

Important information

Provided in accordance with the Art. 3 of the VVG, the Swiss law governing insurance contracts

Effective from 1st January 2018

As required by Art. 3 of the Swiss law governing insurance contracts (VVG), the following information is provided to clearly state what insurer is responsible for your policy and offers a clear and concise overview of the most important points contained within the Company Agreement, which is the insurance contract signed by your company for the provision of health insurance cover to its employees. The content and extent of the rights and obligations arising out of the insurance contract are detailed in full for the insured employees in the Insurance Policy and the Employee Benefit Guide.

Who is your insurer?

Your insurer is AWP P&C S.A., Saint-Ouen (Paris), Wallisellen branch (Switzerland), address: Hertistrasse 2, 8304 Wallisellen.

Who is the beneficiary of this insurance?

The beneficiaries of this insurance are the employees working of for the company and their dependants (if applicable) as stated on the Insurance Policy.

What risks are insured and what is the scope of the insurance cover?

The insurance cover is determined based on specific criteria as declared for the individuals to be covered and the level of cover depends on the chosen insurance product. We offer a number of options to cover against the risks of illness, accident and/or maternity, the costs of medical care (e.g. medical treatments, hospital stays and stays in convalescent facilities, home nursing, drugs, dental treatments), as well as other related costs (e.g. therapies prescribed by a doctor, transportation in an ambulance, etc.)

Complete details on the chosen insurance cover are outlined in the documentation issued to the company within the quotation pack, and in the documentation issued to the insured employees within their Membership Pack.

How are premiums determined?

Premiums depend on the age and the legal residence of the insured employees and dependants, as well as on the risks being insured and the level of cover desired. Details on premiums can be found on the insurance quote which is sent to the company. Conditions for group insurance policies may differ from policy to policy, depending on the agreement we have with the client.

When are premiums paid?

Premiums must be paid on the due date which depends on the frequency of payment agreed with the company (for cases where the company is responsible for paying the premium).

Depending on the premium payment frequency selected, the following payment dates apply:

Payment frequency:	Due date:
Monthly	First day of each month
Quarterly	First day of each quarter
Half-yearly	1 st of July and 1 st of January
Annual	1 st of January

If your insurance starts in the current year, the premium payment for the first instalment (or the entire contribution, if the annual payment frequency was selected) is due on the first day of your insurance cover, unless agreed otherwise in the Company Agreement signed by the company.

What happens if premiums are not paid?

If the initial or subsequent premium is not paid in time in full, we shall suspend your cover 14 days after we have provided the final written reminder (Articles 20 – 21 VVG). If we do not take legal action to recover the premium, the policy shall be deemed automatically cancelled two months after the expiry of the 14 day notice period (Articles 20 – 21 VVG) and no further termination letter will be issued.

We will inform insured persons if cover is suspended or the policy is cancelled as a result of non-payment of premium on the part of the policyholder (i.e. the company) in accordance with the paragraph above.

In what circumstances can a premium refund be claimed?

In the case of premature termination or termination of the insurance contract, Article 24 VVG shall apply.

Cooperation requirement

The insured employee and the dependants are required to provide the Insurer with full and accurate details of every element related to the insured event, as well as to pre-existing illnesses and accidents. They are also required to release their medical providers (e.g. doctor, specialist, therapist, etc.) from their professional obligation to patient confidentiality when dealing with the Insurer.

Requirement to limit damages

The insured employee and the dependants must follow the advice of doctors and care staff and must do all that is reasonably possible to aid their recovery or prevent anything that could delay their recovery following a sickness, injury, medical condition or accident.

When does the insurance begin and end?

The insurance starts on the day stated in the Insurance Policy. Our acceptance of the application for cover is confirmed when we issue the insured person with the Insurance Policy and the insurance cover is valid from the start date shown on it until December 31st of each year, unless agreed otherwise in the Company Agreement. The contract renews on a tacit basis for a further year. Any change or cancellation requests in regards to the policy will have to come through the Group Scheme Manager appointed by the company.

If any other person is included as a dependant under the insured employee's cover (where approved by the company), their cover will start on the effective date shown on the insured employee's most recent Insurance Policy, which lists them as a dependant. Their cover may continue for as long as the insured employee remains on cover under his/her company's health insurance scheme and as long as any child

dependants remain under the defined age limit. Child dependants can be covered 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, should they wish to do so.

We waive the statutory right to terminate the contract, including in the event of a claim under Article 42 VVG. The insured person's right to termination remains unaffected.

In what cases would cover end?

The company may terminate the cover of its employees or their dependants by notifying the Insurer in writing.

The insured employee or the company may terminate cover by giving three month notice to the end of a calendar year. The termination notice will be valid if received by registered post before the expiry of the notice period, no later than the 30th of September of the relevant year. Please note that any change or cancellation requests in regard to the policy have to come through the Group Scheme Manager appointed by the company.

Cover may also end for the insured employee if they are not covered or no longer covered under the compulsory Swiss health and accident insurance. In this instance, the employee is responsible for informing the Insurer and the Insurer reserves the right to cancel the insurance contract.

Cover may be terminated in cases of non-payment of premiums: if the initial or subsequent premium is not paid in time in full, the Insurer shall suspend the insured employee's cover 14 days after the final written reminder was provided (in line with Articles 20 – 21 VVG). If the Insurer does not take legal action to recover the premium, the policy shall be deemed automatically cancelled two months after the expiry of the 14 day notice period (in line with Articles 20 – 21 VVG) and no further termination letter will be issued.

In the unfortunate event of the death of the insured employee, their cover will be cancelled.

The Insurer may also cancel the cover in the event of fraud or non-disclosure by the insured employee (or their dependant) in line with Swiss law (Articles 4 - 6 VVG and Article 40 VVG). The Insurer will write to inform the insured employee (or their dependant) of the cancellation of their policy within four weeks of the date of discovery of the non-disclosure (in line with Article 6 VVG).

Please note that if for any reasons the insured employee's cover ceases, their dependants' cover will also end.

How does the Insurer handle personal information?

The processing of personal data is essential to the transaction of insurance business. In the processing of personal data, the Insurer complies with the Swiss Data Protection Act (DPA). If necessary, the Insurer obtains any required permission to data processing from the insured employee or dependant.

The personal data processed by us includes data relating to and for the purposes of preparing quotations, underwriting policies, collecting premium, paying claims and for any other purpose which is directly related to administering policies in accordance with the insurance. In the first instance, information on the insured employee or dependant is taken from the point of application. In the interest of all insured employees and dependants, under certain circumstances, data is also exchanged with their previous domestic and foreign insurers and with reinsurers. We also process personal data in connection with product enhancements, as well as for our own marketing purposes.

In order to offer affordable comprehensive insurance cover, our services may partly be provided by legally independent firms both domestically and abroad. These may be Allianz Group companies or partners. For

the purposes of fulfilling its contractual obligations, we are bound to exchange data both within the Allianz Group and outside the Allianz Group. The Insurer stores data electronically or physically in compliance with the applicable legal provisions.

Insured persons whose personal data we process have the right, in accordance with the DPA, to ask whether and what data concerning them we actually process and may also request rectification of incorrect data.

What are the applicable policy terms for unconditional acceptance?

If the content of the policy documentation or any endorsements are inconsistent with what was agreed between the company and the Insurer, the company must request the correction within four weeks of receipt of the documentation or endorsement. Should the company not request the correction within the mentioned period of four weeks, the content shall be deemed to be accepted in line with Article 12 VVG.

The Underwriter of your VVG insurance is AWP P&C S.A., Saint-Ouen (Paris), Wallisellen Branch (Switzerland), the Swiss Branch of AWP P&C S.A., Saint-Ouen, France, a limited company governed by the French Insurance Code. Registered in France: No. 519 490 080 RCS Paris. Swiss Branch registered in Zurich, registered No.:CHE-115.393.016, address: Hertistrasse 2, 8304 Wallisellen.

KPT Krankenkasse AG, Wankdorfallée 3, CH-3000 Bern 22, registered BAG Nr. 376. KPT provides administration services inside Switzerland.

AWP Health & Life SA, acting through its Irish Branch, is a limited company governed by the French Insurance Code. Registered in France: No. 401 154 679 RCS Bobigny. Irish Branch registered in the Irish Companies Registration Office, registered No.: 907619, address: 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland. AWP Health & Life SA, acts as the reinsurer of the VVG policies, provides administration services and technical support outside Switzerland. Allianz Worldwide Care is a registered business name of AWP Health & Life SA.