WRLIFE POLICY

Table of Contents

- GENERAL INFORMATIONS
- MODULES 1, 2 AND 3: FULL LIFE MEDICAL INSURANCE FOR EXPATRIATES WORLDWIDE
- MODULE 4: LIFE AND PERSONNAL ACCIDENT COVER
- MODULE 5: PERSONAL LIABILITY
- MODULE 6: TRAVEL INSURANCE INCLUDING SCHENGEN VISA
- MODULE 7: ASSISTANCE, EVACUATION OR REPATRIATION TO COUNTRY OF RESIDENCE OR BIRTH OR ORIGIN
- MODULE 8: ANY INSURANCE FROM AN INTERNAL WRLIFE BROKER
- ADDITIONAL CONDITIONS: PREMIUM PAYMENTS, CANCELLATION & REFUND, MODULE 2

Definitions

Abroad: the entire world except the country of origin.

Accident: any sudden and unforeseen event causing non-intentional injury, resulting from a sudden and external cause to the exclusion of an acute or chronic illness

Accidental sickness: any unintentional bodily sickness caused to the Insured, arising from abrupt, sudden and unexpected action with an external cause, to the exclusion of an acute or chronic illness.

Affiliate: the partner (husband, wife) of the Main Insured or any qualifying minors (born or adopted from either the Main Insured or his/her partner (husband, wife).

Assistance provider: subcontracting company organizing the Assistance Evacuation and Repatriation. Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability

Civil War: the case where foreign embassies, offices or ministers advise not to go to a country because of armed opposition between various parties belonging to the same country, and any armed rebellion, revolution, revolt, insurrection, or coup d'état, and any application of martial law or border closure ordered by the authorities of the country.

Claim: random event which gives the right to be covered under this present policy.

Consequential damage: any financial loss which is the consequence of the loss of use of a right, of the interruption of a service provided by a person or personal or immovable property, or of the loss of a benefit, and which is the direct consequence of damage to the persons and property insured hereunder.

Consequential loss: any financial loss that results from the loss of enjoyment of a right, the interruption of a service rendered by a person or by an item of personal property or immovable property, or the loss of a benefit, and that is the direct consequence of covered physical injury or material loss.

Country of origin: country of domicile before an expatriation

Damage to property: any harm done to, destruction of, change in, loss or disappearance of an item or substance, as well as any physical harm done to an animal.

Deductible: same as excess, the part of the insurance benefit paid by the insured.

Degenerative: diseases, conditions and accidents related to aging.

Dental prosthesis: prosthetic treatments, including crowns, inlays, on lays and implants, and all the necessary treatments, including the refund of the laboratory and component expenses.

Diagnostic Charges or Medical Check-up: The charges incurred to diagnose or identify the presence of diseases.

Domicile: the main and usual place of residence in the country of origin before an expatriation

Emergency: life threatening event, in case of accident or the commencement of a serious illness requiring urgent medical attention and treatment of the Insured. Only medical treatment given by a doctor, general practitioner or specialist and a hospitalization intervention in the twenty-four (24) hours following the direct cause of the emergency will be considered as conditions to be reimbursed.

Excess: same as deductible, the part of the insurance benefit paid by the insured.

Family: Main insured and spouse, or husband or life partner, and descendant relative, son-in-law, daughter-in-law, nephew or niece under the responsibility of one Insured adult.

Extreme sports: Action sports, adventure sports or extreme sports are activities perceived as involving a high degree of risk. These activities often involve speed, height, a high level of physical exertion and highly specialized gear.

Flight confirmation: validation of the airline ticket and seats booking.

Foreign War: the case where foreign embassies, offices or ministers advise not to go to a country because of declared or undeclared armed opposition between one state and another state, as well as any invasion or state of siege.

Home address: address in the country of origin.

Illness, Sickness or Disease: degradation in health established by a medical authority, requiring medical treatment.

Insolvency of the airline company: situation where a traveler holding valid tickets is not entitled to the intended flights due to the airliner's compulsory liquidation and cessation of activities leading to the unannounced cancellation of flights or no alternative arrangement is provided.

Insured: any person covered by a module of the policy.

Insurer: insurance company or captive or compartment of captive or protected cell of captive

Intentional: self-inflicted injuries, diseases, conditions and accidents.

Lapse: loss of the cover

Lifestyle-related conditions, diseases and accident: Conditions, diseases or accident linked with one's lifestyle

Limit of cover: Global or sub limit calculated per calendar year (1rst January up to 31 December) and with reference of each starting date of each different medical event.

Luggage: Travel bags, cases and trunks and their contents, excluding articles of clothing which are wearing or carrying.

Main Insured: the older family member or a single insured in case of no affiliates to cover as well.

Material loss: any damage, destruction, deterioration, loss or disappearance of a thing or substance and any physical attack on an animal.

Maternity-Childbirth expenses: medical expenses incurred for normal or caesarian delivery and any complication.

Maximum per event: Where the same cover operates in favor of more than one insured victim of the same event and insured under the same Special Provisions, cover is limited in all cases to the maximum under that head of cover, regardless of the number of victims. The claim will be accordingly reduced and paid in proportion to the number of victims.

Medical auxiliaries: nurses, doctors, careers and other state-registered medical staff.

Medical prosthesis: hearing aid, phonation aid (electronic larynx), wheelchair and personal mobility aid, artificial limb, ostomy product, hernia support, abdominal bandage, elastic support stockings or orthopedic sole and any other medically prescribed apparatus.

Moratorium: waiting period

Natural disaster: earthquake, volcanic eruption, tidal wave, flood, typhoon, hurricane, cyclone or natural cataclysm caused by the abnormal intensity of a natural agent not arising from human intervention and recognized as such by the public authorities.

Non-scheduled charter flight: A non-scheduled flight carried by a tourism organization.

Personal-Physical injury: any physical injury sustained by an individual and requiring the action of a medical auxiliary.

Policyholder: any insured.

Pollution: deterioration of the environment due to quantities of substances that are not naturally present in the air, the water, or the soil.

Pre-existing condition: A medical illness or injury that you have before you start a new health care plan may be considered a "a pre-existing condition".

Rail ticket: Tickets for transport by rail

Residence: Home in country of expatriation, or country of origin if there is no expatriation

Scheduled flight: A planned flight by a commercial airline, the precise timetables and frequencies of which are compliant with those published in the ABC World Airways Guide.

Spa treatment: medical treatment prescribing the use of mineral spring water and its derivatives under regular medical supervision and monitoring.

Spouse: a person married to the Insured Person and not legally separated; or a person living as if married with the Insured Person, in the same household and with the same common interests as a married couple; or the co-signatory of a civil union with the Insured Person.

Strike: concerted collective action arising from the employees of a firm or an economic sector or a professional category ceasing work to protest.

Subrogation: legal situation whereby the rights of one person are transferred to another person (in particular: the Insurer taking the place of the Contract holder for the purposes of proceedings against the opponent).

Terrorist attack: Any act of violence constituting a criminal or unlawful attack against persons and/or property aiming a serious disrupting public order by intimidation and terror and being the subject of media coverage.

Third Party: any person other than the Insured Person or his family members who is responsible for the damage, injury or loss.

Total and irreversible disability: Degree of disability that reduces the ability to work or to earn by at least two thirds, that is to say to be incapable of earning, in any occupation, a salary greater than a third of the normal income received in the same region by workers of the same category, in the occupation held before the date that work stops due to the disability or the date that the disability is medically certified if the latter results from the premature ageing of the body, and be obliged to have assistance from a third person to carry out the acts of everyday life such as: to feed ourselves, dress, wash, be continent, move around (from a bed to a chair, and inside in single storey buildings). The date when the total and irreversible disability occurs is set as the date of such notification by the Insurer.

Trip cancellation: full and unconditional cancellation of a trip booked.

Trip: journey, stay, package holiday, cruise

Grace period: any period of forbearance granted by the Insurer for the settlement of a premium due. A grace period concerns the time of payment only and does not maintain, extend or reinstate cover in respect of any event occurring while the premium remains unpaid (see End of cover).

Up to date with payment: the situation of an Insured for whom no premium, instalment or fraction of premium due under the policy remains outstanding on the relevant date.

Applying for a cover and Enrolment

The insured can apply at any age for the health cover and before 75 for the PA or Life cover, whatever age for the other covers. Active cover means paid cover. Any grace period granted for the settlement of premiums does not suspend this requirement (see End of cover). The Main Insured must, when joining, complete and sign online on the web site: www.wrlife.net / www.wrlife.com / www.wrlife.org the application form can include a medical questionnaire validated by the Insurer. An additional medical examination, paid by the Insured, may be requested.

The Insurer reserves the right to make acceptance conditional upon the production of any additional information it considers necessary.

For any pre-existing, chronic conditions and injury before the start date of the policy, the condition has to be studied and can either been covered with or without moratorium, or loading, or excluded.

For aged under 65:

Health checkup is not required

There is a six months waiting period for specific diseases (as specified below). If no condition of these specific diseases found during the waiting period: coverage after 6 months. If any condition found during the waiting period: the specific disease is not covered.

There is a 5 years waiting period for degenerative diseases (as specified below). If no conditions of these degenerative diseases found during the waiting period: coverage after 5 years. If any condition found during the waiting period: the degenerative disease is not covered.

For aged 65 and over:

Two choices: health checkup (must not be older than 30 days) or no health checkup upon application.

There is a 1 year waiting period for specific diseases (as specified below) if no health checkup is done. If a health checkup is done and no condition is found, the waiting period is 6 months. If no condition of these specific diseases found during the waiting period: coverage after 6 months. If any condition found during the health checkup or waiting period: the specific disease is not covered.

If checkup is done there is a 5 years waiting period for degenerative diseases (as specified below) if no conditions found during the health checkup. If no condition of these degenerative diseases found during the waiting period: coverage after 5 years for degenerative disease. If any condition found during the waiting period: the degenerative disease not covered. If no health checkup is done degenerative diseases are not covered.

***Specific diseases: Hypertension & Cardiovascular Disease, All Tumors, Polyp or Cyst, Hemorrhoids, Prostate Disease, Diabetes, Cancer, Endometriosis, Cholecystitis, Cholelithiasis, Calculi of the Urinary Organ. Always 6 months waiting period in any case (1 year waiting period for Hernias)

***Degenerative diseases: Alzheimer's disease (AD), Amyotrophic lateral sclerosis (ALS, Lou Gehrig's disease), Charcot–Marie–Tooth disease (CMT), Chronic traumatic encephalopathy, Cystic fibrosis, Some cytochrome c oxidase deficiencies (often the cause of degenerative Leigh syndrome), Ehlers–Danlos syndrome, Fibrodysplasia ossificans progressive, Friedreich's ataxia, Frontotemporal dementia (FTD), Huntington's disease, Infantile neuroaxonal dystrophy, Keratoconus (KC), Keratoglobus, Leukodystrophies, Macular degeneration (AMD), Marfan's syndrome (MFS), Some mitochondrial myopathies, Mitochondrial DNA depletion syndrome, Mueller–Weiss syndrome, Multiple sclerosis (MS), Multiple system atrophy, Muscular dystrophies (MD), Neuronal ceroid lipofuscinosis, Niemann–Pick diseases, Osteoarthritis, Osteoporosis, Parkinson's disease, Pulmonary arterial hypertension, All prion diseases (Creutzfeldt-Jakob disease, fatal familial insomnia etc.) Progressive supranuclear palsy, Retinitis pigmentosa (RP), Rheumatoid arthritis, Sandhoff Disease, Spinal muscular atrophy (SMA, motor neuron disease), Subacute sclerosing panencephalitis, Substance Use Disorder, Tay–Sachs disease, Vascular dementia (might not itself be neurodegenerative, but often appears alongside other forms of degenerative dementia). Always 5 years waiting period in any case.

The Main Insured makes a commitment for himself (or herself), his (or her) partner (husband, wife) or any qualifying minors (born or adopted from one of the insured) to be affiliated from the date of electronic signature and accepted by the Insurer for one year with automatic renewal.

Former Client RE APPLYING FOR A COVER or Upgrading or downgrading from an existing cover shall be subject to Waiting period of 6 months for specific diseases or provide a Medical Check-up less than 30 days old to wave the waiting period. Any previous medical condition that generated medical claims or any preexisting condition shall be excluded from the new cover. If any claim occurred previously and the insured is willing to downgrade his cover, the insurer shall not accept the downgrading of the cover.

The cover is renewed each year on the anniversary date at midnight by automatic renewal for the twelve following months, unless the cover is cancelled by anyone of the parties by registered mail or email at any moment.

In the event of claim of less than $10'000 during insured year the premium shall increase by 3% for the next 3 years, in the event claims are over $10'000 (lifetime) the premium shall increase by 3% each year, lifetime. If there are no claims, premium shall remain the same.

The Members become the "Insured" once the cover is accepted. In case of the death of the Main Insured, his (or her) partner (husband, wife) or any qualifying minors (born or adopted from one of the insured) remain Member(s) of the association. In case of the end of expatriation of the Main Insured, his (or her) partner (husband, wife) or any qualifying minors (born or adopted from one of the insured) do not remain Member(s) of the association and their membership(s) is (are) to be cancelled at the following renewal date.

Choice of Modules

The choice of the Module is made by the Main Insured at the time of enrolling. The selection of the Modules can be modified before each renewal date and be effective at the renewal date. In case the Modules 2, 3 and 6 are added, a new medical questionnaire will be required. In case some Module is cancelled, no additional application form or medical questionnaire is required.

The Main insured and his (her) affiliates must have chosen the same selection of Modules.

The Insured is free to choose anyone or several covers or all covers between the Modules 1, 2, 3, 4, 5, 6, 7, 8, for more information please read our summaries of covers.

Starting of cover

The Insurer has the full responsibility to pay the expenses for each of the beneficiaries accepted for cover after it has examined and accepted the medical questionnaire for all expenses, except the waiting periods listed for the different modules.

Renunciation of cover

The Insured may refuse the insurance contract within a period of 14 complete calendar days from the moment he started. The Insured must inform that the contract is refused by him (her), by sending a registered letter with acknowledgment of receipt to.

The Insurer will then reimburse, in full, the amount paid, within 30 days of receipt of this letter. If the insured requests the implementation of the guarantees during the period of renunciation, then the renunciation is no longer valid.

End of cover

Once accepted for Insurance, the member enjoys a full life cover, except for life insurance, Personal Accident cover which stops at the age of 75.

The cover ends for the Insured:

- In case of any false declaration in the application form.
- In case of non-payment of the insurance premium, after thirty (30) days alerts sent by the insurer or its representative either by email or post mail.
- On the last day of his (her) period of membership.
- In the event of the death of the member
- In case of non payment of the new contract after 7 days from onboarding process: the contract is not activated.

Premium payment as a condition of eligibility of claims

Notwithstanding the thirty (30) day notice period referred to above, and notwithstanding any grace period of one (1) month that may be granted for the settlement of premiums, no claim shall be eligible for cover, and no benefit shall be payable, where the Insured is not up to date with the payment of premiums on the date on which the event giving rise to the claim occurs. The granting of a grace period constitutes a mere forbearance as to the time of payment and shall in no event be construed as a waiver by the Insurer of the requirement that cover be active and fully paid up at the date of the event. Any claim occurring during a period in which premiums remain outstanding shall be definitively excluded, notwithstanding any subsequent payment or regularisation of the arrears, which shall have effect for the future only.

Policy cancellations through WRLife can only be proclaimed if reasons mentioned under the End of Cover Section are existent.

Benefits covered

Only the benefits corresponding to the subscribed guaranties are covered.

Claims for reimbursement will be approved only if the Insurer considers the amount of the payment receipts supplied to be reasonable and within normal limits.

Otherwise, the Insurer reserves the right to reduce the amount of benefit. The benefits covered always come after any social security.

For monthly, quarterly and semi-annual payments, if a claim occurs in the first 6 months and if this claim is not an accident or an accidental sickness, and if the amount of the claim is equivalent or over one month premium, the insurer has the possibility to ask the insured to pay the full remaining payment for the year. This is to avoid short time cover fraud based on intentional medical tourism purpose.

Modification of cover

The Insurer reserves the option to modify the cover in one or more specific territories subject to notifying the Subscriber 15 days in advance. - Mediation and legal action

Any action arising from this present Agreement is subject to limitation from legal action for a period of two years from the event giving rise there to. However, this period does not begin to run: In the case of concealment, omission, false or inexact declaration on the risk being run, until the day on which the Insurer is notified thereof. In the event of a claim, until the day on which those involved obtain knowledge thereof, if they can prove that they were unaware of it until then.

Legal action

The beneficiary grants subrogation to the Insurer to take any legal action against a liable third party. In case of total disagreement with one of the insurers with regards to his guarantees, the Insured has the right to appeal to a Mediator, on simple request, and without any prejudice with regards to other ways of legal action. The Information regarding the Insured is used for contract management. The Insured has a right of access, rectification and opposition. The jurisdiction is where the Insurance company is located or UK for the master broker.

Claim settlement

The claim is paid with a deduction of the excess and up to the limit specified in the summary of cover. In the event of claim the premium shall be increase by 3% on the renewal date

Claims have to be submitted when the cover is active, and the Insured must have been up to date with premium payments at the date of the event giving rise to the claim (see End of cover).

It is the responsibility of the Insured to send all documentations (medical report, itemized bills, full labtest result and bank details) in one single email to claim@assistinter.com

Incomplete claims will not be processed. Claims submitted more than 3 months after the incident will not be processed

The insurance policy number is important to know. The insured shall have it via his login and password to www.wrlife.net or via his insurance certificate or insurance card.

In case of hospitalization, day care visit or outpatient visit, the insured must contact the 24 hours emergency platform at any time of the day or night by one of the following ways:

- By telephone
- By fax
- By email
- By giving his insurance card to the third-party administration of the hospital and request the hospital to contact itself the 24 hours emergency platform

In the event of hospitalization, the insurer will make the advanced payment to the hospital, except if the hospital refuses the advanced payment(s) from the insurer, or any other exceptional reason.

If unfortunately, the advanced payment is not possible, then the detailed payment receipt with prescriptions and the filled and signed claim form is required. The documents must be sent not later than ten (10) months after the claimed event to the 24 hours emergency platform.

The Insurer may request any other additional supporting documentation. No copy or duplicate invoice is accepted. In case of exceptional reasons, the insurer can accept copy, photocopy or duplicate invoice.

The following expenses require the prior consent from the Insurer: Any non-urgent hospitalization - Confinement expenses

In the event of a non-urgent hospitalization, non-urgent surgery, non-urgent radiography or non-urgent medical treatment, a medical certificate will be requested from the insurer. Any failure to follow this obligation could result in a refund being refused.

The Insurer reserves the right to require the Insured to provide any additional information necessary for the processing of their personal data and data relating to claims for reimbursement. The Insurer may require access to the insured's confidential medical files with all the legal obligations of confidentiality attached thereto.

Any information supplied by the Insured that is incorrect, falsified, exaggerated or any fraudulent acts on his part shall be the direct responsibility of the Insured and shall give rise to the repayment of the monies unduly paid by the Insurer based on such incorrect information.

The Insured must not take any initiative or committing to any expenditure including medical costs without prior consent from the Assistance Company.

When the evacuation, transport and/or repatriation is completed, the insured must send his initial tickets (if any) to the Assistance Company, so then to become the property of the Assistance Company.

In case of other claim, the Insured must advise the Insurer within five (5) working days, except for Acts of God or of force majeure, of any event likely to render a publicly liable.

Documents to provide:

- For illness or accident: medical certificate stating the origin, nature, seriousness and foreseeable consequences of the illness or accident, a certificate of unfitness for work and copies of medical prescriptions together with pharmacy receipts and, where applicable, the results of any tests or examinations
- In the event of redundancy on economic grounds, a photocopy of the notice of redundancy, a copy of the employment contract and a copy of the pay slip stating any balance of salary due
- In the event of pregnancy-related complications, a photocopy of the pre-natal examination report and a photocopy of the certificate of unfitness for work
- In the event of death, a copy of the death certificate and proof of family relationship (civil status form)
- In case of a complement to social security: statements connected to the reimbursement of treatment fees
- In case of a complement to other insurance scheme: statements connected to the reimbursement
- In case of trip cancellation, missed flight or delayed flight: cancellation invoice or other proof issued by the travel operator or the departure airport.
- In case of a theft, details of the causes and circumstances, if possible, any witness, the proof of the existence, property and value of any stolen item. If any stolen item is recovered in good state, the Insurer must be notified immediately by registered post as soon as possible and the insured must take back the item and pay back to the Insurer the sum received less the value of any damaged or missing item.
- For other type of claim, any appropriate proof
- Proof of payment of premiums due, where requested by the Insurer, evidencing that the Insured was up to date with payment at the date of the event.

False declaration

Any use of inaccurate documents or fraudulent means or make inaccurate or incomplete declarations, will cancel all right to the payment of a claim.

Any fraud may even cancel the WrLife memberships.

MODULES 1, 2 AND 3: FULL LIFE MEDICAL INSURANCE FOR EXPATRIATES WORLDWIDE LOCAL AND INTERNATIONAL COVER

Full Life cover

MODULE 1: HOSPITALIZATION & OTHER COVERAGE INCLUDED IN HOSPITALIZATION

MODULE 2: OUTPATIENT

MODULE 3: DENTAL & OPTICAL

Areas of Cover for the health cover: Modules 1, 2 and 3

AREA 1: (except USA which are not covered), Canada, Switzerland, Israel, Japan plus the AREA 2

AREA 2: Europe (except Switzerland), Australia, New Zealand, American continent (except USA and Canada), China, Hong Kong, Singapore, Taiwan plus the AREA 3

AREA 3: Africa, Asia (except China, Hong-Kong, Japan, Singapore and Taiwan), Middle East (except Israel), all other countries

However, during a stay of less than three months in the country of origin the insured is covered.

However, during a stay of less than seven weeks in a country outside the Area chosen by the Insured, only expenses arising from an accident or an accidental sickness of an urgent nature as defined above under Emergency provided that the treatment has been

given by a doctor, generalist or specialist, or that the hospitalization was required as a direct cause of the emergency and that it took place within 24 hours, shall be reimbursed.

Waiting period

Spa treatment: 6 months. COVID: 14 days. Dental prostheses: 10 months. Optical: 10 months. Maternity: 10 months.

Reimbursements of actual cost and complementary of other insurance cover or social security scheme

The amount of reimbursement is determined for each expense item according to the terms indicated in the summary of benefits.

Reimbursements are paid up to the limit indicated on the table of sums insured and up to the limit of the actual costs. Any annual limit is per civil year and per person.

It is understood that actual costs are to be normal and reasonable costs based on the bills currently charged by medical institutions and practitioners in the country of expatriation.

The benefits paid by the Insurer are in addition to those of any other Health, Life and Accident insurance and/or social security scheme from which the Insured may benefit personally.

The reimbursements or payments covering medical expenses caused by any sickness, maternity or accident shall not exceed the amount of the expenses for which the Insured remains liable after the reimbursements of all kinds to which the Insured is entitled.

Similar cover taken out with several insurance organizations shall have an effect on the limit of each item of cover irrespective of when the cover was taken out.

In this limit, the beneficiary of the Agreement may obtain additional payment by sending details of the reimbursements made by the other(s) organization(s).

For application of the arrangements, the limitation of expenses for which the Insured is still liable is determined by the Insurer for each of the medical treatments or medical expense items.

Exclusions for the Health Cover

- Any sickness or accident due to the intentional act of the insured person, intentional mutilation or attempted suicide
- Any criminal proceeding against the Insured, except if the Insured does not take an active part in the event
- Any consequence of a civil or other war, insurrection or popular movement, except if the Insured does not take an active part in the event
- Any riot or strike, except if the Insured does not take an active part in the event
- Any claim resulting directly or indirectly from the meltdown of an atomic core, or any irradiation originating from ionizing radiation
- Any treatment outside the area of cover as indicated in the application form, except for cases specified in the section concerning the area of cover
- Any form of experimental or unsupervised treatment that does not follow commonly accepted, customary or conventional medical practice, unless specific consent has been given by the Insurer - Any comfort or incidental expenses in the case of inpatient, outpatient, daycare such as telephone, television, internet, upgrade from normal single room to any other higher standard room. Any treatments for alcoholism or drug addiction
- Any expense incurred on the acquisition of an organ (but not the organ itself)
- Any esthetic treatment, age-reducing treatment, slimming treatment
- Any elective or voluntary plastic and/or cosmetic surgery, except those consecutive to a sickness or accident covered
- Any pandemic if no sickness (any pandemic is covered in case of sickness)
- Any simple quarantine if no sickness

- Any consultation, treatment and complication associated with the loss of or implantation of hair unless the treatment is related to a hair loss caused by a serious illness or accident
- Any operation or treatment relating to a sex change
- Any check-up, examination, treatment and complication associated with sterility, sterilization, sexual dysfunction, contraception including the insertion or removal of contraceptive devices, the voluntary termination of pregnancy except in the case of a pregnancy termination that is medically necessary and complies with local legislation
- Any spa treatment except with prior consent of the insurer
- Any transport and accommodation costs associated with a spa treatment
- Any medical expense associated with a stay at a well being centre or fitness centre, rest home or recovery home even if this stay is medically prescribed, (except for a reeducation centre immediately following a hospitalization)
- Any non-prescribed medication, and commonly used non-medical products such as medical alcohol, absorbent cotton, sun creams, dental hygiene products, dressings, shampoos etc.
- Any preexisting medical condition not declared
- Any preexisting medical condition not accepted by the Insurer
- Any kind of fraudulent or attempted fraudulent claim
- Any degenerative Sickness, disease, related conditions and accidents, unless the insured has 5 years minimum of Wrlife coverage.
- Any Intentional or self-inflicted injury, disease related condition and accident
- Any extreme sports competitions are excluded from coverage, except for Elite plan Inpatient + Outpatient coverage with yearly payment, the coverage will be considered as Serenity $100'000 Inpatient + Outpatient, as the competition organizer is responsible for any accidents.
- Any expenses related to self investigation; any expenses related to self treatment.
- Any expenses related to pregnancy, unless the pregnancy starts after 10 months of coverage under Serenity plan and above.
- Any road traffic accidents involving two wheeled vehicles if the insured (as a driver or a passenger) was not wearing a helmet, even if he has a valid driving license.
- Any road traffic accidents involving any vehicles if the driver does not have a valid driving license and related mandatory documentations in the country where the accident occurred
- Any event occurring on a date on which the Insured was not up to date with the payment of premiums, notwithstanding any grace period granted (see End of cover).

MODULE 4: LIFE AND PERSONAL ACCIDENT COVER

Beneficiaries in the event of the Insured's death

The amount of cover in the event of death of the Insured becomes payable in order of preference:

- To the spouse of the Insured if married and not legally separated,
- Failing this, to the children of the Insured who have been born or are to be born, in equal shares, the share of the predeceased being transferred to their own children or to their brothers and sisters if there are no children,
- Failing this, to the father and mother, in equal shares, or, to the survivor in the event of predecease,
- Failing this, to the legal heirs.

At any time, the Insured may modify the above order and designate any individual or body corporate of their choice by notifying the Insurer by registered mail.

When the personal designation is null and void or absent, the above arrangement shall apply. In the event of the death of an Insured person and of one or more designated beneficiaries in one and the same event without it being possible to determine the order of death or when the beneficiary dying after the Insured has not had the time to accept the benefit of the capital, the Insured is presumed to have survived for the determination of beneficiaries of the lump sum.

Permanent, total and irreversible disability — Scale of Permanent Disabilities (by Accident)

- Loss of both arms or both hands 100%
- Loss of speech 100%
- Loss of one arm and one leg 100%
- Complete deafness of both ears, of traumatic origin 100%
- Removal of the lower jaw 100%
- Loss of one hand and one leg 100%
- Loss of both legs 100%
- Loss of both feet 100%

Choice of cover

This policy pays a monthly payroll for 10 years (120 months) in the event of death or total and irreversible disability of the Insured. The customer has two choices: by sickness or accident, he can take both.

Choice of level

The choice is made by the Insured during his enrolment. He can choose the following levels: from 10,000 USD up to 200,000 USD. It may be modified later. In the event of a change of situation or family dependents, the Insurer must be informed.

Monthly payroll on death or total and irreversible disability

If the Insured dies before his/her 75th birthday, the designated beneficiary receives a monthly payroll, depending on the chosen formula. When the monthly payroll has started, the Insured shall no longer receive the death cover in case of total and irreversible disability.

The Insurer's assessment of declared claims

In all circumstances, the Insurer reserves the right to assess, via a medical examination, the justification for the incapacity or disability of the Insured. For indemnity covers, proof of salaries is required.

Exclusions for the Personal and Accident cover

- Any sickness or accident due to the intentional act of the insured person, intentional mutilation or attempted suicide
- Any criminal proceeding against the Insured, except if the Insured does not take an active part in the event
- Any consequence of a civil or other war, insurrection or popular movement, except if the Insured does not take an active part in the event
- Any riot or strike, except if the Insured does not take an active part in the event
- Any claim resulting directly or indirectly from the meltdown of an atomic core, or any irradiation originating from ionizing radiation
- Any claim resulting from any form of experimental or unsupervised treatment that does not follow commonly accepted, customary or conventional medical practice, unless specific consent has been given by the Insurer
- Any claim resulting from any non-prescribed medication, and commonly used non-medical products such as medical alcohol, absorbent cotton, sun creams, dental hygiene products, dressings, shampoos etc.
- Any event occurring on a date on which the Insured was not up to date with the payment of premiums, notwithstanding any grace period granted (see End of cover).

MODULE 5: PERSONAL LIABILITY

The Personal Liability covers the financial consequences of the public liability that the Insured may incur with respect to, on the one hand, personal injury and/or material loss and, on the other hand, the consequential loss, caused accidentally to any person other

than affiliated person insured, that is the Insured's fault or the fault of persons, things or animals under the Insured's care, this being provided up to the amount, and with the deduction of an excess, indicated in the table of sums insured.

In the event of any legal action being made against the Insured, the Insurer provides his defense and handles the trial for the deeds and loss falling within the cover provided by this agreement.

However, the Insured may associate himself with the Insurer’s action provided that he is able to provide pieces of proof of a specific interest that is not covered under this agreement.

The simple fact of paying for his own defense for protective reasons may in no circumstances be interpreted per se as an acknowledgement of cover and in no way implies that the Insurer accepts the detrimental consequences of events that are not expressly covered by this agreement.

Even if the Insured fails in his obligations after a claim, The Insurer is bound to indemnify the people to whom the Insured is liable. The Insurer nevertheless retains, in this case, the right to take action against the Insured for repayment of any monies that the Insurer may have paid or placed in down payment on the Insured behalf.

With respect to means of obtaining redress:

- Before the civil, commercial or administrative courts, the Insurer is free to obtain redress under the present agreement.
- Before the criminal courts, the means of redress may not be used without the Insured's consent.
- If the pending lawsuit before a criminal court relates only to civil interests, refusal from the Insured to give his consent to use the planned means of redress gives the Insurer the right to claim an indemnity from the Insured equal to the loss that the Insurer suffers as a result.

The Insurer pays the court costs, the discharge costs, the sentence amount and any other payment expenses. If the global cost is over the limit of cover, any over cost is to be paid by the Insured.

This also covers pecuniary losses that the Insured Person incurs as the result of bodily and tangible losses and damage caused to others during the course of his or her sports activities, up to the limit specified in the summary of Cover.

Cover applies when taking part in sport activities during a trip, at the condition that these activities are not covered by another insurance policy.

Reimbursements of actual cost and complementary of other insurance cover

The Personal liability cover takes effect only if there is a lack of, or as an addition to, any other Public Liability insurance already existing and taken out by the Insured with any other company.

Exclusions for the Personal Liability

- Any sickness or accident due to the intentional act of the insured person, intentional mutilation or attempted suicide
- Any criminal proceeding against the Insured
- Any consequence of a civil or other war, insurrection or popular movement
- Any riot or strike, except if the Insured does not take an active part in the event
- Any claim resulting directly or indirectly from the meltdown of an atomic core, or any irradiation originating from ionizing radiation
- Any consequence of any material and/or personal injury claims affecting the Insured personally and/or the members of his family and/or his Affiliates insured under this agreement
- Any damage caused or provoked intentionally by the Insured
- Any damage resulting from the use of land motor vehicles, sailing boats and motor boats, and flying apparatus
- Any damage resulting from any job-related activity

- Any consequential damage except when it is the direct consequence of accidental or material loss and/or personal injury that is covered
- Any Consequence of a suicide attempt
- Any epidemic, natural catastrophe and/or pollution
- Alcoholism, drunkenness, the use of medication, drug, narcotic that is not medically prescribed
- Any Duel, bet, crime, brawl (except legitimate defense)
- Any practice of bobsleigh, skeleton, mountain climbing, competitive luge, air
- Any sport resulting from participation in or training for official event and/or competition organized by a sporting federation
- Any damage resulting from the practice of motor and/or air sports or any sport competition as a professional or hunting
- Any absence of random
- Any event occurring on a date on which the Insured was not up to date with the payment of premiums, notwithstanding any grace period granted (see End of cover).

Limits for the Personal Liability Cover

The Insured must not accept any acknowledgement of liability, or any transaction without the Insurer's prior written consent by email or fax or post mail.

It is understood that the simple fact of having provided emergency help to a victim when it is an act of assistance that anyone has a moral duty to perform is not an acknowledgement of liability.

MODULE 6: TRAVEL INSURANCE INCLUDING SCHENGEN VISA

Hospitalization Expenses: Inpatient and daycare surgery, Small Outpatient, Dental emergency

The Insured Person must be unaware of any medical contraindication both at the time of the trip purchase and enrolling to this policy and it must be certified by a doctor.

Bail bond cover

If the Insured is prosecuted following a road traffic accident (and for no other reason) caused by him, the Insurer will pay the cost of a bail bond up to the limit specified in the Summary of Cover. This benefit does not cover legal proceedings commenced in the country of origin.

Lawyer's fee

If the Insured are prosecuted abroad following a road traffic accident (and for no other reason) caused by him, the Insurer will pay an on-site lawyer's fees up to the limit specified in the Summary of Cover, only if the alleged offences are not punishable by criminal penalties under the legislation of the country concerned. This benefit does not cover legal proceedings commenced in the country of origin. This cover excludes offences relating to any occupational activity.

Robbed or destructed Identity documents

It covers the costs for replacements of passport, identity card, vehicle registration document or driving license being stolen.

Exclusions for robbed or destructed Identity documents

- Theft without forced entry duly certified and recorded by an authority (police or equivalent)
- Theft committed by any Insured's employee
- Theft committed by the Insured himself or by his family members
- Accidental damage due to the spillage of liquids, fats, colorants or corrosives contained in a luggage

- Confiscation by the Authorities (customs, police etc.)
- Deterioration resulting from scratches, scrapes, tears or stains
- Loss and damage caused by insects and/or rodents, cigarette burns or non-incandescent heat sources
- Theft from a hired car
- Loss and damage resulting from an earthquake, volcanic eruption, tidal wave, flood or other disaster, provided that such event is declared to be a natural disaster by a ministerial decision
- Loss and damage resulting from the Insured's gross negligence

Enforced stay abroad

This cover applies in the event of an urgent family member hospitalization or death abroad.

The cover applies when the Insured has no other choice than staying abroad after the original intended date of return due to a reason that is beyond his control and was unknown and unforeseeable at the time of his departure, and in case of a natural disaster or act of terrorism not farer than 100 km away.

The cover does not apply in the event of it being impossible to leave is linked to a failure by the organizer (tour operator, travel agent, Airline Company etc.).

Enforced early return

This cover applies in the event of an urgent family member hospitalization or death in the country of origin.

The cover applies when the Insured has no other choice than returning from abroad before the original intended date of return due to a reason that is beyond his control and was unknown and unforeseeable at the time of his departure, and in case of a natural disaster or act of terrorism not farer than 100 km away.

The cover does not apply in the event of it being impossible to leave is linked to a failure by the organizer (tour operator, travel agent, Airline Company etc.).

Accommodation following an emergency during the Insured's trip in his residence home

The cover applies when the Insured is abroad in the event of a flood, fire or burglary at the Insured's home during his trip and the loss and damage caused require precautionary action and if the Insured's home is uninhabitable during his return. The cover pays for the costs of the Insured's staying in a hotel. The cover does not apply in the event of it being impossible to leave is linked to a failure by the Insured.

Sea and mountain rescue

The Insurer will cover the costs of sea and mountain search and rescue (including for off-piste skiing) up the limit specified in the Summary of Cover. Only costs invoiced by an undertaking duly approved for such activities can be reimbursed.

Theft, destruction of personal belongings during the transport

This cover includes items including for sport and leisure.

It covers the luggage and personal belongings during the transport for theft, total or partial destruction or loss during transport. Only theft by forcible entry is covered.

Valuable items, precious stones, jewelry, watches, furs and electronic devices are not covered if not put in a cabin luggage for any flight.

For the use of a private car which is parked on a public road, cover only applies from 7 am to 10 pm.

Any value will be covered on the basis of the replacement cost by an equivalent item of equivalent value, minus depreciation

Exclusions for theft and loss

- Theft without forced entry duly certified and recorded by an authority (police or equivalent)
- Theft committed by any Insured's employee
- Theft committed by the Insured himself or by his family members
- Accidental damage due to the spillage of liquids, fats, colorants or corrosives contained in a luggage
- Confiscation by the Authorities (customs, police etc.)
- Deterioration resulting from scratches, scrapes, tears or stains
- Loss and damage caused by insects and/or rodents, cigarette burns or non-incandescent heat sources
- Loss and damage resulting from an earthquake, volcanic eruption, tidal wave, flood or other disaster, provided that such event is declared to be a natural disaster by a ministerial decision
- Collections and samples of sales representatives
- Breakage of fragile items such as porcelain, glass, ivory, pottery or marble objects - Normal depreciation
- Any consequence resulting from any usage not in accordance with the manufacturer's recommendations
- Loss and damage to equipment during the course of its repair, maintenance or refurbishment
- Loss and damage resulting from an inherent defect in the insured equipment or its use - Loss and damage resulting from the Insured's gross negligence

Luggage delay

It covers in case of personal luggage not being delivered at the destination airport and not recovered after 12 hours delay. This cover cannot be combined with the previous "Luggage and personal belongings" chapter

Missed flight

It covers a missed flight for any reason other than a change of timetable by the airliner. The cover takes effect on the date and at the time indicated on the air ticket and expires immediately upon arrival at the destination airport.

Delayed flight

It covers a delayed flight for any reason other than a change of timetable by the airliner. This cover does not apply where the Insured Person is transferred to another airline within the initial schedules or onto another flight than that originally booked. The cover takes effect on the date and at the time indicated on the air ticket and expires immediately upon arrival at the destination airport.

MODULE 7: ASSISTANCE, EVACUATION OR REPATRIATION TO COUNTRY OF RESIDENCE OR BIRTH OR ORIGIN

If Assistance is required, the Assistance Company requires no more than a telephone request (reverse charges accepted from abroad) or a telex, fax, email or telegram request.

In all cases, the decision to provide assistance and the choice of the appropriate means shall lie exclusively with the Assistance Company doctor, after making contact with the treating doctor at the location and, where necessary, the family of the insured.

Only the medical interests of the insured and compliance with the applicable health regulations shall be considered for deciding on the action to make: the transport, the choice of the means used for transport and any place of hospitalization.

In no cases will the assistance company become a substitute for local emergency services.

Medical Transport, Evacuation and/or Repatriation

If the Insured is sick or injured following a covered event and the Insured's state of health requires an evacuation, transport and/or repatriation, it will be organized and paid to:

- Either the competent hospital closest to the Insured's place of expatriation
- Either the competent hospital closest to the Insured's home in his country of origin
- Either the Insured's home in his country of origin

If the local medical infrastructure does not have the capacity to provide appropriate care depending on the seriousness of the case, repatriation or transport is carried out under medical supervision, if necessary, by the most appropriate of the following means:

- Special medical aircraft
- Regular scheduled airline, train, sleeper train, ship, ambulance.

Accompaniment in case of repatriation or medical transport

Following the evacuation, transport and/or repatriation, additional costs of transporting other family members to the place of evacuation can be organized and paid by the Assistance Company.

Transport of the body in the event of death

The Assistance Company organizes and pays for transport of the body from the place where the body has been placed in a coffin to the international airport closest to the home in the country of origin or to the home in the country of expatriation of the Insured.

The Assistance Company pays the ancillary expenses necessary for transportation, including the cost of the coffin, making transport possible, up to the amount indicated in the table of sums insured. The Assistance Company does not pay for the costs of the ceremony, accessories, burial or cremation which remain the responsibility of the families.

The assistance Company organizes and pays for the additional costs of transporting members of the insured's family who are also insured or another person insured under this agreement accompanying if the tickets provided for their return to their country of origin cannot be used because of the repatriation.

Return of the Insured after consolidation

Following the repatriation (if any) to the country of origin organized by the assistance company, if a medical authority determines that the insured's state of health has consolidated and that it allows the return to the country of expatriation, the assistance company pays for the insured's transport to the international airport closest to his place of expatriation. The assistance Company pays for the transport of members of the insured's family who are insured or of a person who is insured under this agreement and accompanying the insured.

Medication abroad

For lost vital medication, essential for treatment, and which are not available at the local pharmacies or hospitals, the interruption of which puts the insured at risk, equivalent medication at the insured's location will be provided.

The Insurer declines all liability for loss, theft and legislative restrictions that delay or make impossible the transport of medicinal products and any consequences arising therefrom.

In no cases the Insurer covers the shipment of blood products and derivatives of blood, products restricted for hospital use and products requiring special storage, including refrigeration, and in general, products not available from pharmacies. In addition, the

cease of manufacture, the withdrawal from the market or non-availability of the medication constitutes force majeure that may delay the provision of this benefit or make it impossible.

Assistance at home after hospitalization

Following repatriation arranged by the Insurer, if the Insured is hospitalized more than 5 days, the Insurer can provide a home, like cleaning and administrative assistance for up to 3 hours.

Exclusions to Assistance Evacuation Repatriation

- Any sickness or accident due to the intentional act of the insured person, intentional mutilation or attempted suicide
- Any criminal proceeding against the Insured
- Any consequence of a civil or other war, insurrection or popular movement
- Any riot or strike, except if the Insured does not take an active part in the event
- Any claim resulting directly or indirectly from the meltdown of an atomic core, or any irradiation originating from ionizing radiation
- Any convalescence and disorders, sickness and accident being treated and not yet consolidated
- Any pre-existing conditions that are diagnosed and/or treated that have been the subject of hospitalization in the six months prior to the request for assistance,
- Any travel undertaken for the purpose of diagnosis and/or treatment, pregnancies except for unforeseen complications, and, in all cases, after the 32nd week of pregnancy
- Any epidemic, natural catastrophe and/or pollution
- Alcoholism, drunkenness, the use of medication, drug, narcotic that is not medically prescribed
- Any Duel, bet, crime, brawl (except legitimate defense)
- Any practice of bobsleigh, skeleton, mountain climbing, competitive luge, air
- Any sport resulting from participation in or training for official event and/or competition organized by a sporting federation
- Any absence of random
- In all cases, the Assistance Company can never be a substitute for local emergency services
- Any event occurring on a date on which the Insured was not up to date with the payment of premiums, notwithstanding any grace period granted (see End of cover).

Liability of the Assistance Company in case of force majeure

The Assistance Company cannot be held liable for failures in the execution of the Assistance services resulting from cases of force majeure or the following events:

Civil or foreign wars acknowledged political instability, popular movements, riots, acts of terrorism, reprisals, restrictions to the free circulation of people and goods, strikes, explosions, natural catastrophes, meltdown of atomic cores, nor delays in the execution of services resulting from the same causes.

MODULE 8: ANY INSURANCE FROM AN INTERNAL BROKER

We are also licensed broker and we can find covers from any provider even from competitors.

The WrLife global architecture also owns brokerage companies. One is in France for example and has the insurance broker license for all Europe.

ADDITIONAL CONDITIONS

The following provisions form an integral part of this Policy and apply to all Modules unless otherwise stated.

1. Partial Payments & Installment Coverage Standstill

The Company may accept partial or pro-rata payments for periods within installment schedules. However, no coverage shall attach, nor shall any claim be payable, until the full installment premium for the applicable period is received in full. All partial payments are strictly non-refundable.

2. Cancellation & Refund Policy

The Insured may cancel or request non-renewal of this Policy at any time by providing written notice to the Company. Premium refunds upon cancellation shall be determined as follows:

- **No Claims:** If no claims have been reported, filed, or paid during the active Policy Period, a pro-rata refund of the unearned premium will be issued, less a 10% Administrative Fee calculated based on the total policy premium.
- **With Claims:** If any claim or loss event has occurred, been reported, or paid under the current Policy Period, the premium is fully earned by the Company and no refund shall be granted.

3. Module 2: Preventive Check-up

Preventive check up under the Module 2 is only for adults over 22 years old.