

Accidental Death or Disability Insurance

General Insurance Conditions (GIC)
Version 02.2016

Table of contents

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|-----------|---------------------------------------------------|----------|------------|---------------------------------------------------------------------------------|----------|
| I | Definitions and contents | 2 | III | Premiums | 4 |
| 1 | Bases of the contract | 2 | 15 | Initial premium and premium adjustments in accordance with tariff age groups | 4 |
| 2 | Territorial validity | 2 | 16 | Adjustment of premium rates | 4 |
| 3 | Insured persons | 2 | 17 | Reminder and arrears | 4 |
| 4 | Age limit – adjustment of the insurance | 2 | IV | Miscellaneous conditions | 5 |
| 5 | Definition of an accident | 2 | 18 | Obligation to notify | 5 |
| 6 | Extension of guarantee | 2 | 19 | Medical treatment | 5 |
| II | Benefits provided by the insurer | 2 | 20 | Consequences of breach of contract | 5 |
| 7 | Sums insured | 2 | 21 | Contract term and termination | 5 |
| 8 | Rightful claimants in case of death | 2 | 22 | Notifying the insurer | 5 |
| 9 | Disability | 3 | 23 | Place of performance and jurisdiction | 5 |
| 10 | Payment of benefits | 3 | 24 | Applicable law | 5 |
| 11 | Costs for vocational retraining | 4 | | | |
| 12 | Exclusions | 4 | | | |
| 13 | Effect of circumstances unrelated to the accident | 4 | | | |
| 14 | Expert opinion | 4 | | | |

I Definitions and contents

1 Bases of the contract

The bases of this contract are: the insurance contract – consisting of the insurance application, the policy, these General Insurance Conditions (AVB) and the provisions of the Federal Insurance Contract Act (VVG) – between CSS Versicherung AG, Tribschenstrasse 21, 6005 Lucerne (hereinafter referred to as “the insurer”) and the insured person.

2 Territorial validity

The insurance cover applies worldwide to occupational and non-occupational accidents, however outside Europe cover applies only during journeys and stays of no more than three years. As long as the insurer grants the insured person cover for the International Health Plan (IHP), the insurance is valid worldwide for an unlimited duration.

3 Insured persons

Persons who are resident in Switzerland and persons who have insurance cover under an International Health Plan (IHP) with the insurer are entitled to conclude a contract for Accidental Death or Disability Insurance (UTI).

4 Age limit – adjustment of the insurance

Persons will be admitted to the insurance up to the end of the calendar year in which they attain age 65.

After attaining age 70, the following maximum sums insured apply:

| | |
|-----------------------|--------------------------------------------------------------------------|
| In case of death | CHF 20,000 |
| In case of disability | CHF 40,000, progression option A 225 % in accordance with paragraph 9 |

Once the insured person attains age 70, the sums insured will be reduced correspondingly from the following calendar year onwards.

If the insured person does not consent to the reduction in benefits, the contract ends for the insured person concerned at the end of the calendar year in which the insured person attains age 70.

5 Definition of an accident

An accident is defined as the sudden, unintentional and harmful effect of an unusual external factor on the human body that results in an impairment of physical, mental or psychological health, or that leads to death. The insurer is liable for damage to health only to the extent that a sufficient natural causal relationship exists between such damage and the insured event. In accordance with the provisions of social insurance law, and legal practice in this field, this sufficient causal relationship must be examined. CSS provides insurance cover for accidents which happen and which are duly reported while the contract is in effect. The following impairments of health are classified as accidents even if they are not due to any unusual external factor, provided they are not clearly attributable to an illness or degenerative condition:

- a) broken bones;
- b) dislocated joints;
- c) torn meniscus;
- d) torn muscles;
- e) strained muscles;
- f) ruptured tendons;
- g) injured ligaments;
- h) eardrum damage;
- i) frostbite;

- j) heatstroke;
- k) sunstroke and impairment of health due to ultra-violet rays, with the exception of sunburn;
- l) broken teeth.

The following are not deemed to be accidents:

Illnesses of all kinds, in particular infectious illnesses, the effects of radiation of all kinds, damage/injury caused by therapies not made necessary by an insured accident.

Aviation accidents:

The insurance extends to cover accidents involving the insured person as a passenger, pilot, member of crew, or as a flying instructor or pupil in all types of aircraft, including delta-wing gliders, skydiving aircraft and para-gliders, provided such are officially permitted to fly.

Accidents that occur because of deliberate violations of official regulations and where official certificates and permits are not available are excluded from the insurance. The liability of the insurer for all insured persons that are in the same aircraft is limited to CHF 2 million in case of death and to CHF 4 million in case of disability.

6 Extension of guarantee

The insurer waives the right to invoke the legal provisions concerning breaches of the obligation to notify, provided this was not done with intent to deceive and if at least five years have elapsed since the contract was taken out or amended.

II Benefits provided by the insurer

7 Sums insured

- 7.1 The sums insured are indicated in the insurance policy.
- 7.2 The payment for insured children that are not yet two years and six months old is limited to CHF 2,500 in case of death.
- 7.3 The payment for insured children that have not yet attained age 12 is limited to CHF 20,000 in case of death.
- 7.4 If a disability lump sum is payable for an accident, any entitlement to an agreed death lump sum for the same accident lapses.

8 Rightful claimants in case of death

If it is established within five years that the insured person died because of the consequences of an accident, the insurer pays the agreed death lump sum to the beneficiaries in the following order:

- a) Spouse/registered partner
- b) in the absence of which, the children
- c) in the absence of which, the other statutory heirs, excluding the community

The insured person can designate other beneficiaries at any time by giving notice in writing.

In the absence of survivors with a rightful claim the insurer only reimburses the funeral costs, however, at most 10 % of the agreed death lump sum.

If the insured person and his spouse/registered partner who is not insured with the insurer die as a consequence of the same event, the agreed sum insured in case of death will be doubled. If both spouses/registered partners are affected by the event and if both are insured with the insurer, benefits will be paid individually per insured person according to the insurance policy.

9 Disability

If an accident results in a disability which, from the theoretical medical perspective, is likely to be permanent, the insured person is entitled a lump sum on the basis of

- the agreed sum insured,
- the degree of disability and
- the progression option (A or B) stipulated in the contract.

In the case of complete loss or complete loss of use of a body part, an organ or a sense, the degree of disability is determined according to the following table:

| | |
|---------------------------------------------------------------------------------------------------------------------------------|-------|
| Complete paralysis or incurable mental infirmity that precludes any participation in gainful employment, complete loss of sight | 100 % |
| Both arms or hands, both legs or feet | 100 % |
| An arm at the elbow or above | 70 % |
| A lower arm or a hand | 60 % |
| A leg at the knee or above | 60 % |
| Lower part of the leg | 50 % |
| A thumb | 25 % |
| An index finger | 15 % |
| Another finger | 10 % |
| A foot | 40 % |
| A large toe | 10 % |
| Another toe | 3 % |
| Sense of smell or taste | 15 % |
| An eye | 30 % |
| An eye (if sight in the other eye had already been completely lost) | 70 % |
| Hearing in both ears | 60 % |
| Hearing in one ear | 15 % |
| Hearing in one ear (if hearing in the other ear had already been completely lost) | 45 % |
| Total loss of the power of speech | 60 % |
| A kidney | 20 % |
| The spleen | 10 % |

In case of partial loss or partial loss of use of a body part, an organ or a sense, the disability percentage will be reduced proportionately.

If a body part and/or an organ that was already maimed or damaged is affected by injuries incurred in an accident, the benefits will be reduced proportionately.

If several body parts are affected as a result of an accident, the percentages will be added together. In no case will the degree of disability exceed 100 %.

In cases other than those mentioned above, the degree of disability is determined on the basis of medical findings. The amount is based on the medically determined degree of disability.

When establishing the degree of disability, the insurer may base its decision on the findings of social insurance institutions.

For that part of the degree of disability that does not exceed 25%, the insurer pays the corresponding percentage share of the agreed disability lump sum.

If the degree of disability exceeds 25 %, the indemnity is calculated on the basis of the following table, depending on the insurance option that has been contracted for:

| Degree of disability | Benefits | | Degree of disability | Benefits | |
|----------------------|----------|-----|----------------------|----------|-----|
| | A % | B % | | A % | B % |
| 26 | 27 | 28 | 64 | 117 | 170 |
| 27 | 29 | 31 | 65 | 120 | 175 |
| 28 | 31 | 34 | 66 | 123 | 180 |
| 29 | 33 | 37 | 67 | 126 | 185 |
| 30 | 35 | 40 | 68 | 129 | 190 |
| 31 | 37 | 43 | 69 | 132 | 195 |
| 32 | 39 | 46 | 70 | 135 | 200 |
| 33 | 41 | 49 | 71 | 138 | 205 |
| 34 | 43 | 52 | 72 | 141 | 210 |
| 35 | 45 | 55 | 73 | 144 | 215 |
| 36 | 47 | 58 | 74 | 147 | 220 |
| 37 | 49 | 61 | 75 | 150 | 225 |
| 38 | 51 | 64 | 76 | 153 | 230 |
| 39 | 53 | 67 | 77 | 156 | 235 |
| 40 | 55 | 70 | 78 | 159 | 240 |
| 41 | 57 | 73 | 79 | 162 | 245 |
| 42 | 59 | 76 | 80 | 165 | 250 |
| 43 | 61 | 79 | 81 | 168 | 255 |
| 44 | 63 | 82 | 82 | 171 | 260 |
| 45 | 65 | 85 | 83 | 174 | 265 |
| 46 | 67 | 88 | 84 | 177 | 270 |
| 47 | 69 | 91 | 85 | 180 | 275 |
| 48 | 71 | 94 | 86 | 183 | 280 |
| 49 | 73 | 97 | 87 | 186 | 285 |
| 50 | 75 | 100 | 88 | 189 | 290 |
| 51 | 78 | 105 | 89 | 192 | 295 |
| 52 | 81 | 110 | 90 | 195 | 300 |
| 53 | 84 | 115 | 91 | 198 | 305 |
| 54 | 87 | 120 | 92 | 201 | 310 |
| 55 | 90 | 125 | 93 | 204 | 315 |
| 56 | 93 | 130 | 94 | 207 | 320 |
| 57 | 96 | 135 | 95 | 210 | 325 |
| 58 | 99 | 140 | 96 | 213 | 330 |
| 59 | 102 | 145 | 97 | 216 | 335 |
| 60 | 105 | 150 | 98 | 219 | 340 |
| 61 | 108 | 155 | 99 | 222 | 345 |
| 62 | 111 | 160 | 100 | 225 | 350 |
| 63 | 114 | 165 | | | |

Unless indicated otherwise on the insurance policy, the indemnity will be paid according to progression option A.

10 Payment of benefits

The indemnity for disability is paid out as soon as a disability deemed permanent from the theoretical medical perspective is determinable and has been diagnosed. Only the insured person is entitled to the disability lump sum; the entitlement may not be passed on by inheritance.

11 Costs for vocational retraining
If vocational retraining is necessary because of an accident for which the insurer has paid a lump sum, the insurer will, on a subsidiary basis, cover adequate costs for such training, however at the most up to a maximum amount of 10% of the agreed disability lump sum (without taking progression into consideration).

12 Exclusions
The following are excluded from the insurance:

- a) accidents as a consequence of war or acts of war unless the accident occurs within 14 days of the initial outbreak of such events in the country in which the insured person is staying and where the insured person is taken by surprise by the outbreak of such acts of war;
- b) accidents as a consequence of earthquakes in Switzerland and the Principality of Liechtenstein;
- c) accidents in connection with service in a foreign army;
- d) impairments of health caused by the effects of ionising radiation. Exceptions: impairments of health resulting from medically prescribed radiotherapy subsequent to an insured event;
- e) accidents as a consequence of participation in acts of war, commotions, strikes, acts of terror or as a result of committing crimes or offences;
- f) accidents caused by participation in brawls and fights unless, while otherwise uninvolved, the insured person is injured by the protagonists or while coming to the assistance of a defenceless person;
- g) accidents suffered by drivers of motor vehicles or cyclists who are in charge of a vehicle while they have a blood-alcohol content of 1.8 weight-volume per mille or more;
- h) abuse of medication, drugs or alcohol;
- i) accidents that occur while racing motor vehicles of all kinds and training for such;
- j) accidents as a consequence of hazardous activities: hazardous activities are actions through which the insured person is exposed to exceptional danger without taking, or being unable to take, measures to reduce the risk to a reasonable level. Rescue operations on behalf of other people are nevertheless insured even when considered to be hazardous activities;
- k) accidents as a consequence of the transmutation of atomic nuclei;
- l) accidents as a consequence of mental conditions suffered by the insured person;
- m) the consequences of self-inflicted injury as well as suicide and self-mutilation and attempts to commit the same, including times when the insured person is incapable of judgement;
- n) accidents suffered as a consequence of the insured person wilfully committing crimes and offences.

13 Effect of circumstances unrelated to the accident
If the impairments of health can only be partly ascribed to the insured accident, the benefits paid by the insurer will be reduced to take account of the influence of external factors as established in a medical opinion.

14 Expert opinion
If the parties are unable to come to an agreement about the consequences of an accident, an expert opinion will be commissioned. CSS will provide a choice of two such experts for the insured person, who must decide on one of these two experts. The costs of this expert opinion are borne equally by each of the parties. The conclusions arrived at in the expert opinion with regard to the natural causal relationship are binding unless it can be shown that they obviously deviate substantially from the actual facts

of the case. A further examination must be conducted of sufficient causal relationship, as determined by the provisions of social insurance law, and legal practice in social insurance.

III Premiums

15 Initial premium and premium adjustments in accordance with tariff age groups

15.1 The initial premium is shown on the policy.
15.2 On reaching the maximum age for a tariff age group, the insured person automatically enters the next higher tariff age group at the beginning of the following calendar year. The applicable premium rate is that for the tariff age group.

Tariff age groups:

| | |
|----------------------|---------------------|
| 0 – 18 years of age | 26 – n years of age |
| 19 – 25 years of age | |

15.3 If the premium is adjusted because the insured person is assigned to a higher tariff age group, he is entitled to terminate the insurance by analogy with paragraphs 16.2 and 16.3.

16 Adjustment of premium rates

16.1 The insurer can adjust the premium rates.
16.2 The insurer gives notice of a change in premiums at the latest 30 days before the end of a calendar year.
16.3 If the insured person does not wish to pay the adjusted premium, the contract can be terminated at the end of the current calendar year by serving written notice. Notice of termination must be received by the insurer at the latest on the last working day of the calendar year.

17 Reminder and arrears

17.1 If the premium is not paid by the deadline indicated on the invoice, the insured person will be notified of the consequences of default in writing and will be requested to pay the outstanding premium within 14 days of the reminder being sent, as stated in Art. 20 para. 1 VVG. If this reminder is ignored, the obligation to pay benefits will be suspended upon expiry of the payment deadline.
17.2 After the deadline for payment expires, the insured person must pay the statutory interest on arrears. Reminder costs are borne by the insured person.
17.3 If no legal action is taken to collect the overdue premium within two months of expiry of the reminder period, the insurer withdraws from the contract and waives payment of the outstanding premiums.
17.4 If the insurer takes legal action to collect the premium or accepts such premium retrospectively, the obligation to pay benefits will be reactivated from the date upon which the outstanding premium, including interest and costs, is paid. The insurer will have no obligation to pay benefits for insured events occurring during periods in which the obligation to pay benefits was suspended, even after the outstanding premium has been paid.
17.5 The insurer is entitled to offset premiums against any entitlement to benefits of the insured person. The insured person is not entitled to offset payments against claims on the insurer.

IV Miscellaneous conditions

18 Obligation to notify

The insurer must be informed without delay about any accident that may lead to an obligation to pay benefits on the part of the insurer.

19 Medical treatment

Suitable medical treatment should be obtained as soon as possible. The insured person must follow the instructions given by the attending doctor and by nursing staff. If necessary, the insured person is obliged to submit to examinations and accept the instructions of a doctor acting on behalf of and paid by the insurer. Otherwise all measures useful to determining the circumstances of the insured event should be taken. The insurer must be informed promptly about cases of death so that a post mortem can be arranged prior to burial at the insurer's expense if it seems that the death of the insured person could be attributable to causes other than accident.

The insurer is entitled to request supporting documents and information, in particular medical certificates.

The rightful claimant grants the insurer the right to acquire such supporting documents and information directly at the insurer's expense. The insured person releases the doctors who have provided treatment and the insurance institutions involved in the claim from the obligation to maintain professional secrecy with respect to the insurer.

20 Consequences of breach of contract

If wilful breaches of the obligations outlined in sections 18 and 19 occur and if these are prejudicial to determining the extent or the consequences of an accident, the insurer can reduce the benefits appropriately unless the insured person or the rightful claimant can prove that such breaches of the contract were not prejudicial to determining the extent or the consequences of the accident.

21 Contract term and termination

21.1 The contract is concluded for the period stated in the policy and thereafter it is extended for one year at a time if neither of the contracting parties receives notice to terminate the contract at the latest three months before the contract expires.

21.2 Notice of termination must be served in writing.

22 Notifying the insurer

All correspondence and any notifications should be addressed to the insurer. All valid correspondence from the insurer is sent to the most recent address of the insured person or the rightful claimant in Switzerland notified to the insurer.

Art. 23 Place of performance and jurisdiction

23.1 The obligations arising from the insurance shall be performed in Switzerland and in Swiss currency.

23.2 If legal disputes arise, action can be taken against the insurer at the court with jurisdiction at the place of residence in Switzerland of the insured person or in Lucerne. If the insured person lives abroad, Lucerne is the exclusive place of jurisdiction.

24 Applicable law

Unless otherwise stated the provisions of the Federal Insurance Contract Act (VVG) apply.

These General Insurance Conditions (AVB) are written in the German language and provided with an English language translation. The German text shall be controlling and binding. The English language translation is provided for convenience only.

