

II

CLAIMS ADMINISTRATION PROCESS FOR HEALTHCARE EXPENSES

All Claims are reimbursed according to the General and Special Conditions of the policy in place. Treatment has to be performed by a duly authorized practitioner or physician.

HOW TO SUBMIT A CLAIM?

In order to obtain reimbursement as quickly as possible, please ensure you provide HENNER - GMC with all of the documents listed below:

- ▶ HENNER - GMC refund form (1)
- ▶ Medical prescriptions
- ▶ Original itemized paid invoices or scan: photocopies cannot be accepted
- ▶ Insurance stickers from drug packages, if applicable
- ▶ Original statement of any other healthcare system to which you may have subscribed, if applicable
- ▶ Agreement from the HENNER - GMC Medical Board for treatments subject to prior agreement (see "The Prior Agreement Form") if applicable

⁽¹⁾ This form is available and downloadable in PDF format on www.henner.com/aig

IMPORTANT

HENNER - GMC needs the following information to be sent when you submit your first reimbursement request:

- ▶ Your bank details in order to carry out payments to your account via bank wire transfer:
 - Name of the bank
 - Full branch address
 - Name of the account holder
 - Telephone number of the account holder
 - Full account number
 - Swift code (or BIC code)
 - Currency of the account
 - IBAN code
- ▶ **Your email address:** to activate the option for email reception of your statements. The receipt of your statement by email enables you to access your claim records on the website www.henner.com/aig

Keep in mind that an incomplete file delays reimbursements. Please provide us with all of the requested documents including your HENNER - GMC ID number.

Send your claims to:

HENNER - GMC - CSU 18
10, rue Henner - 75459 PARIS Cedex 09 - FRANCE
Tel: +32 2 739 99 11 Fax: +33 1 53 25 20 83
aig.expatriatecare@henner.com

Any reimbursement requests regarding other guarantees subscribed, please contact your broker or HR manager.

III PRIOR AGREEMENT PROCEDURE

Prior Agreement is recommended or required according to the table below:

| TYPE OF EXPENSES | PRIOR AGREEMENT | FORMS TO USE ⁽¹⁾ |
|---|--------------------|---|
| ▶ Scheduled Hospitalization (including childbirth) | Mandatory* | "Prior Agreement Application for Hospitalization" |
| ▶ Dental prostheses, including implants | Recommended | "Prior Agreement Application Dental Care" |
| ▶ Treatment given in series (Chiropractor, homeopath, osteopath, acupuncturist etc.) whenever 5 or more sessions prescribed | Recommended | "Prior Agreement Application Series of procedures and Prostheses" |

⁽¹⁾ These forms are available and downloadable in PDF format on www.henner.com/aig

INFO

*Scheduled hospitalization where the Prior Agreement procedure is not respected may lead to a co-payment for the insured.

Hospitalization and procedures in case of emergency (accident or sudden and unexpected illness) are not subject to the prior agreement procedure

HOW TO APPLY FOR PRIOR AGREEMENT?

The prior agreement form must be completed and signed by the attending practitioner and it includes a detailed description of the diagnosis, the nature of the care to be given and an estimate of costs.

The form must be sent as soon as possible and a 15 day period prior to the date scheduled for the beginning of the treatment or the hospitalization is recommended to process your file. Please send your request in an envelope marked confidential to:

HENNER - GMC Medical Department
10, rue Henner - 75459 Paris cedex 09 - France
Fax: +33 1 40 82 43 85
Email: medical@henner.com

The reply from the HENNER - GMC Medical Board will be sent to your email address registered in our database (failing which to your postal address) within 5 days after receiving your file.

IV IN THE EVENT OF HOSPITALIZATION

HENNER - GMC provides the beneficiaries with direct payment facilities in the case of hospitalization (including childbirth).

EMERGENCY HOSPITALIZATION

Our Client Service Officers must be contacted and informed of your hospitalization as soon as possible, so that HENNER - GMC can issue a guarantee of direct payment.

The contact details of these officers are on the back of your insurance card. They can be contacted 24 hours a day.

The following information must be provided:

- ▶ Name, address, e-mail address and telephone number of the healthcare facility
- ▶ Your contact details
- ▶ If available: the exact nature of the care to be provided and the itemized provisional costs of such care
- ▶ If available: the admission and discharge dates anticipated by the hospital

HENNER - GMC will immediately send the guarantee of direct payment to the healthcare facility.

Hospitalization and procedures in case of emergency (accident or sudden and unexpected illness) are not subject to the prior agreement procedure.

FOR SCHEDULED HOSPITALIZATION

It is recommended to ask for Prior Agreement through the "PRIOR AGREEMENT APPLICATION - HOSPITALIZATION" that should be sent to the HENNER - GMC Medical Board (address indicated above) no later than 15 days prior to the date scheduled for the hospitalization.

This allows you to obtain direct payment for your hospitalization in healthcare facilities accepting our letter of guarantee and no costs have to be paid by you in advance.

The Prior Agreement application must indicate:

- ▶ Name, address and telephone number of the health care facility
- ▶ The exact nature of the care to be provided and the itemized provisional costs of such care
- ▶ The admission and discharge dates anticipated by the hospital.

After your application for prior agreement request has been submitted and the approval of the Medical Board obtained, HENNER - GMC will issue and send a guarantee of direct payment to the healthcare facility, with a copy sent to your email address.



ONLINE SERVICES

GETTING CONNECTED VIA A COMPLETELY SAFE CONNECTION

- ▶ **Click on Member Access on the welcome page of www.henner.com/aig**
- ▶ **Type in your HENNER - GMC Identification number (see on your membership card) and password:**
 - ▶ When you first log in, your password will be programmed as your date of birth in the following format: DD/MM/YYYY (example: 14/02/1979)
 - ▶ You will be asked to change your password when you first log in.
- ▶ **Use our online services**
 - ▶ Find a medical provider within our Medical Network
 - ▶ Sign in to receive your reimbursement statements per e-mail
 - ▶ View and download your reimbursement statements
 - ▶ Update your contact and bank details
 - ▶ Download the documents related to your contract such as :
 - Membership Guidelines
 - Reimbursement Form
 - Prior Agreement Form
 - ▶ Get in contact with HENNER - GMC



Welcome to the Online Services for your Expatriate Care – Group Plus program with AIG.
Please enter your login and password to access our services.

MY ACCOUNT

Login :

Password :

[Forget your password?](#)

▶ LOG ON

The first time you log on...

Your internet ID is indicated on your membership card.
Your password is your date of birth (DD-MM-YYYY format, for example: 31/12/1979)

The online services available from your account:

- ▶ View your reimbursements.
- ▶ Update your details.
- ▶ Request a guarantee of payment for hospitalisation.
- ▶ Access the network of healthcare professionals who accept direct settlement.
- ▶ Obtain information and practical advice.

▶ E-claiming

In order to use this service, connect yourself to our website www.henner.com/aig and click on « CREATE a reimbursement claim online ».

In certain cases, Henner-GMC may request that you provide original invoices.

Fill in the form in 4 steps:

- ▶ Complete your personal information,
- ▶ Indicate the amount of your expenses,
- ▶ Upload the justificatory documents
- ▶ Send your request

Justificatory documents to be uploaded:

- ▶ Copy of your original paid invoice
- ▶ Copy of the reimbursement statement from your primary healthcare system
- ▶ Copy of medical prescriptions (for drugs, laboratory tests, x-rays etc.)
- ▶ Copy of the approval from our Medical Department (for treatments subject to Prior Agreement)

ATTENTION :

We recommend to keep the original documents at our disposal for 24 months as of the date of treatment. During this period, we might ask you to provide the original documents received by scan.

VI HENNER - GMC'S MEDICAL NETWORK

HENNER - GMC provides its members with a network of institutions and practitioners under agreements that mostly include:

- ▶ **An undertaking to moderate charges:** charges are pre-agreed with the service providers
- ▶ **Arrangements to settle fees directly:** direct settlement of expenses covered by the policy
- ▶ **Medical cooperation:** exchange of information with HENNER - GMC's medical advisory board when prior agreement requests are made.

The agreements under this network currently cover some 190 countries and allow us to provide optimized facilities to welcome and look after the health of our members. This will be done in coordination with our medical advisory board of course.

VII**HOW TO CONTACT US**

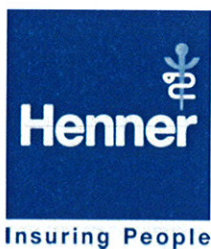
Your main office of contact is mentioned on your membership card, however, any of our worldwide offices can give you the support that you need.

A highly qualified, multilingual staff is available to answer any of your requests regarding coverage, prior agreement or reimbursement of medical expenses.

Your contacts are highly knowledgeable in matters involving foreign social security and healthcare plans and can provide assistance for your particular needs.

HENNER - GMC - International Administration - CSU 18
10, rue Henner - 75459 PARIS Cedex 09 - FRANCE
Tel: +32 2 739 99 11 Fax: +33 1 53 25 20 83
Email: aig.expatriatecare@henner.com

Reception and information non-stop from 8:30 am to 6:00 pm (local time)
Around the clock service for urgent hospitalization: 24/7, 365 days per year



HENNER - Simplified joint stock company - Insurance Broker and Third-Party Administrator
Registered capital of € 8,212,500 – No. RCS PARIS B 323 377 739 - Brokerage license
ORIAS n° 07.002.039
Under ACP Control (Prudential Supervisory Authority) - ISO 9001 certified
Headquarters: 10 rue Henner 75459 Paris Cedex 09 - France
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