



**GROUP
LIFE, DISABILITY & MEDICAL
INSURANCE POLICY**

**FOR
FELLOWS, INTERNS, SCIENTIFIC VISITORS, TRAINING COURSE, STUDY
TOUR AND MEETING PARTICIPANTS OF A UNITED NATIONS
ORGANIZATION**

Valid 01 January – 31 December 2016

INFORMATION BOOKLET

GENERAL INFORMATION

This booklet is purely informative. It does not replace the official contract signed between a participating organization, the Insurers and Cigna. Nothing in this booklet or omitted from it can be taken to replace or alter the terms of the contract itself.

INTRODUCTORY NOTE

In the present booklet reference is made to 'fellows', but the information is also valid for all other eligible categories which are mentioned hereunder.

ELIGIBILITY TO JOIN THE SCHEME

The following categories of individuals are eligible to join the scheme:

1. fellows irrespective of sources of funding also including Fellows under Government-executed projects;
2. scientific visitors;
3. training course participants, whether for short or longer periods within their own country or elsewhere;
4. study tour/conference participants.

Please note: The scheme covers only the main person involved and no relative, dependent or family member of the participant.

PROCEDURE FOR A UN ORGANIZATION TO ENROLL

Step 1: Select policy or policies required (policy A and B, see next page)

Step 2: Decide which level of cover is required from each policy

Step 3: Inform Cigna of your requirements

Contact:

Cigna
P.O.Box 69
2140 Antwerpen
Belgium

Contact number for both policies on behalf of the insurance brokers is:

Tel. + 32 3 217 65 25

Fax + 32 3 272 39 69

E-mail clientservice1@cigna.com



TERMS AND CONDITIONS OF THE POLICIES

PERIOD OF VALIDITY

1 January 2016 – 31 December 2016

POLICY A: MEDICAL EXPENSES

A-1	Ceiling 10,000 USD – premium per month	32.06 USD
A-2	Ceiling 15,000 USD – premium per month	36.32 USD
A-3	Ceiling 25,000 USD – premium per month	40.54 USD
A-4	Ceiling 50,000 USD – premium per month	43.29 USD

POLICY B: DEATH AND PERMANENT DISABILITY

FROM ANY CAUSE

Premium per month

B-1	Ceiling 10,000 USD death; 20,000 USD permanent total disability	3.17 USD
B-2	Ceiling 25,000 USD death; 40,000 USD permanent total disability	7.92 USD
B-3	Ceiling 50,000 USD death; 75,000 USD permanent total disability	14.76 USD

FROM ACCIDENTS ONLY

B-4	Ceiling 10,000 USD death; 20,000 USD permanent total disability	0.72 USD
B-5	Ceiling 10,000 USD death; 40,000 USD permanent total disability	1.80 USD
B-6	Ceiling 10,000 USD death; 75,000 USD permanent total disability	3.00 USD

All death and disability claims arising from 'AIDS' will be excluded.

GENERAL TERMS APPLICABLE TO BOTH POLICIES

Article 1:	Entry into effect and duration of Contract
Article 2:	Commencement and termination of cover
Article 3:	Definitions
Article 4:	Insured persons
Article 5:	Payment of premiums
Article 6:	Privileges and immunities
Article 7:	Disputes
Article 8:	Territorial limits of the Insurance
Article 9:	Subrogations
Article 10:	Delegation of management
Article 11:	Notification of claims
Article 12:	Exceptions
Article 13:	Excluded risks and special risks
Article 14:	Amount of premiums



POLICY A: MEDICAL EXPENSES

Article A.1:	Reimbursement
Article A.2:	Reimbursement procedure
Article A.3:	Period of limitation
Article A.4:	Currency of reimbursement

POLICY B: DEATH AND PERMANENT DISABILITY

DEATH

Article B.1:	Amount of indemnity
Article B.2:	Payment of indemnity

PERMANENT DISABILITY

Article B.3:	Total permanent disability
Article B.4:	Partial permanent disability
Article B.5:	Payments of indemnities
Article B.6:	Exclusions



GENERAL TERMS APPLICABLE TO BOTH POLICIES

Article 1 - Entry into effect and duration of the contract

The contract shall be effective on 1 January 2016 at 00:00 and shall remain in effect until the last day of December 2016 at 24:00. It will then be renewed by tacit agreement for further periods of 12 months at a time, unless it is terminated through notification of one party to the other by registered letter at least three months before the date of expiry.

Article 2 - Commencement and termination of the cover

The cover is provided on or after the date of entry into risk of the Insured Person indicated on the list of names provided by the Policyholder. The cover shall end on the date of termination of the contract of the Insured Person as indicated on the list of names provided by the Policyholder in accordance with Article 4.

Article 3 - Definitions

The following definitions apply for the interpretation of the present document:

- Sickness: Deterioration in health confirmed by a legally qualified physician;
- Accident: Sudden action of external force causing bodily injury;
- Medical Treatment: All examinations and measures taken to restore health;
- Insured Person: The Policyholder's Fellow(s) reported to the Insurers;
- Maternity: The term maternity is taken in its wider sense and includes pregnancy;
- Permanent Disability: Injury or illness resulting in disfigurement or loss of member or function which is incurable or lasting for at least 12 months and being thereafter beyond hope of improvement.

Article 4 - Insured Persons

The provisions of the contract apply to fellows of the Organization whose names are supplied by the Policyholder on a list, showing the dates of entry into and withdrawal from risk.

Within 15 days of the end of each month the Policyholder will provide a list showing the changes that have taken place during the preceding month and giving the dates of entry into or withdrawal from risk. Alternatively, the Policyholder, if he or she prefers, may declare the completed fellowships and pay the total premiums due each month (or each quarter).

Article 5 - Payments of premiums

Premiums are payable at the end of each month on the basis of the Policyholder's declarations referred to in Article 4. For periods of less than one month a pro-rata premium is due, with 1/3 of the monthly premium as a minimum.

Article 6 - Privileges and immunities

Nothing contained in this contract shall be deemed a waiver of any of the privileges or immunities enjoyed by the Policyholder.

Article 7 - Disputes

1. *Disputes over non-medical matters:* Except as provided in the following paragraph of the Article, any dispute arising out of the interpretation or application of the terms of this contract shall, unless it is settled by direct negotiations, be referred to arbitration in accordance with the rules of the International Chamber of Commerce. The Policyholder and the Insurers agree to be bound by any arbitration award rendered in accordance with this section as the final adjudication of any such dispute.
2. *Disputes relating to medical matters:* The dispute shall be settled by a doctor designated jointly by a doctor chosen by the Insured Person and by the Insurers' doctor. If no agreement is reached, the arbitrator shall be designated by the Président du Conseil de l'Ordre des Médecins (Chairman of the Executive Board of the Order of Physicians) or by some other medical authority having competence in the Insured Person's place of residence. The fees payable to the medical arbitrator are paid half by the Policyholder and half by the Insurers.

Article 8 - Territorial limits or the Insurance

The cover provided under the present contract applies throughout the world. In the event the Insurers are unduly prevented by local governmental authorities from exercising any of their rights under this contract in a country in which an illness or accident covered by this contract occurs, the Policyholder may, upon written request from the Insurers, in its discretion, use its good offices with such authorities in order to enable the Insurers to exercise their rights hereunder.

Article 9 - Subrogations

Within the limits of the reimbursement which they provide, the Insurers succeed to the right the victim of an accident or illness possesses with respect to a responsible third party. Under penalty of forfeiture of cover, the Insured Person is obliged to confirm this subrogation in writing when the Insurers so require. However, the Insurers' right in this regard is only up to the limit of the indemnity they pay and does not prejudice the individual's rights to any further sums in excess of this that he/she may be able to recover.

Article 10 - Delegation of Management

The Insurers delegate the management and implementation of the present contract to Cigna (Antwerp – Belgium). In particular, Cigna is responsible for the collection of premiums, issue of receipts and payment of indemnities due. Cigna will advise the arbitrators and the doctors of the Insurers.

Article 11 - Notification of Claims

In the case of an accident, the Policyholder should mention the place and circumstances of its occurrence and if possible, the names and addresses of any witnesses or legal authorities involved. The Insurers have the right to request from the Insured Person information regarding the illness, the accident and treatment given, and if necessary to request it through the Policyholder. Confidential information may be sent under seal to the medical consultant of the Insurers, who will provide the claims department only with the information necessary for the satisfactory conclusion of the business. The insurers may also have the person under treatment examined by a doctor of their own choice at their own expense. The Insured Person is obliged to undergo this examination, but he may request the presence of his/her own doctor.

Article 12 - Exceptions

The Insurers will apply the same exceptions in respect of Insured Persons claiming insurance benefits as are applicable to the Policyholder.

Article 13 - Excluded risks and special risks

The cover does not extend to:

- 13.1 periodic, preventive health examinations;
- 13.2 the consequence of sickness or accidents resulting from voluntary and intentional action on the part of the Insured Person, e.g. attempted suicide, and voluntary mutilation;
- 13.3 times of war for Insured Persons who are mobilized or who volunteer for naval, air or military service. The insurance is suspended in such periods.
- 13.4 the result of wound or injuries resulting from motor vehicle racing and dangerous competitions in respect of which betting is allowed; normal sports competitions are covered.
- 13.5 the consequences of insurrections or riots, if by taking part the Insured Person has broken the applicable laws; the consequences of brawls, except in case of self-defence;
- 13.6 rejuvenation cures or cosmetic treatment. Cosmetic surgery is covered, however, when it is necessary as a result of an accident that is covered;
- 13.7 the direct or indirect results of explosions, heat release or irradiation produced by transmutation of the atomic nucleus or by radioactivity or resulting from radiations produced by the artificial acceleration of nuclear particles;

- 13.8 expenses for or in connection with travel or transportation whether by ambulance or otherwise, except charges for professional ambulance service used to transport the Insured Person between the place where he is injured by an accident or stricken by a disease and the first hospital where the treatment is given will not be excluded hereunder. In case of emergency or major disability, special transport of Insured Person, including cost of accompanying person or attendant will be allowed, up to a maximum of 7,500 USD for cover for A-1 to A-3 included. For cover under A-4 a maximum of 10,000 USD will be covered. Preparation and repatriation of a body to the home country, up to a maximum of 7,500 USD will be covered.
- 13.9 aircraft accidents are only covered if the Insured Person is on board an aircraft with a valid certificate of air-worthiness, piloted by a person in possession of a valid license for the type of aircraft in question.

Article 14 - Amount of Premiums

The monthly premium to be paid to the Insurers is laid down on page 3.

POLICY A: MEDICAL EXPENSES

Article A.1 - Reimbursement

The aggregate reimbursement the Insurers shall be obliged to pay with respect to the total expenses which are covered by this section and are incurred by an Insured Person in any 12 consecutive months' period shall not exceed the amount selected on page 2. The provisions set forth in this article shall be subject to this limitation of aggregate reimbursement by the Insurers and to the Exclusion set forth in Article 13.

A.1.1 The insurers undertake to reimburse 100% of the expenses involved in respect of medical treatment prescribed by doctors qualified to treat patients. At the rate of 100% are also reimbursed the costs of hospital services such as:

- bed and board (maximum rate: the rate of the hospital concerned for a room for two or more patients);
- general nursing service;
- use of operating rooms and equipment;
- use of recovery rooms and equipment;
- laboratory examinations;
- X-ray examinations;
- drugs and medicine for use in the hospital.

A.1.2 The following types of treatment alone are subject to certain limitations:

A.1.2.1 Dental treatment: the cost of dental care, of periodontal treatment, of false teeth crowns, bridges, other similar appliances and dentofacial orthopedics is reimbursed only to a maximum sum of 600 USD per Insured Person in any period of 12 consecutive months.

A.1.2.2 Special examinations and treatments:

A.1.2.2.1 the costs of psychiatric treatment including psychoanalysis are reimbursable only if the patient is treated by a psychiatrist. The costs of psychiatric treatment are reimbursable only at the rate of 50% and to a maximum reimbursement of 600 USD, for no more than 50 visits per Insured Person in any consecutive six-month period;

A.1.2.2.2 the costs of radiological treatment are reimbursable only if the patient has been referred to the specialist by the doctor in attendance;

A.1.2.2.3 exclusions: hearing aids, spectacles, fees for examination of the eyes for glasses and cost of spa cures are not reimbursed.

Article A.2 - Reimbursement procedure

A.2.1 When the Insured Person is entitled to reimbursement by other insurers, the Insurers shall make a reimbursement as appropriate, on the basis of the difference between the costs actually incurred and the reimbursement obtained from the other sources.

A.2.2 The first 10 USD of medical expenses per Insured Person per any new 12-month period starting on or after 1 January 2016 are not reimbursable.

A.2.3 The Insured Person or the Policyholder provides the appointed Broker with the written evidence, in particular medical, surgical, pharmaceutical bills, etc and with payment slips made out by other insurers (with details of the amounts reimbursed). The Insurers will pay the amount due within 15 days of the receipt of satisfactory written evidence, to the office of the Policyholder or directly to the Insured Person as indicated to the Broker appointed by the Policyholder. The Insurers retain the documents submitted to them indefinitely. Payment in accordance with this contract shall be made by the Insurers to the Insured, but if the Insured Person is not living, payment shall be made at the sole discretion of the Policyholder to any person submitting satisfactory evidence that he is entitled to such payment. The policyholder accepts no financial or other responsibility regarding the accuracy of any request for reimbursement submitted by or on behalf of the beneficiary.

Article A.3 - Period of Limitation

A claim based on, and relating to, this section shall be paid by the Insurers only if it is submitted by the Policyholder, or the Insured Person within two years, this period shall commence on the date on which the expenses were incurred for the first time during the insurance period.

Article A.4 - Currency of Reimbursement

The reimbursement is made by the Insurers in the same currency as the payments made by the Policyholder or the Insured Person. The conversion of medical expenses incurred in a currency other than USD will normally be made at the UN operational rate of exchange, in force on the date the claim form is signed.



POLICY B: DEATH AND PERMANENT DISABILITY

DEATH (as a result of accident or from any cause, depending on the selected policy):

Article B.1 - Amount of indemnity

The capital sum payable on the death of an Insured Person, shall be the capital sum of USD chosen on page 3. However, in the event of death by natural causes of an Insured Person aged over 63, only 50% of the capital sum will be paid. The Insurers will also refund the costs of preparation and repatriation of the mortal remains to the home country up to 7,500 USD, if no medical expenses have been incurred.

Article B.2 - Payment of indemnity

On the death of an Insured Person, the Insurers will pay the Policyholder the capital sum insured on receipt of the following documents:

- the Insured Person's birth certificate or equivalent extract from the birth records in an official statistics form;
- the death certificate;
- a satisfactory medical certificate stating the cause of death and whether it results from an accident or an illness.

The cost of repatriation of the mortal remains will be reimbursed on production of the invoices or other documents stating the expenses, if no medical expenses have been incurred.

PERMANENT DISABILITY (as a result of accident or from any cause, depending on the selected policy):

Article B.3 - Total Permanent Disability

If the permanent disability is total, the Insurers will pay the capital sum of USD chosen on page 2.

Article B.4 - Partial Permanent Disability

If the permanent invalidity is partial, a proportion of this capital sum will be paid, according to the degree of invalidity in accordance with the following scale:

Incurable mental alienation	100%
Total organic paralysis	100%
Total blindness	100%
Amputation or permanent loss of the use of:	

- both arms or both hands	100%	
- both legs or both feet	100%	
- one arm or hand and one leg or foot	100%	
Total loss of sight of one eye with ablation	30%	
Total loss of one eye without ablation	25%	
Loss of whole thickness of the skull over:		
- B.4.1 an area at least 6 cm ²	40%	
- B.4.2 an area of from 3 to 6 cm ²	20%	
- B.4.3 an area of less than 3 cm ²	10%	
Incurable total deafness in both ears	40%	
Incurable total deafness in one ear	15%	
Ablation of the lower jaw:		
- B.4.4 total	70%	
- B.4.5 partial (upright branch plus the whole half of the maxillary bone)	40%	
Loss of top and bottom teeth and their sockets (impossibility of fitting dental prosthesis)	10% - 30%	
In the case of possible prosthesis with established functional improvement	1% - 10%	
	Right	Left
Loss of an arm or hand	75%	60%
Total paralysis of an upper limb	65%	55%
Total paralysis of the circumflex nerve	20%	15%
Total paralysis of the median nerve	45%	35%
Total paralysis of the cubital nerve at the elbow	30%	25%
Total paralysis of the nerve at the hand	20%	15%
Total paralysis of the radial nerve above the triceps	40%	30%
Complete ankylosis of the scapulohumeral articulation:		
- B.4.6 with immobilization of the shoulder-blade	65%	55%
- B.4.7 with mobility of the shoulder blade	35%	25%
Non-consolidated fracture of the arm: (constitutions of pseudo-arthritis)	30%	25%
Total loss of movement of the elbow:		
- B.4.8 in an unfavorable position	40%	35%
- B.4.9 in a favorable position	25%	20%
Non-consolidated fracture of the forearm (constitution of pseudo-arthritis)		

- B.4.10 both bones	25%	20%
- B.4.11 single bone	10%	8%
Total loss of movement of wrist:		
- B.4.12 in an unfavorable position (flexion, forced extension of)	40%	30%
- B.4.13 in a favorable position (straight or prone)	20%	15%
Amputation of the thumb:		
- B.4.14 total	20%	18%
- B.4.15 partial (ungual phalanx)	10%	8%
Ankylosis of thumb:		
- B.4.16 total	15%	12%
- B.4.17 partial (ungual phalanx)	10%	8%
Amputation of index finger:		
- B.4.18 total	16%	14%
- B.4.19 two phalanxes	12%	10%
- B.4.20 one phalanx	6%	5%
- Amputation of second finger	12%	10%
- Amputation of third finger	10%	8%
- Amputation of fourth finger	8%	6%
Total paralysis of lower limb		
Complete paralysis of the internal popliteal sciatic nerve	60%	
Complete paralysis of the external popliteal sciatic nerve	30%	
Complete paralysis of both popliteal sciatic nerves	30%	
Shortening of lower limb:		
- B.4.21 at least 5 cm	40%	
- B.4.22 from 3 to 5 cm	30%	
- B.4.23 from 1 to 3 cm	20%	
Complete ankylosis of the hip:		
- B.4.24 in a bad position (flexion, adduction or abduction)	60%	
- B.4.25 in a straight position	40%	
Amputation of the thigh:		
- B.4.26 upper half	60%	
- B.4.27 lower half	50%	
Non-consolidated fracture of the thigh or both bones of the leg (constitution of pseudoarthrosis)		
	50%	

Complete ankylosis of the knee:	
- B.4.28 in flexion (from 130 degrees)	50%
- B.4.29 straight or almost straight	25%
Chronic hydrarthrosis according to the degree of muscular atrophy	
	3% to 20%
Non-consolidated fracture of the knee cap with separation of the fragments and considerable difficulty in extension of leg from the thigh	40%
Amputation of leg	50%
Tibio-tarsian ankylosis	15%
Amputation of foot:	
-B.4.30 total (tibio-tarsian disarticulation)	50%
-B.4.31 sub-astragalian	40%
-B.4.32 media-tarsian	35%
-B.4.33 tarso-metatarsian	30%
Amputation of all toes	
	20%
Amputation of big toe	
	10%
Amputation of a toe other than big toe	
	5%
Ankylosis of the big toe	
	3.5%

- For a left-handed person, on condition that he/she has so declared in the application for insurance, the rates relative to the upper right limb will be applied to the left and vice-versa.
- The invalidities that have not been mentioned before shall be indemnified according to their importance compared to those which have been mentioned, the Insured's profession not being taken into consideration.
- The loss of the use of a limb will be considered as loss of a limb.
- The total indemnity payable for several invalidities resulting from the same accident shall never be superior to the total capital sums insured.

Article B.5 - Payments of Indemnities

The indemnities are paid upon statement of the permanent disability by a physician acceptable to both the Policyholder and the Insurers.

Article B.6 - Exclusions (applying both to Death and Permanent disability)

On top of the exclusions mentioned in Article 13 - Excluded risks and special risks, the cover does not apply for:

1. any claim(s) in any way caused or contributed to by an act of terrorism involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological



agent.

For the purpose of this exclusion an act of terrorism means any act including but not limited to the use of force or violence and/or the threat thereof, committed by any person(s) or group(s), whether they have acted alone or on behalf of or in connection with any organization(s) or government(s), for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

If the Insurers allege that, by reason of this exclusion, any claim is not covered by the present insurance contract, the burden of proving the contrary shall be upon the Insured person.

2. death and disability claims resulting from AIDS.