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This guide summarises the terms and conditions of the group insurance policy n°730.118.708 subscribed by the European Commission for the European Voluntary Service programme and underwritten by AXA Royale Belge. If any statement in this guide and any provision in the policy differ, the wording of the policy will govern.



**EUROPEAN BENEFITS ADMINISTRATORS**

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**GROUP INSURANCE PLAN  
VOLUNTEER'S GUIDE**



Plan Administrator:

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## I. GENERAL PRINCIPLES

Volunteers are covered by a group insurance plan specifically designed to protect participants in the European Voluntary Service programme during their period of voluntary activity. The cover is provided free of charge to the Volunteers.

The purpose of this plan is to give you access to an insurance network which can help you whenever a medical, dental, disability or liability problem occurs. What could be a minor accident or hospitalisation at home may appear frightening and uncontrollable when you are far from home in a foreign country.

The role of the AXA Group and European Benefits Administrators is to provide you with the financial security of a strong insurance policy, the administrative services of a specialist in groups living outside their country of origin, and the information, medical referral, and repatriation services of an assistance company with 35 call centres and 6500 medical correspondents in 180 countries. As a general rule you will be in contact with European Benefits Administrators, which coordinate all the services except repatriation and assistance, which are handled by AXA Assistance (see page 14 of this booklet).

All Volunteers are eligible for the insurance, but will only be covered providing that the Group Insurance Plan Enrolment Form is filled out and signed by the Volunteer and the Sending Organisation or the Volunteer and the Co-ordinating Organisation in the case of Europe-wide and multilateral third-country projects. The Plan Administrator will send back a confirmation slip to the Sending/Co-ordinating Organisation as well as to the Sending National Agency.

Coverage is worldwide, 24 hours a day, from the day you leave home *en route* to the Host Country until the end of the second month after your return home at the end of the Voluntary Service. Cover also applies to the preparation meetings before your departure and to the follow-up and final assessment meetings after your return.

If you have no insurance when you finish the Voluntary Service, you may want to continue to be covered by the plan for up to twelve months after your return. **Extensions are entirely optional and the premium is paid by the Volunteer.** If you need extended cover, you must notify European Benefits Administrators and pay the relevant premium one month before the end of the Voluntary Service.

## II. OVERVIEW : THE EVS GROUP INSURANCE PLAN AT A GLANCE

### ■ Eligibility

All Volunteers (partners and children included) are covered for the duration of the Voluntary Service, provided the enrolment form is completed.

### ■ Cover

Worldwide, 24 hours a day, with no deductibles and no waiting periods. No proof of good health is required.

### ■ Precertification

Required 10 days in advance in all cases of non-emergency hospitalisation, medical and dental surgery, dental treatment or prostheses which cost more than 600 EUR; childbirth, repetitive medical treatment; treatment of psychiatric, mental, nervous disorders, alcoholism or drug abuse detoxification which cost more than 300 EUR. Within 72 hours of admission for an emergency hospitalisation.

### ■ Medical Care

100% of reasonable charges for necessary medical treatment for hospitalisation charges, doctors' fees, laboratory tests, X-rays, prescription drugs. Pregnancy and childbirth are covered. No overall maximum.

### ■ Dental Care

Necessary basic care, dental surgery, and dental crowns, up to 500 EUR per tooth and a maximum of 1,000 EUR per person.

### ■ Assistance

Full range of services including medical repatriation, medical information, locating medical and dental providers, dispatch of essential prescription medicine, advance of bail and legal assistance for an automobile accident, identity cards and travel ticket replacement. Prior approval is required by AXA Assistance.

### ■ Permanent Disability

Lump sum indemnity of up to 60,000 EUR, providing the disability rate equals 33% or more.

### ■ Life Insurance

Lump sum indemnity of 20,000 EUR which may also be paid in the event of a severe permanent disability.

### ■ Third-Party Liability

Financial consequences of the legal liability for bodily injury, property damage, and consecutive financial loss to a third party up to specific limits per occurrence.

### ■ Currency of Reimbursements

The currency of the Plan is the Euro (EUR), but medical and dental bills may be submitted in any currency. Reimbursement of health care expenses is normally made in the currency which the Volunteer indicates on the enrolment form.

### ■ Identification Card

At the time of enrolment, an insurance-assistance card is given to the Volunteer. Please carry your personalised EVS insurance-assistance card in your wallet to facilitate admission to a hospital in an emergency and, if necessary, to contact the repatriation service.

## III. MEDICAL AND DENTAL CARE

You are covered for the costs of hospitalisation, surgery, medical and dental treatment anywhere in the world on condition that these treatments and/or supplies are recognised by the local medical authorities as essential to the treatment of the disease, injury, or pregnancy.

No restrictions are imposed regarding the choice of doctor, laboratory, hospital, clinic, etc., except that the facilities must be licensed and the treatment performed by legally qualified doctors practising within the scope of their licence. You may use both the public and the private sector.

The benefits are paid by the Insurer only under the conditions that the medical and dental services:

- are consistent with the symptoms and diagnosis, and
- are necessary and appropriate to the treatment of the disease, the injury, or the pregnancy, and
- that the charges for the services are reasonable and actually incurred

If you are covered by a government programme, you should request the European Insurance Card. This card, which will be labelled in your name, is free of charge and will be valid for 1 year. Should you need medical treatment in your host country, it should help to receive the necessary care according to the regulations in force in your host country. The EVS group plan will cover the complementary costs.

In the event of a hospitalisation covered by the plan, European Benefits Administrators can pre-certify the hospital charges and pay the hospital directly. Dental and medical bills for outpatient treatment are submitted to European Benefits Administrators and properly documented claims are settled within five working days.



## What Is Covered?

**The Plan pays 100% of reasonable charges for necessary medical or dental treatment as follows:**

### ■ HOSPITALISATION

- Room and Board (including private room)
- Surgeons' and Anaesthetists' Fees
- Operating Theatre
- Doctors' visits
- Physical Therapists' and Registered Nurses' fees
- Laboratory Tests
- X-Rays
- Prescription Drugs
- Outpatient Surgery
- Ambulance Transportation

### ■ OUTPATIENT MEDICAL TREATMENT

- General Practitioners' and Specialists' fees
- Outpatient surgery
- Physical Therapists' and Registered Nurses' fees
- Laboratory Tests
- X-Rays
- Prescription Drugs
- Outpatient medical treatment in a hospital
- Ambulance Transportation

### ■ PREGNANCY AND CHILDBIRTH

- Pregnancy: all necessary medical care and tests
- Childbirth: hospital charges and accommodation, including midwife and doctor's fees for childbirth and caesarean section

### ■ TREATMENT FOR PSYCHIATRIC, MENTAL, NERVOUS, ALCOHOL, OR DRUG DISORDERS

- Inpatient and outpatient diagnosis, evaluation and effective treatment in the host country by a doctor or as part of a programme of therapy prescribed and supervised by a doctor for a maximum duration of 30 continuous days per person.

### ■ VISION CARE

- Eye examinations
- One pair of spectacles (including frames) or contact lenses prescribed as a result of an eye examination to correct defective eyesight, up to 300 EUR per person. Sunglasses are not reimbursed.

### ■ DENTAL CARE

- Necessary general dental care and oral surgery, including regular teeth cleaning, diagnostic procedures, periodontal treatment, extractions, restorations, and dental x-rays.
- Dental crowns up to 500 EUR per tooth and 1,000 EUR per person.

## What Is Not Covered?

**The Plan does not cover certain medical and dental costs :**

- Treatment which is not medically necessary, such as aesthetic treatment, orthodontic treatment, cosmetic surgery, non-prescription pharmaceutical items, personal expenses in a hospital (telephone, television, newspapers, etc.)
- Psychoanalysis
- Treatment of psychiatric, mental, nervous, alcohol, or drug disorders outside the host country
- Sunglasses
- Hydropathic spas and thermal cures
- Hospital or practitioner charges which are clearly excessive or unusual may be rejected or only partially reimbursed.

## How Do I Precertify a Hospitalisation or Major Expense ?

**You must contact European Benefits Administrators and obtain prior approval for the following treatment :**

- Hospitalisation and outpatient surgery
- Childbirth
- Treatment for psychiatric, mental, nervous, alcohol, drug disorders when the expected cost is more than 300 EUR
- Any course of treatment which requires five or more medical visits
- Dental surgery, dental crowns, and dental treatment when the expected cost is more than 600 EUR

Please call European Benefits Administrators at least 10 days before you go into hospital (including childbirth), undergo medical or dental surgery, or embark on a costly series of medical treatments. The telephone and fax numbers of European Benefits Administrators are listed on the EVS insurance-assistance identification card which you should carry in your wallet.

If an emergency hospitalisation occurs, European Benefits Administrators must be contacted within 72 hours of admission. In an emergency you may show your EVS insurance-assistance card to the admissions staff of the hospital and ask them to contact European Benefits Administrators or AXA Assistance by telephone to confirm coverage. One of the European Benefits Administrators' Customer Service managers will talk to the admissions staff and send confirmation of coverage by fax.

The purpose of the precertification requirement is to give you access to the support system of AXA and European Benefits Administrators when you need it the most, as well as to monitor the major costs of the programme before they take place. Some cases of hospitalisation are clear. In other cases, medically sound alternatives exist in place of surgery. Repatriation may be advisable in other situations.

As a general rule, European Benefits Administrators will pay the hospital directly as part of the precertification. You only pay for the non-precertified charges (for example, telephone, television rental).

If you are covered by a government programme, you should request the European Insurance Card. This card, which will be labelled in your name, is free of charge and will be valid for 1 year. Should you need medical treatment in your host country, it should help you to receive the necessary care according to the regulations in force in your host country. The EVS group plan will cover the complementary costs.

However, in many cases, precertification may allow European Benefits Administrators to take on the complementary reimbursement directly.

### How Do I Get Reimbursed ?

Please submit your claim directly to European Benefits Administrators following the instructions on the EVS Plan Claim Form.

If you are insured by a government programme, or if you have the European Insurance Card, you should first claim the benefits from the local Social Security system to which you are entitled and then submit your claim to European Benefits Administrators following the instructions on the EVS Plan Claim Form. If, for any reason, you are denied the benefits of the local Social Security system, even though you are in possession of the European Insurance Card, you may submit your claim to European Benefits Administrators with a covering letter explaining why your claim was denied and a copy of the refusal letter from the local Social Security organisation.

### Follow these general instructions for submitting medical and dental claims:

- 1.** Please avoid making a series of small claims. It makes sense to accumulate your small medical and dental bills until you have enough to justify a significant reimbursement; then take the precaution of making photocopies of all documents **before sending the originals to European Benefits Administrators.**
- 2.** If you are covered by Social Security, another government plan or another group insurance policy, you must obtain the reimbursement to which you are entitled before filling in the EVS Plan claim. In this case enclose with your claim a copy of all medical and dental bills relating to the claim, as well as **the original statement of the Social Security or other plan's prior reimbursement.**
- 3.** Answer all questions on both sides of the claim form and attach to it the originals of all reimbursable bills. Bills should indicate name and date of birth of patient, date of treatment, a detailed description of medical services and the charges corresponding to each category of treatment or service. Pharmacy bills should identify drugs purchased (name and cost per item). Bills must specify name and address of medical provider or pharmacy. Cash receipts which do not provide this information are not acceptable.
- 4.** A bill for prescription drugs, laboratory tests, spectacles, contact lenses, or physical therapy must be accompanied by a copy of the **doctor's prescription.**
- 5.** If a treatment costs more than 300 EUR, you should have the doctor complete and sign Section E of the claim form.
- 6.** Fill in the claim form carefully and mail it within 12 months of treatment to:

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## IV. REPATRIATION AND ASSISTANCE

### What Services are available ?

Please contact AXA Assistance to access the following services:

#### ■ Information services

- Medical and administrative information on the Host Country (inoculations, medical conditions, prescription drugs, weather, visa requirements, etc.)
- Locating hospitals, medical and dental providers in the Host Country.
- Information and advice in the event of theft or loss of identity cards, credit cards, cheques, travel tickets, including up to 400 EUR in costs to replace these documents.

#### ■ Travel assistance

- Dispatch of essential prescription medicine which is not available in the Host Country
- Forwarding of urgent messages
- Advance of bail in the event of an automobile accident (maximum 15,000 EUR) in the Host Country
- Legal assistance in the event of an automobile accident (maximum 770 EUR) in the Host Country

#### ■ Services in the event of an accident or medical emergency in the host country

The following services are applicable in instances of a sudden, unpredictable illness, a serious injury, or death. In all cases when you believe that you need one of these services, you should contact AXA Assistance immediately. They will explain what can be done and make the necessary transport arrangements, as determined by the AXA Assistance doctors.

- Medical repatriation back to the Sending Country
- Return to the Host Country upon recovery to continue your Service
- Accommodation expenses (up to 50 EUR per day, maximum 10 days) if your return to the Sending Country at the end of the Voluntary Service is postponed because of a serious illness or accident
- Travel costs for a close relative to visit you, (tickets, hotel accommodation up to 50 EUR per day, maximum 10 days) if you are hospitalised for more than 10 days
- Travel ticket for your return home in the event of the death or sudden illness and hospitalisation (of more than 10 days) of a close family member
- Repatriation of remains (1,000 EUR maximum for the coffin) and travel costs for the parents (tickets, hotel accommodation up to 76 EUR per day for 3 days)

European Benefits Administrators will cover medical costs following repatriation by AXA Assistance on the basis of the EVS medical cover rules.

### What Is Not Covered ?

It is important to know, however, that the services do not cover :

- expenses incurred without the prior approval of AXA Assistance
- expenses resulting from stolen or lost tickets, identity papers or luggage; taxi and restaurant expenses, unless authorised by AXA Assistance
- the consequences of a self-inflicted action, except suicide or attempted suicide
- competitive sports accidents
- the organization and cost of mountain or sea search and rescue

You should take specific sports federation or local insurance to cover these sports risks.

**AXA Assistance is not involved in the following medical matters, some of which are covered elsewhere by the medical insurance:**

- minor illnesses or injuries which can be treated adequately locally
- ongoing treatment, relapses and convalescence from known conditions which have not yet stabilised and were being treated prior to the beginning of cover
- medical treatment following a repatriation
- diagnostic tests
- pregnancy, except for unexpected complications before the seventh month
- childbirth, abortion, artificial insemination pregnancies
- cosmetic surgery

### What Should I Do When I Need AXA Assistance ?

1. In an emergency or life-threatening situation, immediately contact your local ambulance / doctors / hospital / fire department / police department in order to handle the immediate emergency. Local emergencies are best handled locally.
2. Then telephone AXA Assistance in Paris : + 33.1.55.92.26.06
3. Identify yourself as a European Volunteer doing EVS and give the number on your EVS insurance-assistance card, then provide AXA Assistance with the following information:
  - your name and telephone number from where you are calling
  - a description of the nature of the difficulties giving rise to the call and what has been done so far, as well as your present location
  - if pertinent, name and telephone number of treating doctor
4. Follow the instructions of the AXA Assistance medical team.

The above instructions are written for a medical emergency. Where there is no emergency, telephone AXA Assistance at the above number, tell them your name and identification number (on your EVS insurance-assistance card), and ask for the service you need.

## V. PERMANENT DISABILITY AND LIFE INSURANCE

### What Is the Permanent Disability Benefit ?

The Insurer pays a lump sum benefit in the event of a permanent disability which results from an illness or accident that occurs during the period of insurance, provided the disability rate equals 33% or more. The disability rate is determined on the basis of the permanent disability schedule in the insurance policy.

The Principal Sum is equal to 60,000 EUR. The amount of the lump sum payment is calculated by multiplying the Principal Sum by the permanent disability rate.

The permanent disability benefit does not cover the consequences of any of the following :

- self-inflicted injuries, except suicide or attempted suicide
- civil or foreign wars, rebellions, riots, acts of terrorism or fights, except in the case of legitimate defense or the rescue of a person in danger
- the disintegration of an atomic nucleus

A benefit of 20,000 EUR is also paid in the event of a severe disability where you are totally and permanently disabled due to an illness or accident which occurs during the period of insurance, where you have lost 100% of your ability to earn a living, and you also require the assistance of another person to carry out everyday activities.

The payment of this disability benefit ends the life insurance described below. This catastrophic disability benefit is independent of the permanent disability benefit described earlier which could in certain cases be paid as well.

Permanent disability of any type should be reported to European Benefits Administrators within 12 months of the event which caused it. European Benefits Administrators will advise you whether it falls within the scope of the insurance and will assist you in preparing the claim to be submitted to the Insurer.

### What Is the Life Insurance Cover ?

In the event that a Volunteer dies during the period of insurance due to an illness or accident, the Insurer pays a lump sum of 20,000 EUR. The lump sum death benefit is paid to the beneficiary named on the enrolment form. If the Volunteer does not name a beneficiary or the beneficiary dies before the Volunteer, payment will be made to the closest survivor in the order specified in the insurance policy.

## VI. THIRD PARTY LIABILITY

### What Is Covered ?

The Insurer covers you for the financial consequences of your legal liability for bodily injury, property damage, and consecutive financial loss to a third party, under the condition that no other local insurance applies. The cover applies worldwide, subject to the following limits per occurrence :

- Bodily Injury : 5,000,000 EUR
- Property Damage and Consecutive Financial Loss : 500,000 EUR

### These amounts include :

- Your liability as tenant, occupier, or neighbour for damage by Fire, Explosion, or Electrical Damage affecting the premises which you rent or occupy, or the neighbouring premises up to 75,000 EUR
- Environmental Impairment Liability up to 125,000 EUR
- Legal Defence and Recourses up to 15,000 EUR. Legal Defence includes both Penal Defence (your defence against legal proceedings) and Legal Recourse (seeking damages from others for losses you suffered) with a 200 EUR threshold per event

### What Is Not Covered ?

#### The main exclusions apply to losses resulting from:

- a liability legally subject to compulsory insurance (as determined by the legislation in the country where the loss occurs). Before using a vehicle, please verify that the automobile insurance covers your liability
- hunting, sailing, motor boats, flying, hazardous games, reckless challenges
- damage caused intentionally, due to gross negligence or to intoxication by alcohol or drugs
- property damage by fire, explosion, electrical damage, except as noted above
- wrongful financial operations, embezzlement, breach of trust, etc.
- fines or penalties of any kind
- participation in bets or competitions
- participation in acts of collective violence (war, civil commotion, terrorism, strikes, riots, etc.)
- a product which you delivered or works which you completed
- your liability as director or officer of a legal entity
- your negligence in the management of an insured organization.

Civil Recourse cover also excludes losses when you act as the owner, tenant or occupier of premises except regarding the premises which you occupy during the European Voluntary Service.

**If you need more information, please contact European Benefits Administrators.**



## NOTES