



UNIQA Österreich Versicherungen AG
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Sitz: Wien, FN 63197 m Handelsgericht Wien
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Rotary
Travel-
insurance

Urlaub & Entspannen

Group ID 900005

Policyholder	<input type="text"/> *Surname, first name, title		*sex <input type="checkbox"/> female <input type="checkbox"/> male
*Mandatory fields	<input type="text"/> *Citizenship	<input type="text"/> *Date of birth JJJJ/MM/DD	<input type="text" value="176818 NEM"/> Broker
	<input type="text"/> *Address in Austria (Street, square, house number, staircase, top, postal code, place of residence)		
	<input type="text"/> *E-Mail	<input type="text"/> *telefon number	
Premium	<div>1.30 Euro per day max. 364 days</div> <div>minimum premium: 40.30 Euro (for 31 days) Please transfer premium clear of charges for the beneficiary.</div> <div><input type="text"/> Start of insurance JJJJ/MM/DD</div> <div><input type="text"/> *Duration in days</div> <div><input type="text" value="EUR"/> sum</div>		
Payment method	Direct debit mandate only		

SEPA Direct Debit Mandate

By signing this mandate form, you authorise the mentioned creditor to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from the mentioned creditor. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Name and precise address of the debtor

IBAN of the debtor

with (precise designation of the credit institution)

BIC

Payments on account of (underlying transaction – does not apply vis-à-vis the banks carrying out the payment transaction)

Payee:
UNIQA Österreich Versicherungen AG
Creditor-ID: AT10UAT00000001017
Untere Donaustraße 21, 1029 Vienna

Place, date

Signature(s) of the account holder or the person(s) entitled to sign on behalf of the account holder

Place, date

Signature of the person(s) to be insured

Signature of the policyholder or legal representative

Please contact:

Form to (Fax or E-Mail)	Claimshandling:	Questions about the insurance
Patrycja Eder UNIQA Österreich Versicherungen AG Tel.: +43 1 21175-3064, Fax: +43 1 211 75-793064 E-Mail: patrycja.eder@uniqa.at	Harald Gruber UNIQA Österreich Versicherungen AG Tel.: +43 1 21175-1421 E-Mail: harald.gruber@uniqa.at	PDG Robert Nemling, YE Insurance Advisor Gobergasse 17, 1130 Vienna, Austria Tel.: +43 1 8799978 Fax: +43 1 8799978-3 E-Mail: robert@nemling.eu

Insurance terms are attached.

X Please tick, where applicable!

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General conditions for all insurances

1. Who can conclude an insurance policy?

- 1.1. This insurance product can be concluded for persons whose primary residence is in the districts of 1910, 1911, 1912, 1913 and 1920, or by guests of these Rotary districts.

2. When is the insurance valid?

- 2.1. Cover commences by payment of the premium but not earlier than the homeland border was crossed or the beginning that was applied for. When the premium is paid immediately after arrival in the host country a retroactive coverage of three working days comes into force, but not earlier than the crossing of the homeland border.

Your insurance pays if

- the premium was paid before travel began,
- you get an acute illness or you have an accident outside of your residence country,
- your baggage is lost or damaged during your trip or stay,
- this illness, accident, damage or loss of your baggage happens within the term insured,
- you have this illness or accident treated, inpatient or outpatient, outside of your residence country and this results in expenses.

The insurance ends with the end of the travel, or until the end of the period for which the premium is paid.

3. Where is the insurance valid?

The insurance is valid for journeys as agreed in the group insurance contract for Rotary.

- 3.1. The health insurance is valid in host countries and when travelling with host families. There is no insurance coverage in the insured person's homeland.
- 3.2. Baggage and casualty insurance applies in host countries and for travelling with host families, as well as within the homeland as soon as the residence is left for the purpose of beginning travel and on the return journey to the residence.

4. How high are the insurance benefits?

- 4.1. The respective insurance sum resp. benefit is drawn out in the group insurance contract between UNIQA Österreich Versicherungen AG and Rotary.

5. What happens if the person eligible for benefits also has claims against third parties?

- 5.1. Any existing mandatory or other private insurances as well as claims based on legal regulations or agreements must be claimed first (excluding casualty insurance). If the insurer has paid benefits, then similar claims by the insured person against third parties go through the insurer.

6. In which cases is there no insurance coverage?

For events that

- 6.1. are caused by the negligence or gross negligence of the insured person and are equivalent to the intent to engage in an action or omission in which it can be expected that damages will arise, yet the risk is assumed nonetheless.

- 6.2. are associated directly or indirectly with acts of war of all kinds, terrorism (excluding health insurance), or domestic unrest.
- 6.3. arise from strikes, acts of violence at a public assembly or demonstration, insofar as the insured person actively participates.
- 6.4. are caused by the suicide or suicide attempt of the insured person (excluding health insurance).
- 6.5. are occasioned by official decrees.
- 6.6. arise due to the exercise of a manual activity required by one's profession or in military service (excluding health insurance).
- 6.7. are caused directly or indirectly by the effect of ionising radiation in the sense of the Radiation Protection Act in its currently applicable version or by nuclear energy
- 6.8. the insured person suffers due to major impairment of his mental capacity caused by alcohol, narcotics, or medications.
- 6.9. In addition to these general exclusions from insurance coverage, there are special exclusions in the respective insurance products.

7. What has to be done before and after an insured event has occurred?

Obligations the violation of which affect the insurer's duty to indemnify under § 6 of the Austrian Insurance Contract Act are: The insured person is obligated:

- 7.1. to avoid insurance claims or minimise their consequences, and to follow all instructions from the insurer,
- 7.2. to notify the insurer immediately, truthfully, and comprehensively in writing of the occurrence of the insured event, if necessary by telephone or by electronic means (excluding health insurance – outpatient treatments),
- 7.3. to fill out completely and send immediately to the insurer forms that will aid the insurer in processing claims,
- 7.4. to do everything reasonable to clarify the causes, the course of events, and the consequences of the insured event,
- 7.5. to authorise and allow all public authorities, attending physicians and/or hospitals, as well as social and private insurers, to share information requested by the insurer,
- 7.6. to secure claims for damages against third parties in a proper manner with regard to form and timeliness, if necessary up to the amount of the compensation paid to the insurer,
- 7.7. to report damages that were caused by criminal offences immediately with a precise description of the facts of the case and information about the extent of damages to the responsible police authorities and to have the report certified,
- 7.8. to provide without being requested to do so evidence that documents the claim to insurance benefits with regard to reason and amount, such as police reports, facts of the case, invoices for physicians and hospitals, purchase receipts, etc. to the insurer in the original.
- 7.9. In addition to these general obligations, there are special obligations in the respective insurance products.

8. When does the insured person lose their claim to insurance benefits?

The insurer is released from the obligation to indemnify:

- 8.1. If the insured person knowingly provides false information in conjunction with the insured event, especially in reporting damages, withholds facts that are essential to the claim, or tampers with evidence, even if no harm results for the insurer.
- 8.2. If the claim for benefits is not legally asserted within one year. This period first begins after the insurer has rejected a claim filed by the insured person in writing, along with notification of the reasons for doing so and the legal consequences entailed by the expiration of this period.

9. When does the statute of limitations begin?

- 9.1. Claims arising from the insurance policy lapse after three years have passed.

10. When and in what currency are benefits due from the insurer?

- 10.1. Monetary payments by the insurer are due once the inquiries necessary for establishing the insured event and the scope of benefits are complete. The due date goes into effect, however, if the insured person requests an explanation from the insurer after two months have elapsed since the request for a payment regarding the reasons why the inquiries have not yet been completed, and the insurer does not answer this request within one month.
- 10.2. Insurance benefits are calculated in the valid currency for Austria and paid out in same. For all other currencies, the exchange rate on the Vienna Stock Exchange on the day on which the damages occurred applies. If there is no market exchange rate, then the banking exchange rate of the Austrian National Bank applies.

11. In what form must declarations be submitted?

- 11.1. All information and declarations must be sent in writing to the insurer.

12. Applicable law, place of fulfilment, and jurisdiction?

- 12.1. The legal regulations of the Republic of Austria apply. The place of fulfilment is the insurer's headquarters in Vienna. The jurisdiction is Vienna.

Foreign travel health insurance

1. What is covered by the insurance?

- 1.1. Up to an amount of 1,000,000 Euro for urgent and necessary treatment compensation will be given for:
 - full expenses of hospitalization (legal or publicized tariff) in the best available general ward Accommodation (or equivalent local term) of a public hospital including costs of necessary transport,
 - full expenses of hospitalization (legal or publicized tariff) in a superior accommodation if
 - existing equivalent home insurance is valid also in the country concerned,
 - the general class is occupied,
 - the general class is not open to foreigners or
 - the general class is medically unqualified.

■ full compensation of

- outpatient treatment
- dental emergency (easing of toothache)

including prescribed medicine.

Reimbursement for outpatient treatment and dental pain relief is limited to 3,000 Euro within the entire sum insured of 1,000,000 Euro.

- 1.2. The costs of dental prosthesis necessary after an accident up to 500 Euro per dental prosthesis.
- 1.3. Full compensation of necessary ambulance transport from abroad to a hospital of the home or residence country as well as the costs of normal repatriation of the body of a deceased person to the residence country. Previous understanding with UNIQA is necessary. In case there is no agreement with UNIQA the reimbursement of necessary expenses is limited to 2,000 Euro.
- 1.4. Costs of rescue up to 10,000 Euro.
- 1.5. Emergency visitation costs for a related person in case of a hospitalization abroad of two weeks or more.
- 1.6. Necessary emergency transport or evacuation in the event of an imminent non-medical life-threatening emergency, including due to a political crisis or a natural disaster up to 50,000 Euro.

2. What is excluded?

In particular in the following cases no compensation can be given:

- treatments, which began prior to the start of the trip,
- treatments of chronic illnesses, except when resulting from acute attacks,
- treatments, which are the reason for the trip,
- treatments in connection with a pregnancy existing prior to the start of the trip, abortions,
- treatments due to the excessive consumption of alcohol and as a result of drug or medicine abuse,
- cures and rehabilitation,
- dental treatment, more than first aid and pain relief, and dental prosthesis except as a consequence of an accident,
- preventive medicine, check-ups, prophylactic vaccinations, etc.

3. What is to do in case of an insured event?

- 3.1. Outpatient treatment:

Please ask for a bill indicating your name, your date of birth, the diagnosis and the treatments carried out. Please pay the bill and have a receipt acknowledged. Send the bill – in German, English or French language – to UNIQA Österreich Versicherungen AG, Christa Schmid, Untere Donaustraße 21, 1029 Wien, Austria.
- 3.2. Inpatient treatment in Austria:

+43 (0) 50677-670
- 3.3. Inpatient treatment outside of Austria and Repatriation back home:

Please contact the UNIQA SOSservice, +43 1 50677-670. The procedure is necessary for an advance payment and for full reimbursement of transport costs.

4. What to do in the case of an existing compulsory or other private insurance?

Claims should first be directed to the compulsory or other private insurance. Before you go on a journey, please ask your compulsory or private insurance about your benefits and ask for proper documentation for the stay abroad, such as policy copies, service cards, social security certificates.

Important advice: Please give us – in case of an insured event (see point 3) – the name and the insurance policy number of your existing compulsory or private insurance.

Baggage insurance

1. What is the value of the insurance?

The insured value is the current market value (this means its actual purchase price less a reduction in value due to age and use). The maximum insured sum is 2,000 Euro.

2. What is insured?

Personal travel objects taken along at the beginning of travel or acquired during travel, with the following limitations:

2.1. All sports equipment and means of transport (with the exclusion of baggage insurance that is not co-insured under Point 4.4) are only insured during transport by a public transport company.

2.2. Valuable articles (objects with or made of precious metals, precious stones, or pearls, electronic devices, photographic, film and sound equipment, video equipment and accessories, watches and optical devices, mobile telephones, jewellery, furs and all objects with a single value of over 370 Euro) are only insured if they

- are carried or used in a proper manner or are kept safely in personal custody, or
- are demonstrably handed over to a tourist accommodation or monitored wardrobe for safekeeping, or
- are stored in a properly locked, sealed room in a special enclosure that is not accessible to the public domain, whereby bags of all kinds, beauty and attache cases, and jewellery boxes do not suffice as containers.

In any case, the storage must be appropriate for the value of the article (e.g. a safe).

Furthermore, such valuable articles are not insured while being transported under the responsibility of a third party.

2.3. Baggage thefts from motor vehicles are only insured if they demonstrably occur between 6:00 am and 9:00 pm, unless the vehicle is parked in a secured garage. Theft from boats are only insured from 6:00 am to 9:00 pm. The requirement, however, is that the baggage was located in a closed and locked interior space or boot. If a boot exists, the baggage must be stored there otherwise it must – whenever possible – not be visible from outside.

3. Which dangers and damages are insured?

Insurance coverage exists for insured articles in the event of:

- Theft, breaking and entering, and robbery,
- Damages caused by demonstrable external influences,
- Losses during transport while under the responsibility of a third party,
- Late delivery to the holiday destination under Point 5.4. of the baggage insurance.

4. Which dangers, things, and damages are not insured?

4.1. Valuable articles under Point 2.2. of the baggage insurance, if they are left in vehicles of any kind (locked or unlocked) or in another location without personal supervision.

4.2. Cash, treasury notes, tickets, stamp collections, valuable certificates and papers, credit and bank cards, precious metals, loose precious stones, commercial wares and articles whose value is primarily artistic or sentimental, tools and devices required for the exercise of a profession, musical instruments, automobile accessories, tools and replacement parts, weapons, computer devices, software and accessories.

4.3. Articles left on or in unlocked vehicles or boats as well as motorcycle panniers or their contents, insofar as these panniers were left on the motorcycle.

4.4. Cars, mobile homes, caravans, motorboats and sailboats, surfboards and accessories, motorcycles and aircraft.

4.5. Insufficient or defective packaging or storage.

4.6. Personal negligence such as forgetting, leaving behind, losing, misplacing, dropping, leaving hanging or standing.

4.7. Natural or defective quality of the insured articles, particularly internal deterioration or breakage, wear and tear, fluid leaks, or weathering.

4.8. All damages and dangers that are already explicitly excluded in the General Conditions from insurance coverage.

5. Which damages are covered by a limited compensation?

5.1. Replacement costs for personal documents up to a maximum of 80 Euro per person.

5.2. Visual aids (eyeglasses and contact lenses) and other prosthetic aid devices (e.g. hearing aids) as well as cosmetics and perfumes up to 20% (max. 400 Euro) of the insured sum.

5.3. For breakages of fragile articles (with the exception of packaging materials, e.g. baggage) 10% (max. 200 Euro) of the insured sum.

5.4. For late (more than 12 hours) delivery of baggage at the holiday destination for absolutely necessary purchases or rentals 10% (max. 200 Euro) of the insured sum.

5.5. For all insured valuable articles under Point 2.2. of the baggage insurance up to 50% (max. 1,000 Euro) of the insured sum.

5.6. Theft from a car for all of the insured articles (excluding all insured valuable articles under Point 2.2. of the baggage insurance up to 50% (max 1,000 Euro) of the insured sum.

6. What compensation does the insurer pay?

- 6.1. The following will be replaced with due consideration of the aforementioned conditions:
 - The market value in cases of complete loss or complete destruction.
 - The costs of repairs for damaged articles, as long as these costs do not exceed the market value.
 - 6.2. The insurance applies to first risk, meaning that the insurer waives the objection of underinsurance in the event of a claim.
- ## 7. What does the insured person absolutely have to do in the event of a claim?
- 7.1. The obligations in the General Conditions must be met.
 - 7.2. Damages that have occurred in the custody of a conveyance company or tourist accommodations must be reported to them immediately.
 - 7.3. The insured person must send the following documents to the insurer with the written report of damages:
 - Insurance policy (payment slip section)
 - Travel contract (invoice)
 - All documents that verify the amount and reasons for the damages (e.g., repair and purchase receipts; police protocols, airline damage report, confirmation of tourist accommodations, etc.).

Casualty insurance

Death benefit: 100,000 Euro

Invalidity linear to accident: 100,000 Euro

1. What is insured?

- 1.1. The insured event is the occurrence of an accident. The insurer offers insurance coverage in the event that the insured person has an accident while travelling.
- 1.2. An accident is an event that occurs without the will of the insured party that suddenly affects his body by external mechanical or chemical means and causes physical damage.
- 1.3. The following events, independent of the insured party's will, qualify as an accident:
 - Burns, scalding, effects of a lightning strike or electrical current,
 - Inhalation of gases or vapours, ingesting poisonous or caustic materials, unless these effects occur gradually, as well as food poisoning,
 - Dislocations of limbs, as well as strains and tears in the limbs and the muscles located on the spinal column, tendons, ligaments, and capsules.
- 1.4. The insurance coverage also extends to accidents in which the insured person is a passenger in a motorised aircraft that is approved for passenger transport. Motor gliders and ultralight aircraft are excluded. An air passenger is a person who neither has a causal connection with the operation of the aircraft, nor exercises a professional activity by means of the aircraft.
- 1.5. Illnesses do not qualify as accidents, and contagious illnesses do not qualify as results of an accident. This does not apply for tetanus and rabies caused by an accident pursuant to Point 1.2. of the casualty insurance.

2. In what cases is there no insurance coverage?

The insurance excludes accidents:

- 2.1. Due to physical damage during therapeutic treatments and interventions that the insured person performs or has someone else perform upon his body, insofar as an insured event was not the reason for the treatment. If an insured event was the cause, then Point 6.7. of the General Conditions does not apply.
- 2.2. Related to the use of aircraft insofar as this does not fall under the condition of Point 1.4. of the casualty insurance.
- 2.3. Related to climbing tours or other mountain climbing activities that are undertaken without a licensed guide.
- 2.4. Related to participation in a state, national or international sports competition, as well as official training for these events.
- 2.5. That arise during the utilisation of aircraft and in parachute jumps, during participation in extreme sports, or during participation in motorised sport competitions (including qualifying tours and rallies) and affiliated training tours.

3. What should I consider before an insured event occurs?

The condition which, if infringed, shall release the insurer from its obligation to pay benefits pursuant to § 6 Para 2 of the Austrian Insurance Act, shall be that the insured person, when driving a vehicle, must be in possession of a valid driver's licence as legally required for driving the vehicle on roads that are used for public transport; this shall also apply if the vehicle is not driven on roads that are used for public transport.

4. What has to be done after an insured event has occurred?

Obligations the violation of which affect the insurer's duty to indemnify under § 6 Para. 3 of the Austrian Insurance Act are:

- 4.1. After an accident, medical care must be sought immediately, and the medical treatment must continue until the treatment is complete. Appropriate nursing care and, as far as possible, the prevention or reduction of the results of an accident must be provided for.
- 4.2. The insurer can request that the insured person undergo a medical examination by physicians selected by the insurer.
- 4.3. The insured person must authorise and request that physicians and/or hospitals that have provided treatments or conducted examinations on the insured person for other reasons share the information requested by the insurer and deliver reports.

5. When is there no insurance coverage?

- 5.1. Persons who are constantly completely unable to work or are afflicted with severe neurological illnesses, as well as the mentally ill, are not insurable and are not insured.
- 5.2. An insurance benefit is only paid by the insurer for the consequences resulting from the accident.
- 5.3. When establishing the degree of invalidity, a deduction to the value of a prior invalidity is applied if the accident affects a physical or mental function that was already impaired before. Prior invalidity is assessed under Points 6.2. and 6.4. of the casualty insurance.
- 5.4. If illnesses or broken bones that already existed before the accident influence the results of the accident, then the benefit shall be reduced in accordance with the proportion of the illness or broken bones, insofar as this proportion is at least 25%.

- 5.5. For nervous system disorders with organic causes, the insurer only pays a benefit if and to the degree that this disorder can be attributed to organic damages caused by the accident. Mental health problems (neuroses, psychoneuroses) do not qualify as results of an accident.
- 5.6. A benefit is only paid for herniated discs if they are caused by direct mechanical impact on the spine and if this is not an aggravation of symptoms that existed before the accident.
- 5.7. A benefit is only paid for abdominal or lower abdominal hernias of any type if they are caused by an external direct mechanical impact and did not previously exist.

6. What benefits are paid?

- 6.1. If within one year from the day of the accident it is determined that ongoing invalidity will be a result of the accident, then the agreed insured sum – degree of invalidity (percentage) – shall be paid.
In the event of death caused by an accident the agreed sum is paid.
- 6.2. The following rates apply for the assessment of the degree of invalidity due to the full loss or full functional incapacitation of:

an arm from the shoulder	70%
an arm up to above the elbow joint	65%
an arm below the elbow joint or a hand	60%
a thumb	20%
an index finger	10%
another finger	5%
a leg up to over the middle of the thigh	70%
a leg up to the middle of the thigh	60%
a leg up to the middle of the lower leg or a foot	50%
a big toe	5%
another toe	2%
vision in both eyes	100%
vision in one eye	35%
insofar as the vision of the other eye was already lost before the occurrence of the insured event	65%
hearing in both ears	60%
hearing in one ear	15%
insofar as the hearing in the other ear was already lost before the occurrence of the insured even	45%
the sense of smell	10%
the sense of taste	5%

- 6.3. The aforementioned rates are applied for the partial loss or partial incapacitation of the body parts or organs named above.
- 6.4. If the degree of invalidity cannot be established using the rates above, the determining criterion is the extent to which physical or mental functionality has been reduced from a medical point of view.
- 6.5. Multiple rates resulting from Point 6.2. and 6.4. of the casualty insurance are added up. However, the insurance benefit is limited by the insured sum.

7. When are benefits paid?

- 7.1. In the first year after the accident, the insurer only pays a benefit if the type and scope of the results of the accident are clear from a medical perspective.
- 7.2. If the degree of ongoing invalidity is not clear, then both the insurer and the insured person are authorised to perform a medical reassessment of the degree of invalidity each year up to 4 years after the day of the accident. This can also be done by a medical commission as of 2 years after the day of the accident.
- 7.3. If the insured person dies within 4 years of the accident due to a cause that is unrelated to the accident, then benefits shall only be paid if the most recently conducted medical examination resulted in a clear finding that an ongoing invalidity of at least 50% would have been the case. A death after this period of time does not result in a claim to benefits.