MEDICAL INSURANCE
ADMINISTRATIVE MANUAL

LONG-TERM CARE COVERAGE AS OF JULY 1, 2008

1. DEFINITIONS

1.1 Definition of Dependency

1.2.1 The following shall be recognized as being in a state of total dependency:

1. Insured persons whose state of health is consolidated and are permanently unable to perform, without the assistance of a third person, at least four of the six acts of daily life defined below;
2. Insured persons suffering from a neuropsychic disease (such as Alzheimer's disease or senile dementia) certified medically by a psychiatrist or neurologist, and for which the psychiatrist or neurologist records a result of less than 15 in the Folstein Mini Mental State Examination.

1.2.2 The following shall be recognized as being in a state of partial dependency:

Insured persons whose state of health is consolidated and who are permanently unable to perform, without the assistance of a third person, at least three of the six acts of daily life defined below.

1.2 Definition of the six acts of daily life:

Washing: capacity to satisfy a level of bodily hygiene in accordance with the usual standards. Specification: a person who requires help only to wash his or her hair shall not be recognized as being unable to wash himself or herself.

Feeding oneself: capacity to serve oneself and to eat food prepared in advance and made available. Specification: the capacity to feed oneself implies being able to cut food, serve oneself a drink, bring food to the mouth and swallow it.

Dressing: capacity to dress and undress with possible recourse to adapted clothing. Specification: if an insured person is unable to put his or her prosthesis in place alone, it shall be considered that he or she is unable to dress alone.

Moving around: capacity to move around on a flat surface after use of adapted equipment. Specification: if an insured person can move alone with the aid of a stick, crutch, wheelchair or any other adapted equipment, he or she shall be considered to be able to move alone.

Being continent: capacity to ensure hygiene in urinary and anal elimination, including through the use of protection or surgical appliances. Specification: if an insured person is not fully able to control the elimination of urine, he or shall be considered continent.

Getting from place to place: capacity to move from the bed to a chair or an armchair and vice versa.

2. PROCEDURE FOR RECOGNITION OF DEPENDENCY

2.1 Documents required for recognition of dependency

2.1.1 It is the responsibility of the insured person or any other person in his or her entourage to provide documentary evidence of the insured person's state of health.

2.1.2 The file requesting benefit coverage shall include a certificate from the family or hospital doctor, explaining the state of dependency of the insured person, the date of its occurrence, and specifying the accidental or pathological origin of the disease or diseases. In return, a medical dependency questionnaire shall be sent by the insurance brokers to the insured person.

2.1.3 The questionnaire shall be completed by the person(s) who actually deal(s) with the patient and by the family or hospital doctor. In addition, the latter must provide a medical file containing the hospitalization reports and the results of the additional examinations carried out. In the case of deterioration of the mind, precise descriptive information must also be provided: evaluation tests of cognitive functions, including the Folstein Mini Mental State Examination.

2.1.4 Furthermore, if the insured person is kept at home and if he or she receives home care or hospitalization services, the notification of coverage of the expenses relating to this care, issued by his or her medical insurance scheme, shall be produced.

2.1.5 If, by contrast, he or she is undertaking a long-term hospital stay, or is placed in a medical treatment section or specialized institution, the date of entry, type of institution, type of service and, where appropriate, the nature of the coverage of expenses granted by his or her medical insurance scheme shall be specified in the medical certificate issued by the hospital doctor.

2.1.6 The medical dependency questionnaire and the medical file are to be sent to the Medical Officer of the insurance company. The latter may be required to contact the doctor concerned (family or hospital doctor) if the information describing the dependency of the insured person appears to be insufficient.

2.1.7 The Medical Officer of the insurance company shall always have the possibility to seek verification of the state of the insured person's dependency by the doctor of his or her choice and/or to have the medical examinations which he or she considers necessary carried out.

2.1.8 A rejected file may be re-examined by the insurance company Medical Officer, subject to the following conditions:

- a minimum period of three months shall have elapsed since the last study;
- the documentary evidence shall be reproduced. It shall be updated and comprise new information providing evidence of the deterioration of the insured person's state of health.

2.2 Limitation

Any actions resulting from this contract shall be subject to a limitation of two years, beginning from the event which gives rise thereto.

3. BENEFIT

3.1 Conditions for payment of the annuity

3.1.1 The recognition by the insurance company of the state of dependency according to the criteria contained in Article 1 above shall give entitlement for the insured person to receive payment of the annuity, the amount of which is included in Article 3.2 below.

3.1.2 The starting date of the annuity shall be fixed on the day which follows the date of recognition by the insurance company of the state of dependency, but in any case at the earliest the day following receipt of the request for recognition by the insurance company.

3.1.3 Payment of the annuity shall take effect after the relative deductible period, the starting point of which shall be the day following the date of recognition of the state of dependency by the insurance company. The duration of the relative deductible shall be set at three months.

3.1.4 The annuity shall be payable monthly, in arrears on the first day of the following month, as long as the state of dependency persists, irrespective of whether the insured party remains insured under Title II "Medical Expenses Insurance".

3.1.5 The annuity shall be paid *pro rata*, in arrears, for the period from the starting point of payment of the annuity up to the last day of the month in which the starting point occurs. In order to do this, each month shall be considered to have 30 days.

3.1.6 During servicing of the annuity, the insured person shall inform the insurance brokers of any changes in his or her state of health and in particular inform them within 30 days of:

- the cancellation of the coverage of expenses previously granted by his or her medical insurance scheme;
- a change of institution;
- his or her return home or to the house of a close relative.

3.1.7 In addition, proof that the insured person is still alive shall be sent to the insurance brokers every six months, in the form of a:

- medical insurance scheme statement, or
- an invoice from the medical institution where the insured person is accommodated, with reference to the expenses incurred during the period elapsed.

3.1.8 The insurance company shall reserve the right to ask the insured person to undergo a check up at any time and in particular an examination by a doctor of its choice. It may also request communication of any document it considers necessary in assessing the insured person's state of health.

3.1.9 In case of refusal of the insured person to submit himself or herself to a check up or to provide the requested documents, payment of the annuity shall be suspended.

3.1.10 If the insured person no longer meets the criteria for recognition of dependency, the annuity shall be suspended on the last day of the month during which the dependency is no longer recognized, and shall recommence without delay on the day when the state of dependency is again recognized.

3.2 Amount of the guaranteed annuity and revaluation

3.2.1 The amount of the guaranteed annuity shall be the same for all insured persons:

- Total dependency: SFR2,000 per month;
- Partial dependency: SFR1,000 per month.

3.2.2 On January 1 of each year, the amount of the annuities being serviced shall be raised by two per cent.

2.2.3 In case of termination of the contract, the benefits being serviced shall continue to be paid, subject to the conditions of this contract.