



Hospi Safe
Top-up Plan of the Joint Sickness Insurance Scheme (JSIS)
Valid from 1st January 2020

INFORMATION

Leaflet

Welcome

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

This guide has two parts: "How to use your cover" is a summary of all important information you are likely to use on a regular basis. "Terms and conditions of your cover" explains your cover in more detail.

To make the most of your international healthcare plan, please read this guide together with your Insurance Certificate and Benefit Overview Guide.

Preamble	4
HOW TO USE YOUR COVER	
Support services	9
Cover overview	12
Seeking treatment?	14
TERMS AND CONDITIONS OF YOUR COVER	
Terms and conditions	19
Your cover explained	20
Paying premiums	23
Administration of your policy	24
The following terms also apply to your cover	28
Data protection	30
Complaints procedure	31

AWP Health & Life SA is regulated by the French Prudential Supervisory Authority located at 4 place de Budapest, CS 92459, 75 436 Paris Cedex 09.

The Underwriter of your insurance is AWP Health & Life SA, a limited company with a capital of 665,190,446 governed by the French Insurance Code, with its registered office at 7 Rue Dora Maar, 93400 Saint-Ouen, France. Registered in France: 401 154 679 RCS Bobigny. VAT number: FR 84 401 154 679. Allianz Care and Allianz Partners are registered business names of AWP Health & Life SA.

The Administrator of your insurance is AWP Health & Life Services Limited – Belgium Branch having its branch trading address at 1 place du Samedi, 1000 Brussels, Belgium. VAT: BE 0843.991.159. RPM Bruxelles: 843.991.159. IBAN: BE65363102631696. BIC: BBRUBEBB. Allianz Care and Allianz Partners are registered business names of AWP Health & Life Services Limited.



PREAMBLE

Allianz Care and Afiliatys, a European association with a social and charitable vocation for the benefit of the officials of European institutions, agencies and offices, the diplomatic and consular bodies of the Member States, international organisations and the European Schools, concluded on December 11th 2019 a group health insurance policy on behalf of Afiliatys members and their dependants in order to provide them with a top-up cover of the Statutory Joint Sickness Insurance Scheme (JSIS).

This guide, that retains a sense of continuity, permanence and duration, offers additional coverage to the JSIS, called HOSPI SAFE, which covers the period from January 1, 2020 to December 31, 2029.

It comes in three options:

- HOSPI SAFE SICKNESS AND ACCIDENT, which covers care related to hospitalisation due to an accident or illness,
- HOSPI SAFE SICKNESS, which covers the same care, but related to the disease alone,
- HOSPI SAFE PLUS, which not only covers the same care as HOSPI SAFE ACCIDENT AND SICKNESS but also offers a wide range of additional services.

This guide, which sets out the general conditions of this complementary insurance and the terms and conditions for the repayment of eligible medical expenses, is an integral part of the contract, of which it constitutes one of the appendices.

This contract, its appendices, this guide and the Benefits Overview Guide for each plan are published on the Afiliatys website (www.afiliatys.eu).

What is Allianz Care?

Allianz Care is the trade name of AWP Health & Life SA and Services Limited, the new insurer and manager of Hospi Safe since January 1, 2020.





A warm, golden-hour photograph of a woman with long blonde hair smiling and hugging a young girl. The girl is wearing a pink cable-knit sweater. They are on a sandy beach with the ocean and a bright sunset in the background. The text 'HOW TO USE YOUR COVER' is overlaid in white, bold, sans-serif font in the lower right quadrant.

HOW TO USE YOUR COVER



SUPPORT SERVICES


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

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

Talk to us, we love to help!

Our multilingual Helpline is available 24 hours a day, 7 days a week, to handle any questions about your policy in the language of your choice or if you need assistance in an emergency.

Helpline


 Phone: **0800 70 528**
(toll-free from Belgium)

+353 1 630 1301

For our latest list of toll-free numbers, please visit:

www.allianzcare.com/toll-free-numbers

@ Email: **igo.assistance@allianzworldwidecare.com**

 Fax: **+353 1 630 1306**

It will be possible to meet a member of the Allianz Care team in person by appointment. Details on how to make an appointment will be available on www.allianzcare.com/en/group-hub/afiliatys.html

MyHealth Digital Services

The use of these services is optional and requires your consent to data sharing in accordance with the General Data Protection Regulations (GDPR).

With MyHealth Digital Services, you will have easy and convenient access to your cover, no matter where you are or what device you are using.

MyHealth app and online portal features

MY POLICY

Access your policy documents and membership card on the go.

MY CLAIMS

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

MY CONTACTS

Access our 24/7 multilingual Helpline.

MyHealth app additional features

- **Symptom checker:** Get a quick and easy assessment of your symptoms.
- **Find a hospital:** Locate medical providers nearby and get GPS directions.
- **Pharmacy Aid:** Look up the local equivalent names of branded drugs.
- **Medical term translator:** Translate names of common ailments into 17 languages.
- **Emergency contact:** access local emergency numbers worldwide.

Most features are available offline but you must be online to submit a claim and use some health services.

MyHealth online portal additional features

- Update your details online: email, phone number, password, address (if it's the same country as the previous address), marketing preferences etc.
- View the remaining balance of each benefit which is in your Benefit Overview Guide
- Pay your premium online and view payments received
- Add or change your payment card

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

Getting started:



Login to MyHealth Online to register. Go to <https://my.allianzcare.com/myhealth>, click on “REGISTER HERE” near the bottom of the page and follow the on-screen instructions.



Once setup, you can use the email (username) and password you provided during registration to login to MyHealth online portal, or go further and setup the MyHealth app too. The same login details are used for both and in the future, if you change login details for one, it will automatically apply to the other. You don't need to change them in both places.



To download the MyHealth app, search for “Allianz MyHealth” on the Apple App Store or Android's Google Play service.



Once installed, follow the on-screen instructions and enter your policy number when prompted. The MyHealth app will ask you for the email (username) and password you provided earlier. Simply enter these details and follow the on-screen instructions.



Set your PIN – finally, set your own unique PIN number. In the future, this PIN number will be all you need to access the Allianz MyHealth app and all its features.

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



Web-based services

On www.allianzcare.com/members you can:

- Search for medical providers. You are not restricted to using the providers listed in our directory
- Download forms
- Access our BMI calculator

COVER OVERVIEW

Who is covered?

The members of Afiliatys being or having been covered by JSIS, that is to say:

- Officials and other servants of Institutions, Agencies and other Bodies of the European Union who are active members or held a statutory position within the aforementioned organisations.
- Active staff members of the EIB, Eurocontrol, the European University Institute of Florence, European Schools, and any other community-based organisation created by an act of an Institution of the European Communities;
- Retired staff of all mentioned Institutions, agencies and bodies of the European Union.
- Their dependent beneficiaries are also eligible for cover under a basic plan.

What am I covered for?

This plan is a top-up cover to supplement your JSIS cover. The reimbursed treatments are those reimbursed by JSIS, under the same conditions.

In the HospiSafe Plus plan, some of the additional treatments are covered, even in the absence of primary intervention by JSIS. For more information, see the Benefits Overview Guide.

Where can I receive treatment?

You can receive treatment everywhere in the world. However, coverage provided under Hospi Safe in addition to the JSIS is limited to a maximum of € 25,000 per year and per person for care provided outside the European Economic Area (EEA).

Is your family growing?

Are you getting married or having a baby? Congratulations!

To add dependants to your policy, simply notify us in writing. If you are adding a newborn, please include a copy of the birth certificate. You should send your request within four weeks of the date of birth, to ensure that cover starts from birth.

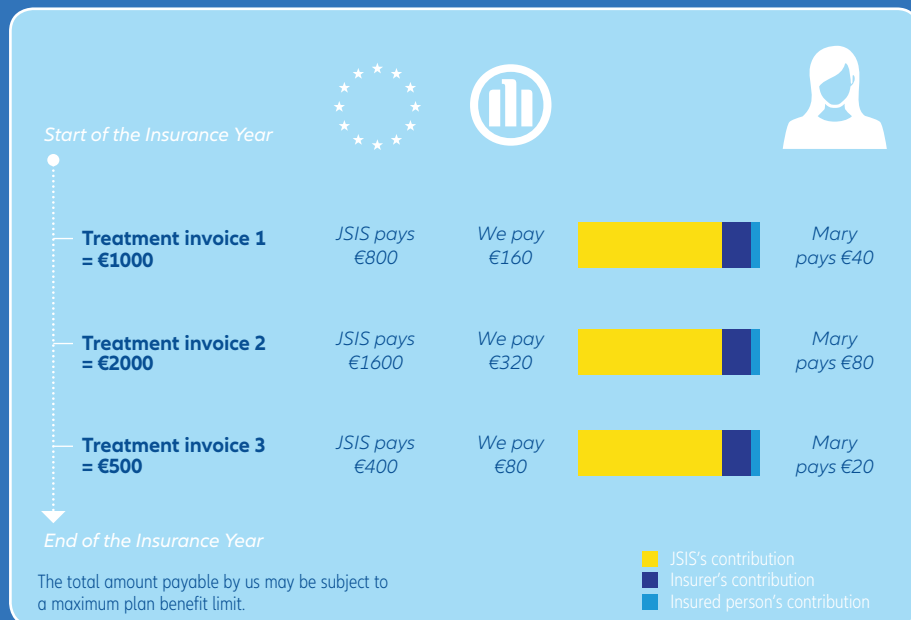
Following acceptance, we will issue a new Insurance Certificate to reflect the addition of a dependant. This new certificate will replace any earlier version(s) you may have from the start date shown on it.

What are co-payments?

For some treatments, including Hospi Safe Plus, your top-up cover plan is subject to a co-payment. This means that you will still be liable for part of the treatment cost spent. The Benefit Overview Guide lists the levels of cover offered by the different plans.

For most of the Hospi Safe Plus benefits, Allianz Care will cover 80% of the difference between the invoice and the reimbursement made by the JSIS, i.e. you will be required to pay 20% in co-payment.

Here is an illustrative example:



SEEKING TREATMENT?

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

Check your level of cover

First, make sure the treatment is covered under your cover plan. The Benefit Overview Guide indicates the benefits for which you are covered in addition to the JSIS. However, you can also call our Helpline if you have any questions.

Claiming for your medical expenses

To claim for your medical expenses, simply follow these steps:



Receive your medical treatment and pay the medical provider.

Before contacting us and in accordance with the current regulations, please send your reimbursement requests to JSIS.



Following acceptance from the JSIS, please send us back the slip issued by the JSIS. For treatments covered by Hospi Safe Plus without prior intervention by the JSIS, please send us a copy of the invoices and receipts or a proof of payment. As part of the management of medical expenses, additional documents required to process your file may be requested.



Claim back your eligible costs:

- Either by post (Allianz Care - 1, place du Samedi - 1000 Brussels, Belgium). In this case, sending our Claim Form together with your JSIS slips will facilitate the processing of your file.
- Or, if you wish, using the MyHealth app or online portal (www.allianzcare.com/en/myhealth.html).







TERMS AND CONDITIONS OF YOUR COVER



TERMS AND CONDITIONS

This section describes the standard benefits and rules of your health insurance policy.

- Your **Insurance Certificate** details the plan(s) you selected and the start date and renewal date of your cover.
- Your **Benefit Overview Guide** outlines the plan(s) you selected and the benefits available to you, as well as benefit limits, waiting periods, deductibles and/or co-payments.

YOUR COVER EXPLAINED

As a European official you will benefit from the primary health insurance cover provided by the Joint Sickness Insurance Scheme (JSIS) that reimburses about 80% or 85% of your medical bills. Allianz Care provides supplementary cover where the initial reimbursement was made by the JSIS, except for certain additional benefits under the Hospi Safe Plus plan.

Your benefits are also subject to the definitions and exclusions listed by the JSIS.

What we cover

Your policy provides you and any named dependant with cover for treatment and related costs, services and/or necessary medical equipment in addition to what is being reimbursed by the JSIS.

For medical expenses not reimbursed by the JSIS and covered by the Hospi Safe Plus plan, costs must be reasonable and customary.

When cover starts for you and your dependants

Your insurance is valid from the date of affiliation.

However, from January 1st 2020, all new Hospi Safe members will be only entitled to the benefits for all their healthcare expenses incurred as a result of an illness or accident diagnosed before the beginning of your cover with us after twenty-four (24) months (waiting period) from the start date of your cover with us.

This waiting period is not applicable to members who join the contract within the first thirteen (13) months after taking office in the European Institutions.

This cover ends on the date on which the Insured is no longer a member of Afiliatys, or in the event of non-payment of premiums due to Allianz Care, or in any event, on the date of termination of the contract.

The cover of family members will cease at the same time as the policyholder, except for recipients of a survivor's pension opened following the death of one of the persons who subscribed to the policy as the policyholder.

The reimbursement of medical expenses ceases at the expiration of the insurance policy. The expenses covered within the period of coverage will be reimbursed for a maximum of six months after the expiration date indicated on the JSIS slip. Ongoing treatments or additional care needed will no longer be supported after the expiration date.

Benefit overview

A Benefit Overview Guide is available on the Afiliatys website or on the Allianz Care's Hospi Safe website. In particular, it reminds you that:

- There is no maximum plan benefit within the EEA (however, a ceiling of €25,000 per year and per person applies outside the EEA).
- No prior authorisation for hospitalisation is required: the JSIS is authoritative.
- As for Hospi Safe Plus, certain benefit may however be subject to a maximum benefit limit.

What are the exclusions?

Our reimbursement is subject to the JSIS terms of service.

However, we don't cover the costs:

- Occurring as a result of war, of a direct or indirect offensive or defensive belligerent action, or any other military event; occurring as a result of riots, civil unrest, or any collective acts of violence of political, ideological or social inspiration, whether or not accompanied by rebellions against authority or any other established power, if the insured person took an active or voluntary part in them; the victims of attacks are covered.
- Resulting from voluntary participation in a crime or offence.
- Resulting from a suicide attempt.
- Caused intentionally by the insured or beneficiary or resulting from any reckless act, except in case of rescue of persons or property.
- Resulting from alcoholism or drug addiction, as well as illnesses or accidents and their consequences occurring to the insured person while he/she was intoxicated or under the influence of alcohol, narcotics, hallucinogens or other drugs, or those caused by the abuse of prescribed medication, provided that it is proved that there is a casual relation between these conditions and the treatment.
- Resulting from any event or series of events originated or caused by radioactive, toxic, explosive or other dangerous materials, nuclear fuels, radioactive waste, as well as the damage directly or indirectly resulting from any source of ionising radiation.
- Resulting from the participation of the Insured person in an act of terrorism.
- Resulting from damage caused by weapons or devices intended to be exploded through a modification of the structure of the atomic nucleus.
- Relating to an accident or occupational disease occurring to an Official or other agent of the Institutions of the European Communities fully refunded by the JSIS in compliance with Article 73 of the Staff Regulations of Officials of the European Communities.
- Subject to an exclusion on the basis of the medical questionnaire completed.
- For a hospitalisation in progress at the date of affiliation of the insured person.
- For any form of sterilisation and its consequences.
- For aesthetic treatments and care.
- For nursing outpatient care, except for special care given on medical prescription (for example injections, bandage changes, etc.) and limited to the risks covered.
- For thermal cures not reimbursed by the JSIS, with the exception of post-operative rehabilitation and functional rehabilitation stays.

Medical claims

- **Claiming deadline:** You must submit all claims (via our MyHealth app or online portal or by post) no later than three years after the date indicated on the JSIS settlement note. After this time, we are not obliged to settle the claim.
- **Claim Submission:** You must submit a separate claim for each person claiming and for each medical condition being claimed for.
- **Supporting documents:** When you submit a claim, please send us the slip from the JSIS. For Hospi Safe Plus, please see point “Reimbursement” below.
- **Currency:** Please specify the currency you wish to be paid in. On rare occasions, we may not be able to make a payment in that currency due to international banking regulations. If this happens, we will identify a suitable alternative currency. If we have to make a conversion from one currency to another, we will use the exchange rate that applied on the date the invoices were issued, or on the date that we pay your claim.

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

- **Reimbursement:** We will only reimburse costs on the basis of the slip from JSIS.
For Hospi Safe Plus, when medical expenses are not reimbursed by the JSIS, the reimbursement is made on the basis of the JSIS slip refusing their payment accompanied by the corresponding invoices.
- **Reasonable and customary cost:** For Hospi Safe Plus, when medical costs are not reimbursed by the JSIS, we will only reimburse charges that are reasonable and customary in accordance with standard and generally accepted medical procedures. If a claim is considered inappropriate, it may be rejected or its amount reduced.

The amount of claim can't exceed the cost you pay for expenses as a result of illness, maternity or an accident, after obtaining the reimbursement from JSIS or any other cover under a basic plan.

In addition, if an insurance cover of the same kind is taken out with multiple insurers it will only take effect within the limit of each insurance cover regardless of the date the insurance cover was taken out.

Treatment needed as a result of someone else's fault

If you are claiming for treatment that you need when somebody else is at fault, you must write and tell us as soon as possible. For example, if you need treatment following a road accident in which you are a victim. Please take any reasonable steps we ask of you to obtain the insurance details of the person at fault. We can then recover from the other insurer the cost of the treatment paid for by us. If you are able to recover directly the cost of any treatment which we have paid for, you will need to repay that amount (and any interest) to us.

PAYING PREMIUMS

Premium is payable in advance by the main insured person, who is solely responsible for their payment according to the following timetable:

- Annually for the Hospi Safe Sickness/Accident and Hospi Safe Sickness options.
- Annually or quarterly, as chosen by the insured person, for the Hospi Safe Plus option.

If the premium is not paid in full within one month of the due date, the cover will be suspended thirty (30) days after we send you a registered letter of formal notice.

You can change the payment terms at policy renewal, via written instructions, which we must receive at least 30 days before the renewal date. Failure to pay an initial premium or subsequent premium on time may result in loss of insurance cover.



ADMINISTRATION OF YOUR POLICY

Changing your postal address or email address

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

Correspondence

When you write to us, please use email or post (with the postage paid). Addresses are listed at the end of this guide. We do not usually return original documents to you, but if you ask us to, we will.

Upgrading your cover

You may request an upgrade of your cover at any time once you have been enrolled for at least one year, and the upgrade. This change will apply at the following renewal date.

If you wish to upgrade to Hospi Safe Plus, you will be asked to complete a medical questionnaire. This condition applies only to those who have enrolled from January 1st 2020.

No medical questionnaire is necessary for any other increase modifications.

This questionnaire is not required for the moving from Hospi Safe Sickness to Hospi Safe Sickness/Accident.

Reducing your cover

You may request to reduce your cover at any time as soon as you have been enrolled for at least one year. The adjustment will apply on the following renewal date. No medical questionnaire will be necessary. If you downgrade to a lower plan, you will not be able to change plan again for at least two years.

Changes that we may apply at renewal

This contract was negotiated with Afiliatys, as the underwriter of the Hospi Safe group contract concluded with Allianz Care.

You will be informed in advance by Afiliatys of any possible changes that may be agreed between Afiliatys and Allianz Care.

Your right to cancel

You can cancel the contract in relation to all insured persons, or only in relation to one or more beneficiaries, no later than two (2) months before the renewal date of your policy

It is also possible to cancel your policy, within 30 days of receiving the full terms and conditions of your policy.

In both cases, you just need to fill in the form "Right to change your mind" which was included in your membership pack. This form can be sent to us either:

@ underwriting@allianzworldwidecare.com

✉ Allianz Care – Customer CarePlace du Samedi 1, 1000 Brussels, Belgium

If you cancel your contract within this 30 day period, you will be entitled to a full refund of the cancelled member(s) premiums paid for the new Insurance Year, provided that no claims have been made. If you choose not to cancel (or amend) your policy within this 30 day period, the insurance contract will be binding on both parties and the full premium owing for the selected Insurance Year will be due for payment, according to the payment frequency selected by you.

Reasons your membership would end

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

- If you do not pay any of your premiums on, or before, the date they are due.
- Upon the death of the policyholder, except for the dependant of a widow(er) as per the JSIS scheme. Please see the section on "Death of the policyholder or a dependant" for further details.
- If there is reasonable evidence that the policyholder or any dependants misled or attempted to mislead us. Examples are: giving false information, withholding pertinent information from us, working with another party to give us false information - either intentionally or carelessly - which may influence us when deciding:
 - Whether we accept the application for cover.
 - The applicable premium to pay.
 - Whether we have to pay a claim.

Please consult the group contract for further details.

- If you choose to cancel your policy. Please see section on “Your right to cancel” for further details.
- If you are no longer an Afiliatys member.

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

Please note that if your membership ceases, your dependants’ cover will also end.



Policy expiry

Please note that upon the expiry of your policy, your right to reimbursement ends. For up to six months after the expiry date indicated on the JSIS settlement note, we will reimburse any eligible expenses incurred during the period of cover. However, we will no longer cover any on-going or further treatment that is required after the expiry date of your policy.



THE FOLLOWING TERMS ALSO APPLY TO YOUR COVER

1. **National law:** Belgian law is applicable to this contract.
2. **Economic sanctions:** Cover is not provided if any element of the cover, benefit, activity, business or underlying business violates any applicable sanction law or regulations of the United Nations, the European Union or any other applicable economic or trade sanction law or regulations.
3. **The amounts we will pay:** The amount reimbursed, whether under this policy, public medical scheme or any other insurance will not exceed the figure stated on the invoice.
4. **Who can make changes to your policy:** No one, except Afiliatys is allowed to make changes to your policy on your behalf. Changes are only valid when agreed by Afiliatys and us.
5. **Fraud and non-disclosure:** The insured person loses any right to benefits if they voluntarily make a false declaration on the date, nature, causes, circumstances, consequences or amounts of the claim.

This also applied if the insured person knowingly uses inaccurate documents as supporting documents.

If a medical questionnaire is requested, the insured person undertakes to declare exactly all the circumstances known to him or her on the day of affiliation, to enable the Insurer to assess the risk.

The insured person must be able to justify his or her statements at any time if requested by the Insurer.

When the omission or inaccuracy is intentional at the time of affiliation, the Insurer is not bound by its contractual obligations towards the Insured and their dependants and could refuse to provide the benefit. The Insurer is, moreover, entitled to request either the nullity or the cancellation of the individual membership.

When the omission or inaccuracy in the declaration is not intentional, the contract is not void. The Insurer can propose, within a period of one month from the day on which it became aware of the omission or inaccuracy, the amendment of the contract with effect from the day on which it became aware of the omission or inaccuracy.

If the Insurer proves that it would not have insured the risk under any circumstances, it may cancel the contract within the same period. If the proposal to amend the contract is refused by the Policyholder or if, at the end of a period of one month from receipt of this proposal, it is not accepted, the Insurer can cancel the contract within fourteen days.

- 6. Making contact with dependants:** In order to administer your policy, we may need to request further information. If we need to ask about one of your dependants (e.g. when we need to collect an email address for an adult dependant), we may contact you as the person acting on behalf of the dependant, and ask you for the relevant information, provided it is not sensitive information. Similarly, for the purposes of administering claims, we may send you non-sensitive information that relates to a family member.
- 7. Limitation to actual costs:** The reimbursements or compensations of the costs incurred by an illness, a maternity or an accident will not exceed the amount of the costs remaining payable by you after the payment of the benefits of any type you are entitled to. Benefits of the same type taken out with several insuring bodies are enforceable up to the limit of each benefit, whatever the date it has been taken out. Within this limit, you may obtain an additional compensation by submitting the summary of benefit(s) paid by the other insuring body(ies).

Your claim will be considered on the basis of the JSIS claim. Please inform us accordingly.



DATA PROTECTION

Our Data Protection Notice explains how we protect your privacy and process your personal data. Please read it before sending us any personal data. To read our Data Protection Notice visit:

🌐 <https://www.allianzcare.com/en/privacy/france.html>

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

☎ **0800 70 528**
(toll-free from Belgium)

Allianz Care complies with the General Data Protection Regulation that came into force on 25 May 2018.

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

@ AP.EU1DataPrivacyOfficer@allianz.com



COMPLAINTS PROCEDURE

Our Helpline is always the first number to call if you have any comments or complaints. If we can't resolve the problem on the phone, please email or write to us:

☎ **0800 70 528**
(toll-free from Belgium)

@ igo.assistance@allianzworldwidecare.com

✉ Customer Advocacy Team, Allianz Care, 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland.

We will handle your complaint according to our internal complaint management procedure.
For details see:

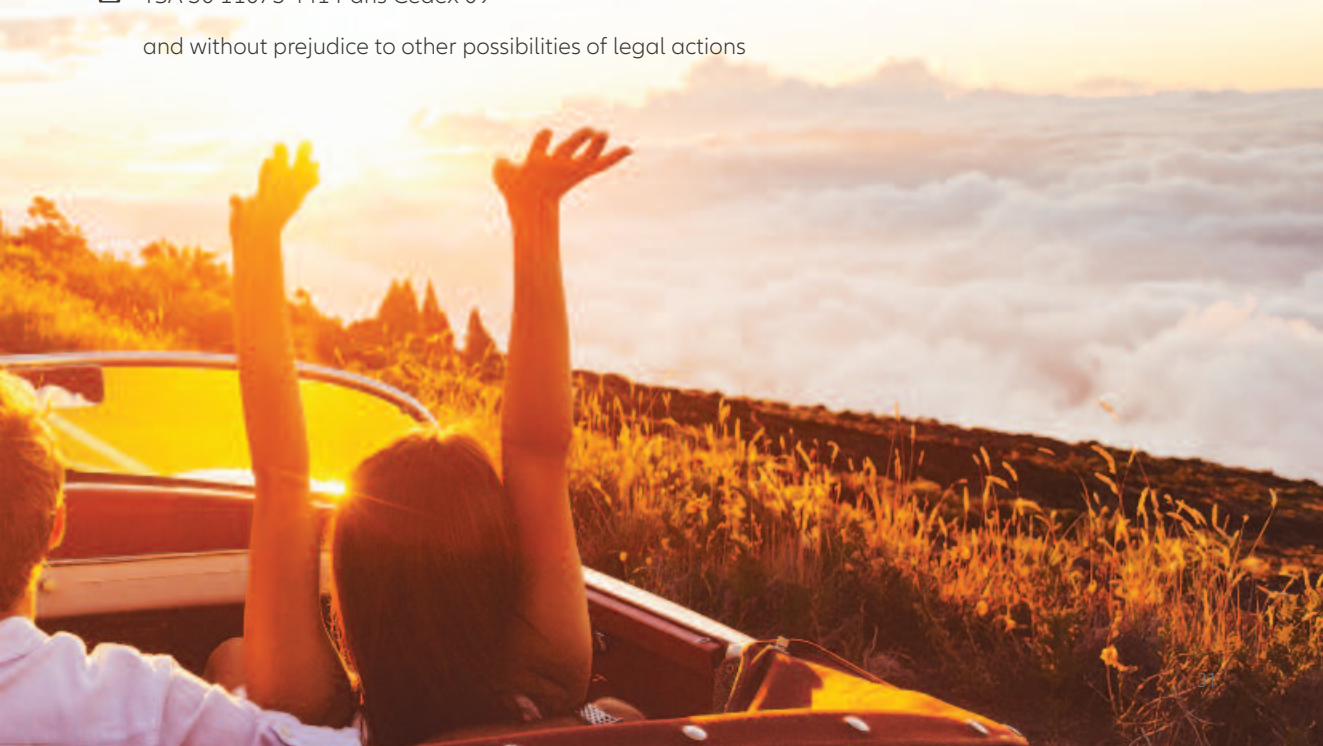
🌐 www.allianzcare.com/en/complaints.html

You can also contact our Helpline to obtain a copy of this procedure.

Allianz Care is a signatory to the mediation charter of the Insurance. Therefore, in the event of a persistent and definitive disagreement, you have the option, after exhaustion of all domestic remedies, to contact the Mediator of the Insurance by post:

✉ TSA 50 11075 441 Paris Cedex 09

and without prejudice to other possibilities of legal actions



Talk to us, we love to help!

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

24/7 Helpline for general enquiries and emergency assistance

 **Phone: 0800 70 528**
(toll-free from Belgium)

Toll free numbers: www.allianzcare.com/toll-free-numbers

If you are not able to access the toll-free numbers from a mobile phone, please visit www.allianzcare.com/en/contact-us.html to find additional contact numbers.

Calls to our Helpline will be recorded and may be monitored for training, quality and regulatory purposes. Please note that only the policyholder (or an appointed representative) or the Group Scheme Manager can make changes to the policy. Security questions will be asked of all callers to verify identity.

@ Email: igo.assistance@allianzworldwidecare.com


 Fax: + 353 1 630 1306

 Address: Allianz Care, Place du Samedi 1, 1000 Brussels, Belgium.

 www.allianzcare.com

 www.facebook.com/allianzcare

 twitter.com/AllianzCare

 www.youtube.com/user/allianzworldwide

 www.linkedin.com/company/allianz-care

AWP Health & Life SA is regulated by the French Prudential Supervisory Authority located at 4 place de Budapest, CS 92459, 75 436 Paris Cedex 09.

The Underwriter of your insurance is AWP Health & Life SA, a limited company with a capital of 665,190,446 governed by the French Insurance Code, with its registered office at 7 Rue Dora Maar, 93400 Saint-Ouen, France. Registered in France: 401 154 679 RCS Bobigny. VAT number: FR 84 401 154 679. Allianz Care and Allianz Partners are registered business names of AWP Health & Life SA.

The Administrator of your insurance is AWP Health & Life Services Limited – Belgium Branch having its branch trading address at 1 place du Samedi, 1000 Brussels, Belgium. VAT: BE 0843.991.159. RPM Bruxelles: 843.991.159. IBAN: BE65363102631696. BIC: BBRUBEBB. Allianz Care and Allianz Partners are registered business names of AWP Health & Life Services Limited.