



Education and Culture DG

'Youth in Action' Programme

EUROPEAN VOLUNTARY SERVICE

INSURANCE PLAN

VOLUNTEER'S GUIDE

INFO KIT

Part 3

May



This guide is a summary of the general conditions of insurance policy no. 2007-2101 subscribed by the European Commission (EACEA Agency) for the European Voluntary Service programme and underwritten by AXA Belgium.

Under no circumstances shall it incur the responsibility of the insurer, the European Commission or the plan manager, European Benefits Administrators. The contract and the informative notice alone shall constitute admissible evidence between the parties.

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2011 Plan Administrator:

European Benefits Administrators

82, rue Villeneuve

92587 Clichy Cedex, France

www.europeanbenefits.com

A. General presentation

EVS Volunteers are covered by an **insurance plan** specially designed to protect participants in the European Voluntary Service (EVS) during their period of voluntary activity.

Cover is offered free of charge to EVS Volunteers. The Insurance premiums are paid by EACEA.

The aim of this plan is to give you access to an insurance network which can help you whenever a medical, dental, disability or liability problem occurs.

The role of the **AXA Group** and the **European Benefits Administrators** is to obtain for you the financial security of a solid insurance policy, the administrative services of a specialist for groups residing outside their country of origin, as well as the information, medical and repatriation consultancy services of an insurance company that has 35 call centres and 6,500 medical correspondents in 180 countries.

As a general rule, you will be in contact with **European Benefits Administrators**, who will coordinate all the services, except for repatriation and assistance, which will be handled by **AXA Assistance**.

The EVS insurance plan offers the following guarantees:

- Health costs
- Repatriation assistance
- Death & Disability Benefits: Permanent invalidity and Life Insurance
- Third-Party Liability in Private Life

All EVS Volunteers may claim the insurance, but will only be covered if the registration form for the group insurance plan has been completed and signed by the Volunteer and the Sending or Hosting Organisation, or by the Volunteer and the Coordinating Organisation in the case of projects on a European scale and multilateral projects with third-party countries.

European Benefits Administrators will send back confirmation to the Coordinating Organisation or the Sending Organisation, as well as the National Agency that sent the Volunteer.

Cover is **valid throughout the world, 24/7**, from the date when you leave home *en route* to the Host country, up till the second month following your return home at the end of your European Voluntary Service. **Cover is also in place for preparatory meetings before your departure and for follow-up and final assessment meetings after your return.**

If you are not covered by any insurance at the end of your voluntary service, you can request to remain covered by the plan for a period of up to twelve months after your return to your country of origin only. **Extensions are entirely optional and the premium will be paid by the Volunteer.**

The currency of the EVS plan is the Euro (EUR) but invoices for medical and dental care may be submitted in any other currency. Health care expenses are usually reimbursed in the currency indicated by the Volunteer on the registration form.

When you join the scheme, you will be given a **personalised EVS insurance-assistance card**.

It will show **your surname and first name, your membership number (EVS XXX), your login and password** to access your Participant's Pages on the site www.europeanbenefits.com as well as the contact details of the **European Benefits Administrators**.

It will make it easier for you to handle administrative matters in hospitals.

Do not hesitate to present this card to the admissions department and ask them to contact European Benefits Administrators for any refunds.

B. Admission to the insurance scheme, termination and extension

WHO BENEFITS FROM THE EVS PROGRAMME?

> **You**, as an EVS Volunteer

And the members of your family listed below, on condition that they accompany you on your mission, that they live under the same roof and that they are in your charge.

> **Your spouse.** The cohabiting partner of a EVS Volunteer is equated with a spouse provided neither of them is married, that they live under the same roof and that the partnership is recognised and permanent up to the date of the event: its duration must be at least twelve months, or a child must have been born of this union. The provision of a certificate of recognised partnership is required, or in the absence thereof, a testimonial to the same effect sworn on their honour.

> **Your children** and those of your spouse (or your partner).

EFFECT AND DURATION OF THE EVS PROGRAMME

Effect

Your participation in the EVS programme takes effect from the date you join, as communicated by your Sending or Hosting Organisation via our on-line registration system, and following receipt of the registration form duly completed and sent to **European Benefits Administrators**.

Your beneficiaries can only claim the benefit of the cover to the extent that the Volunteer himself benefits from the guarantees of the EVS programme.

Duration

For each Volunteer (and consequently his beneficiaries on the same date), the benefits of the EVS programme cease on the date when cover ends, as communicated by the Sending or Hosting Organisation via our on-line registration system.

You may benefit from an extension of the healthcare coverage only under the following conditions:

At the end of your European Voluntary Service, you benefit from an extension of your healthcare coverage free of charge for two months, valid in the hosting country or in the country of origin.

- **Optional extension beyond the free 2-month period of cover**

At the end of this 2-month period, if you are not covered by any insurance policy, you might wish to remain covered by the insurance plan for a **maximum period of twelve months** after your return, exclusively in your country of origin. **The other guarantees are excluded from the extension of optional cover.**

The extension is entirely optional and the premiums are paid by each EVS Volunteer.

The period during which cover is maintained must be fixed and final. Confirmation that your cover is being maintained will be effective after reception of payment for the premium, which is payable by direct bank transfer or by cheque in euros made out to European Benefits Administrators.

In order to benefit from this extension, you must inform the European Benefits Administrator one month before the end of your European Voluntary Service or free 2-month cover period, at the address below:

European Benefits Administrators (PLAN SVE)

82, RUE VILLENEUVE

92587 CLICHY CEDEX, France

E-mail address: indiveurope@s2hgroup.com

Telephone : + 33 1 44 20 82 10

Fax: + 33 1 44 20 48 79

▪ **Follow-up activities**

Each EVS Volunteer may pursue a follow-up activity in the six months following the end of his work abroad, and this will take place in his country of residence (country from which he was dispatched) or in the hosting country, for a period of several days, **but no more than one month.**

In order to benefit from this extra cover, your Sending or Hosting Organisation must send the following information to **European Benefits Administrators** at the e-mail address indiveurope@s2hgroup.com :

- **Surname and first name of the EVS Volunteer**
- **Copy of your invitation to take part in the follow-up**
- **Former EVS cover number**
- **Date of registration for the initial cover**
- **New period of cover desired**
- **Country of allocation where the follow-up is to take place.**

C. Reimbursement of health costs

You are covered for the **costs of hospitalisation, surgery, medical and dental treatment throughout the world, on condition that such treatment and/or supplies are recognised by the local medical authorities as being essential to the treatment of the illness, the injury or (as the case may be) pregnancy, and provided by medical practitioners working in the field for which they are qualified (in accordance with the legislative, regulatory or other provisions concerning the exercise of their profession in the country concerned).**

You are free to choose your own doctors and hospitals.

You can use the public or private health service.

Practical information on Expat Health

Do not hesitate to consult the database of GPs and hospitals referenced by our advisory physicians on your Participant's Pages on the Internet site www.europeanbenefits.com.

Health costs will only be reimbursed in cases where the medical and dental services:

- correspond to the symptoms and the diagnosis,
- are necessary and appropriate in the treatment of the illness, injury or pregnancy,
- that the expenses for the services are reasonable and actually incurred.

The health costs will be reimbursed complementarily to any reimbursements to any Social Security organisation or any other insurance you may have.

If you are receiving allowances from the local social security system in your country of origin or your hosting country, you must first obtain the reimbursement from those systems before submitting your request for reimbursement to European Benefits Administrators.

The benefits paid out under the EVS programme are then deducted from those paid by the local social security system of the country of origin or hosting country.

This means that you must obtain the European Health Insurance Card to be able to obtain the reimbursement of your health costs by the local social security system of your country of origin or your hosting country.

This card, issued in your name, is free and valid for one year.

WHICH COSTS WILL BE REIMBURSED?

The scheme covers your actual costs within the "reasonable and customary" limits and ceilings indicated in the table below:

"Reasonable and customary"?

The notion of "reasonable and customary" is assessed in accordance with the medical practice prevailing in the country where treatment is being dispensed (type of treatment, quality of care and equipment, geographical area and country).

HOSPITAL MEDICINE

<ul style="list-style-type: none"> - Accommodation costs (including any costs for a private room) - Surgical operations, anaesthetics - Intensive care unit - Any operating theatre costs - Consultations, visits - Auxiliary medical operations - Medical biology operations (laboratory tests) - Operations using ionising radiation (radiography) - Pharmaceutical costs - Ambulance transport 	<ul style="list-style-type: none"> - 100% of actual costs
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ROUTINE AMBULATORY MEDICINE

<ul style="list-style-type: none"> ✓ Consultations, visits to GPs and specialists (except dentists and ophthalmologists) ✓ Surgical operations ✓ Auxiliary medical operations ✓ Medical biology operations (laboratory tests) ✓ Operations using ionising radiation (radiography) ✓ Pharmaceutical costs ✓ Ambulatory medicine in a hospital establishment ✓ Ambulance transport 	<ul style="list-style-type: none"> ✓ 100% of actual costs
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OTHER FORMS OF TREATMENT

<p>Dental</p> <ul style="list-style-type: none"> ✓ Urgent and curative dental treatment (preventive treatment, dental surgery, diagnoses, hygiene, paradontology) ✓ Dental prostheses 	<ul style="list-style-type: none"> ✓ 100% of actual costs ✓ 100% of actual costs within a limit of €500 per tooth and €1,000 per person
<p>Optical</p> <ul style="list-style-type: none"> ✓ Ophthalmological examinations ✓ Pair of glasses (including frame) or contact lenses 	<ul style="list-style-type: none"> ✓ 100% of actual costs ✓ 100% of actual costs within a limit of €300 per person
<p>Mental disturbances/Detoxification</p> <ul style="list-style-type: none"> ✓ Treatment for mental disturbances (nervous or mental diseases, psychotherapeutic treatment) ✓ Detoxification treatment 	<ul style="list-style-type: none"> ✓ 100% of actual costs within a limit of 30 continuous days per person ✓ 100% of actual costs within a limit of 30 continuous days per person
<p>Maternity (costs arising from maternity care during pregnancy and childbirth)</p>	<ul style="list-style-type: none"> ✓ 100% of actual costs

Costs which are obviously unreasonable and not customary may be subject to a refusal for cover or a limitation of the amount of guarantee.

EXCLUSIONS

The EVS programme does not cover certain medical and dental expenses:

- Treatment that is not necessary from a medical point of view, such as aesthetic treatment, orthodontic treatment, aesthetic surgery, pharmaceutical products that are not prescribed, personal expenses in a hospital (telephone, television, newspapers, etc.);
- Psychoanalysis;
- The treatment of psychiatric, mental or nervous problems or those related to alcohol or drug abuse outside the hosting country and the country of origin;
- Sunglasses;
- Hydrotherapy and cures at thermal spas;
- Hospital or doctors' fees which are clearly excessive or not customary may be rejected or only partly reimbursed.

PRIOR APPROVAL

Since the reimbursement of certain health expenses is limited, European Benefits Administrators will provide you with a check-up and assistance service to ensure that you do not exceed the ceilings that have been set.

You must contact European Benefits Administrators and obtain prior agreement for the following treatments:

- Hospitalisation and surgery for one day;
- Childbirth;
- Treatment for psychiatric, mental or nervous problems or those related to alcohol or drug abuse if the cost is likely to exceed €300;
- Any treatment that requires five or more medical visits;
- Dental surgery, dental crowns and dental treatment if the cost is likely to exceed €600.

For any prior approval:

- the person handling your case will specify the conditions for cover;
- he/she will ask you, as the case may be, for a treatment plan including the **prescription of the prescribing physician, the x-ray photos and a detailed estimate;**
- if you wish, he/she may organise **direct payment to the hospital or physician** (there is no direct payment for optical treatment).

PRE-CERTIFICATION

MEDICAL OR SURGICAL HOSPITALISATION

➤ In case of scheduled hospitalisation

At least 10 days before your admission to the hospital, **contact European Benefits Administrators**, so that they can send a confirmation of refund for hospital costs.

This will prevent you from having to pay out an advance on the costs.

You will only have to pay the costs not covered by the insurance and, in all cases, your personal expenses such as telephone and television.

➤ In case of emergency

If you have to go to hospital urgently, **contact European Benefits Administrators within 72 hours of your admission.**

Present your EVS insurance-assistance card to the hospital's admissions department and ask them to contact European Benefits Administrators or AXA Assistance by phone to confirm that you are covered.

Confirmation of your cover will be sent by fax.

MATERNITY

Send European Benefits Administrators a **declaration of pregnancy** before the end of the third month.

A refund will be sent as and when required to the hospital centre to cover the costs of childbirth in accordance with the terms of your policy.

This will prevent you from having to pay out an advance on the costs.

“On-line” refund

Fill in your request for a refund directly in the "Payment exemption" field of your Participant's Pages on www.europeanbenefits.com.

HOW WILL YOU BE REIMBURSED?

On-line reimbursement request

You can fill in the reimbursement request form on the Participants' Pages of the Internet site, under "Forms". **Print out the pdf document and send it by post to your management centre, together with documentary proof of health expenses (original invoices duly paid and your medical prescriptions).**

For the usual medical expenses (consultations, pharmacy, analyses, radiology, as well as dental and optical care), **first pay the expenses before sending them to the management centre for reimbursement.**

Please make sure you provide us with your bank details to facilitate the reimbursement of your costs: IBAN + SWIFT CODE + Address and Name of your Bank + Surname and First Name of the account holder.

Practical advice

Take the precaution of making photocopies of all the documents you send.

Try to **group your reimbursement requests together**, so as to avoid reimbursements for small amounts.

Fill in your on-line reimbursement request carefully:

- **Check the information concerning you** (contact details, e-mail, beneficiaries, etc.) and **modify it** where necessary.
- **For each treatment, service or product** you must: Give the date, give a **brief description**, state **the nature of the illness or injury** requiring the treatment, indicate the country in which the treatment was given, state the **amount paid**/the estimate and the **attending physician or hospital**.
- After checking the whole of this form, you can print out the pdf.
Attention: before sending it to the management centre, you must:



date and sign the form (section D);

don't forget to send the originals of your medical prescriptions, bills for fees and invoices.

These documents must mention the last and first names of the patient, the date when treatment was given, a detailed description of the treatment, the amount of expenses for each category of treatment, the name, address and telephone number of the attending physician, the hospital, laboratory or pharmacy.

Cash receipts that do not show all this information will not be accepted.

For treatment given in France, you must supply the Social Security treatment slips and the stickers (for medications).

For optical treatment, pharmacy, lab tests and physiotherapy sessions, the invoices must be accompanied by the prescription of the prescribing physician (originals).

For any expense greater than €400, please attach any document filled in by the practitioners showing details of the treatment, the nature of the illness or injury, and the type of treatment prescribed. In the absence thereof, European Benefits Administrators may require you to send additional documents, which will delay the refund of your health expenses.

Monitoring your reimbursement requests

Requests for reimbursement that have been uploaded are **saved and can be consulted** for a year in the Participants' Pages under the heading "**Your Requests**".

If you, your spouse or your children are covered by the local Social Security scheme of your country of origin or your hosting country (or another insurance policy), or if you have the European health insurance card, you must first obtain reimbursement from those organisations before submitting your request for reimbursement to the European Benefits Administrators.

In this case, please send a copy of all the corresponding bills for fees with your request for reimbursement, together with the original of the reimbursement calculation of the first organisation.

If the intervention of the local Social Security system has been refused for any reason, even though you are in possession of the European health insurance card, you can submit your request to European Benefits Administrators together with a letter explaining why your request was rejected, and a copy of the refusal letter issued by the local Social Security organisation.



You have **12 months after the date when treatment was given to send your request for reimbursement.**

My reimbursement calculation

When you send us your e-mail address ("[Your situation](#)" on the Internet site), you will receive a warning message announcing that a new calculation has been processed for you.

When the processing has been done, you can **display details of your reimbursement in the "Your calculations" field** of the Participants' Pages on the Internet site.

EUROPEAN BENEFITS ADMINISTRATORS' INTERNET SERVICES

On the Internet site www.europeanbenefits-mb.com, you can access your privileged Participant's Pages using your login and password, which will be sent to you when you join the scheme.

This page will enable you to:

- **Display and modify your personal details** (contract number, date of entry, membership number, beneficiaries, correspondence address, bank details, etc.);
- **Request an insurance certificate, a personalised card;**
- **State and print out your reimbursement requests on line;**
- **Consult your reimbursement calculations** for the last 12 months;
- **Find out the formalities** for prior intentions, payment exemptions, reimbursements;
- **Make a request for reimbursement on line (see chapter C., Reimbursement of medical expenses)**
- **Access Expat Health ('Santé Expat')**, a site including a databank on the health situation of the country of your choice and a database referencing health practitioners throughout the world.

D. Repatriation and Assistance

A complete range of services is at your disposal, **including medical repatriation, medical information, the locations of providers of medical and dental care, the shipment of essential medical prescriptions, the advance of a security deposit and legal protection in case of a traffic accident, the replacement of identity cards and travel tickets.**

Prior authorisation must be obtained from AXA Assistance.

AXA ASSISTANCE undertakes to mobilise all the means at its disposal to implement all the benefits and assistance services provided.

AXA ASSISTANCE may not be held liable for non-fulfilment or delays caused by civil or foreign wars – whether declared or not – general mobilisation, the requisitioning of men and materials by the authorities, any acts of sabotage or terrorism committed in connection with concerted actions, social conflicts such as strikes, riots, popular movements, lock-outs, natural catastrophes, the effects of radioactivity, or any cases of force majeure making it impossible to perform the contract.

DESCRIPTION OF BENEFITS AND SERVICES

EXPATRIATION AID

<ul style="list-style-type: none"> ✓ Medical information connected with trips abroad <ul style="list-style-type: none"> - Information on preventive treatments, - Compulsory or recommended vaccinations - Prescription drugs to provide for before departure, - Information on medications, their side-effects, contra-indications, precautions to take in case of pregnancy or lactation, - Medical advice for better adaptation to the local situation: Time difference, hygiene, food, climate, sanitary risks. ✓ Information on the local medical structures <ul style="list-style-type: none"> - Information on hospitals, specialist clinics, rest homes with medical care, re-education centres, recommendations by specialists. ✓ Miscellaneous information <ul style="list-style-type: none"> - Information on atmospheric conditions, customs regulations, money, addresses of embassies and consulates, advice in case of theft or loss of identity cards, credit cards, cheques, etc. ✓ Shipment of medications <ul style="list-style-type: none"> - Shipment of essential medical prescriptions not available in the hosting country. 	<ul style="list-style-type: none"> ✓ Unlimited The purpose of the service is not under any circumstances to provide a personalised medical consultation by telephone or to promote self-medication. ✓ Unlimited ✓ Unlimited ✓ Benefit guaranteed for occasional requests and not for regular shipments or for a request for vaccines. The Volunteer undertakes to reimburse the cost of the medications and any customs duties within 30 days from the date of shipment.
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TRAVEL ASSISTANCE

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| <ul style="list-style-type: none"> ✓ Legal assistance in the hosting country in case of a traffic accident ✓ Advance of bail in the hosting country in case of a traffic accident. ✓ Assistance in and cost of replacing identity documents or travel tickets in case of loss and theft outside the country of origin. ✓ Sending urgent messages | <ul style="list-style-type: none"> ✓ Fees limited to €800 ✓ Limited to €15,000 The bail (security deposit) will have to be reimbursed by the Volunteer within 3 months of the date of the advance. ✓ 100% of actual costs within a limit of €400 per person ✓ Transmission free of charge by the fastest method. |
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PERSONAL ASSISTANCE

The following services are available in case of sudden and unpredictable illness, serious physical accident or decease.

The term **unpredictable illness** will be taken to mean “any sudden and unpredictable alteration to the person’s health confirmed medically” and the term **serious physical accident** will be taken to mean “any unintentional physical injury to the insured person resulting from the violent, sudden and unpredictable action of external cause”.

In all cases, the organisation of first aid is the responsibility of the local authorities and thus, the corresponding costs will not be reimbursed by AXA ASSISTANCE.

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| <ul style="list-style-type: none"> ✓ Repatriation for health reasons ✓ After repatriation, return to the hosting country ✓ Advance of medical expenses in accordance with the insurance policy outside the country of origin ✓ Prolongation of hotel accommodation
Hotel expenses (bed and breakfast) if return to the country of origin at the end of Voluntary Service is delayed because of serious illness or an accident. ✓ Provision of a return ticket for a close family member and refund of hotel charges (bed and breakfast) for that family member in case of hospitalisation of the insured party lasting more than 7 days. ✓ Provision of a return ticket for the insured person in case of decease or sudden illness and hospitalisation lasting more than 10 days of a close member of your family. ✓ Repatriation of body in case of decease and refund of hotel charges (bed and breakfast). | <ul style="list-style-type: none"> ✓ Transportation of the insured person to the most suitable or specialised medical centre or to the medical centre closest to home in the person’s customary country of residence, provided the state of health of the insured person permits it. ✓ One-way ticket to enable the insured person to return to the hosting country following repatriation to the country of origin. ✓ Limited to the actual costs for treatment prescribed in agreement with the AXA Assistance medical team and the « Reimbursement of health costs » cover. ✓ Limited to €50 per night for a maximum of 10 nights ✓ Limited to €50 per night for a maximum of 10 nights ✓ Return ticket from the hosting country to his own country of customary residence or origin. ✓ Up to €1,000 max. for the costs of a coffin and up to €76 per night for 3 consecutive nights for hotel charges. |
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European Benefits Administrators will cover the medical expenses after repatriation by AXA ASSISTANCE on the basis of the EVS' rules for medical cover.

EXCLUSIONS

General exclusions:

- The costs incurred by an insured person without the prior agreement of AXA ASSISTANCE;
- Catering costs;
- The costs of taxis, except those explicitly provided for in the contract;
- Costs relating to the loss or theft of luggage;
- Damage caused intentionally by the insured person, with the exception of suicide or attempted suicide;
- Accidents connected with participation in sporting competitions and trials, except in relation to sporting competitions directly connected to the EVS project in which the Volunteer is participating (you must take out a specific insurance policy with the sports federation or a local insurance policy to cover those sporting risks);
- The costs of search and rescue at sea or in the mountains;
- Any other cost not covered by the guarantees granted.

Medical exclusions:

Independently of the health expenses cover, the following are not covered by AXA ASSISTANCE:

- Benign conditions that can be treated on site;
- Diseases in course of treatment and states of convalescence not consolidated;
- Examinations and/or treatments for a disease that were programmed before departure to the hosting country;
- Any consequences (check-ups, additional treatments, relapses) of a disease that necessitated repatriation;
- Examinations by way of screening (prevention, check-ups, etc.);
- Conditions of pregnancy except for an unpredictable complication, but in all cases pregnancies and their possible complications after the 6th month;
- Pregnancies through *in vitro* fertilisation;
- Voluntary interruptions to pregnancy;
- Childbirth at full term;
- Aesthetic surgery.

HOW DO I CONTACT AXA ASSISTANCE?

➤ IN CASE OF EMERGENCY

1. In case of emergency or in a situation that might be fatal, contact the local ambulance/doctor/hospital/fire service/police immediately to deal with the immediate emergency.

AXA ASSISTANCE cannot replace the local or national emergency or police services.

2. Then telephone AXA ASSISTANCE in Paris: **+ 33.1.55.92.26.06**

3. Introduce yourself as a European Volunteer working with the EVS and **state the number that appears on your EVS insurance-assistance card**. Give the following information to AXA ASSISTANCE:

- Your name and the telephone number from which you are calling
- A description of the problem which is the reason for your call and what has been done about it up to now, as well as the place where you happen to be at the time of the call
- As the case may be, the name and telephone number of the attending physician.

4. Follow the instructions of AXA ASSISTANCE's medical team.

The instructions above are provided in case of medical emergency.

➤ **IF THERE IS NO EMERGENCY**

If there is no emergency, call AXA ASSISTANCE at the number above, stating your name and your ID number (on your EVS insurance-assistance card) and ask for the service you need.

E. Permanent Invalidity and Life Insurance

The provident cover put in place for the whole of your period of insurance includes the options “*Permanent Invalidity following accident or illness*” and “*Life Insurance*”.

WHAT ARE THE BENEFITS OFFERED?

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| <p>✓ Lump-sum indemnity in case of permanent invalidity resulting from an illness or accident occurring during the period insured on condition that the level of invalidity is equal to or greater than 20% (<i>level determined on the basis of the table of permanent invalidity appearing in the insurance contract</i>).</p> <p>✓ Lump-sum in case of decease resulting from accident or illness.
Payment in advance of the capital on decease in case of Absolute and Definitive Invalidity following accident or illness with 100% loss of ability to work and the assistance of a third-party person to undertake daily tasks. The payment of the capital in advance brings the cover for decease to an end.</p> | <p>✓ Lump sum = €60,000 x Invalidity Level</p> <p>✓ €20,000.</p> |
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Beneficiaries of the capital on decease

The capital will be paid, subject to a particular designation by the insured person, as follows:

- **To the spouse, so long as not legally separated;**
- **Otherwise, in equal shares to the surviving or represented children of the insured person and to the dependent children of the spouse;**
- **Otherwise, in equal shares to the father and mother of the insured person, or to whomever is the surviving parent;**
- **Otherwise, to the heirs of the insured party.**

The Volunteer may send a **different designation** to the European Benefits Administrators.
The Volunteer is the beneficiary of the capital in case of Absolute and Definitive Invalidity.

EXCLUSIONS

The benefit in case of Permanent Invalidity does not cover the consequences of one of the following cases:

- **A voluntary or intentional offence committed by the insured party, although the consequences of an attempted suicide are covered;**
- **Civil or foreign war, riots, brawls, acts of terrorism in which the insured party has taken an active part, although cases of legitimate defence and assistance given to a person in danger are covered;**
- **Nuclear fission.**

The benefit in case of decease is not paid out in the following case:
If the insured party is murdered by the beneficiary.

HOW TO OBTAIN PAYMENT OF BENEFITS

A request for payment of benefits must be sent to European Benefits Administrators within no more than 12 months following the claim.

European Benefits Administrators (PLAN SVE)

82, rue Villeneuve
92587 Clichy Cedex, FRANCE
E-mail address: indiveurope@s2hgroup.com
Telephone: + 33 1 44 20 82 10
Fax: + 33 1 44 20 48 79

The following documents must be provided:

PERMANENT INVALIDITY DUE TO ACCIDENT OR ILLNESS (Degree of disability equal to at least 20%)

- Declaration of reason for claim, indicating the date, place and circumstances in which it occurred;
- Medical certificate including a detailed description of the injuries, as well as any consequences that might arise therefrom;
- Upon consolidation of the condition of the insured party, the proof of his total or partial infirmity by means of certificates issued by his attending physician and any documents enabling an exact assessment of his condition and determination of the level of invalidity to serve as a basis for the claim (the insurer reserves the right to submit the insured party to a medical examination, at the former's own expense).

DECEASE – ABSOLUTE AND DEFINITIVE INVALIDITY

- Extract from the death certificate of the Insured Party;
- Document from the registry of births, marriages and deaths showing the Insured Party's civil status (including marriage, children, etc.) or an equivalent document;
- Documents proving the status and rights of the beneficiaries and particularly, as the case may be, the attestation or equivalent document provided by a legal or other competent authority;
- A medical certificate indicating the cause of death and, if appropriate, a copy of the police report.

European Benefits Administrators may have to ask for additional probative documents in case of Permanent Invalidity through illness or accident and in case of Decease - Absolute and Definitive Invalidity.

Of course, you can contact European Benefits Administrators to find out if the event that occurred is covered by your insurance; European Benefits Administrators will assist you in preparing the request to be sent to the insurer.

F. Third-Party Liability in Private Life

Cover for Third-Party Liability in Private Life insures you against the financial consequences of your third-party liability due to physical, material or consequent immaterial damage caused by the Volunteer to third parties during his European Voluntary Service, either in his private life or in his voluntary service activities, insofar as that liability is not covered locally by another insurance contract.

A few definitions:

Third party: any person other than the Insured Party. Persons benefitting from the position of insured party are considered as third parties between themselves only with regard to physical damage.

Physical damage: any pecuniary or moral consequence of a violation of the physical integrity of a human being.

Material damage: any damage, destruction or loss of an object or an animal, with the exception of unexplained disappearances.

Consequent immaterial damage: pecuniary prejudice resulting from physical or material damage covered by the present insurance.

Claim: the damage or injury giving rise to the application of the insurance guarantees.

EXTENT OF THE COVER

The insurance cover is valid throughout the world up to the following amounts per claim:

✓ Physical damage:	✓ €5,000,000.
✓ Material damage and consecutive immaterial damage	✓ €500,000.
THESE AMOUNTS INCLUDE THE FOLLOWING SUB-LIMITS:	
- Damage and costs resulting from fire, explosion and electrical damage for which the Volunteer is liable as the tenant, occupant or neighbour of a building	- €75,000.
- Damage to the environment	- €125,000.
- Criminal defence (your defence against prosecution) and lawsuits (claims for damages by third parties for losses that you caused them)	- €15,000 on condition that a threshold of €200 has been reached [damage waiver]

EXCLUSIONS

The main exclusions apply to losses resulting from:

- liability covered by an insurance made compulsory by Law (as laid down by the legislation of the country where the losses occurred). Before using a motor vehicle, make sure you check that its insurance covers your liabilities;
- hunting, navigation, motor boats, gambling games, reckless dares;
- damage caused intentionally, due to serious negligence or under the influence of alcohol or drugs;
- material damage through fire, explosion and electrical damage, except as indicated above;
- erroneous financial operations, embezzlement, breach of trust, etc.;
- fines or contraventions of any kind;
- participation in wagers or races;
- participation in acts of collective violence (war, civil strife, terrorism, strikes, riots, etc.);
- a product supplied by you or work done by you;
- your responsibility as director or agent of a legal entity;
- your negligence in managing an insured organisation.

Cover for lawsuits also excludes losses when you are acting as the owner, tenant or occupant of premises, except with regard to the premises you occupy during European Voluntary Service.

HOW TO OBTAIN PAYMENT OF BENEFITS

In case of a claim, the insured party must declare it as soon as possible in writing to European Benefits Administrators.

This declaration of claim must state the following:

- The date
- The place
- The exact circumstances
- The contact details of the third party who suffered the damage (surnames, first names, domicile of witnesses and third parties involved in the case)
- Any useful document, proof of damage, notifications, etc. (for example, in the case of material damage, photographs of the damaged object, an invoice for the damaged object, an estimate of repairs or an invoice showing the cost of the repairs).

Please send your request for reimbursement to the address below:

European Benefits Administrators (PLAN SVE)
82, rue Villeneuve
92587 Clichy Cedex, FRANCE
E-mail address: indiveurope@s2hgroup.com
Telephone: + 33 1 44 20 82 10
Fax: + 33 1 44 20 48 79

YOUR CONTACTS

If you have any questions or if you need help in understanding how the insurance cover applies to your situation, please contact the two organisations that provide the services and manage the plan – introducing yourself as a European Volunteer working for the EVS (please indicate your EVS insurance number):

for the following guarantees:

Health costs
Permanent Invalidity and Life Insurance
Third-Party Liability in Private Life



EUROPEAN BENEFITS ADMINISTRATORS (EVS PLAN)

82, rue Villeneuve
92587 CLICHY CEDEX
France

Telephone = + 33 (0) 1 44 20 82 10

Fax = + 33 (0) 1 44 20 48 79

e-mail: indiveurope@s2hgroup.com

Internet site: www.europeanbenefits.com

Assistance and Repatriation



AXA ASSISTANCE

Le Carat 6
Rue André Gide
92320 CHATILLON FRANCE
FRANCE

Telephone = + 33 (0) 1 55 92 26 06

If you want to visit EUROPEAN BENEFITS ADMINISTRATORS

the nearest metro stations are:

Mairie de Clichy (line 13) and **Saint-Ouen** (RER C)

The multilingual teams at European Benefits Administrators and AXA ASSISTANCE are operational **24 hours a day** and a doctor is constantly in attendance.

Do not hesitate to phone, fax, send an e-mail or letter if you have a question or problem that you think we can solve, or if you need prior authorisation or a reimbursement request form, or if you have lost your insurance-assistance card, etc. It will be our pleasure to do everything we can to help you.