

HOSPITALISATION, ASSISTANCE AND REPATRIATION

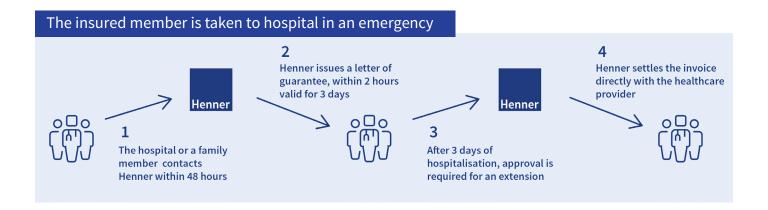
EMERGENCY HOSPITALISATION

What to do in case of an emergency?

For emergency hospitalisations (accident, acute disease or any other health and life threatening condition) no prior agreement is necessary. Please ensure that you or a relative notifies the Client Service Team at the earliest convenience about your admission to the hospital (via phone). A guarantee of payment will be sent within two hours and will be valid for 3 days. The Client Service Team can be reached around the clock at: +33 1 55 62 52 14.

If an extension of stay is required after these 3 days, please have the hospital contact us so that we can extend the guarantee. Our medical department will require:

- Your contact details;
- The name and full contact details of the healthcare provider;
- The exact nature of the care to be provided and itemised cost breakdown of the anticipated costs;
- The expected admission and discharge date.



REPATRIATION AND ASSISTANCE

· What to do if you need to be repatriated?

Please contact your client service team at: +33 1 55 62 52 14. Your dedicated Henner client service team will put you in contact with the assistance provider, who will in turn organise the repatriation.

Please note that the assistance provider will ask for medical information and analyse the request as to ensure that you are "fit to fly".

The assistance provider is **Allianz Assistance** (also called Mondial Assistance).

Henner will coordinate with the assistance provider and issue an emergency guarantee of payment if necessary.

SCHEDULED HOSPITALISATION

A prior agreement is only required for scheduled hospitalisations.

Why is prior agreement necessary?

A prior agreement is required as it is stipulated in the contract with the insurer.

Henner's in-house doctors will review the application and ensure that:

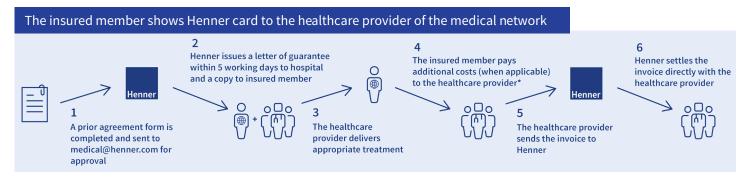
- the proposed hospitalisation is accepted by the international medical consensus,
- the proposed hospitalisation is medically justified,
- the estimated costs are reasonable and customary for the proposed hospitalisation and country.

How to apply for prior agreement

The prior agreement form must be filled out and signed by the attending practitioner. It should include the diagnosis, the nature of the care to be given and the estimate of costs. We recommend that the form is sent at least 15 days prior to the scheduled date of treatment.

Please send your request by email to: **medical@henner.com.** You can put your client service team in copy of the application.

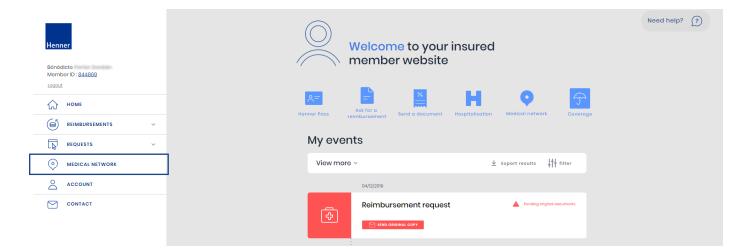
When in doubt, please contact your client service team at: +33 1 55 62 52 14 or by email: joho@henner.com



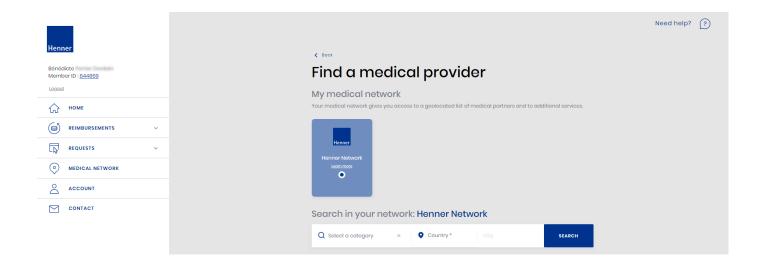
^{*}additional costs paid directly by the insured member to the provider, are items not covered by the contract. For example: television, additional meals served to a family member etc.

HOW TO FIND A HEALTHCARE PROVIDER

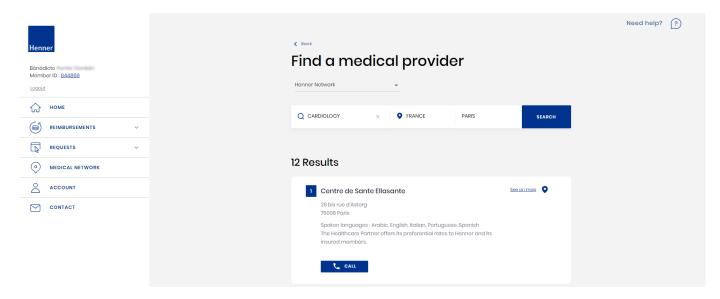
To find a healthcare provider please log into our website **www.henner.com** using your individual Henner ID number. Once logged in, go to online services and click on "medical networks":



Our network can help you to select a provider. Members are free to choose a provider outside of our network.



Select your country, city and the type of provider you are looking for. Click on **search** to find our full list of partners.

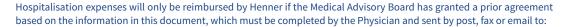


NOTE: Direct billing is only guaranteed for in-network providers.



PRIOR AGREEMENT APPLICATION

HOSPITALISATION





Henner Medical Advisor - 14 boulevard du Général Leclerc, CS 20058, 92527 Neuilly-sur-Seine Cedex - France Fax: +33 (0)1 85 64 74 15 - Email: medical@henner.com

This form must be sent no later than 10 days prior to the date of hospitalisation.

In the event of a medically justified emergency, this form must be sent within 3 days following admission.

If the Medical Advisory Board approves the hospitalisation, it will issue a guarantee of payment, which will be sent directly to the designated institution. The Medical Advisory Board will notify the patient in the event of a refusal.

Insured person's surname and first name:	ID Number:
Patient's surname and first name:	
Date of birth:	Sex:
Is the current prior agreement application directly related to an accident? Yes No If so, please also attach a detailed report describing the circumstances of the accident.	
TO BE COMPLETED BY THE ATTENDING PRACTITIONER	
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Proposed place of hospitalisation (name of institution, address, telephone, fax, e-mail):	
Attending physician (name, address, telephone, fax):	
Accending physician (name, address, telephone, rax).	
Reason for the hospitalisation / Clinical symptoms presented / Precise medical diagnosis:	
Reason for the hospitalisation? Clinical symptoms presented? Frecise medical diagnosis.	
Nature of the proposed operation and treatment programme:	
natare of the proposed operation and declarity rogarine.	
Nature of any additional examinations to be carried out:	
· ·	Is this an extension? (y/n)
Detailed estimated cost of the hospitalisation:	
Hospital charges:	
Physicians' fees:	
Other expenses:	
·	
Physician's seal and signature:	Patient's signature:
Date:	I hereby authorise my Physician to send the Henner medical advisor all the medical information required for making a decision on my file.
For medical information: + 33 1 55 62 53 42	medical information required for making a decision on my file.

1/The member's physician is authorised to send the Henner medical advisor all the medical information required for making a decision on the member's file.

2/The information will remain confidential. It will only be disclosed to the persons involved in your treatment.

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