



European Institutions Trainees
Valid from 1st March 2018

Member Guide

YOUR HEALTHCARE COVER

This Member Guide sets out the standard benefits and rules of your health insurance policy. This should be read in conjunction with the Table of Benefits which outlines the benefits available to you and specifies any benefits/treatments which require submission of a Treatment Guarantee Form – additionally, it confirms any benefits to which specific benefit limits, waiting periods and/or co-payments apply. The amounts indicated in your Table of Benefits are in Euros.

Your Policy documents

Please note that once your enrolment is processed, your traineeship office will provide you with a letter containing a peel off card which indicates the link to the dedicated Allianz Care Trainees webpage and our contact details.

Your policy number will be communicated to you after submitting your first claim with the claim settlement documents. Claims can be submitted via email, post or fax.

From your second claim onwards, you can avail of our mobile MyHealth app for fast and easy claims submission. Further information can be found in the following link:
www.allianzworldwidecare.com/en/support/view/member-resources/my-health-app/

Addition of dependants and continuation of cover once your traineeship ends.

Please note that it is possible to add dependants to your policy through the traineeship office and we kindly request you refer to the “Adding dependants” section in the guide for further details.

Additionally, it is possible to continue your cover once your traineeship ends. You will find the full details on how to apply in the “Applying for cover if group membership ends – Continuation option” section within the General information section.

The Underwriter of your insurance is AWP Health & Life SA, a limited company with a capital of €65,190,446 governed by the French Insurance Code, with its registered office at 7 Rue Dora Maar, 93400 Saint-Ouen, France. Registered in France: 401 154 679 RCS Bobigny. VAT number: FR 84 401 154 679. Allianz Care and Allianz Partners are registered business names of AWP Health & Life SA. The Administrator of your insurance is AWP Health & Life Services Limited – Belgium Branch having its branch trading address at 1 place du Samedi, 1000 Brussels, Belgium. VAT: BE 0843.991.159. RPM Bruxelles: 843.991.159. IBAN: BE65363102631696. BIC: BBRUBEBB. Allianz Care and Allianz Partners are registered business names of AWP Health & Life Services Limited.

TABLE OF CONTENTS

Definitions	4
Additional terms	5
General information	6
Quick start guide	11
• Getting treatment	
• Useful services	
• Contact details	

DEFINITIONS

Wherever the following words/phrases appear in your policy documents, they will always be defined as follows:

- 1.1 **Accident** is any physical injury beyond the insured's control, resulting from an abrupt, sudden and unexpected action, excluding an acute or chronic illness.
- 1.2 **Childbirth expenses** are medical expenses (including double room) incurred for vaginal childbirth or by caesarean if medically necessary or usual in the country where the birth takes place. Any complication and private room will be paid for by the "hospitalization" cover.
- 1.3 **Country of origin** is a country for which the insured person holds a current passport.
- 1.4 **Dental prosthesis** refers to prosthetic treatments, including crowns, inlays, onlays and implants, and all the necessary treatments, including the refund of the laboratory and component expenses.
- 1.5 **Emergency** is a term used in the event of an accident, natural catastrophe, the beginning of sudden worsening of a serious illness requiring immediate measures and medical treatment for the insured or one of the insured's dependents. Only medical treatment given by a doctor, generalist or specialist or hospitalization occurring within 24 hours of the direct cause of the emergency shall be considered conditions necessary for reimbursement.
- 1.6 **Emergency dental treatment following an accident** refers to a treatment that must be provided within 15 days and involve replacing health and natural teeth which have been lost or damaged.
- 1.7 **Expatriation country** is the country, outside the country of origin, in which the insured works for the European Commission.
- 1.8 **Hospital** is a medical or surgical hospital legally and duly certified in the country in which it is located and placed under the permanent management and control of a resident doctor.
- 1.9 **Medical auxiliaries** are nurses, carers and other state-registered medical personnel.
- 1.10 **Medical prosthesis** refers to hearing aid, phonation aid (electronic larynx), wheelchair and personal mobility aid, artificial limb, ostomy product, hernia support, abdominal bandage, elastic support stockings or orthopaedic sole and any other medically prescribed apparatus.
- 1.11 **Spa treatment** is medical treatment prescribed for a maximum of 21 days making use of mineral spring water and its derivatives. The establishment must provide its patients with regular medical supervision and monitoring.

ADDITIONAL TERMS

The following are important additional terms that apply to your policy with us:

- 1. Applicable law:** Your membership is governed by French law unless otherwise required under mandatory legal regulations. Any dispute that cannot otherwise be resolved will be dealt with by courts in France.
- 2. Cancellation and fraud:** If any claim is false, fraudulent, intentionally exaggerated or if fraudulent means or devices have been used by you or your dependants or anyone acting on your or their behalf to obtain benefit under this policy, we will not pay any benefits for that claim. The amount of any claim settlement made to you before the fraudulent act or omission was discovered, will become immediately due and owing to us.
- 3. Data Protection and release of medical records:** Our Data Protection Notice explains how we protect your privacy. This is an important notice which outlines how we will process your personal data and should be read by you before the submission of any personal data to us. To read our Data Protection Notice visit: www.allianzworldwidecare.com/en/privacy. Alternatively, you can contact us on + 32 2 210 6501 to request a paper copy of our full Data Protection Notice. If you have any queries about how we use your personal data, you can always contact us by e-mail at: AP.EU1DataPrivacyOfficer@allianz.com
- 4. Force majeure:** We shall not be liable for any failure or delay in the performance of our obligations under the terms of this policy, caused by, or resulting from, force majeure which shall include, but is not limited to: events which are unpredictable, unforeseeable or unavoidable, such as extremely severe weather, floods, landslides, earthquakes, storms, lightning, fire, subsidence, epidemics, acts of terrorism, outbreaks of military hostilities (whether or not war is declared), riots, explosions, strikes or other labour unrest, civil disturbances, sabotage, expropriation by governmental authorities and any other act or event that is outside of our reasonable control.
- 5. Liability:** Our liability to the insured person is limited to the amounts indicated in the Table of Benefits and any subsequent policy endorsement. In no event will the amount of reimbursement, whether under this policy, public medical scheme or any other insurance, exceed the amount of the invoice.
- 6. Making contact with dependants:** In order to administer your policy in accordance with the insurance contract, there may be circumstances when we will need to request further information. If we need to make contact in relation to a dependant on a policy (e.g. when we need to collect an email address for an adult dependant), the policyholder, acting for and on behalf of the dependant, may be contacted by us and asked to provide the relevant information, provided that these are non-sensitive medical information relating to a dependant. Similarly, any non-medical information in relation to a person covered by the insurance policy, for the purposes of administering claims, may be sent directly to the policyholder.
- 7. Third party liability:** If you or any of your dependants are eligible to claim benefits under a public scheme or any other insurance policy which pertains to a claim submitted to us, we reserve the right to decline to pay benefits. The insured person must inform us and provide all necessary information, if and when entitled to claim from a third party. The insured person and the third party may not agree to any final settlement or waive our right to recover outlays without our prior written agreement. Otherwise we are entitled to recover the amounts paid from the insured person and to cancel the policy. We have full rights of subrogation and may institute proceedings in your name, but at our expense, to recover, for our benefit, the amount of any payment made under another policy.

GENERAL INFORMATION

Adding dependants

You may apply to include any of your family members as a dependant provided that you are allowed to do so under the agreement between the European Institution and us. Notification to add a dependant should be made through the European Institution traineeship office unless otherwise stated.

Newborn infants will be accepted for cover from birth, provided that we are notified within four weeks of the date of birth. To have a newborn added to the policy, you must ask the European Institution traineeship office to submit a request in writing, including a copy of the birth certificate, to its usual Allianz Care contact person for membership changes. If we are notified four weeks or more after the date of birth, newborn children will be accepted for cover from the date of that notification.

Applying for cover once your Traineeship ends – Continuation option

Trainees who were covered under the Health Insurance provided by Allianz Care can extend their cover immediately after their traineeship (without interruption) for maximum one year on a monthly basis.

Should you wish to continue with your cover please send your application to: IGOServices@allianzworldwidecare.com

The application for this continuation of cover must be submitted at the latest one month after the end of your traineeship. The commencement date of your cover will be the first day following the end of your internship. By paying a monthly premium of EUR 44.65, you will remain insured under the same conditions.

Changing your address/email address

Any change in your home, business or email address should be communicated to us in writing as soon as possible.

Claims

In relation to medical claims, please note that:

- a) All claims should be submitted no later than two years after the end of the period of cover. If cover is cancelled during the period of cover, claims should be submitted no later than two years after the date that your cover ended. Beyond this time we are not obliged to settle the claim.
- b) A separate Claim Form is required for each person claiming and for each medical condition being claimed for. Please note that as well as our hard and soft copy claim forms, members can now avail of our mobile MyHealth app for fast and easy claims submission after submitting your first claim.
- c) It is your responsibility to retain any original supporting documentation (e.g. medical receipts) where copies are submitted to us, as we reserve the right to request original supporting documentation/receipts up to 12 months after claims settlement, for fraud detection purposes. In addition, we advise that you keep copies of all correspondence with us as we cannot be held responsible for correspondence that does not reach us for any reason that is outside of our reasonable control.
- d) Please specify on the Claim Form the currency in which you wish to be paid. Unfortunately, on rare occasions, we may not be able to make a payment in the currency you requested, due to international banking regulations. In this instance we will review each case individually to identify a suitable alternative currency option. If we have to make a conversion from one currency to another, we will use the exchange rate that applies on the date on which the invoices were issued, or we will use the exchange rate that applies on the date that claims payment is made.
- f) Only costs incurred as a result of eligible treatment will be reimbursed within the limits of your policy, after taking into consideration any Treatment Guarantee requirements. Any co-payments outlined in the Table of Benefits will be taken into account when calculating the amount to be reimbursed.
- g) If you are required to pay a deposit in advance of any medical treatment, the cost incurred will only be reimbursed after treatment has taken place.

h) You and your dependants agree to assist us in obtaining all necessary information to process a claim. We have the right to access all medical records and to have direct discussions with the medical provider or the treating physician. We may, at our own expense, request a medical examination by our medical representative when we deem this to be necessary. All information will be treated in strict confidence. We reserve the right to withhold benefits if you or your dependants have not honoured these obligations.

Claims for Dental treatments

In addition to the above, please note that for dental prosthetic work (crowns, bridges, implants, etc.) your dental practitioner must complete and submit the "Dental Cost Estimate Form" in advance of your dental treatment. This form is available from <https://my.allianzworldwidecare.com>. Following approval by us, cover can then be guaranteed.

Correspondence

Written correspondence between us must be sent by email or post (with the postage paid). We do not usually return original documents to you, unless you specifically request us to do so at the time of submission.

Countries where you can receive treatment

If the necessary medical treatment for which you are covered is not available locally, you can avail of treatment in any country within your geographical area of cover. In order to seek reimbursement for medical treatment and travel expenses incurred, Treatment Guarantee is required prior to travel.

If the necessary medical treatment for which you are covered is available locally, but you choose to travel to another country within your geographical area of cover for treatment, we will reimburse all eligible medical costs incurred within the terms of your policy; however, we will not pay for travel expenses.

Please note that as an expatriate living abroad, you are covered for eligible costs incurred in your home country (for costs incurred in the USA, please see below).

Ending your membership

The European Institution can end your membership or that of any of your dependants by notifying us in writing. We cannot backdate the cancellation of your membership. Your membership will automatically end:

- At the end of the period of cover, if the agreement between us and the European Institution is terminated.

- If the European Institution decides to end the cover or does not renew your membership.
- If the European Institution does not pay premiums or any other payment due under the agreement with us.
- If you are an individual payer and you do not pay premiums or any other payment due under the agreement with us.
- When you stop working for the European Institution.
- Upon the death of the policyholder.

We can end a person's membership and that of their dependants if there is reasonable evidence that the person concerned has misled or attempted to mislead us i.e. giving false information, withholding pertinent information from us, or working with another party to give us false information, either intentionally or carelessly, which may influence us when deciding:

- Whether you (or they) can join the scheme.
- What premiums the European Institution has to pay.
- Whether we have to pay any claim.

Making a complaint

Our Helpline (+32 2 210 6501) is always the first number to call if you have any comments or complaints. If we have not been able to resolve the problem on the telephone, please email us at:

IGOhelpline@allianzworldwidecare.com

Other parties

No other person (except an appointed representative or the Group Scheme Manager) is allowed to make or confirm any changes to your membership on your behalf, or decide not to enforce any of our rights. No change to your membership will be valid unless it is specifically agreed between the European Institution and us.

Policy expiry

Please note that upon the expiry of your policy, your right to reimbursement ends. Any eligible expenses incurred during the period of cover shall be reimbursed up to two years after the expiry date of the policy. However, any on-going or further treatment that is required after the expiry date of your policy will no longer be covered.

Treatment Guarantee

Your Table of Benefits will confirm which benefits available to you require pre-authorization through submission of a Treatment Guarantee Form. Please note that unless agreed otherwise between your company and us, if Treatment Guarantee is not obtained and **the treatment received is subsequently proven to be medically unnecessary**, we reserve the right to decline your claim.

Treatment in the USA

If you have "Worldwide" cover and wish to locate a medical provider in the USA, simply go to: www.allianzworldwidecare.com/olympus. If you have a query about a medical provider, or if you have selected a provider and wish to arrange an appointment, please call **(+1) 800 541 1983** (toll-free from the USA).

Please note that treatment in the USA is not covered, if we know or suspect that cover was purchased for the purpose of travelling to the USA to receive treatment for a condition, when the symptoms of the condition were apparent to the member prior to the purchase of cover.

Treatment needed as a result of somebody else's fault

If you are claiming for treatment that is needed when somebody else is at fault, you must write and tell us as soon as possible; e.g. if you need treatment for an injury suffered in a road accident in which you are a victim. Please take any reasonable steps we ask of you to obtain the insurance details of the person at fault so that we can recover, from the other insurer, the cost of the treatment paid for by us. If you are able to recover the cost of any treatment for which we have paid, you must repay that amount (and any interest) to us.

When cover starts for you and your dependants

Your insurance is valid from the start date and will continue until the group renewal date.

Cover for dependants may continue for as long as you remain a member of the European Institution's scheme and as long as any child dependants remain under the defined age limit. Child dependants can be covered under your policy up until the day before their 18th birthday; or up until the day before their 24th birthday if they are in full time education.



Quick start Guide

You can detach this part of the Member Guide, if you just wish to have the most commonly referenced information to hand. Your cover remains subject to our policy definitions, exclusions and benefit limits, as detailed in the full Member Guide.

GETTING TREATMENT

First, please check that your plan covers the treatment you are seeking. Your Table of Benefits will confirm which benefits are available to you, however, you can always call our Helpline if you have any queries on your cover.

Remember, some treatments require pre-authorization

Use of the Treatment Guarantee Form helps us to assess each case and facilitate direct settlement with the hospital. Please note that we may decline your claim if Treatment Guarantee is not obtained. You can find full details on page 10 of this guide.



Getting in-patient treatment

1. Download a Treatment Guarantee Form from our Online Services:
<https://my.allianzworldwidecare.com>
2. Send the completed form to us at least **five working days before** treatment, by:
 - Scan and email to: IGOMedical@allianzworldwidecare.com
 - Fax to: **+32 2 210 6598** or post to the address shown on the form.
 - Our Helpline can take Treatment Guarantee Form details over the phone if treatment is taking place within 72 hours.

In case of an emergency:

1. Get the emergency treatment you need and call us if you need any advice or support.
2. Either you, your physician, one of your dependants or a colleague needs to call our Helpline (**within 48 hours** of the emergency) to inform us of the hospitalisation. Treatment Guarantee Form details can be taken over the phone when you call us.



Getting out-patient or dental treatment



When you visit a doctor, dentist, physician or specialist on an out-patient basis, please settle the bill with them and claim back the eligible expenses from us. Once you submit your first claim via email, fax or post, you can submit your claims quickly and easily through our MyHealth app: simply provide a few key details, take a photo of your invoice(s) and press 'submit' (visit: www.allianzworldwidecare.com/myhealth).

Please note that for dental treatments your dental practitioner will need to submit a dental Cost Estimate form (For more details please refer to the "Claims for Dental treatments" section on page 8).

Alternatively, simply download a Claim Form from our Online Services:

<https://my.allianzworldwidecare.com> or www.allianzworldwidecare.com/eurotrainees and follow the steps below:

1. Get an invoice from the doctor/dentist which states your name, treatment date(s), the diagnosis/medical condition that you received treatment for, the date of onset of symptoms, the nature of the treatment and the fees charged.
2. Complete sections 1-4 and 7 of the Claim Form. Sections 5 and 6 only need to be completed by the doctor/dentist if their invoice does not state the diagnosis and nature of treatment.
3. Send the Claim Form and all supporting documentation, invoices and receipts to us via:
 - Scan and email to: IGOclaims@allianzworldwidecare.com or
 - Fax to: **+32 2 210 6598** or post to the address shown on the form.

Without the diagnosis, we cannot process your claim promptly, as we will need to request these details from you or your doctor.

We can process a claim and issue payment instructions to your bank within 48 hours, when all required information has been submitted. We will email or write to you to advise you of when the claim has been processed.

Please refer to the Claims section on page 7 of this guide for additional important information about our claims process. You can find information about getting treatment in the USA on page 10.

USEFUL SERVICES

Please find details below of some useful services available to you:

- You can access our web-based member services at: www.allianzworldwidecare.com/members Here you can **search for medical providers and access a range of health and wellbeing resources**. Please be aware that you are not restricted to using the medical providers listed on our website.
- You will receive a username and password in your Membership Pack giving you access to our **Online Services** at: <https://my.allianzworldwidecare.com>. Alternatively, on the same page, select "Register" and provide the information requested. Via Online Services you can download key policy documents, check remaining benefit limits and the status of claims. Plus you can also make use of the great range of services available on our **MyHealth** app (visit: www.allianzworldwidecare.com/myhealth)



CONTACT DETAILS

If you have any queries regarding your policy or cover, please do not hesitate to contact us:

24/7 Helpline for general enquiries and emergency assistance

	Email:	IGOhelpline@allianzworldwidecare.com
	Fax:	+32 2 210 6598
	Telephone:	+32 2 210 6501

Calls to our Helpline will be recorded and may be monitored for training, quality and regulatory purposes. Please note that only the policyholder (or an appointed representative) or the Group Scheme Manager can make changes to the policy. Security questions will be asked of all callers to verify their identity.

	Address:	Allianz Care, 1 Place du Samedi, 1000 Brussels, Belgium www.allianzworldwidecare.com
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	plus.google.com/+allianzworldwidecare
	www.linkedin.com/company/allianz-care
	www.youtube.com/c/allianzcare
	www.instagram.com/allianzcare/
	www.snapchat.com/add/allianzcare

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