

Contract number: MGENIB1100432NNP

INFORMATION LEAFLET

Non-professional Accidents Insurance (including on the home-workplace journey)

Currency CHF

Taken out by AMFI-GPAFI for its Members,
active International Civil Servants of the United Nations Office and affiliated Organizations, and their family members
(UN-recognized "Dependents")

Contractual document

Effective as of 1 January 2023

As a Member, you are covered by the non-professional accidents insurance, taken out by AMFI-GPAFI with MGEN VIE, under the contract number no. MGENIB1100432NNP, which is intended to provide optional insurance cover for International Civil Servants, members of AMFI-GPAFI, and their family members (UN-recognized "Dependents"), having subscribed to the non-professional accident insurance proposed by AMFI-GPAFI, for treatment, life and disability benefits in case of non-professional accidents (in accordance with the provisions of the UVG (Swiss Federal Law on Accident Insurance) and including accidents occurring on the home-workplace journey.

The terms and conditions for the implementation of the benefits and the various benefits you are entitled to are set out in this information leaflet.

This document is a translation of the terms and conditions of the insurance leaflet written in French. However, only the French version is binding.

Intermediated by: ASN, Advisory Services Network AG, Bederstrasse 51, 8002 Zurich, Switzerland.

Table of contents

Section 1. Purpose and basis of the information leaflet	2
Section 2. Members	5
Section 3. Definitions	6
Section 4. Benefits.....	6
Section 5. Documents to provide	9
Section 6. Medical examinations and disputes	10
Section 7. EXCLUSIONS.....	10
Section 8. Premiums.....	11
APPENDIX 1: Scale of Assessment for Damage Compensation	12

Section 1. Purpose and basis of the information leaflet

1- Purpose of the information leaflet

The contract object of this information leaflet is a group insurance contract with optional membership taken out by l'Association des Mutuelles des Fonctionnaires Internationaux (AMFI) acting on behalf of its entity GPAFI (Groupement de Prévoyance et d'Assurance des Fonctionnaires Internationaux), with the Insurer MGEN VIE, under an underwriting delegation with VYV International Benefits (VYV-IB).

The declarations of both AMFI-GPAFI and the Members serve as a basis to this contract.

The Contract falls under *branche 1 - Accident and branche 20 - Life and Death*, as defined in article R.211-2 of the *Code de la mutualité* (French Mutual Insurance Companies Code) and is governed by its stipulations as well as by the provisions of Livre II (Tome II) of the said Code and the French legislation in force.

The purpose of the Contract is to provide International Civil Servants, Members of AMFI-GPAFI, as well as their family members (UN-recognized "Dependents"), who have subscribed to the non-professional accident insurance proposed by AMFI-GPAFI, with treatment and life & disability benefits in case of a non-professional accident according to the provisions of the Swiss Federal Act on Accident Insurance (UVG) and including accidents occurring on the home-workplace journey, as per this information leaflet, namely:

- Reimbursement of unlimited treatment expenses (for a maximum duration of 5 years) and/or
- Payment of a lump sum in case of death due to a non-professional accident (in increments of CHF 100,000 up to a maximum of CHF 1,000,000) and/or
- Payment of a lump sum in case of disability due to a non-professional accident (in increments of CHF 100,000 up to a maximum of CHF 1,000,000).

Members have access to the content of the Statutes of the Insurer at <http://www.mgen.fr>. In the event of a conflict of interpretation between the contract covered by this leaflet and the provisions of the Statutes of the Insurer, the provisions of the contract shall prevail.

2- Effect, duration, renewal of the membership certificate and withdrawal

2.1 Membership

Application for coverage under this policy shall be made by means of an individual application form completed, dated and signed by the Applicant.

This individual application specifies the identity of the Applicant, the elements necessary to determine the coverage and to calculate the premium and must obtain the Applicant's consent.

The Applicant must acknowledge having read the pre-contractual documents, i.e., the Insurance Product Information Document (IPID) and this information leaflet.

The Insurer's acceptance is notified to the Applicant through AMFI-GPAFI.

The Applicant's membership to the insurance is confirmed by a membership certificate.

2.2 Effective date and renewal

For new Members and for those taken over from the previous contract, membership of the insurance takes effect on the date mentioned on the membership certificate.

From 1 January 2023 and for all Members, the membership ends on 31 December 2023. It is then tacitly renewed on 1 January of each year for a period of twelve (12) months, unless terminated by the Member or the Insurer.

Membership may be terminated:

- **At the initiative of the Insurer:**
 - in the event of non-payment of premiums by the Member, in accordance with the terms and conditions set out in this leaflet,
 - on the date on which the Member is no longer a member of AMFI-GPAFI,
 - in case of a false statement.
- **At the Member's Initiative:**
 - in writing by the end of a month, giving one (1) full month's notice.
- **As of right:**
 - in case of cancellation of the group insurance contract no. MGENIB1100432NNP, subject of this leaflet.

3- Member's obligations

Member may be required to justify at any time the statements made to the Insurer at the time of enrolment.

In case of omission or misrepresentation by the Member, the Insurer is entitled to either invoke the nullity of the contract, or to continue its execution under the new conditions it will set, or to ask for its cancellation in case of refusal of the new conditions.

4- Additional provisions

4.1 Prescription

Any action arising out of the contract covered by this leaflet shall be barred after two (2) years from the event giving rise to it. However, this period does not apply:

- in case of concealment, omission, false or incomplete declaration about the risk incurred by the Member: from the day the Insurer became aware of it;
- in case of realization of the risk: from the day the interested parties become aware of it if they prove that they were unaware of it until then.

When the Member's action against the Insurer is based on recourse by a third party, the limitation period only runs from the day this third party has taken legal action against the Member or the beneficiary or has been compensated by the latter.

The limitation period is extended to ten (10) years when, for commitments whose execution depends on the duration of human life, the beneficiary is not the Member and, in operations relating to accidents affecting natural persons, when the beneficiaries are the rightful claimants of the deceased Member.

For life insurance contracts, the beneficiary's actions are barred not later than thirty (30) years after the death of the Member.

The prescription is interrupted by one of the ordinary causes of interruption and by the appointment of experts following the occurrence of a risk.

The interruption of the prescription of the action can, moreover, result from the sending of a registered letter or an electronic registered letter, with acknowledgement of receipt, sent by the Insurer to AMFI-GPAFI, as regards the action for the payment of the premium, and by the Member, the beneficiary or the beneficiary's rightful claimant to the Insurer, as regards the payment of benefits.

4.2 Subrogation

For the payment of benefits, the Insurer is subrogated to the rights and actions of the Members, the beneficiaries or their rightful claimants against the responsible third up to the amount of the said benefits.

Subrogation is exercised within the limit of the expenses incurred by the Insurer, up to the amount of the compensation payable by the third party who compensates for the injury to the victim's physical integrity. The personal portion of the compensation corresponding to the physical or moral suffering endured by the victim and to the aesthetic and pleasure loss is excluded, unless the benefit paid by the Insurer compensates these elements of loss.

Likewise, in the event of an accident followed by death, the portion of the compensation corresponding to the moral prejudice of the beneficiaries remains theirs, subject to the same reservation.

For the payment of disability benefits, the Insurer is subrogated, up to the amount of said benefits, to the rights and actions of the Members, beneficiaries or their beneficiaries against the responsible third parties.

The Insurer is automatically subrogated to the beneficiary of the benefits who is the victim of an accident in his/her action against the third party responsible, whether the third party is fully responsible or not. If the beneficiary of the benefits has been directly compensated by the third party, the reimbursement of the benefits paid by the Insurer is required.

The beneficiary of the benefits who, through negligence or voluntary abandonment, makes recovery impossible, is required to reimburse the benefits received.

The Insurer waives any right of recourse against AMFI-GPAFI.

4.3 Personal data protection

In accordance with Regulation (EU) 2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (known as the General Data Protection Regulation), in the context of the management of the insurance contract, the Member's personal data may be transferred to the Insurer, its agents, service providers, subcontractors or reinsurers. Members are informed that data concerning them, and any beneficiaries are processed for the purposes of taking out, managing and executing the insurance contract and for its commercial management. It may also be used in the context of control operations, the fight against fraud and money laundering and the financing of terrorism, the search for beneficiaries of unpaid death contracts, the execution of legal and regulatory provisions, and this in application of the contract.

The data collected is essential for the implementation of this processing and is intended for the relevant departments of the Insurer and AMFI-GPAFI. The Insurer is obliged to ensure that this data is accurate, complete and, if necessary, updated. The data collected will be kept for the entire duration of the contractual relationship plus any legal requirements or in compliance

with the periods stipulated by the *Commission Nationale de l'Informatique et des Libertés (CNIL)*.

Members and/or beneficiaries have a right of access, rectification or deletion, limitation of the processing of their data, portability, opposition to processing, as well as the right to define directives on their fate after their death. They may exercise their rights by contacting the **Data Protection Officer of the VYV Group, Tour Montparnasse - 33, avenue du Maine, BP 245, 75755 Paris Cedex 15, France** or dpo@groupe-vyv.fr. When exercising their rights, the production of an identity document may be requested. In the event of a persistent dispute, they have the right to refer the matter to the CNIL at www.cnil.fr or at 3, place de Fontenoy, TSA 80715, 75334 Paris Cedex 7, France.

Data related to the state of health of Members, which process is necessary for the performance of the obligations and exercise of the rights of the Insurer or of the Members themselves with regard to social protection rights, may be processed in the context of the conclusion, management and performance of the said contract. This data is intended exclusively for the medical service of the Administrator. Rights may be exercised for the attention of the medical officer of the Insurer by sending an e-mail to: gpafi@vyv-ib.com.

4.4 Administrative agreement

The administrative management tasks of the contract have been entrusted by the Insurer to AMFI-GPAFI.

The payment of the benefits provided for the "unlimited treatment expenses", death and disability benefits is carried out by VYV International Benefits (VYV-IB), 3/5/7 Square Max-Hymans, 75748 Paris Cedex 15, France.

4.5 Supervisory authority

The Insurer's supervisory authority is the *Autorité de Contrôle Prudentiel et de Résolution (ACPR)*, 4 place de Budapest, CS 92459, 75436 Paris Cedex 09, France.

4.6 Information – Complaints - Mediation

Where Members seek clarification or have a complaint about:

- conditions of enrolment to the insurance,
- claims,
- payment of premiums,

they should contact AMFI-GPAFI, Palais des Nations 1211 Geneva 10, Switzerland or by e-mail at gpafi@un.org.

Receipt of the complaint will be acknowledged within ten (10) days from its receipt unless the reply itself is given within this period. In any case, in accordance with applicable legislation, a reply will be sent before the

expiration of a period of two (2) months from the date of receipt of the complaint.

If, despite the answers given, the complaint is not resolved, Members may write to **VYV International Benefits - Customer Relations Department, 7 Square Max Hymans - 75748 Paris Cedex 15, France**, email: gpafi@vyv-ib.com, enclosing a copy of the replies received from AMFI-GPAFI.

Once all the procedures for handling complaints have been exhausted, the Member may refer the matter to the MGEN Ombudsman in writing, and send the complaint by post to **CNPM - MÉDIATION - CONSOMMATION, 27 Avenue de la Libération 42400 SAINT-CHAMOND** or on the dedicated website: <https://www.cnpm-mediation-consommation.eu>.

The Ombudsman's opinion is not binding on the parties to the dispute, who retain the right to refer the matter to the competent courts. The Ombudsman is not authorised to give an opinion on the conditions of enrolment to the insurance. The terms and conditions of mediation can be consulted on the mediation website <http://www.mediation-mgen.fr>.

4.7 Jurisdiction and language of the contract

The contract object of this leaflet is governed by the Swiss substantive law, as regards the relationship with the Members, and by the Swiss Federal Act on Accident Insurance (UVG). In the event of a dispute with a member, the competent courts are the Swiss courts.

The language of this leaflet is English. However, only the French version is binding.

4.8 Limitation clause - International sanctions

The Insurer shall not be bound to provide insurance coverage or to pay any claim or provide any benefit under these provisions if such cover, payment, or benefit would expose it to any sanction, prohibition or restriction under the United Nations resolutions related to economic or trade sanctions, or under the laws and regulations of the European Union, the United States of America or any other jurisdiction.

No payment shall be made directly or indirectly to any country subject to sanctions at the date of the event as imposed by the United Nations, the Office of Foreign Assets Control (OFAC) of the US Treasury or the European Union.

4.9 Reluctance or false statement

The conditions of the contract are based on the declarations transmitted by the Member through AMFI-GPAFI.

Apart from the ordinary causes of nullity, any inaccuracy or intentional omission may lead the Insurer to invoke the nullity of the membership. The premiums paid will then be retained by the Insurer, which will be entitled to payment of all those due as damages.

Except as provided in the preceding paragraphs, no Member may be excluded from the insurance against his/her will as long as he/she is a member of the insured group and provided that the premiums are paid.

Section 2. Members

5- Insured persons

International Civil Servants employed by an International Organization within the United Nations, holding a permanent, indefinite or fixed-term contract, as well as the members of their family members (UN-recognized "Dependents") are eligible for the "unlimited treatment expenses" benefits described in this leaflet.

International Civil Servants employed by an International Organization within the United Nations, holding a permanent, indefinite or fixed-term contract, as well as their Dependent Spouse(s) (UN-recognized), are eligible for the "death" and "disability" benefits described in this leaflet.

Children are excluded from the "death" and "disability" benefits.

Secondary dependants are not eligible to this contract.

6- Enrolment to the insurance

6.1 Membership conditions for International Civil Servants and the members of their family (UN-recognized "Dependents")

Although Members are free to choose their country of residence, they must, in majority, reside in Switzerland or in Luxembourg or in France or in Belgium.

International Civil Servants must be stationed in Geneva at the time of enrolment.

The members of the family eligible to the insurance coverage are the spouse(s) and child(ren) of International Civil Servants, recognized "Dependents" as defined by the United Nations. It should be noted that:

- Children are automatically considered "Dependent" until the age of 21. Beyond that age and up to the age of 30, they may also be considered if they are still in school. The Insurer reserves the right to request official proof of continued education.
- If children over 21 years of age have a claim and it appears that they do not comply with the above condition for membership, the Insurer will not pay any benefits and will invoke the nullity of the

membership. The premiums paid will then be retained by the Insurer, which will be entitled to payment of all premiums due as damages.

The international civil servant and the members of his/her family (UN-recognized "Dependents") can join at any time, at the beginning of the month, as long as the International Civil Servant is still active, and at the latest during the month in which he/she and the Dependent Spouse(s) reach the age of 65.

The Applicant becomes a Member once the application for membership has been accepted by the Insurer.

The Insurer reserves the right to refuse insurance coverage.

6.2 Membership formalities

Applicants must, at the time of submitting their individual membership application:

- Complete accurately and sign an individual application form,
- The International Civil Servant wishing to apply for a death and/or disability coverage must also submit his/her last salary slip.

It is specified that the membership formalities are not required for Members previously insured through a group contract with optional membership of AMFI-GPAFI and wishing to retain equivalent insurance coverage.

The Insurer reserves the right to request additional information from the Applicant, to approve or refuse a membership application.

Membership is confirmed through a membership certificate sent by email to the Member by AMFI-GPAFI

7- Effective date of the benefits

The insurance is effective for each Member on the following dates:

- **Members previously insured through another AMFI-GPAFI optional group contract:** on 1 January 2023.
- **New Members affiliated through this contract:** on the effective date of the insurance coverage indicated on the membership certificate sent to the Member by AMFI-GPAFI.

8- Termination of benefits

Once admitted to the insurance a Member cannot be excluded if he/she fulfil the eligibility conditions.

The insurance coverage will terminate in the following cases:

- For each Member individually:
 - when he/she no longer meets the AMFI-GPAFI membership conditions,
 - in the event of non-payment of premiums and in compliance with the provisions of this leaflet,
 - if he/she terminates in writing the insurance by at the end of the month, giving a full month's notice,
 - in the event of a false statement,
 - at the end of the month of the Member's 70th birthday, only for new enrolment from 1 January 2023,
 - on the day of the Member's death,
 - For the members of the family as soon as they cease to belong to the category of " Dependents" eligible to insurance coverage.
- For all Members:
 - in the event of termination of the group insurance contract concluded between AMFI-GPAFI and the Insurer.

Section 3. Definitions

The terms and expressions used in this information leaflet have the meaning mentioned below:

Accident: any unintentional bodily injury of the Member, resulting from the sudden and unexpected action of an external cause, and all the pathological manifestations which are the direct consequence of such bodily injury, excluding an acute or chronic illness.

Are not considered as "accidents" covered under the contract object of this leaflet: medical accidents, cerebrovascular accident (CVA), rupture of cerebral aneurysm, myocardial infarction, cerebral embolism, meningeal haemorrhage, an injury or lesion resulting wholly or partly from a pathological condition or an operation not resulting from a non-professional.

A non-professional accident is a sudden event, occurring outside of work, which renders the Member temporarily unable to perform his/her work.

A commuting accident, i.e., an accident suffered by the Member on the way to or from work, is considered as a non-professional accident.

The burden of proof of the accident lies with the beneficiary(ies) and any classification by another Organization cannot be invoked against the Insurer.

Member: the International Civil Servant working for an international Organization within the United Nations and eligible to the non-professional accident insurance coverage proposed by AMFI-GPAFI, as well as the members of his/her family (Dependents) affiliated to the contract.

Beneficiary: Member or the beneficiaries in case of death to whom the benefits are due by the Insurer under the contract if the risk occurs.

Dependents: the members of the family recognized by the United Nations as being directly dependent of an International Civil Servant, namely the spouse(s) and child(ren).

Management Administrator: AMFI-GPAFI, entrusted, for a limited period which may be renewable, to carry out administrative management tasks on behalf of the Insurer (premiums collection, claims files administration, etc).

Force majeure: an unforeseeable and irresistible event, which is external to the debtor of the obligation.

Insurer: the Organization which covers the risk guaranteed under the contract, which is the subject of this leaflet, i.e., MGEN Vie, 3 Square Max Hymans, 75748 Paris Cedex 15, France, governed by the *Code de la Mutualité*.

Period of insurance: the coverage period by the Insurer begins on 1 January 2023 and ends on 31 December 2025 at midnight. It is subject to renewal.

Secondary dependent: member of the family considered by the United Nations as being indirectly dependent of an International Civil Servant, namely the father, mother, brother, or sister.

Prescription: the period beyond which the Member can no longer have his/her rights recognized.

Applicant: a Member of AMFI-GPAFI who submits an individual application for membership for him/herself and/or for the members of his/her family if the contract allows it.

Social security: any social security scheme to which the Member may belong (Swiss / French /other).

Claim: any event of a random nature likely to engage the insurance cover.

Policyholder: L'Association des Mutuelles des Fonctionnaires Internationaux, on behalf of its entity GPAFI, signs the contract for the benefit of its Members and is solely responsible for the payment of the premiums to the Insurer, composed of all the Members' premiums.

Section 4. Benefits

9- Territorial scope of benefits

Coverage is available 24 hours a day, worldwide, to Members only in the event of non-professional illnesses

or accidents (including accidents occurring on the home-workplace journey).

No payment may be made, directly or indirectly, to a country subject to sanctions at the time of the event, as decreed by the United Nations, the Office of Foreign Assets Control (OFAC) of the US Treasury or the European Union.

10- Insured lump sum in case of death or disability

10.1 Basis for benefits calculation

The benefits depend on the insured lump sum, chosen by the Member at the time of enrolment, and declared by AMFI-GPAFI to the Insurer.

The insured capital is determined in increments of CHF 100,000 up to a maximum of CHF 1,000,000. It is determined according to the monthly salary declared by AMFI-GPAFI to the Insurer.

The monthly insured salary for International Civil Servants is determined as follows:

- **For General Services staff members:** gross salary less staff assessment. The amount is expressed in CHF.
- **For Professionals staff members:** gross salary plus post adjustment less staff assessment. The amount, expressed in USD, is converted into CHF using the United Nations Operational Rate of Exchange (UNORE).

The annual salary is calculated based on the monthly salary which is annualized.

For International Civil Servants, who were not previously insured through a group contract with optional membership of AMFI-GPAFI, the sum insured may not exceed four (4) times the annual salary.

For “Dependent” Spouses, who were not previously insured through a group contract with optional membership of AMFI-GPAFI, the insured lump sum will be limited to CHF 300,000.

For Members who were previously insured through a group contract with optional membership of AMFI-GPAFI, the insured capital considered is the last one subscribed under this previous contract.

10.2 Basis for premiums calculation

The amount of the premium is determined according to the sum insured, the amount of which is chosen by the Member at the time of enrolment and declared by AMFI-GPAFI to the Insurer.

The sum insured is shown on the membership certificate of the Members.

10.3 Terms and conditions of the payment of the benefits

Benefits are payable in CHF. If bank fees are charged to the Member, he/she must bear the cost (as a deduction from the amount of the benefit due).

Under no circumstances shall the Insurer be held liable for any damage that the Member may suffer due to the exchange rate fluctuations, nor for any bank fees that may be charged when receiving the payment of a benefit in a foreign currency or when receiving a bank transfer from the Insurer.

11- Unlimited treatment expenses

11.1 Benefits covered by the insurance

The insurance covers, unless otherwise stated, the following unlimited expenses related to a non-professional accident, including if it occurs on the home-work journey:

(a) Reimbursement for a duration of five (5) years of expenses prescribed or carried out by a doctor

- medical treatment, including medicines,
- hospital stays and spa treatments in a general, semi-private or private ward,
- rental of utensils and appliances:
- initial purchase of aids to compensate for physical injury or loss of function (prostheses, spectacles, hearing aids and orthopaedic aids)
- repair or replacement (new value) of objects that are morphologically or functionally substitutable for a body part,
- right to repair or replace glasses, hearing aids and dental prostheses exists only if they were damaged or destroyed in a covered accident resulting in a physical injury requiring treatment.

b) Home care

- Coverage for care, e.g., care of the Member and maintenance of the household, by trained nursing staff for the duration of the medical treatment.

c) Travel and transport required by the accident

- Coverage to the place of treatment. However, air travel is only insured if it is unavoidable for medical or technical reasons. Transportation costs for persons who are presumed to be able to walk are excluded.

d) Rescue operations

- Reimbursement of expenses incurred for rescue operations if not necessitated by illness.

e) Search and rescue operations

- Coverage of the costs incurred for search and rescue operations for the Member, up to a maximum of CHF 20,000 per Member,
- Coverage of the costs incurred in recovering the Member's body and transporting it home (place of burial) when death is the result of an insured accident or exhaustion,
- Third party benefits.

11.2 Third party benefits

If the Member is also entitled to benefits from another damage insurer or a third party at fault, the Insurer will supplement these third-party benefits.

11.3 Limitation of the duration of the insurance coverage

If the contract concluded between AMFI-GPAFI and the Insurer MGEN Vie ends, and the treatment of a previous accident has not yet been started or completed, the Insurer will pay the treatment costs for this accident beyond the expiry of the contract, but for a maximum of five (5) years from the date of the accident.

11.4 Advance benefits payment in case of a responsible third-party

In the event of an accident caused by a third party (intentional assault and battery, animal bites, sports accidents, school accidents), the Insurer will make an advance payment to private insurers on the entitlement to benefits which have not yet been paid or the amount of which has not yet been determined, provided that the Member or the beneficiary takes all the necessary steps to enable the Insurer to make a direct claim for restitution or compensation against private insurers.

12- Beneficiaries in the event of the Member's death

In the event of the death of the Member as a result of a non-work-related accident, including one that occurs on the home-workplace journey, provided that it occurs no later than one (1) year after the date of the accident, a lump sum is paid to his or her beneficiaries, according to the order defined by the Insurer.

The beneficiaries of the lump sum paid in the event of the Member's death are, in the order listed, the following persons:

1. The surviving Spouse or Registered Partner, failing which, the unmarried or unregistered natural person who is not a relative, who was living with the deceased under the same roof in a community of life similar to that of marriage in an uninterrupted manner during the five (5) years preceding the death,
2. Direct descendants and natural persons for whose maintenance the deceased provided substantial support,
3. Parents,
4. Brothers and sisters,
5. Other heirs, excluding public bodies.

In the event of the death of a Member and of the beneficiary(ies) during the same event without it being possible to determine the order of death, the Member is presumed to have survived for the purpose of determining the beneficiaries of the Lump sum.

The Insurer reserves the right to check, by any means, that the cause of death is not the result of an excluded risk including with the Consular Authorities.

The non-professional accident must meet the conditions defined in Section 3 of this leaflet.

The death of a Member must be reported to the Insurer in writing as soon as possible. The cause of death must not be the result of an excluded risk as described in Section 7 of this leaflet.

Supporting documents to be provided are mentioned in Section 5 of leaflet.

13- Lump sum in case of death due to a non-professional accident

13.1 Benefits amounts

The death benefit is determined as follows:

	Amount
Lump sum paid in case of the Member's death	The insured lump sum is a minimum of CHF 100,000 and a maximum of CHF1,000,000, in increments of CHF 100,000.

For Members, international civil servants, who were not covered under the previous AMFI-GPAFI optional group contract and who join as from 1st January 2023, the insured lump sum insured may not exceed four (4) times the annual salary.

For Members, Dependent Spouses, who were not covered under the previous AMFI-GPAFI optional group contract and who join as from 1st January 2023, the insured For Dependent Spouses, the insured lump sum cannot exceed CHF 300,000.

14- Lump sum in case of disability due to non-professional accident

14.1 Benefits amounts

When a Member suffers from disability as a result of a non-professional accident, including one that occurs on the home-workplace journey, provided that this recognition occurs no later than one (1) year after the date of the accident, a lump sum is paid.

The disability lump sum is determined as follows:

	Amount
Lump sum paid in case of the Member's disability	The insured lump sum is a minimum of CHF 100,000 and a maximum of CHF 1,000,000, in increments of CHF 100,000.

For Members, international civil servants, who were not covered under the previous AMFI-GPAFI optional group contract and who join as from 1st January 2023, the insured lump sum may not exceed four (4) times the annual salary.

For Members, Dependent Spouses, who were not covered under the previous AMFI-GPAFI optional group contract and who join as from 1st January 2023, the insured lump sum cannot exceed CHF 300,000.

For Members who were not covered under the previous AMFI-GPAFI optional group contract and who join as from 1st January 2023, the sum insured may not exceed four (4) times the annual salary.

For Dependent Spouses, the insured lump sum will be limited to CHF 300'000.

14.2 Rules for assessing disabilities due to a non-professional accident

The non-professional accident must meet the conditions defined in Section 3 of this leaflet.

The disability assessment of a Member is evaluated in accordance with the provisions of the Swiss Federal Act on Accident Insurance (UVG) of 20 March 1981 and the rules laid down in the Ordinance on Accident Insurance (UVV) of 20 December 1982.

The Member is considered to be suffering from disability when he/she suffers a lasting physical or mental injury as a result of a non-professional accident, including accidents that occur on the home-work journey.

The disability is said to be total when the Member's integrity is 100% impaired. The full amount of the insured capital is then paid. The full amount of the lump sum is then paid.

Disability is said to be partial when the Member's integrity is less than 100%. In this case only a percentage of the insured capital, corresponding to the degree of

damage to the Member's integrity, will be paid (Appendix 1).

In case of special injuries or injuries that are not listed, the indemnity will be applied by analogy, considering the degree of the disability. The same procedure will be followed if the Member suffers several physical, mental, or psychological injuries at the same time.

Damage to integrity for which a rate of less than 5% would be applied does not give entitlement to any compensation.

Damage to integrity is assessed without aids, except for aids for vision.

The total loss of use of an organ is considered as the loss of the organ. In the event of partial loss of an organ or its use, the compensation for impairment is reduced accordingly. However, no compensation will be paid in case the impact on the Member's integrity is less than 5%.

The Insurer reserves the right to verify that the Member's disability is not the result of an excluded risk and to submit the Member to a medical assessment in accordance with Section 6 of this leaflet.

The date of occurrence of the disability is set at the date of recognition of this condition by the Insurer's Medical Officer.

Supporting documents to be provided are mentioned in Section 5 of this leaflet.

15- Declaration of claims

Any event that may give rise to a claim for benefits must occur during the effective period of coverage and be reported within six (6) months of the date of occurrence of such event.

Except in cases of force majeure, accidents not declared within six (6) months of the date of occurrence of the event will not result in any reimbursement of treatment costs or payment of capital in the event of death or disability and will therefore not be compensated.

Section 5. Documents to provide

16- Documents to provide to AMFI-GPAFI in case of death

In case of death of the Member, the members of his/her family, or other authorized person or the beneficiary(ies) must provide the following supporting documents:

- an accident report form accurately completed and signed by the members of his/her family, or other authorized person or the beneficiary(ies),
- an extract from the Member's death certificate
- a medical certificate specifying the cause of the Member's death,

- official documents proving the status of the beneficiary(ies),
- a copy of the family record book, if available,
- a dated and signed photocopy of both sides of the beneficiary(ies)' valid identity document and, if applicable, that of their representative(s),
- a Member's bank account information,
- any medical or administrative document, in particular police reports, specifying in detail the cause of death and allowing to prove the accidental origin of the death.

The Insurer or AMFI-GPAFI reserves the right to request other supporting documents to complete the file and a legal certification of the documents (the Hague Apostille).

The death lump sum is paid after the receipt of all the supporting documents and their validation by the Insurer.

17- Documents to be provided in the event of disability

In case of disability the Member or the members of his/her family, or the legal representative must provide the following supporting documents:

- an accident declaration form completed and signed by the Member or the reporting person,
- a medical certificate from the Member's doctor specifying the cause of disability,
- a dated and signed photocopy of both sides of the Member's valid identity card and, where applicable, that of the legal representative,
- a Member's bank account information,
- any medical or administrative document, in particular police reports, specifying the cause of the accident in detail and allowing to prove the link between the accident and the Member's disability,

The Insurer or AMFI-GPAFI reserves the right to request other supporting documents to complete the file and a legal certification of the documents (the Hague Apostille).

The disability lump sum is paid after the receipt of all the supporting documents and their validation by the Insurer.

Section 6. Medical examinations and disputes

18- Medical examinations

In order to decide on the opening or continuation of benefits, the Insurer may at any time:

- submit the Member to any medical examinations, checks and investigation it deems,
- carry out its own administrative investigations and controls.

The granting of benefits may be refused or suspended if the Member or the declaring person refuses these checks or refuses to provide the supporting documents requested by the Insurer.

The doctors and experts appointed by the Insurer have free access to the Member to ascertain his state of health.

The Insurer may refuse, interrupt or reduce the right to benefits on the basis of the conclusions of its doctors and experts, regardless of the decisions taken and payments made by the Social Security or any other body.

The Insurer's decisions taken, based on the conclusions of the doctors and experts it has appointed are notified to the Member by registered letter. The Member may contest the validity of these decisions within thirty (30) days from the date of sending by means of a complete medical file sent in a confidential envelope to the Medical Department of the Insurer by registered letter.

19- Medical disputes

In case of a medical dispute, this will be assessed, as a last resort, by an arbitrating doctor appointed by mutual agreement between the Insurer's medical advisor and the Member's treating doctor.

If an agreement cannot be reached, the arbitrating doctor will be appointed, at the request of both doctors, by the President of the judicial court in the Member's place of residence.

The fees of the consulting physician or the expert physician chosen by the Insurer to represent it in the arbitration shall be borne by the Insurer, as well as the fees and expenses of appointing the arbitrating doctor. However, in the event that the arbitrating doctor confirms a decision taken by the Insurer against the Member's situation, the fees and costs of appointing the arbitrating doctor will have to be borne by the Member.

Section 7. EXCLUSIONS

20- EXCLUSIONS

ARE EXCLUDED AND NOT COVERED BY THE NON-PROFESSIONAL ACCIDENT INSURANCE:

- PAYMENT OF THE DAILY HOSPITAL FEE AND DAILY BENEFITS (SALARY) UNDER THE UNLIMITED TREATMENT EXPENSES BENEFIT,
- CLAIMS RESULTING FROM PARTICIPATION IN ALL SPORTS AND COMPETITIONS IN A PROFESSIONAL CAPACITY,

- PROFESSIONAL ILLNESSES AND PROFESSIONAL ACCIDENTS, WITH THE EXCEPTION OF ACCIDENTS OCCURRING ON THE HOME-WORKPLACE JOURNEY,
- THE CONSEQUENCES OF ACTS OF WAR IN SWITZERLAND AND ABROAD. HOWEVER, IF A WAR BREAKS OUT FOR THE FIRST TIME AND SURPRISES THE MEMBER ABROAD IN THE COUNTRY WHERE THE MEMBER IS STAYING, THE INSURANCE COVERAGE REMAINS IN FORCE FOR 14 DAYS FOLLOWING THE START OF HOSTILITIES,
- ACCIDENTS DURING THE INTENTIONAL COMMITTING OF A CRIME OR AN OFFENCE,
- SUICIDE, SELF-MUTILATION OR ATTEMPT SUICIDE,
- ACCIDENTS OCCURRING DURING THE USE OF AIRCRAFT AND PARACHUTE JUMPS IF THE MEMBER INTENTIONALLY VIOLATES THE REQUIREMENTS OF THE AUTHORITIES OR DOES NOT POSSESS OFFICIAL PERMITS AND AUTHORISATIONS OR KNEW OR SHOULD HAVE KNOWN FROM THE CIRCUMSTANCES THAT THE PERMITS AND AUTHORISATIONS PRESCRIBED FOR THE AIRCRAFT USED OR FOR THE MEMBERS OF THE CREW WERE LACKING,
- THE EFFECTS OF IONISING RADIATION. HOWEVER, HEALTH DAMAGE RESULTING FROM RADIATION PRESCRIBED BY A DOCTOR AND NECESSITATED BY AN INSURED EVENT IS INSURED,
- ACCIDENTS OCCURRING DURING MILITARY SERVICE ABROAD AND DURING PARTICIPATION IN ACTS OF WAR,
- PARTICIPATION IN ACTS OF TERRORISM AND BANDITRY,
- PARTICIPATION IN FIGHTS OR BRAWLS, UNLESS THE MEMBER WAS INJURED BY THE PROTAGONISTS WHILE NOT TAKING PART IN THE FIGHT OR BRAWL OR WHILE HELPING A DEFENCELESS PERSON,
- PARTICIPATION IN DISORDERLY CONDUCT.

Section 8. Premiums

21- Premium amounts

The premium for unlimited treatment expenses coverage is CHF 120 per year and per Member.

The premium for the payment of a lump sum in case of death or disability is 0.06% of the insured lump sum.

22- Payment of premiums by the Member

22.1 Terms of premiums payment by the International Civil Servants

The annual premiums must be paid monthly, in CHF, by the International Civil Servant to AMFI-GPAFI by means of salary deductions. If this option is not available within the employing Organization, then the deduction will be made from the International Civil Servant's bank account (LSV/SDD) by AMFI-GPAFI. If a direct debit is not available, the International Civil Servant will have to pay the premium through of a bank transfer.

In all cases, for all Members, the premium is due in full based on the annual salary.

In case of termination during the year or in case of death, AMFI-GPAFI will receive the pro rata premium from 1 January to the effective date of termination calculated based on the premium rates in force.

For any month started, the premium is due in full. The same applies if the Member dies or separates from his Organization during the month.

22.2 Non-payment of premiums

In case of non-payment of the premiums within the fixed term period, the insurance coverage will be suspended, and no benefit will be paid.

If, despite reminders, the Member does not pay the premiums, he/she will be excluded from the insurance for a minimum period of five (5) years from the date of the last payment received.

APPENDIX 1: Scale of Assessment for Damage Compensation

➤ Assessment of injuries compensation

1. Disability is said to be partial when the Member's integrity is less than 100%. In this case only a percentage of the insured capital, corresponding to the degree of damage to the Member's integrity, will be paid

In case of special injuries or injuries that are not listed, the indemnity will be applied by analogy, considering the degree of the disability. The same procedure will be followed if the Member suffers several physical, mental, or psychological injuries at the same time.

Damage to integrity for which a rate of less than 5% would be applied does not give entitlement to any compensation

Damage to integrity is assessed without aids, except for aids for vision.

2. The total loss of use of an organ is considered as the loss of the organ. In the event of partial loss of an organ or its use, the compensation for impairment is reduced accordingly. However, no compensation will be paid in case the impact on the Member's integrity is less than 5%.

Scale of disability benefits for injuries

	%		%
Loss of one phalanx of the thumb or at least two phalanges of another finger	5	Total loss of one thumb	20
Loss of a hand	40	Loss of an arm at or above the elbow	50
Loss of a big toe	5	Loss of a foot	30
Loss of a leg at the knee	40	Loss of a leg above the knee	50
Loss of the pinna in one ear	10	Loss of nose	30
Scalp	30	Very serious disfigurement	50
Loss of a kidney	20	Loss of the spleen	10
Loss of genitalia or reproductive capacity	40	Loss of smell or taste	15
Hearing loss on one side	15	Loss of sight on one side	30
Total deafness	85	Total blindness	100
Recurrent shoulder dislocation	10	Severe impairment of the ability to chew	25
Very serious and painful damage to the functioning of the spine	50	Paraplegia	90
Tetraplegia	100	Very serious damage to lung function	80
Very severe kidney damage	80	Impairment of partial mental functions, such as memory and the ability to concentrate	20
Post-traumatic epilepsy with seizures or on permanent medication without seizures	30	Very severe organic speech disorder, very severe motor, or psycho-organic syndrome	80