falsification or false declarations and false testimony likely to trigger the guarantees provided for in the agreement

shall result in the nullity of our commitments and the forfeiture of the rights provided for in said agreement.

Claim

Random event of a nature to trigger the guarantee of this contract.

Guaranteed sports

Without any altitude limits, all sports except those listed in the article "General exclusions".

Territoriality

France, Switzerland, Italy and Spain, or Europe, or Worldwide, depending on the option chosen.

ARTICLE 2 – DESCRIPTION OF INSURANCE COVER

✓ IN CASE OF ACCIDENTAL DAMAGE (A1)

In the event of accidental damage (fire, explosion, implosion, lightning, breakage, climatic event, immersion) to personal sports equipment, we will reimburse you for the cost of renting replacement equipment up to the amount indicated in the table of benefit amounts.

This reimbursement will be made upon presentation of:

- The original purchase invoice for your personal equipment
- The rental invoice for the replacement equipment
- A statement of the damage suffered by a competent authority or, failing that, by a witness

✓ COSTS OF INTERRUPTION OF SPORTS AND / OR LEISURE ACTIVITIES (B)

Mutuaide will reimburse on a prorated basis the costs of sports or leisure activities packages already paid and not used (transport not included), if you have to stop the practice of these activities for one the following reasons:

- Medical repatriation, organised by Mutuaide or by any other assistance company. You must contact the Medical Assistance Service to obtain its agreement to benefit from this guarantee, even if you decide to get home by your own means.
- Sports accident prohibiting, according to the medical doctor, the practice of the activity, on presentation of a detailed medical certificate;
- Lack or excess of snow cover when it occurs in a ski area situated at an altitude of more than 1200m, for any departure between the 3rd Saturday of December and the 2nd Saturday of April, resulting in the closure of more than 2/3 of the ski lifts normally in service at the site of your stay for at least 2 consecutive days during your stay;
- Exceptional major climatic event: storm, hurricane, cyclone preventing you from practicing the activity planned during your stay provided that the interruption of the activity exceeds 3 consecutive days.

WARNING: Special case of skiing in the mountains: ski lift passes, ski lessons and equipment rental paid for by you during your stay are considered as part of the same activity package.

WHAT WE EXCLUDE

In addition to the exclusions common to all guarantees, the following are also excluded:

- ◆ ***All events that are known before the purchase of sports or leisure activities.***
- ◆ ***All medical events which are not officially certified by a doctor when the events occurs.***

HOW MUCH WILL WE COVER?

The indemnity is:

- Proportional to the number of days of unused sports or leisure activity packages,
- Due from the day following the total cessation of covered activities,
- Calculated on the basis of the total price per person of the activity package, supported by original invoices, up to the maximum limit shown in the table of guarantee amounts.

Handling fees, costs for visa, insurance, tips, as well as reimbursement or compensations granted by the agency where you have bought your activity package will be deducted from the indemnity.

You should have your Multisports Impact Card when practicing your sports or leisure activity to be able to claim for this guarantee.

WHAT ARE YOUR OBLIGATIONS IN THE EVENT OF A CLAIM?

You must declare your claim to MUTUAIDE - Service Assurance within five working days of becoming aware of it, except in case of fortuitous event or force majeure. After this deadline, if we incur a loss because of the late declaration, you forfeit any right to compensation.

You will have to send us all the documents necessary to complete the file and, thus, prove the validity and the amount of the claim.



In any case, you will need to provide us with:

- The certificate or proof from the Assistance provider confirming the date of repatriation or early return and the reason for it,

✓ **INDIVIDUAL ACCIDENT (C1 & C2)**

1. SPECIFIC DEFINITIONS

Subscriber

The person designated in this capacity in the Special Conditions who signs the contract and agrees to pay the contributions.

Insured

The person designated in this capacity in the Declarations whose physical injury resulting from an accident gives rise to the payment of the guaranteed benefits.

You

The Subscriber.

Beneficiary(ies)

The person or persons who receive the sums due for a claim from the Insurer.

In the event of the death of the Insured, unless another person has been designated by the Insured, the amount indicated shall be paid:

- if the INSURED is married: to the spouse from whom he/she is not legally separated or divorced, or else to his/her children, born or unborn, living or represented, or else to his/her heirs,
- if the INSURED is a signatory of a PACS, to his/her partner, or else to his/her heirs,
- if the INSURED is widowed or divorced: to his/her children, or else to his/her heirs,
- if the INSURED is unmarried: to his/her heirs.

In all other cases, the other sums are paid to the Insured who is the victim of the accident.

Any person who intentionally caused or provoked a loss is excluded from the Cover.

Accident

Any unintentional bodily harm on the part of the victim resulting from the sudden action of an external cause.

By extension to this definition, pathological manifestations which are the direct consequence of this bodily harm are guaranteed.

The following are considered to be accidents:

- injuries caused by fire, steam jets, acids and corrosives, lightning and electrical current;
- asphyxiation by immersion and asphyxiation by unexpected absorption of gases or vapours;
- the consequences of poisoning and bodily harm due to the unintentional absorption of toxic or corrosive substances;
- cases of insolation, congestion and freezing due to shipwrecks, forced landings, collapses, avalanches, floods or any other accidental events;
- the direct consequences of animal bites or insect stings, excluding diseases (such as malaria and sleeping sickness), the primary origin of which may be related to such bites or stings;
- injuries that may occur during the practice of scuba diving, including those due to hydrocution or decompression;

- Any other document we deem necessary for the investigation of the case.

For medical reasons: If our medical advisor does not receive the medical information necessary for investigation of the claim, the case cannot be processed.

- bodily injury resulting from assaults or attacks of which the Insured is a victim, unless it is proved that he took an active part as a perpetrator or instigator of these events;
- the physiological consequences of surgical operations, provided they were necessitated by an accident included in the cover.

The following are not considered accidents:

- **aneurysm ruptures, myocardial infarction, cerebral embolism, epileptic seizures, meningeal haemorrhage.**

Illness

Any deterioration in health noted by a competent medical authority.

Permanent Disability

Presumed permanent impairment of the Insured's physical capacities.

The significance is quantified by a rate determined by reference to the Social Security Disability scale.

2. OBJECT OF INSURANCE

The purpose of the contract is to guarantee the payment of the indemnities defined hereafter, which are provided for and the amount of which is set in the Table of Benefits, in the event of an accident causing bodily injury to the Insured.

Only Insureds under the age of 70 can benefit from the "Individual Accident" cover.

3. EXCLUSIONS

- **Accidents caused or provoked intentionally by the Insured, the consequences of his/her suicide, completed or attempted, as well as accidents caused by the use of drugs or narcotics not medically prescribed.**
- **Accidents occurring when the Insured is the driver of a vehicle and his or her blood alcohol level is higher than that legally permitted in the country where the accident takes place.**
- **Accidents resulting from the Insured's participation in a brawl (except in cases of self-defence or assistance to a person in danger), a duel, a misdemeanour or a criminal act.**
- **Accidents occurring while operating as a pilot or crew member of an aircraft that allows movement in the air or while practicing sports with or from such aircraft.**
- **Accidents caused by the practice of a sport in a professional capacity and the practice, even as an amateur, of all sports requiring the use of motorised mechanical equipment, whether as a driver or a passenger. The practice of a sport shall be understood to mean training, trials and participation in sporting events or competitions.**
- **Les accidents provoqués par la guerre, civile ou étrangère, déclarée ou non.**
- **Accidents due to ionising radiation emitted by nuclear fuels or radioactive products or waste, or caused by**



weapons or devices designed to explode by altering the structure of the nucleus of an atom.

4. NATURE OF COMPENSATION

DEATH

If, within a maximum of 24 months from the date of the accident involving the Insured, the accident results in his death, we guarantee the payment of the capital, the amount of which is indicated in the Table of Benefits, to the person(s) designated in the Declarations as beneficiaries.

When, prior to death, the same accident has given rise to the payment of compensation for permanent disability in accordance with the following conditions, the capital will be reduced by the amount of this compensation.

The officially recognised disappearance of the Insured's body at the time of the sinking, disappearance or destruction of the means of transport in which he was travelling will create a presumption of death at the end of the period of one year from the day of the accident.

However, if at any time after the payment of compensation for the disappearance of the Insured, it is established that the Insured is still alive, the sums unduly paid in this respect will have to be reimbursed to us in full.

PERMANENT DISABILITY

When the accident results in permanent disability, we pay the Insured a benefit up to a maximum of 100% of the Social Security Disability scale.

If the disability is only partial, the Insured is only entitled to a fraction of the indemnity proportional to the degree of disability. Non-listed disabilities are compensated according to their severity compared to the listed cases.

The indemnity is a lump sum and contractual: it is determined according to the rules stated above, without taking into account the age or profession of the Insured.

The degree of infirmity will be established when the definitive consequences of the accident can be determined with certainty and, at the latest, unless otherwise agreed between the Insured and us, at the end of the period of one year from the day of the accident.

There is no accumulation of death and disability benefits when they result from the same accident.

MULTIPLE DISABILITIES

Where the same accident involves several distinct disabilities, the principal disability shall first be assessed under the conditions provided for above and the other disabilities will then be estimated successively, in proportion to the capacity remaining after the addition of the preceding ones, without the overall rate exceeding 100%.

Absolute functional incapacity of a limb or organ is assimilated to the loss of that limb or organ.

The loss of limbs or organs that were not used before the accident shall not give rise to any compensation. If the accident affects a limb or organ which is already disabled, the compensation will be determined by the difference between the condition before and after the accident. In no case may the assessment of injuries resulting from the accident be increased by the infirmity of limbs or organs not affected by the accident. Nervous disorders and nerve damage, in so far as they are the consequence of a covered accident, may be taken into

consideration only if they are clearly characterised on examination by clinical signs.

5. DECLARATION IN THE EVENT OF A CLAIM

In the event of a claim, it is important that we are quickly and fully informed of the circumstances in which it occurred and its possible consequences.

FORM AND NECESSARY INFORMATION

The Insured or his/her beneficiaries, yourself, if applicable, or any agent acting on their behalf, must report any loss or damage in writing or verbally against a receipt to our Head Office or to our representative named in the contract within fifteen days, at the latest, following the date on which they became aware of the loss or damage.

If the claim is not reported within the period specified above, except in cases of force majeure or unforeseen circumstances, we may enforce the forfeiture of cover when we can establish that the delay in reporting has caused us prejudice (Article L.113-2 of the Insurance Code).

In addition, they must provide us with this declaration, all information on the seriousness, causes and circumstances of the loss and give us, if possible, the names and addresses of the witnesses and responsible parties.

In particular, the declaration of the claim must include:

- the date, circumstances and place of the accident;
- the surname, first name, date of birth, address and occupation of the victim(s);
- the initial medical certificate describing the nature of the injuries or lesions and their probable consequences;
- if applicable, the report from the police or gendarmerie, the names and addresses of the party responsible for the accident and any witnesses.

The victim or his or her dependants must make every effort to limit the consequences of the accident and, in particular, to seek the medical care required by the victim's condition.

Representatives and doctors, designated by us, will have, unless there is justified opposition, free access to the victim and the doctors providing his care to ascertain his condition. Any intentional false statement about the date or circumstances of an accident, duly established and of such a nature as to cause us harm, shall result in forfeiture of rights to compensation which, if already paid, shall be reimbursed to us.

EXAMINATION

The Insured is obliged to submit to the examination of the doctors delegated by us. Our representatives will have free access to him/her whenever we deem it useful, **or else the Insured or any beneficiary will forfeit their rights in the event that, without valid reason, they refuse to allow the examination by our delegates or hinder the exercise of this verification if, after giving forty-eight hours' notice by registered letter, we encounter persistent refusal or remain prevented from performing our examination.**

Any fraud, concealment or misrepresentation by You or the beneficiary of the indemnity, intended to mislead us regarding the circumstances or consequences of a claim, will result in the loss of any right to indemnity for that claim.

6. SETTLEMENT OF COMPENSATION



DETERMINATION OF THE CAUSES AND CONSEQUENCES OF THE ACCIDENT

The causes of the accident and its consequences, and the rate of disability shall be established by agreement between the parties or, failing agreement, by two doctors, one of whom has been designated by each of the parties. If they do not agree, they will be assisted by a third doctor to settle the disagreement; if they do not agree on the choice of the 3rd doctor, or if one of the parties fails to appoint an expert, the appointment will be made at the request of one of them by the Presiding Judge at the Tribunal de Grande Instance of the Insured's domicile, with dispensation from oath and all other formalities.

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Each party shall be responsible for the fees and expenses to the intervention of the doctor designated by it, those required by the possible intervention of a third doctor being shared equally between them.

AGGRAVATION INDEPENDENT OF THE ACCIDENTAL EVENT

Whenever the consequences of an accident are aggravated by the victim's general state of health, by a lack of care due to negligence or by empirical treatment, by a pre-existing illness or

infirmity and, in particular, by a diabetic or hematic condition, the compensation due will be determined according to the consequences that the accident would have had on a healthy and valid subject undergoing rational treatment.

PAYMENT

Guaranteed indemnities are payable:

- In the event of death and permanent disability, within one month of the delivery of the documents proving the accidental death of the Insured and the status of the beneficiary, or the agreement of the parties on the degree of disability.
- If the parties do not agree, the compensation shall be paid within a period of fifteen days from the date of the court decision that has become enforceable.

WHAT ARE YOUR OBLIGATIONS IN THE EVENT OF A CLAIM?

You should contact:

**MUTUAIDE - SERVICE ASSURANCE
TSA 20296 - 94368 BRY SUR MARNE CEDEX
FRANCE**

ARTICLE 3 – DESCRIPTION OF GUARANTEES OF ASSISTANCE TO PERSONS

You are ill, injured, or you die during the practice of a guaranteed sports activity. We intervene under the following conditions:

✓ **REPATRIATION OR MEDICAL TRANSPORT (A)**

You are ill or injured during the practice of a guaranteed sports activity. We organise and pay for your repatriation to your home or to a hospital near you.

Only medical requirements are taken into consideration when deciding on the date of repatriation, the choice of means of transport or the place of hospitalisation.

The decision to repatriate is taken by our medical advisor, after consulting the attending physician and, perhaps, the family doctor.

During your repatriation and upon recommendation from our medical advisor, we organise and pay for the transport of an accompanying person to be at your side.

Any refusal of the solution proposed by our medical team will result in cancellation of the assistance to persons guarantee.

✓ **REPATRIATION OF ACCOMPANYING PERSONS (B)**

You are repatriated medically, or you die during the practice of a guaranteed sports activity.

If they cannot return home by the means initially planned, we organise and pay for the return trip home of the beneficiary

members of your family or of an insured person accompanying you when the event occurs, by train in 1st class or by airplane in economy class.

✓ **REPATRIATION OF CHILDREN UNDER 18 YEARS OF AGE (C)**

If you are ill or injured and no one is able to look after your children under the age of 18, we will organise and pay for the return trip by train in 1st class or by airplane in economy class for

a person of your choice or one of our hostesses to take them back to your home or that of a member of your family.

✓ **FAMILY VISIT (D)**

You are hospitalised on site by decision of our medical team, before your medical repatriation, for a period of more than 5 days. We organise and pay for the round-trip transport, by train in 1st class or by airplane in economy class, of a member of your family living in the same country as you, as well as their accommodation costs (room, breakfast) to come to your bedside.

Our coverage for his accommodation is up to the amount indicated in the Table of Guarantees.

**In any case, expenses for dining or other expenses remain the responsibility of this person.
This guarantee cannot be combined with the "Repatriation of Accompanying Persons" guarantee.**

✓ **MEDICAL EXPENSES (OUTSIDE THE COUNTRY OF RESIDENCE) (E)**

Where medical expenses have been incurred with our prior agreement, we will reimburse you for the part of these expenses

that has not been covered by any insurance plan in which you are enrolled.



We will only make payments once the above-mentioned insurance bodies have reimbursed you, less a deductible, the amount of which is indicated in the Table of Benefits, and subject to the submission of original proof of reimbursement from your insurance provider.

This reimbursement covers the costs defined below, provided that they relate to treatment received by you outside your country of residence following an illness or accident that occurred outside your country of residence.

In this case, we will reimburse the amount of expenses incurred up to the maximum amount shown in the Table of Benefits.

In the event that the insurance company to which you pay your premium does not cover the medical expenses incurred, we will reimburse the costs incurred up to the amount shown in the Table of Benefits, subject to you providing original medical bills and proof of non-reimbursement from the insuran

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This service ceases from the day we are able to collect your repatriation.

Nature of the expenses granting the right to reimbursement (subject to prior agreement):

- medical fees,
- the cost of medication prescribed by a physician or surgeon,
- ambulance costs prescribed by a doctor for transport to the nearest hospital, and only in the event of refusal of cover by the insurance bodies,
- hospitalisation costs provided that the Assistance doctors have decided that it is unsafe to transport you, after gathering information from the local doctor (hospitalisation costs incurred from the day we are able to repatriate you are not covered),
- emergency dental expenses (limited to the amount shown in the Table of Benefits, no deductible applies).

EXTENSION OF THE SERVICE: ADVANCE PAYMENT OF HOSPITALISATION COSTS (OUTSIDE THE COUNTRY OF RESIDENCE)

We may, within the limit of the amounts covered as provided above, advance the hospitalisation costs that you must incur

✓ MEDICAL EXPENSES IN CASE OF ACCIDENT (F)

a) Following the practice of a covered sporting activity:

Only medical expenses remaining as the responsibility of the Insured, after intervention by the health and welfare organisations of the country of origin, will be reimbursed by us. We pay for medical, surgical, dental, pharmaceutical and hospitalisation expenses incurred during the year following the Accident and which remain as your expense after reimbursement by Social Security, a provident scheme from which you benefit or another policy taken out previously. To this end, you (or your beneficiaries) agree to take all necessary steps to recover these costs from the relevant social security and/or complementary insurance bodies, and to send the following documents to **Mutuaide**:

- original statements from social and/or provident institutions justifying reimbursements obtained,

outside your country of residence, under the following cumulative conditions:

- The doctors of MUTUAIDE ASSISTANCE must judge, after gathering information from the local doctor, that it is impossible to repatriate you immediately to your country of residence.
- The care to which the advance applies must be prescribed in agreement with the doctors of MUTUAIDE ASSISTANCE.
- You or any person authorized by you must formally agree, by signing a specific document provided by MUTUAIDE ASSISTANCE at the time of implementation of these services:
 - to take steps to have the costs covered by the insurance organisations within 15 days from the date of dispatch by MUTUAIDE ASSISTANCE of the elements necessary for these steps,
 - to reimburse to MUTUAIDE ASSISTANCE the sums received for this purpose from the insurance bodies within one week of receipt of these sums.

We will only be responsible for costs not covered by the insurance organisations, up to the amount of the cover provided for the "medical expenses" benefit. You must provide us with the certificate of non-reimbursement from these insurance organisations within one week of receiving it.

In order to protect our future rights, we reserve the right to ask you or your beneficiaries for a letter of commitment to take the necessary steps with the social organisations and to reimburse us the sums collected.

If you have not taken the necessary steps to be covered by the insurance companies within the allotted time frame, or if you do not provide MUTUAIDE ASSISTANCE the certificate of non-reimbursement issued by these insurance companies within the allotted time frame, you will not be able to take advantage of the "medical expenses" service and will have to reimburse all the hospitalization expenses advanced by MUTUAIDE ASSISTANCE, which will initiate, if necessary, any useful recovery procedure, the cost of which will be your responsibility.

- original treatment reports justifying expenses incurred. Otherwise, **Mutuaide** would not be able to proceed with reimbursement.

b) Insured's rehabilitation equipment:

We will reimburse you for the cost of rehabilitation equipment remaining as your responsibility (in addition to the reimbursement from Social Security and any complementary provident or insurance organisation), **up to the amount indicated in the Table of Guarantee Amounts.**

Amount of guarantee:

Reimbursement shall be made **up to the amount indicated in the Table of Guarantee Amounts.**

Limitation of guarantee:

For people residing outside the French territory, this allowance is paid only for the duration of the sports stay in France.



The following are not covered: expenses of a personal and exceptional nature, prosthesis and eyewear expenses, spa treatment expenses, hospital flat rate, private room, additional fees and miscellaneous expenses (telephone, television, etc.).

When do we intervene?

We will reimburse you within 15 days following the date of processing of your case and approval of it or, if applicable, following a court decision.

✓ **SENDING OF MEDICINES ABROAD (G)**

During a covered trip outside your country of residence, you are deprived of medicines that are essential to your health, following loss or theft. We will handle the search and dispatch of these medicines, in the event that these medicines or their equivalents recommended by the doctors of MUTUAIDE ASSISTANCE cannot be found on site (subject to obtaining the contact details of your primary care physician from you).

We send medications by the fastest means, subject to local and French legal constraints.

You are responsible for customs duties and the cost of purchasing medicines.

✓ **REPATRIATION OF REMAINS (H)**

You die on a covered trip. We organise the repatriation of your remains to the place of the funeral in your country of residence. Within this framework, we take care of:

- Costs related to conservation care imposed by applicable legislation,
- The costs directly required for transporting the remains (handling, specific transport arrangements, packaging) up to the amount indicated in the Table of Guarantees.

- The cost of transporting the body,

✓ **FORMALITIES OF DEATH**

If the presence on site of a family member or a close relative of the deceased proves essential to identify the body and for repatriation or cremation formalities, we will organise and pay for a round-trip ticket by train in 1st class or by airplane in

economy class, as well as accommodation expenses (room and breakfast) incurred on behalf of this person up to the amount indicated in the Table of Benefits.

All other costs are to be borne by the family of the deceased.

✓ **EARLY RETURN (I)**

If you have to interrupt your trip prematurely in the cases listed below, we will pay for your additional transportation costs and those of your beneficiary family members or an insured person under this contract accompanying you, if the tickets provided for your return and theirs cannot be used because of this event, based on a train ticket in 1st class or an airplane ticket in economy class.

- Hospitalisation of a member of your family, a person responsible for the care of your minor and/or disabled child who remained at home or your professional replacement.
- Death of a member of your family, of a person responsible for the care of your minor and/or disabled child who remained at home, of your professional replacement,
- Serious incident affecting your principal residence in your country of residence.

We intervene in case of:

✓ **REPLACEMENT DRIVER (J)**

You become ill or injured while travelling on a covered trip in one of the countries listed below and you can no longer drive your vehicle: if none of the passengers is able to replace you, we will provide a driver to return the vehicle to your place of residence by the most direct route.

defined by the French Highway Code, you will have to mention this to us. We then reserve the right not to send a driver.

We take care of the travel expenses and the driver's compensation.

In this case, instead of providing a driver, we provide and pay for a train ticket in 1st class or an economy class air ticket to go collect the vehicle.

The driver is required to comply with labour legislation and, in particular, must - under current French regulations - take a 45-minute break after 4.5 hours of driving, with a total daily driving time not exceeding 9 hours.

This benefit applies only in the following countries:

France (including Monaco, Andorra, except DOM-ROM, COM and sui generis communities), Spain, Portugal, Greece, Italy, Switzerland, Liechtenstein, Austria, Germany, Belgium, Netherlands, Luxembourg, United Kingdom, Ireland, Denmark, Norway, Sweden, Finland, Iceland).

If your vehicle is more than 8 years old and/or 150,000 km or if its condition and/or its load does not comply with the standards

You remain responsible for the costs of fuel, tolls, hotel and dining for any passengers.

✓ **LEGAL ASSISTANCE ABROAD (K)**

During a covered trip outside your country of residence, you risk prosecution or imprisonment for failure to comply with, or inadvertent violation of, local laws and regulations. We will advance the bail bond required by the local authorities to allow your provisional release, up to the amount indicated in the Table of Guarantees. Repayment of this advance must be made within

one month of submission of our request for reimbursement. If the bail bond is refunded to you before this deadline by the Authorities of the country, it must be returned to us immediately.



We may reimburse you, up to the amount indicated in the Table of Guarantees, the fees of the legal representatives upon whom you may call if action is brought against you, provided that the

accusations against you are not subject to criminal sanctions under the laws of the country.

This guarantee does not apply to acts related to your professional activity or the custody of a motorized land vehicle.

✓ **SEARCH OR RESCUE COSTS (L)**

In the event of an accident, illness or a situation endangering the insured and triggered by the professional supervising the sporting activity, we will pay the costs of search and rescue - including helicopter - from the scene of the accident to the nearest treatment centre, including when skiing off-trail, **up to the amount indicated in the Table of Benefits.**

Only fees charged by a duly approved company for these activities can be reimbursed.

Under no circumstances will we be required to organize search and rescue.

✓ **URGENT MESSAGES (M)**

You are unable to contact a person in your country of residence. We will forward the message if you are unable to do so. The messages transmitted may not be of a serious or delicate

nature. Messages remain under the responsibility of their authors, who must be able to be identified, and are binding only on them. We only act as an intermediary for their transmission.

ARTICLE 4 - EXCLUSIONS FROM ASSISTANCE TO PERSONS

The following do not give rise to our intervention:

- Travel taken for the purpose of diagnosis and/or treatment,
- Medical and hospitalisation costs in the country of residence,
- Drunkenness, suicide or attempted suicide and their consequences,
- Any voluntary mutilation of the Beneficiary,
- Minor ailments or injuries that can be treated locally and/or that do not prevent the Beneficiary from continuing his or her trip,
- Condition of pregnancy, unless there is an unforeseeable complication, and in all cases, condition of pregnancy beyond the 36th week, voluntary termination of pregnancy, the consequences of childbirth,
- Convalescences and ailments undergoing treatment, not yet cured and with a risk of abrupt aggravation,
- LPreviously observed illnesses for which hospitalization has

- occurred within 6 months prior to the date of departure on the trip,
- Events related to medical treatment or surgery that are not of an unforeseen, fortuitous or accidental nature,
- Costs for prosthetics: optical, dental, hearing, functional, etc.
- The consequences of infectious risk situations in an epidemic context that are the subject of quarantine or preventive measures or specific monitoring by the international health authorities and/or local health authorities of the country where you are staying and/or national health authorities of your country of origin.
- The costs of spa treatments, beauty treatments, vaccinations and the costs arising therefrom,
- Stays in nursing homes and the resulting costs,
- Rehabilitation, physiotherapy, chiropractic care and the resulting costs,
- Planned hospitalizations.

ARTICLE 5 - GENERAL EXCLUSIONS

The following do not give rise to our intervention:

- Services that have not been requested during the trip or that have not been arranged by us or in agreement with us do not entitle the customer to reimbursement or compensation after the trip,
- Catering and hotel expenses, except those specified in the text of the guarantees,
- Damage caused intentionally by the Beneficiary and that resulting from his participation in a crime, misdemeanour or brawl, except in case of self-defence,
- The amount of for convictions and their consequences,
- The use of narcotics or drugs not medically prescribed,
- The state of alcoholic intoxication,
- Customs fees,
- Participation as a competitor in a competitive sport or a rally for which a national or international classification is awarded and which is organised by a sports federation for which a licence is issued, as well as training for such

competitions, *.

* *The Impact Multisports insurance complements the guarantees of the official license, which is deemed as the deductible.*

- The practice, in a professional capacity, of any sport,
- Participation in competitions, on board any airborne locomotive,
- The consequences of non-compliance with recognized safety rules related to the practice of any leisure sports activity,
- Expenses incurred after returning from the trip or after expiry of the cover,
- Accidents resulting from your participation, even as an amateur, in the following sports: motor sports (regardless of the motor vehicle used, however electrically-assisted bicycles are guaranteed), air sports (however kite surf and speed riding are guaranteed), hunting dangerous animals, skeleton, caving, including international, national or



regional classifications, sailing alone and/or more than 60 miles from the coast.

- Voluntary non-compliance with the regulations of the country visited or the practice of activities not authorized by the local authorities,
- Official prohibitions, seizures or restrictions by law enforcement,
- Use by the Beneficiary of air navigation equipment,
- The use of war devices, explosives and firearms,
- Damage resulting from intentional or fraudulent misconduct on the part of the Beneficiary in accordance with Article L.113-1 of the Insurance Code,
- Suicide and attempted suicide,
- Epidemics, pollution, natural disasters,
- Civil or foreign war, riots, strikes, demonstrations, acts of

terrorism, hostage taking,

- The disintegration of an atomic nucleus or any irradiation from an energy source of a radioactive nature.

The responsibility of MUTUAIDE ASSISTANCE can in no case be engaged for failures or disruption in the execution of its obligations which result from cases of force majeure, or events such as civil or foreign war, riots or demonstrations, lock-outs, strikes, attacks, acts of terrorism, piracy, storms and hurricanes, earthquakes, cyclones, volcanic eruptions or other cataclysms, disintegration of an atomic nucleus, explosion of nuclear devices and radioactive fallout, epidemics, the effects of pollution and natural disasters, the effects of radiation or any other fortuitous event or force majeure, as well as their consequences.

ARTICLE 6 – RULES FOR THE OPERATION OF ASSISTANCE SERVICES

ONLY THE TELEPHONE CALL FROM THE BENEFICIARY AT THE TIME OF THE EVENT TRIGGERS THE ASSISTANCE SERVICES.

Upon receipt of the call, MUTUAIDE ASSISTANCE, after having verified the rights of the requester, organizes and covers the benefits specified in this agreement.

In order to benefit from a service, MUTUAIDE ASSISTANCE can ask the Beneficiary to provide proof of the capacity he invokes and to produce, at his own expense, the documents and papers proving this right.

The Beneficiary must allow our doctors access to any medical information concerning the person for whom we intervene. This information will be treated in accordance with medical confidentiality.

MUTUAIDE ASSISTANCE cannot under any circumstances replace the local emergency relief organisations and intervenes within the limits of the approval given by the local authorities,

nor can it cover the costs thus incurred, with the exception of the costs of transport by ambulance or taxi to the nearest place where appropriate care can be provided, in the case of minor ailments or minor injuries requiring neither repatriation nor medical transport.

The interventions that MUTUAIDE ASSISTANCE is led to carry out are done in full respect of national and international laws and regulations. They are, therefore, linked to obtaining of the necessary authorizations by the competent authorities.

When MUTUAIDE ASSISTANCE has covered the transport of a Beneficiary, the latter must return the original return ticket which was unused.

MUTUAIDE ASSISTANCE decides on the nature of the air ticketing made available to the Beneficiary according to the possibilities offered by the air carriers and the duration of the trip.

ARTICLE 7 – CONDITIONS OF REIMBURSEMENT

Reimbursements to the Beneficiary can only be made by us upon presentation of the original settled invoices corresponding to expenses incurred with our agreement.

Claims for reimbursement should be sent to:

**MUTUAIDE ASSISTANCE
Service Gestion des Sinistres
8-14, Avenue des Frères Lumière
94368 BRY SUR MARNE CEDEX- FRANCE**

ARTICLE 8 – HANDLING OF COMPLAINTS

1- In case of disagreement or dissatisfaction with implementation of your contract, we invite you to let MUTUAIDE know by calling **01.55.98.51.20** or by writing to medical@mutuaide.fr for the Assistance guarantees listed below:

- Repatriation or medical transport
- Repatriation of accompanying persons
- Repatriation of children under 18 years of age
- Visit from a relative
- Repatriation of remains
- Death formalities
- Early return
- Replacement driver
- Legal assistance abroad

- Medical expenses outside the country of residence
- Medical expenses in the event of an accident
- Payment of search or rescue fees
- Transmission of urgent messages

If you are not satisfied with the answer received, you can write to:

**MUTUAIDE
SERVICE QUALITE CLIENTS
8/14 AVENUE DES FRERES LUMIERE
94368 BRY-SUR-MARNE CEDEX- France**

MUTUAIDE agrees to acknowledge receipt of your letter within 10 working days. It will be processed within 2 months at most.

If the disagreement persists, you may refer the matter for Insurance Mediation by mail to:



**La Médiation de l'Assurance
TSA 50110
75441 Paris Cedex 09**

2. In case of disagreement or dissatisfaction with the implementation of your contract, we invite you to contact MUTUAIDE by calling **01.55.98.51.19** or by writing to gestion-assurance@mutuaide.fr for the insurance guarantees listed below:

- Property damage
- Costs of interruption of sports and/or leisure activities
- Individual accident

If you are not satisfied with the answer received, you can write to:

MUTUAIDE

**Service Assurance
TSA 20296
94368 Bry sur Marne Cedex**

MUTUAIDE agrees to acknowledge receipt of your letter within 10 working days. It will be processed within 2 months at most. If the disagreement persists, you may refer the matter for Insurance Mediation by mail to:

**La Médiation de l'Assurance
TSA 50110
75441 Paris Cedex 09**

ARTICLE 9 – DATA COLLECTION

- The Beneficiary acknowledges being informed that the Insurer processes his personal data in accordance with regulations on the protection of personal data in effect and that, in addition:
- the answers to the questions asked are compulsory and that, in the event of false declarations or omissions, the consequences for him/her may be invalidity of enrolment in the contract (Article L 113-8 of the Insurance Code) or reduction of the compensation (Article L 113-9 of the Insurance Code),
- The processing of personal data is necessary for enrolment in the contract and execution of its guarantees, for management of the commercial and contractual relationships, and for execution of legal, regulatory and administrative provisions in effect.
- The data collected and processed is kept for the duration necessary to fulfil the contract or to satisfy legal obligations. This data is then archived in accordance with the periods specified in the provisions relative to the statute of limitations.
- The recipients of the data concerning him are, within the limits of their duties, the Insurer's departments in charge of establishment, management and execution of the Insurance Contract and guarantees, its delegates, agents, partners, subcontractors, reinsurers within the framework of the exercise of their assignments.
- It may also be sent, where appropriate, to professional bodies and to all persons involved in the contract, such as lawyers, experts, court officials and judicial officers, curators, guardians and investigators.
- Information concerning him may also be sent to the Subscriber, as well as to all persons identified as Authorised Third Parties (courts, arbitrators, mediators, relevant ministries, supervisory and control authorities and all public bodies authorised to receive such information, as well as to the departments in charge of control such as statutory auditors, auditors and departments in charge of internal control).
- In its capacity as a financial institution, the Insurer is subject to legal obligations arising mainly from the Monetary and Financial Code with regard to the fight against money

laundering and terrorist financing and, as such, it implements a contract monitoring process that may lead to the drafting of a suspicious transaction report or an asset freezing measure.

- Data and documents concerning the Beneficiary shall be kept for a period of five (5) years from the close of the contract or termination of the relationship.
- His personal data may also be used in the context of processing to combat insurance fraud which may lead, if necessary, to inclusion on a list of persons presenting a risk of fraud.
- This inclusion may result in further examination of the matter, or even the reduction or refusal of the benefit of a right, service, contract or service proposed.
- In this context, personal data concerning him (or concerning the persons who are parties or concerned by the contract) may be processed by any authorised persons working within the entities of the Insurer Group within the framework of the fight against fraud. This data may also be intended for the authorised personnel of organisations directly concerned by fraud (other insurance organisations or intermediaries, judicial authorities, mediators, arbitrators, court officials, judicial officers, third-party organisations authorised by a legal provision and, where applicable, victims of fraud or their representatives).
- In the event of a fraud alert, the data is kept for a maximum of six (6) months to qualify the alert and then deleted, unless the alert proves to be relevant. In the event of a relevant alert, the data is kept for up to five (5) years from the close of the fraud case, or until the end of the legal proceedings and the end of the applicable limitation periods.
- For persons on a list of suspected fraudsters, their data is deleted 5 years after the date of placement on the list.
- In its capacity as Insurer, it is entitled to process data relative to offences, convictions and security measures either at the time of subscription of the contract or during the effective period of it, or in the context of managing disputes.
- Personal data may also be used by the Insurer in the context of processing operations that it implements and whose purpose is research and development to improve the quality or relevance of its future insurance and/or assistance



products and service offers.

- Personal data concerning the Beneficiary may be accessible to some of the Insurer's employees or service providers established in countries outside the European Union.
- The Beneficiary has the right to access, rectify and delete his data, and to object to processing of said data, by proving his identity. He also has the right to request limitation of the use of his data when it is no longer necessary, or to retrieve the data he has provided in a structured format when it is necessary for the contract or when he has consented to the use of such data.
- He has the right to set guidelines on the fate of his personal data after his death. These guidelines, whether general or specific, relate to the storage, deletion and disclosure of his data after his death.
- These rights may be exercised by contacting the Insurer's

Data Protection Representative:

- by e-mail: at DRPO@MUTUAIDE.fr

or

- by postal mail: by writing to the following address: Délégué représentant à la protection des données - MUTUAIDE ASSISTANCE - 126, rue de la Piazza - CS 20010 – 93196 Noisy le Grand CEDEX.

After having made a request to the Data Protection Representative and not having obtained satisfaction, he has the possibility of referring the matter to the CNIL (Commission Nationale de l'Informatique et des Libertés).

ARTICLE 10 – SUBROGATION

MUTUAIDE ASSISTANCE is subrogated in the rights and actions of the Beneficiary, to the extent of the compensation and services it has provided, against any person responsible for the events which motivated its intervention. When the services provided in

execution of the agreement are covered in whole or in part by another company or institution, MUTUAIDE ASSISTANCE is subrogated in the rights and actions of the Beneficiary against this company or institution

ARTICLE 11 – TIME LIMITS

In application of Article L 114-1 of the Insurance Code, any action arising from this contract is time-barred two years following the causal event. This period is extended to ten years for death benefits, with the actions of the beneficiaries being time-barred thirty years, at the latest, following this event.

However, this period shall only run:

- in the event of reticence, omission, false or inaccurate declaration regarding the risk incurred, from the day that the Insurer became aware of it;
- in the event of a claim, from the day that the persons concerned became aware of it, if they prove that they were unaware of it until then.

When the Insured's action against the Insurer is based on the recourse of a third party, the limitation period shall run only from the day that third party brought legal action against the Insured or was indemnified by the Insured.

This time limit may be interrupted, in accordance with Article L 114-2 of the Insurance Code, by one of the following ordinary causes of interruption:

- recognition by the debtor of the right of the person against whom the time limit expired (Article 2240 of the Civil Code);
- a legal claim, even in summary proceedings, until the end of the proceedings. The same applies when it is brought before an incompetent court or when the act of referral to the court is annulled as a result of a procedural flaw (Articles 2241 and 2242 of the Civil Code). Interruption is null and void if the plaintiff withdraws his claim or allows the proceedings to lapse, or if his claim is definitively rejected (article 2243 of the Civil Code);
- a precautionary measure taken pursuant to the Code of Civil

Enforcement Procedures or an act of forced execution (Article 2244 of the Civil Code).

It is pointed out that:

Arraignment sent to one of the joint and several debtors by court petition or by an act of forced execution or recognition by the debtor of the right of the party against whom the time limit lapsed interrupts the time limit against all others, even against their heirs.

On the other hand, an arraignment sent to one of the heirs of a joint and several debtor or the recognition of that heir does not interrupt the time limit with respect to the other joint heirs, even in the case of a hypothecary claim, if the obligation is divisible. Such arraignment or recognition interrupts the time limit with regard to the other co-debtors only for the share of the obligation for which the heir is responsible.

In order to interrupt the limitation period for all parties involved, with regard to other co-debtors, it is necessary to arraign all the heirs of the deceased debtor or to recognize all these heirs (article 2245 of the Civil Code).

The arraignment sent to the principal debtor or his recognition interrupts the time limit against the guarantor (article 2246 of the Civil Code).

The time limit may also be interrupted by:

- the designation of an adjuster following a claim;
- the sending of a registered letter with acknowledgement of receipt (sent by the Insurer to the Insured with regard to the action for payment of the premium, and sent by the Insured to the Insurer with regard to settlement of the claim).



ARTICLE 12 – SETTLEMENT OF DISPUTES

Any dispute arising between the Insurer and the Beneficiary relative to determination and payment of benefits shall be submitted by one of them, failing amicable resolution, to the

competent court at the location of the Beneficiary's domicile, in accordance with the provisions of Article R 114-1 of the Insurance Code.

ARTICLE 13 – FALSE DECLARATIONS

When they change the object of the risk or diminish our opinion of it:

- Any reticence or intentionally false statement on your part will render the contract null and void. Premiums paid shall be retained by us and we shall be entitled to demand payment of premiums due, as provided for in Article L 113.8 of the Insurance Code.

- Any omission or inaccurate declaration on your part which is not established as being made in bad faith will result in termination of the contract, 10 days after notification is sent to you by registered letter, and/or application of the reduction of compensation under the Insurance Code as provided for in Article L 113.9.

ARTICLE 14 – REGULATORY AUTHORITY

The regulatory authority responsible for supervising MUTUAIDE ASSISTANCE is the Autorité de Contrôle Prudentiel et de

Résolution (ACPR) - 4, place de Budapest - CS 92 459 - 75 436 Paris Cedex 9



HOW TO DECLARE ?

HOW TO CONTACT OUR ASSISTANCE DEPARTMENT MUTUAIDE ASSISTANCE

8-14, avenue des Frères Lumière - 94368 BRY SUR MARNE CEDEX- FRANCE
7 days a week - 24 hours a day

- **by telephone from France: 01.55.98.51.20**
(Communication not surcharged, cost according to operator, call susceptible to recording)
- **by telephone from abroad: 33.1.55.98.51.20** preceded by the local code for access to the international network
(Communication not surcharged, cost according to operator, call susceptible to recording)
- **by fax : 01. 45.16.63.92**
- **by email : medical@mutuaide.fr**

To allow us to intervene in the best conditions, remember to gather the following information which will be requested from you during your call:

- Your contract number,
- Your first and last name,
- Your home address,
- The country, city or town in which you are at the time of the call,
- Specify the exact address (number, street, possibly hotel, etc.), Le numéro de téléphone où nous pouvons vous joindre,
- The nature of your problem.

During the first call, you will be given an assistance file number. Remind it systematically, during all subsequent relations with our Assistance Department.

HOW TO CONTACT OUR INSURANCE DEPARTMENT MUTUAIDE – Insurance Service

TSA 20296 – 94368 BRY SUR MARNE CEDEX - FRANCE
Monday to Friday 9:00 a.m. to 6:00 p.m.

- **by telephone from France: 01.55.98.51.19**
(Communication not surcharged, cost according to operator, call susceptible to recording)
- **by telephone from abroad: 33. 1.55.98.51.19** preceded by the local code for access to the international network
(Communication not surcharged, cost according to operator, call susceptible to recording)
- **by email : gestion-assurance@mutuaide.fr**

Remember to gather the following information that will be requested during your call:

- Your contract number,
- Your first and last name,
- Your home address,
- The phone number where we can reach you,
- The reason for your declaration.

During the first call, an insurance file number will be communicated to you. Remind it systematically, during all subsequent relations with our Insurance Department.