



Individual Benefit Guide

Allianz Care International Healthcare Plans for Egypt
Valid from 1st July 2023

Welcome

You and your family can depend on us, as your international health insurer, to give you access to the best care possible.

To provide an efficient local service, we have selected Nextcare to administer your policy. Nextcare will deal directly with the network of medical providers associated to your plan, to ensure the direct settlement of your eligible medical treatment within Egypt.

For the administration of your policy outside Egypt, we are working in partnership with Allianz Care, the international health insurance division of Allianz Partners. We are both backed by the resources and expertise of Allianz SE, one of the world's leading insurance companies, providing you with a service that is fast, flexible and totally reliable

This guide is a summary of all important information you are likely to use on a regular basis. For full details on your cover, please refer to your Policy Wording document, your Insurance Certificate, Nextcare Insurance Card and Table of Benefits.

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How to use your cover






Support services

We believe in providing you with the top-quality service that you deserve.

In the following pages we describe the full range of services we offer. Read on to discover what is available to you.

Talk to us, we love to help!

Our Helpline is available to handle any questions about your policy or if you need assistance in an emergency.

-  Telephone: 19154 (from within Egypt)
+353 1 630 1301 (from outside Egypt)
-  Email: cs@nextcare.com.eg
-  Fax: + 202 22908220

Did you know...

...that most of our members find that their queries are handled quicker when they call us?

MyHealth Digital Services

The MyHealth Digital Services (provided by Allianz Care) give you easy and convenient access to your cover, no matter where you are or what device you are using.

MyHealth app and online portal features



My policy

Access your policy documents and membership card on the go.



My claims

Submit your claims in 3 simple steps and view your claims history.



My contacts

Access our 24/7 multilingual Helpline. Live chat is also available (in English and on the online portal only).



Symptom checker

Get a quick and easy assessment of your symptoms.



Provider finder

Locate medical providers nearby.



Pharmacy aid

Look up the local equivalent names of branded drugs.



Medical term translator

Translate names of common ailments into 17 languages.



Emergency contact

Access local emergency numbers worldwide.

MyHealth online portal additional features

- Update your details online (email, phone number, password, address (if it's the same country as the previous address), marketing preferences etc.)
- View the remaining balance of each benefit which is in your Table of Benefits

All personal data within MyHealth Digital Services is encrypted for data protection.

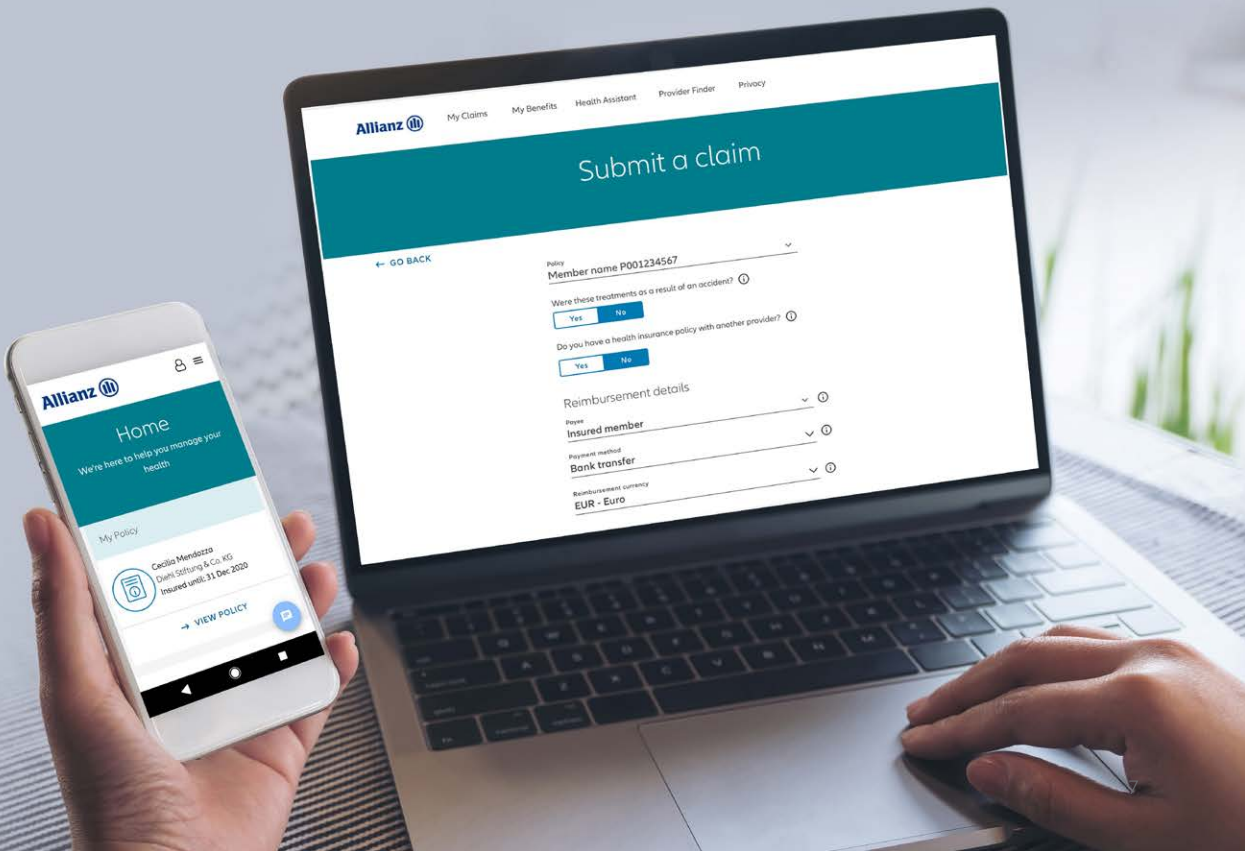
Getting started:

1. Login to MyHealth online portal to register. Go to <https://my.allianzcare.com/myhealth>, click on "REGISTER HERE" near the bottom of the page and follow the on-screen instructions. Be ready to provide your policy number, which you can find in your Insurance Certificate.
2. As an alternative, you can register via our MyHealth App. To download it, search for "Allianz MyHealth" on the Apple App Store or Android's Google Play service.



3. Once setup, you can use the email (username) and password you provided during registration to login to MyHealth online portal or app. The same login details are used for both and in the future, if you change login details for one, it will automatically apply to the other. You don't need to change them in both places. We also offer a biometric login option for the app, for example Touch ID or Face ID, where supported by your device.

For more information, please visit www.allianzcare.com/en/myhealth.html



Web-based services

On www.allianzcare.com/members you can:

- Search for medical providers (you are not restricted to using the providers listed in our directory)
- Download forms
- Access our Health Guides
- Access our "My expat life" hub – from planning to move, to settling down in your new country, you'll find everything you need to know about moving overseas

Allianz HealthSteps

Your first steps towards a healthier life.

Did you know that by maintaining a healthy lifestyle, you may reduce the risk of developing medical conditions? The Allianz HealthSteps app was designed to give personalised guidance and help you reaching your health and fitness goals. By connecting to smart phones, wearables devices and other apps, HealthSteps monitors the number of steps taken, calories burned, sleep schedule and more. Your Table of Benefits shows whether HealthSteps is included in your plan.

HealthSteps features:



Plan

Choose a health goal and use the action plans to adopt and maintain good health habits:

- Lose weight
- Improve posture
- Sleep better
- Eat healthy
- Get moving and energised
- Stay healthy
- Reduce stress
- Lower blood pressure



Challenges

Join monthly challenges and get encouragement from other HealthSteps users by sharing your performance and competing against each other on group challenges. These challenges are based on steps, calories and distance.



Progress

Connect with popular health and activity trackers and monitor your progress against goals you set for yourself.



Library

Access articles and get tips and advice on how to live and maintain a healthy life.

Download the "Allianz HealthSteps" app from App Store or Google Play.



Video consultation services via Telehealth Hub**

If an Out-patient plan is included in your cover, you have direct access to online doctor appointments (video consultation services) where a provider is available in your geographical location.

With the Telehealth Hub, you can save time by seeing a doctor via video from the comfort of your own home or office. Offering a secure and confidential service, our telehealth network of doctors can provide medical advice, recommend treatments and offer prescriptions for non-emergency concerns.

The service is accessible via MyHealth portal or directly via our TeleHealth platform at:



www.allianzcare.com/telehealthhub

An appointment can be made to speak to a medical practitioner in English, subject to availability. Some third party providers may offer the service in additional languages.

Depending on your geographical location, local country regulations and insurance plan coverage, the teleconsultation service may also offer prescriptions.

In countries where a teleconsultation service is not yet available, you can always call our 24/7 medical advice helpline – this service is offered in English, German, French and Italian. The phone number is available on TeleHealth Hub.

*** Certain services which may be included in your plan are provided by third party providers outside the Allianz Group, such as the Expat Assistance Programme, Travel Security services, HealthSteps app, Second Medical Opinion and tele-medicine services. If included in your plan, these services will show in your Table of Benefits. These services are made available to you subject to your acceptance of the terms and conditions of your policy and the terms and conditions of the third parties. These services may be subject to geographical restrictions. The HealthSteps app does not provide medical or health advice and the wellness resources contained within Olive are for informational purposes only. The HealthSteps app and the wellness resources contained within Olive shouldn't be regarded as a substitute for professional advice (medical, physical or psychological). They are also not a substitute for the diagnosis, treatment, assessment or care that you may need from your own doctor. You understand and agree that Allianz Insurance Company – Egypt (S.A.E), its reinsurers and administrators are not responsible or liable for any claim, loss or damage, directly or indirectly resulting from your use of any of these third party services.*

Understanding how your cover works

What am I covered for?

You and your dependants are covered for medically necessary treatment and related costs, services and supplies arising from the occurrence or worsening of a medical condition, in accordance with your Table of Benefits. Within the scope of your policy, you are covered for medical treatment, costs, services or supplies that:

- We determine to be medically necessary, appropriate for the patient's condition, illness or injury.
- Have a palliative, curative and/or diagnostic purpose.
- Are performed by a licensed doctor, dentist or therapist.

Your cover is also subjected to:

- Policy definitions and exclusions (please refer to the Policy Wording document).
- Any special conditions shown on your Insurance Certificate (and on the Special Condition Form issued before the policy comes into effect, where relevant).
- Any policy endorsements, these policy terms and conditions and any other legal requirements.
- Costs being reasonable and customary – these are costs that are usual within the country of treatment. We will only reimburse medical providers where their charges are in accordance with standard and generally accepted medical procedures. If we consider a claim to be inappropriate, we reserve the right to decline or reduce the amount we pay.

We generally cover pre-existing conditions (including pre-existing chronic conditions) unless we say otherwise in your policy documents. If in doubt, please see your Table of Benefits to confirm if pre-existing conditions are covered.

If you are uncertain whether your planned medical treatment is covered under your plan, please contact our Helpline.

Cover is not provided if any element of the cover, benefit, activity, business or underlying business violates any applicable sanction law or regulations of the United Nations, the European Union or any other applicable economic or trade sanction law or regulations.

Where can I receive treatment?

You can receive treatment in any country within your area of cover, as shown in your Insurance Certificate.

If the treatment you need is available locally but you choose to travel to another country in your area of cover, we will reimburse all eligible medical costs incurred within the terms of your policy; except for your travel expenses.

If the eligible treatment is not available locally, and your cover includes "Medical evacuation", we will also cover travel costs to the nearest suitable medical facility. To claim for medical and travel expenses incurred in these circumstances, you will need to complete and submit the Pre-authorisation Form before travelling.

As an expatriate living abroad, you are covered for eligible costs incurred in your home country, provided that your home country is in your area of cover.

What are benefit limits?

Your cover may be subject to a **maximum plan benefit**. This is the maximum we will pay in total for all benefits included in the plan per member, per Insurance Year.

If your plan has a maximum plan benefit, it will apply even where:

- The term "Full refund" appears next to the benefit.
- A specific benefit limit applies - this is when the benefit is capped to a specific amount (e.g. \$6,750).

Benefit limits may be provided on a "per Insurance Year" basis, on a "per lifetime" basis or on a "per event" basis (such as per trip, per visit or per pregnancy).

In some instances, in addition to the benefit limit, we will only pay a percentage of the costs for the specific benefit (e.g. 65%).

Benefit limits related to maternity

The benefits "Routine maternity" and "Complications of pregnancy and childbirth" are paid on either a "per pregnancy" or "per Insurance Year" basis. Your Table of Benefits will confirm this.

If your maternity benefits are payable on a "per pregnancy" basis

When a pregnancy spans two Insurance Years and the benefit limit changes at policy renewal, the following rules apply:

- In year one – the benefit limits apply to all eligible expenses.
- In year two – the updated benefit limits apply to all eligible expenses incurred in the second year, less the total benefit amount already reimbursed in year one.
- If the benefit limit decreases in year two and we have already paid up to or over this new amount for eligible costs incurred in year one, we will pay no additional benefit in year two.

Limit for multiple-birth babies, all babies born by surrogacy, adopted and fostered children

There is a limit for in-patient treatment that takes place in the first three months following birth if the baby:

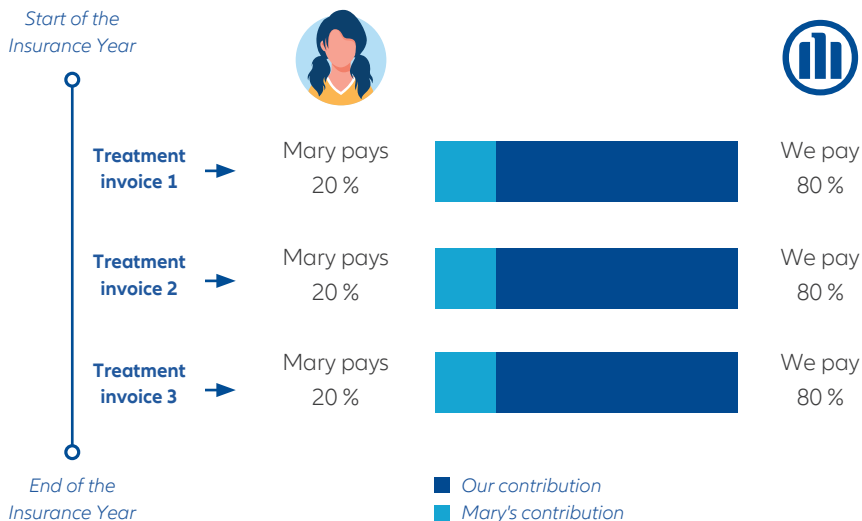
- was born by surrogacy
- is a multiple-birth baby born as a result of medically assisted reproduction.

This limit is US\$40,500 per child. Out-patient treatment is paid under the terms of the Out-patient Plan.

What are deductibles and co-payments?

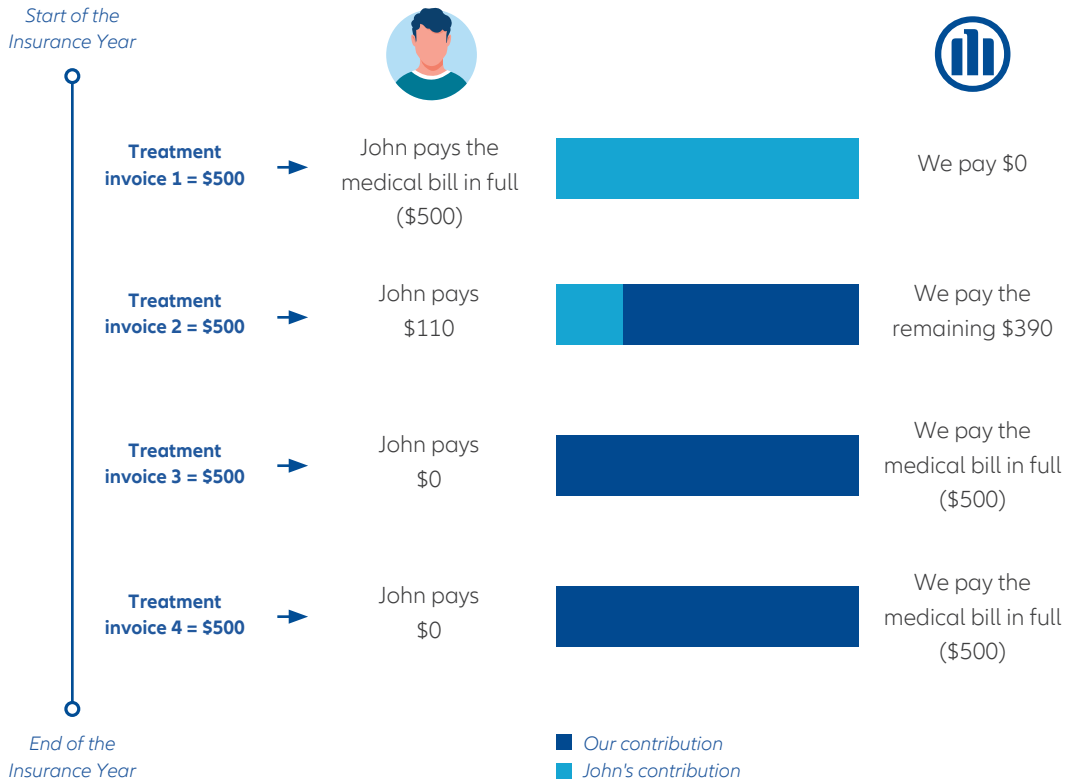
What are co-payments?

A **co-payment** is when you pay a percentage of the medical costs. Your Table of Benefits will show whether this applies to your plan. In the following example, Mary requires several dental treatments throughout the year. Her dental treatment benefit has a 20% co-payment, which means that we will pay 80% of the cost of each eligible treatment. The total amount payable by us may be subject to a maximum plan benefit limit.



What are deductibles?

A **deductible** (also known in health insurance as an 'excess') is a fixed amount you need to pay towards your medical bills per period of cover before we begin to contribute. Your Table of Benefits will show whether this applies to your plan. In the following example, John needs to receive medical treatment throughout the year. His plan includes a \$610 deductible.



Your Nextcare Insurance Card

To every insured member, we issue a personalized Nextcare Insurance Card which contains essential contact numbers. This means that you and your family are only a phone call away from help. For this reason, we suggest that you keep this card with you at all times.

The Access Card aims to establish your identity and allows you to access the network of clinics, hospitals and pharmacies assigned to your healthcare plan. It is not transferrable and should be returned or destroyed when membership ceases. The validity of the card is subject to continuity of membership.

Seeking treatment?

We understand that seeking treatment can be stressful. Follow the steps below so we can look after the details - while you focus on getting better.

Check your level of cover

First, check that your plan covers the treatment you are seeking. Your Table of Benefits will confirm what is covered. However, you can always call our Helpline if you have any queries.

Treatment within your provider network

You have access to a complete network of medical providers based in Egypt. The type of network selected for you is indicated on your **Nextcare Insurance Card** and a **detailed list of the medical providers in your network** is available on the following website: www.nextcarehealth.com.

When visiting a network medical provider, simply:



Present your Nextcare Insurance Card.



The provider will contact Nextcare Egypt directly to process the necessary paperwork.



Nextcare Egypt will settle the bill directly with your medical provider (subject to the limit of your plan and to any deductible/co-payment that applies). If you are responsible for the payment of any part of the costs (for example, in the case where a deductible or co-payment applies or where you have already used all the credit under a benefit), please settle this amount directly with the provider at the time of treatment.

Please note that where provided under the following benefits, cover is available on a reimbursement basis only i.e. you will have to pay for eligible treatment and then complete and submit a Claim Form for:

- Out-patient psychiatry and psychotherapy.
- Vaccinations.

For information on how to claim for the above benefits, please refer to the "Claiming your out-patient, dental and other expenses" paragraph.

Treatment outside your provider network or outside of Egypt

Some treatments require pre-approval

Your Table of Benefits will show which treatments require pre-approval (via a Pre-authorisation Form). These are mostly in-patient and high cost treatments. The pre-approval process helps us assess each case, organise everything with the hospital before your arrival and make direct payment of your hospital bill easier, where possible.

Unless we agree otherwise, if you make a claim without obtaining our pre-approval, the following will apply:

- If the treatment received is subsequently proven to be medically unnecessary, we reserve the right to decline your claim.
- If the treatment is subsequently proven to be medically necessary, we will pay 80% of in-patient benefits and 50% of other benefits.

If you attend a direct settlement hospital, clinic or other medical facility in our medical provider network and we later determine that your claim is ineligible, we have the right to recover the full claim amount from you. If we pay a claim, it isn't an indication of our acceptance of liability for the claim or confirmation that we'll pay further costs for the same medical condition or related medical condition.

If we determine that a claim we've already approved is ineligible, we won't pay for the claim. If we've already paid any costs, you'll need to repay them to us within 14 days or we may withdraw any associated pre-approval, cancel your plan and keep the premium. If you'd like us to reassess a claim we've rejected, you'll have to prove that the claim is covered under the plan.

The following Out-patient benefits require pre-approval only in these cases:

- Prescription drugs: Pre-approval required only in the case of vitamins, hormones, minerals and interferons or medications for chronic conditions, for prescriptions due to last more than two weeks or that are related to a dental treatment or to a psychological / mental condition.
- Diagnostic tests: Pre-approval is required only in the case of duplex, isotopic, echo and intervention scans.

The following Dental Plan benefit requires pre-approval only in this case:

- Dental treatment: Pre-approval is required only in the case of dental radiology services.

Getting in-patient treatment (pre-approval applies)

If you go to a **network hospital/clinic**, they will contact us directly for the necessary pre-approval. A list of the hospitals and clinics in your chosen network is provided as part of your Membership Pack.

If you select a **hospital or clinic outside of the network, or outside Egypt**, the relevant sections of a Pre-authorisation Form need to be completed by you and your doctor, and then emailed or posted to us for approval prior to treatment. Please contact us **at least five working days prior to receiving treatment** so that we can ensure that there will be no delays at the time of admission. A copy of the Pre-authorisation Form has been included in your Membership Pack and additional copies can be requested by calling our Helpline.

For treatment inside Egypt



Download a Pre-authorisation Form from our website: www.nextcarehealth.com



Send the completed form to us at least **five working days before treatment** by:

- Email to: cs.eg@nextcarehealth.com
- Fax to: +20222908220
- Post to: Nextcare Egypt, Plot 14B01, Building A1, CFC, Fifth Settlement, New Cairo, Egypt.



We contact your medical provider directly to arrange settlement of your bills (where possible).

For treatment outside Egypt



Download a Pre-authorisation Form from our website: www.allianzcare.com/members



Send the completed form to us at least **five working days before treatment** by:

- Email to: medical.services@allianzworldwidecare.com
- Fax to: + 353 1 653 1780
- Post to: Medical Services Department, Allianz Care, 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland



We contact your medical provider directly to arrange settlement of your bills (where possible).

If it's an emergency:

Get the emergency treatment you need and call us if you need any advice or support.

If you are hospitalised, either you, your doctor, one of your dependents or a colleague needs to call our Helpline (within 48 hours of the emergency) to inform us of the hospitalisation. We can take Pre-authorisation Form details over the phone when you call us.

We can also take Pre-authorisation Form details over the phone if treatment is taking place within 72 hours. Please note that we may decline your claim if pre-approval is not obtained, where required.



Claiming your out-patient, dental and other expenses

If your treatment does not require pre-approval, you can simply pay the bill and claim the expenses from us. In this case, follow these steps:

For treatment inside Egypt



Receive your treatment and pay the medical provider.



Get an invoice from your medical provider. This should state 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.



Claim back your eligible costs via our MyNextcare app or online portal (<https://mynextcarev2.nextcarehealth.com>)
Simply enter a few key details, add your invoice(s) and press 'submit'.

For treatment outside Egypt



Receive your treatment and pay the medical provider.



Get an invoice from your medical provider. This should state 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.



Claim back your eligible costs via our MyHealth app or online portal (www.allianzcare.com/en/health.html)
Simply enter a few key details, add your invoice(s) and press 'submit'.



Quick claim processing


Once we have all the information required, we can process and pay a claim promptly. However, we can only do this if you have told us your diagnosis, so please make sure you include this with your claim. Otherwise, we will need to request the details from you or your doctor.

We will email or write to you to let you know when the claim has been processed.

Evacuations and repatriations

At the first indication that you need medical evacuation or repatriation, please call our 24-hour Helpline and we will take care of it. Given the urgency, we would advise you to phone if possible. However, you can also contact us by email. If emailing, please write 'Urgent – Evacuation/Repatriation' in the subject line.

Please contact us before talking to any providers, even if they approach you directly, to avoid excessive charges or unnecessary delays in the evacuation. In the event that evacuation/repatriation services are not organised by us, we reserve the right to decline the costs.

 + 353 1 629 7141

 medical.services@allianzworldwidecare.com



Seeking treatment in the USA

If you have worldwide cover, we offer you simple access to medical care in the USA, through our local third-party partner, supporting your access to medical providers in the country.

To access treatment in the USA, simply show your membership card: your medical provider will then contact our third-party partner to sort any paperwork related to your treatment. We will pay the cost of your eligible treatment directly to your medical provider, if applicable; if you are responsible for any part of the costs, your provider will let you know.

For queries or requests for assistance related to treatment in the USA, please find all contact details on the back of your membership card.

Additional information about claiming for your expenses

Medical claims

Before submitting a claim to us, please pay attention to the following points:

- **Claiming deadline:** You must submit all claims no later than six months after the end of the Insurance Year. If cover is cancelled during the Insurance Year, you should submit your claim no later than six months after the date that your cover ended. After this time, we are not obliged to settle the claim.
- **Claim submission:** You must submit a separate claim for each person claiming and for each medical condition being claimed for.
- **Supporting documents:** When you send us copies of supporting documents (e.g. medical receipts), please make sure you keep the originals. We have the right to request original supporting documents/receipts for auditing purposes up to 12 months after settling your claim. We advise that you keep copies of all correspondence with us as we cannot be held responsible for correspondence that fails to reach us for any reason outside of our control.
- **Deductibles:** If the amount you are claiming is less than the deductible figure in your plan, you can either:
 - Collect all relevant receipts until you reach an amount that exceeds this deductible figure.
 - Send us each claim every time you receive treatment. Once you reach the deductible amount, we'll start reimbursing you.

Attach all supporting receipts and/or invoices with your claim.

- **Currency:** Please specify the currency you wish to be paid in. On rare occasions, we may not be able to make a payment in that currency due to international banking regulations. If this happens, we will identify a suitable alternative currency. If we have to make a conversion from one currency to another, we will use the exchange rate that applied on the date the invoices were issued, or on the date that we pay your claim.

Please note that we reserve the right to choose which currency exchange rate to apply.

- **Reimbursement:** We will only reimburse (within the limit of your policy) eligible costs after considering any Pre-approval requirements, deductibles or co-payments outlined in the Table of Benefits.
- **Reasonable and customary cost:** We will only reimburse charges that are reasonable and customary in accordance with standard and generally accepted medical procedures. If we consider a claim to be inappropriate, we reserve the right to decline your claim or reduce the amount we pay.
- **Deposits:** If you have to pay a deposit in advance of any medical treatment, we will reimburse this cost only after treatment has taken place.
- **Providing information:** You and your dependents agree to help us get all the information we need 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 doctor. We may, at our own expense, request a medical examination by our doctors if we think it's necessary. All information will be treated confidentially. We reserve the right to withhold benefits if you or your dependents do not support us in getting the information we need.

Treatment needed as a result of someone else's fault

If you are claiming for treatment that you need when somebody else is at fault, you must write and tell us as soon as possible. For example, if you need treatment following 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. We can then recover from the other insurer the cost of the treatment paid for by us. If you are able to recover directly the cost of any treatment which we have paid for, you will need to repay that amount (and any interest) to us.

Claims for accidental death

If the "Accidental death" benefit is included in your healthcare plan, the claim must be reported to us within 90 working days following the date of death of the insured person.

Please send us:

- A fully completed Life and Accidental Death Benefit Application Form.
- A death certificate.
- A medical report indicating the cause of death.
- Police report or official written statement outlining the date, location and circumstances of the accident.
- Official documentation proving the insured person's family status (i.e. whether they are married or have children).
- For the beneficiaries, proof of identity as well as proof of their relationship to the insured person.

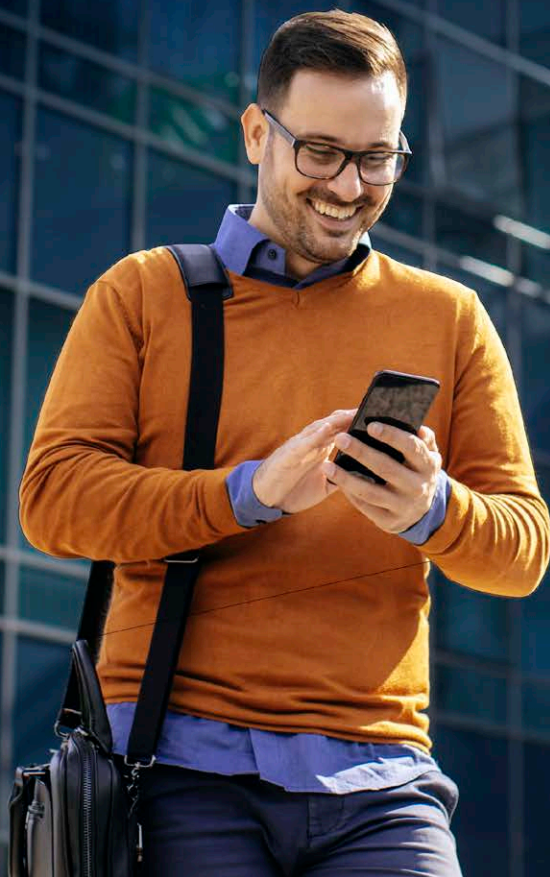
Beneficiaries are, unless otherwise specified by the insured:

- The insured person's spouse, if not legally separated.
- If there is no spouse, the insured person's surviving children including step-children, adopted or foster children and children born less than 300 days after the date of the insured person's death; in equal shares among them.
- If there are no children, the insured person's father and mother, in equal shares between them, or to the survivor if one parent has died.
- Failing any of the above, the insured person's estate.

If you wish to nominate a beneficiary other than those listed above, please contact our Helpline.

Please note that if the insured person and one or all of the beneficiaries die in the same incident, the insured person will be considered the last deceased.

Terms and conditions of your cover



Terms and conditions summary

The full terms and conditions of your cover are outlined in details in your Policy Wording document. Below, we provide you with a quick summary of your terms and conditions for easy reference.

Your health insurance policy is an annual contract between Allianz Insurance Company – Egypt and the insured person(s) named on the Insurance Certificate. The contract is made up of:

- The terms and conditions outlined in your **Policy Wording document**. This document should be read together with your Insurance Certificate and Table of Benefits.
- The **Benefit Guide** (this document), which provides useful information on how to manage your policy, how to access treatment and how to make contact with us.
- The **Insurance Certificate**. This states the plan(s) chosen, the start date and renewal date of the policy (and effective dates of when dependents were added), and the geographical area of cover. If any other terms apply which are specific to your cover, these will be stated in the Insurance Certificate. They will also have been detailed on a Special Conditions Form which we send you before you're placed on cover. We'll send you an updated Insurance Certificate if you request a change which we accept, such as adding a dependent, or if we apply a change that we're entitled to make.
- Your **Nextcare Insurance Card**. This indicates the provider network applicable to your cover and the contact details that you may need to contact us. Acceptance and use of the Nextcare Insurance Card automatically implies acceptance of all the terms, conditions, limitations and exclusions of this policy. Please note that we will send you a new Nextcare Insurance Card at policy renewal and/or any time when we need to record any changes that you may request or which we are entitled to make. Your new Nextcare Insurance Card(s) will replace any earlier version(s) you possess from the date the card is issued. Earlier versions should be destroyed.
- The **Table of Benefits**. This shows the plan(s) selected, the benefits available to you, and states which benefits/treatments require submission of a Pre-authorisation Form. It also confirms any benefits where specific benefit limits, waiting periods or deductibles apply.
- Information provided to us by (or on behalf of) the insured person(s) in the signed Application Form, Confirmation of Health Status Form or others (we'll refer to all of these collectively as the "relevant application form") or other supporting medical information.

Administration of your policy

When cover starts

When you receive your Insurance Certificate, this is our confirmation that you've been accepted onto the policy. It will confirm the start date of your cover. Please note that no benefit will be payable under your policy until the initial premium has been paid, with subsequent premiums being paid when due.

Cover for dependants (if applicable) will start on the effective date shown on the most recent Insurance Certificate which lists them as your dependants. Their membership may continue for as long as you are the policyholder and, for children, as long as they 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. At that time, they may apply for cover in their own right.

Changes to policyholder

If a request is made at renewal to change the policyholder, the proposed replacement policyholder will need to complete an application form and full medical underwriting will apply.

Who can make changes to your policy

No other person (except an appointed representative) 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 confirmed in writing by us.

Changing your postal address or email address

We will send all correspondence to the address we have on record for you unless requested otherwise. You need to write us to the email address below as soon as possible of any change in your home, business or email address.

@ client.services@allianzworldwidecare.com

Correspondence

When you write to us, please use email or post (with the postage paid). We do not usually return original documents to you, but if you ask us to, we will.

Reasons your membership would end

Please remember that your membership (and that of all the other people listed on the Insurance Certificate) will end:

- If you do not pay any of your premiums on, or before, the date they are due.
- If you do not pay the amount of any IPT, taxes, levies or charges that you have to pay under your agreement with us on or before the due date.
- Upon the death of the policyholder.
- If there is reasonable evidence that the policyholder or any dependents misled or attempted to mislead us. Examples are: giving false information, withholding pertinent information from us, working with another party to give us false information - either intentionally or carelessly - which may influence us when deciding:
 - whether we accept the application for cover
 - the applicable premium to pay
 - whether we have to pay a claim
- If you choose to cancel your policy, provided that no claims have been made and subject to the return in advance of all relevant insurance cards.

If your membership ends for reasons other than for fraud/non-disclosure, we will refund any premiums you have paid which relate to a period after your membership has ended, subject to the deduction of any money which you owe us.


Please note that if your membership ceases, your dependent's cover will also end.

Data protection

Our Data Protection Notice explains how we, Allianz Care, the administrator (data processors) acting on behalf of your insurer, protect your privacy and process your personal data. You must read it before sending us any personal data. To read our Data Protection Notice visit:

 www.allianzcare.com/en/privacy.html

Alternatively, you can contact us on the phone to request a paper copy.

 **19154** (when calling from inside Egypt)
+ 353 1 630 1301 (when calling from outside Egypt)

If you have any queries about how we use your personal data, please email us at:

 AP.EU1DataPrivacyOfficer@allianz.com

Complaints procedure

In the case of complaints, please write to us at the address below, stating your full name, date of birth and policy number:






Allianz Insurance Company – Egypt S.A.E,
Plot no. 14B01,
Building no. (A1),
Cairo Festival City,
5th Settlement,
New Cairo, Egypt

Talk to us, we love to help!

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




Within Egypt:

Nextcare Egypt 24/7 Helpline – for general enquiries and emergency assistance

-  Telephone: 19154
-  Fax: + 202 22908220
-  Email: cs@nextcare.com.eg

Outside Egypt:

Allianz Care 24/7 Helpline – for general enquiries and emergency assistance

-  Telephone: +353 1 630 1301
-  Fax: +353 1 630 1306
-  Email: client.services@allianzworldwidecare.com

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) can make changes to the policy. Security questions will be asked of all callers to verify their identity.

-  Address: Allianz Insurance Company – Egypt S.A.E
Plot no. 14B01, Building no. (A1)
Cairo Festival City, 5th Settlement
New Cairo
Egypt

This policy is supported by AWP Health & Life SA, a limited company governed by the French Insurance Code and acting through its Irish Branch. AWP Health & Life SA is registered in France: No. 401 154 679 RCS Bobigny. Irish Branch registered in the Irish companies Registration Office, registered No.: 907619, address: Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland. AWP Health & Life SA acts as the reinsurer and provides administration and technical support for the policy. Allianz Care and Allianz Partners are registered business names of AWP Health & Life SA. The insurer of this policy is Allianz Insurance Company - Egypt (S.A.E.)

Allianz Life Assurance Company - Egypt (S.A.E) Registered Under No. 15/2001
Allianz Insurance Company - Egypt (S.A.E) Registered Under No. 13/2001
Address: Building (A1) - Cairo Festival City - 5th Settlement - New Cairo
Phone: (+202) 232 23000



أليانز لتأمينات الحياة - مصر (ش.م.م) مسجلة تحت رقم 15 / 2001
أليانز للتأمين - مصر (ش.م.م) مسجلة تحت رقم 13 / 2001
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