



EHIC in FRANCE

POLICY WORDING

Please read carefully and retain

This insurance is underwritten by Certain Underwriters at Lloyd's who are authorised by the UK Financial Conduct Authority (FCA). Their FCA number is 204918.

This insurance is administered by Status Insurance Management Limited who are authorised and regulated by the UK Financial Conduct Authority (FCA). Their FCA number is 305697.

A handwritten signature in blue ink, consisting of several loops and a long horizontal stroke, positioned above the signature text.

SIGNATURE OF COVERHOLDER

STATUS INSURANCE MANAGEMENT LIMITED, 10 HIGH STREET, BILLERICAY, ESSEX CM12 9BQ

This document only constitutes a valid **Policy** when issued in conjunction with a **Schedule**.

Provided the premium specified has been paid in the required manner **We** will provide the insurance specified in this **Policy** and **Schedule** and any attached endorsements during the **Period of Insurance**.

All information supplied to **Us** by or on behalf of **You** is deemed to be incorporated in and shall form the basis of this **Policy**.

DEFINITIONS

To help **You** understand **Your Policy**, the following words and phrases used anywhere within **Your Policy** have specific meanings, which are set out in this section. To enable **You** to recognise the defined words and phrases **We** have shown them in bold wherever they appear in **Your Policy**.

Accident/Accidental

An unexpected, unforeseen and involuntary external event resulting in injury.

Appliances

Devices and equipment when used as an integral part of a surgical procedure administered by a **Medical Practitioner** or **Specialist**.

Benefits

The insurance coverage provided by this **Policy** and any extensions or restrictions shown in the **Policy Schedule** or in any endorsements (if applicable).

Commencement Date

The date shown on the **Policy Schedule** on which cover under this **Policy** commences. For the purpose of this **Policy** the time of the start of cover will be 00.01am at the **Insured Person's** local standard time on the date shown on the **Policy Schedule**.

Common Law Spouse

A partner, including a civil partner, with whom **You** have co-habited continuously for 6 months on a permanent basis.

Country of Residence

The country in the European Union in which **You** have **Your** habitual residence at the time this **Policy** is taken out and as declared to **Us** upon **Policy** inception.

Date of Entry

The date shown on the **Policy Schedule** on which an **Insured Person** was included under this **Policy**.

Day Patient

Treatment in a **Hospital** where the **Insured Person** is admitted to a **Hospital** bed but does not stay in overnight.

Dental Practitioner

A person who is licensed by the relevant licensing authority to practice dentistry in France.

Eligibility

Residents of any country in the European Union who are entitled to and in possession of a valid European Health Insurance Card (EHIC) when used in France.

Emergency

A situation or condition placing **You** in an immediate life threatening situation.

Excess

The amount payable by an **Insured Person** in respect of expenses incurred before any **Benefits** are paid under this **Policy**.

Full Difference

The balance between the amount **You** pay and the amount reimbursed by the Caisse Primaire d'Assurance Maladie (CPAM) or the obligatory French Social Security administration less any statutory charges imposed by the French Social Security authorities which cannot be reimbursed by law.

Full Refund

The total amount **You** pay to the treating establishment or **Medical Practitioner**.

Hospital

An establishment which is legally licensed as a medical or surgical **Hospital** under the laws of the country in which it is situated.

Illness

Any disease, infection or bodily disorder which is unexpectedly contracted by **You** or which unexpectedly manifests itself for the first time during the **Period of Cover**.

In-Patient

An **Insured Person** who stays in a **Hospital** bed and is admitted for one or more nights solely to receive **Treatment**.

Insured Person/You/Your

You as named on a **Policy Schedule**.

Insurers

Certain Underwriters at Lloyd's.

Medical Advice

Notice from the relevant professional body as to establish medical practice and/or the established medical opinion in relation to any **Medical Condition** or **Treatment**.

Medical Condition

Any injury, **Illness** or disease excluding psychiatric **Illness**.

Medical Practitioner

A person who has attained primary degrees in medicine or surgery by attending a Medical School recognised by the World Health Organisation and who is licensed by the relevant authority to practise medicine in France other than:-

A person insured by this **Policy**

A **Relative** of the **Insured Person**

An employee of the **Insured Person**

Out-Patient

An **Insured Person** who receives **Treatment** at a recognised medical facility, but is not admitted to a **Hospital** bed as an **In-Patient** or **Day Patient**.

Period of Cover

The **Period of Cover** as set out in the **Policy Schedule** during which time you are eligible to make a claim. If **Your** return to your **Country of Residence** is unavoidably delayed for an insured reason, cover will be extended for the period of the delay up to a maximum of 30 days.

Physiotherapist

A person who is registered as a **Physiotherapist** and licensed to practise in France.

Policy

Our contract of insurance with **You** providing cover as detailed in the contract. The application form, policy terms, conditions and exclusions and **Policy Schedule** form part of the contract and must be read together as the contract.

Policyholder/Proposer

The person or company named as **Policyholder/Proposer/Insured** in the **Policy Schedule**.

Policy Schedule

The **Schedule** giving details of the **Policyholder** and the **Insured Person(s)**, **Policy** Details and endorsement(s) issued by **Us** and appended hereto (if applicable).

Prescribed Drugs and Dressings

Drugs, medicines, dressings and **Appliances** prescribed by a **Medical Practitioner** or **Specialist**.

Relative

Spouse, parent, parent-in-law, son, son-in-law, daughter, daughter-in-law, grandchild, brother, brother-in-law, sister, sister-in-law, fiancé (e) or **Common Law Spouse**.

Qualified Nurse

A qualified resident or daily Nurse whose name is currently on any register or roll of Nurses, maintained by any Statutory Nursing Registration Body within the country in which they are resident.

Reasonable and Customary Charges

The average amount charged in respect of valid services or **Treatment** costs, as determined by **Our** experience in any particular country, area or region and substantiated by an independent third party, being a practising Surgeon/Physician/**Specialist** or Government Health department.

Routine Pregnancy and Childbirth

Prenatal, childbirth and post-natal **Treatment** and examinations and elective caesarean sections.

Ruled by convention (conventionné)

Medical personnel and **Hospitals** who have agreed to charge according to the **Tarif de Convention**.

Specialist

A registered **Medical Practitioner** who currently holds a substantive consultant appointment in that speciality and is recognised by the statutory bodies within France.

Tarif de Convention

The basis for calculating the amount of reimbursement of healthcare costs reimbursed by and set each year by the Caisse Primaire d'Assurance Maladie (CPAM) or the obligatory French social security administration.

Territorial Limits

The European Territory of France only.

Treatment

Surgical, medical or other procedures, the sole purpose of which is the cure or relief of a **Medical Condition**.

Trip

A holiday or non-manual business **Trip** which commences and ends in **Your Country of Residence**.

We/Our/Us

Status Insurance Management Limited on behalf of the Certain Underwriters at Lloyd's.

Winter Sports

Skiing; snowboarding; off-piste skiing and snowboarding except in areas considered to be unsafe by resort management unless with a qualified guide; cross-country skiing; mono- skiing; blading; langlauf; ski boarding; tobogganing and glacier walking or trekking up to 4,000 metres.

COVER AND LIMITS

MEDICAL EXPENSES

The Insurers will pay in respect of medical expenses (including **Winter Sports** where the appropriate additional premium has been paid) up to €160,000 per **Insured Person** in the event of the **Insured Person** described in the **Policy Schedule** sustaining an **Accident** or injury or contracting an **Illness** during the **Period of Cover** within the **Territorial Limits** and after the deduction of prior payments from CPAM or the obligatory French Social Security administration and from establishments which are **Ruled by Convention** (conventionné). When an **Insured Person** undergoes medical **Treatment**, he/she can claim from the start of the course of **Treatment** until the time when it is medically confirmed that **Treatment** is no longer necessary or until the expiry of the insurance period, or the termination of this insurance, whichever is the earlier event. Where indemnity is claimed for a new course of **Treatment**, which is not in any way connected with the former **Treatment**, the subsequent claim will be regarded as a new claim.

Medical Expenses are defined as:

EHIC in FRANCE	BENEFITS EHIC 150	BENEFITS EHIC 300
<p>1. Hospital Charges (Accident and Emergency only) including:</p> <ul style="list-style-type: none"> i) Medical Practitioner or Specialist fees as an In-Patient or Day Patient ii) Diagnostic and surgical procedures as an In-Patient or Day Patient including scans, pathology, X-rays & oncology iii) Surgeons' and Anaesthetists' fees iv) Theatre fees and nursing by a Qualified Nurse v) Daily food charge and bottled water vi) Prescribed Drugs and Dressings vii) Physiotherapy (maximum 30 days per Medical Condition) viii) Private Room Costs (maximum 10 days per Medical Condition) 	<p>Up to 150% of the Tarif de Convention</p> <p>Up to 150% of the Tarif de Convention</p> <p>Up to 150% of the Tarif de Convention</p> <p>Up to 150% of the Tarif de Convention</p> <p>Full Refund</p> <p>Up to 150% of the Tarif de Convention</p> <p>Up to 150% of the Tarif de Convention</p> <p>Up to €30 per day</p>	<p>Up to 300% of the Tarif de Convention</p> <p>Up to 300% of the Tarif de Convention</p> <p>Up to 300% of the Tarif de Convention</p> <p>Up to 300% of the Tarif de Convention</p> <p>Full Refund</p> <p>Up to 300% of the Tarif de Convention</p> <p>Up to 300% of the Tarif de Convention</p> <p>Up to €60 per day</p>
<p>2. Parent Accommodation</p> <p>Standard private Hospital accommodation in respect of a parent or legal guardian staying with an Insured Person who is under 12 years of age and is admitted as an In-Patient in a Hospital.</p>	<p>Up to €25 per day</p>	<p>Up to €50 per day</p>
<p>3. Routine Pregnancy and Childbirth</p> <p>Maximum payable in any one Policy period for all Benefits in this section is €600.</p>	<p>Up to 150% of the Tarif de Convention</p>	<p>Up to 300% of the Tarif de Convention</p>
<p>4. Transportation</p> <p>The cost of Emergency transportation necessarily incurred to and from Hospitals for Medical Conditions covered by this Policy.</p>	<p>Up to 150% of the Tarif de Convention</p>	<p>Up to 300% of the Tarif de Convention</p>
<p>5. Home Nursing</p> <p>Nursing care given outside a Hospital which is immediately received subsequent to Treatment as an In-Patient or Day Patient. This must be provided by a Qualified Nurse (maximum 30 days per Medical Condition).</p>	<p>Up to 150% of the Tarif de Convention</p>	<p>Up to 300% of the Tarif de Convention</p>
<p>6. Reconstructive Surgery</p> <p>Reconstructive surgery following an Accident or following surgery for an event covered by this Policy.</p>	<p>Up to 150% of the Tarif de Convention</p>	<p>Up to 300% of the Tarif de Convention</p>
<p>7. Registered Convalescent Home</p> <p>Where prescribed by and under the control of a Specialist (maximum 30 days per Medical Condition).</p>	<p>Up to 150% of the Tarif de Convention</p>	<p>Up to 300% of the Tarif de Convention</p>

<p>8. Out-Patient charges including:</p> <p>i) Medical Practitioner or Specialist fees as an Out-Patient including home visits</p> <p>ii) Diagnostic and surgical procedures as an Out-Patient including scans, pathology, X-rays and oncology.</p> <p>iii) Prescribed Drugs and Dressings</p> <p>iv) Physiotherapy (maximum 30 days per Medical Condition)</p>	<p>Up to 150% of the Tarif de Convention</p> <p>Up to 150% of the Tarif de Convention</p> <p>Up to 150% of the Tarif de Convention</p> <p>Up to 150% of the Tarif de Convention</p>	<p>Up to 300% of the Tarif de Convention</p> <p>Up to 300% of the Tarif de Convention</p> <p>Up to 300% of the Tarif de Convention</p> <p>Up to 300% of the Tarif de Convention</p>
<p>9. Dental Charges including:</p> <p>i) Accidental Damage to Teeth Treatment received in an Emergency room in a Hospital within 7 days of incurring Accidental damage caused to sound, natural teeth when given by a Medical or Dental Practitioner.</p> <p>ii) Other Dental Treatment The fees of a registered Dental Practitioner for Emergency dental Treatment for the immediate relief of pain only.</p> <p>iii) Reimbursable Dental Prostheses</p> <p>Maximum payable for all dental Benefits in any one period up to:</p>	<p>Up to 150% of the Tarif de Convention</p> <p>Up to 150% of the Tarif de Convention</p> <p>Up to 150% of the Tarif de Convention</p> <p>€200</p>	<p>Up to 300% of the Tarif de Convention</p> <p>Up to 300% of the Tarif de Convention</p> <p>Up to 300% of the Tarif de Convention</p> <p>€400</p>
<p>10. i) Repatriation The cost of Your return to Your Country of Residence by medically appropriate means where, in the opinion of the Insurer's Medical Advisors, such return is medically necessary (Excess €75 per claim).</p> <p>ii) Funeral Expenses If death occurs in France, the cost of transporting Your remains or ashes to Your former place of residence in Your Country of Residence if You die during the Period of Cover, and/or the cost of burial or cremation in France.</p>	<p>Up to €22,500</p> <p>Up to €5,000</p>	<p>Up to €30,000</p> <p>Up to €7,500</p>

Any percentage amounts shown are inclusive of contributions made by the CPAM or the obligatory French social security administration.

POLICY EXCLUSIONS

This **Policy** does not cover claims arising from or for:

- In Patient Treatment** which is not as an **Emergency** admission or as a result of an **Accident**.
- Expenditure not approved and accepted by CPAM, or the obligatory French Social Security administration, (included in the **Tarif de Convention**, drawn up every year by the French Social Security) relating to various items of **Treatment** and medical care.
- The expenses of establishments or of **Medical Practitioners** not governed by the **Tarif de Convention**.

4. Normal eye tests and the provision of visual aids, normal ear tests and the provision of hearing aids. Non-medical/natural degenerative eye defects and non-medical/natural degenerative hearing defects.
5. Any routine Dental **Treatment** that is not for the immediate relief of pain.
6. **You** travelling for the purpose of receiving Medical **Treatment**.
7. **You** flying, except as a passenger in an aircraft licensed to carry passengers, **Your** professional entertaining or **You** participating in professional sports.
8. Any criminal or illegal act by **You**.
9. **Winter sports** (unless the appropriate additional premium has been paid); Competition in events on snow or ice; freestyle skiing; ski jumping; heli-skiing; ice hockey; the use of bob sleighs and skeletons.
10. Motorcycling (other than mopeds or motor scooters under 125cc hired during the trip).
11. Mountaineering or rock climbing normally requiring the use of ropes or guides.
12. Cosmetic **Treatment** or **Treatment** for weight problems whether or not for psychological purposes. Removal of fat or other surplus tissue from any part of the body.
13. Care or **Treatment** received for spa or similar **Treatments**, sanatoriums, convalescent homes (unless they form an integral part of eligible medical **Treatment**) or of any and all other similar establishments, beds in retirement homes under medical supervision attached to such establishments or to a **Hospital** if the **Hospital** has become the permanent residence of the **Insured Person**, or if the **Insured Person's** temporary or permanent admission has been requested, or arises for family reasons.
13. Rehabilitation unless it forms an integral part of eligible medical **Treatment** received as an **In-Patient** and is under the control or supervision of a **Medical Practitioner** and is undertaken in a recognised rehabilitation unit.
15. Examination or **Treatment** for mental **Illness**, psychiatric disorder, anxiety, stress and/or depression.
16. Pregnancy terminations on non-medical grounds.
17. Bodily injury or sickness sustained directly whilst under the influence or disablement due wholly or partially to the effects of intoxicating liquor, alcoholism or drugs other than drugs taken under direction of a **Medical Practitioner**, but not for the **Treatment** of drug addiction or alcoholism.
18. Suicide or attempted suicide, wilfully self-inflicted bodily injury or **Illness**, deliberate exposure to exceptional danger (except in an attempt to save human life) and the **Insured Person's** own criminal act.

19. **Treatment** directly or indirectly arising from or required as a consequence of: war, invasion, acts of foreign enemy hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege or attempted overthrow of government or any acts of terrorism.
20. **Treatment** directly or indirectly arising from or required as a result of chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel, asbestosis or any related condition.
21. **Treatment** which **We** determine on **Medical Advice** is either experimental or unproven and any auto therapy.
22. Alternative medicines other than Homeopathy or Acupuncture, (administered by qualified **Specialists** only).
23. Tests and **Treatment** directly or indirectly arising from or required in connection with male and female birth control, infertility, impotence, contraception, sterilisation (or its reversal) and any form of assisted reproduction and any and all consequences thereof.
24. **Treatment** directly or indirectly associated with a sex change.
25. Supportive **Treatment** for renal failure, including dialysis. This exclusion will not apply if such **Treatment** is as a direct result of an **Accident** covered hereunder or as a consequence of a covered surgical procedure and is incidental to the procedure. In any event expenses will be covered to a maximum of one hundred and eighty days from the date of incurring the first expense.
26. Transplantation of organs other than heart, kidney and liver and excluding the costs incurred in connection with locating a replacement organ or any costs incurred for removal of the organ from the donor, transportation costs of same and all associated administration costs.
27. Any second or subsequent medical opinions from a **Medical Practitioner** or **Specialist** for the same condition unless it has been authorised by the **Insurers** in writing.
28. Costs and expenses incurred where an **Insured Person** has travelled against **Medical Advice**.
29. Costs in respect of a psychotherapist, family therapist or bereavement counsellor.
30. Dietary Supplements and substances which are available naturally, including but not limited to vitamins, minerals and organic substances.
31. **Our Policy** conforms to the terms of a Responsible Contract put in place by the French Social Security administration and as such the re-imbusement of penalties imposed in certain circumstances by the law is excluded.
32. This **Policy** does not cover any loss, damage, cost, claim or expense whether preventative, remedial or otherwise, directly or indirectly arising out of or relating to:

- a. the calculation, comparison, differentiation, sequencing or processing of data involving the date change or any other data change including leap year calculations, by any computer system, hardware, programme or software and/or any microchip, integrated circuit or similar device in computer equipment or non-computer equipment, whether the property of the **Insured** or not; or
- b. any change, alteration, or modification involving the date change, or any other date change including leap year calculations, to any such computer system, hardware, programme or software and/or any microchip, integrated circuit or similar device in computer equipment or non-computer equipment, whether the property of the **Insured** or not.

GENERAL CONDITIONS

1. The Insurers are entitled to refuse to accept an application for insurance from any person without giving a reason. **We** maintain the right to ask **You** to provide proof of age for any person included in **Your** application.
2. Expenses shall only be reimbursed when they have been approved, accepted and paid out by CPAM, or the obligatory French Social Security administration and subject to the condition that **Medical Practitioners** and establishments under convention have been employed.
3. If the rules relating to payments made by CPAM, or the obligatory French Social Security administration, are changed in the course of the **Period of Cover**, the **Insurers** reserve the right to keep the supplementary payments at the same levels as those applicable prior to the said change.
4. So long as one parent is insured, children will be accepted for cover from birth, provided that their birth is notified to the **Insurers** within 30 days from the date of birth. Notification received after this period will result in children being accepted for cover from the date of such notification.
5. The law applicable to this **Policy** shall be English Law.
6. The **Insurers'** liability shall cease immediately upon termination of the **Policy**.
7. Expert Assessment. In the event of a medical dispute, expert assessment on an amicable basis shall at all times be mandatory subject to reserve of the respective rights of the parties. Each of the parties shall choose an expert. If the experts so designated do not agree, they shall appoint a third expert. The three experts shall work jointly and on the basis of a majority vote. In the event of failure by one of the parties to appoint its expert, or of the two experts to agree on the choice of a third, such designation shall be made by the President du Tribunal de Grande Instance of the jurisdiction in which the claim arose. This appointment shall take place by simple application from the most diligent party, after fifteen days have elapsed from the sending to the other party of a registered letter with acknowledgement of receipt giving official notice. Each party shall pay the expenses and

fees of its expert and if necessary half of the fees of the third expert and the expenses of his or her nomination.

8. It is a condition of this **Policy** that an EHIC is held by the **Insured Person** for the full period of travel away from **Your Country of Residence**.

CLAIMS PROCEDURE

The EHIC in France Claims Service is handled by:

Reactive Claims Limited
Attwood House, Mansfield Business Park
Four Marks, Hampshire GU34 5PZ

Register Your Claim :

Online : www.reactiveclaims.com

By Tel : + 44 (0) 1420 383110

By FAX : + 44 (0) 1420 558111

E Mail : info@reactiveclaims.com

IN-PATIENT TREATMENT

If **You** are treated as an **In-Patient** in an approved **Hospital** and show **Your** EHIC, the CPAM (or the obligatory French Social Security administration) will pay a minimum of 80% of the costs directly to the **Hospital** and **You** must pay the balance. The original bill and receipt of payment from the **Hospital** must be sent to Reactive Claims together with a fully completed claim form and/or a full explanation of the **Medical Condition** and **Treatment** for reimbursement of the balance subject to the terms of the **Policy**

REPATRIATION

In the event of a claim for **Repatriation** or **Funeral Expenses**, prior approval **MUST** be obtained from the **Insurers'** Medical Advisors:

Specialty Assist London, UK

Tel + 44 (0) 20 7902 7405

Fax: +44 (0) 20 7928 4748

Email: operations@specialty-assist.com

Lines are open 24 hours a day every day of the year but Specialty Assist must only be contacted in the event of a request for Repatriation or Funeral Expenses.

OUT-PATIENT TREATMENT

When You have received **Out-Patient Treatment You** must present **Your** EHIC and pay any costs **Yourself**. Using the information from the websites below **You** should send the required documentation to the CPAM. **You** will receive a statement (Relevé de Prestations Versées) from the CPAM or the obligatory French Social Security administration. **You** should register **Your** claim with Reactive Claims and obtain a claim form. Once completed, send the claim form together with the original Relevé de Prestations Versées to them.

For both **In-Patient** and **Out-Patient Treatment** the submitted papers will be processed and subject to the **Insurers'** approval, a cheque or direct Bank transfer in full and final settlement will be forwarded.

For information about the EHIC and the French healthcare system in English go to http://www.cleiss.fr/particuliers/venir/vacances/index_en.html. If you are a UK resident, the UK Government NHS website also has useful information - <http://www.nhs.uk/NHSEngland/Healthcareabroad/countryguide/Pages/EEAcountries.aspx>

GENERAL CLAIMS CONDITIONS

1. All **Insured Persons** under this **Policy** shall at all times take reasonable precautions to prevent **Accidents** or illness.
2. **Insured Persons** must, without delay, give the **Insurers** written notification of any claim under this **Policy**.
3. All expenditure for which **Benefits** are claimed must be reasonable and customary and be necessarily incurred and be wholly and exclusively for the purpose of **Treatment**.
4. All documentation and materials (including but not limited to original accounts, certificates and x-rays) that the **Insurers** require to support a claim, shall be provided without expense to the **Insurers** (including if requested by the **Insurers** a medical report from the **Insured Person's Medical Practitioner** or **Specialist** and details of the **Insured Person's** medical history prior to any claim). In cases where medical information is required by the **Insurers** for consideration of a claim but it is not available to the **Insurers**, it is the responsibility of the **Insured Person** to obtain such information from their current or previous **Medical Practitioner**, as appropriate.
5. **Insured Persons** must continue to keep the **Insurers** fully informed in writing and take all steps the **Insurers** reasonably require in making a claim.
6. **Insured Persons** shall at the request and expense of **Insurers** permit **Insurers** to take legal action in their name for the **Insurers'** own Benefit and to claim for indemnity or damages relating to any **Benefits** and costs paid or payable under the **Policy**. The **Insurers** shall have full discretion in the conduct of any such proceedings and in the settlement of any such claim.

COOLING OFF PERIOD

If this **Policy** does not meet **Your** requirements, **You** may return the insurance documentation to **Your** insurance intermediary within fourteen (14) days of the cover starting or the day on which **You** receive the documents, whichever is the latter.

We will refund all premiums paid within thirty (30) days from the date **We** receive the notice of the cancellation from **You**. **We** will not refund premiums if **You** have made a claim within the fourteen (14) days. Please contact **Your** insurance intermediary who issued this **Policy** to obtain this refund.

DISPUTE AND COMPLAINTS

If, for any reason, **You** have any cause for complaint regarding the insurance, **You** should write in the first instance to:

The Complaints Manager
MS Amlin Underwriting Limited
25 Fenchurch Street
London EC3M 5AD

Tel: +44 (0)20 7702 6388 E mail: compliance@msilm.com

If **You** have any questions, concerns or complaints about the handling of the claim **You** should, in the first instance, contact:

Reactive Claims Limited, Attwood House
Mansfield Business Park, Four Marks
Hampshire GU34 5PZ

Tel : + 44 (0) 1420 383110 E Mail : info@reactiveclaims.com

In the event **You** remain dissatisfied and wish to make a complaint it may be possible in certain circumstances for **You** to refer that matter to the Complaints Department at Lloyd's. Their address is:

Policyholder and Market Assistance, Lloyd's
1 Lime Street, London EC3M 7HA
Tel: +44 (0) 20 7327 5693
Fax: +44 (0) 20 7327 5225
Email: complaints@lloyds.com

In the event that the Complaints Department at Lloyd's is unable to resolve **Your** complaint, it may be possible for **You** to refer it to the Alternative Dispute Resolution Service. **You** can do this via the Online Dispute Resolution platform : <http://ec.europa.eu/odr>

It may also be possible to refer it to the Financial Ombudsman Service (FOS). Following the complaints procedure within the Alternative Dispute Resolution Service or the FOS does not affect **Your** rights to take legal action. Further details will be provided at the appropriate stage of the complaints process.

IMPORTANT

Several Liability Clause

PLEASE NOTE—This notice contains important information. PLEASE READ CAREFULLY.

The liability of the insurer under this contract is several and not joint with other insurers party to this contract. An insurer is liable only for the proportion of liability it has underwritten. An insurer is not jointly liable for the proportion of liability underwritten by any other insurer. Nor is an insurer otherwise responsible for any liability of any other insurer that may underwrite this contract.

The proportion of liability under this contract underwritten by an insurer (or, in the case of a Lloyd's syndicate, the total of the proportions underwritten by all the members of the syndicate taken together) is shown in this contract.

In the case of a Lloyd's syndicate, each member of the syndicate (rather than the syndicate itself) is an insurer. Each member has underwritten a proportion of the total shown for the syndicate (that total itself being the total of the proportions underwritten by all the members of the syndicate taken together). The liability of each member of the syndicate is several and not joint with other members. A member is liable only for that member's proportion. A member is not jointly liable for any other member's proportion. Nor is any other member otherwise responsible for any liability of any other insurer that may underwrite this contract. The business address of each member is Lloyd's, One Lime Street, London EC3M 7HA. The identity of each member of a Lloyd's syndicate and their respective proportion may be obtained by writing to Market Services, Lloyd's, at the above address.

Although reference is made at various points in this clause to "this contract" in the singular, where the circumstances so require this should be read as a reference to contracts in the plural.

FINANCIAL SERVICES COMPENSATION SCHEME

We are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **We** are declared to be in default. The amount depends on the type of business and the circumstances of the claim. Further information about compensation scheme arrangements is available from the Financial Services Compensation Scheme at Beaufort House, 15 St Botolph Street, London EC3A 7QU or on their website: www.fscs.org.uk



EHIC in France is a Status Global Insurance product. Status Global Insurance is a trading name of Status Insurance Management Limited which is authorised and regulated by the Financial Conduct Authority (FCA) in the United Kingdom. Their FCA number is 305697.