

Terms and conditions
Voorlopig Verblijf
Nederland Insurance

VVN2012



Explanation

The general terms and conditions apply to the OOM Voorlopig Verblijf Nederland Insurance and the Third Party Insurance for private individuals Schengen Visitor / Voorlopig Verblijf Nederland, if you have taken this out. The special terms and conditions state what is applicable for the specific insurance. The general terms and conditions and the special terms and conditions form a single entity and must be read in conjunction with each other. In the event of any discrepancy between the special terms and conditions and the general terms and conditions, the provisions of the special terms and conditions shall prevail. In the event of any discrepancy between the policy sheet and the general terms and conditions or special terms and conditions, the terms of the policy sheet shall prevail.

In this document you will find the general terms and conditions in Part 1. In Part 2 you will find everything about the compensation payments under the OOM Voorlopig Verblijf Nederland Health Insurance.

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Parties to the agreement

Policyholder

The natural person who entered into the insurance agreement with OOM. This person is named on the policy sheet as the policyholder.

Insured person(s)

The natural persons for whom this insurance has been taken out. These persons are named on the policy sheet as the insured persons.

Where we refer in these terms and conditions to “you” we mean the policyholder. In certain cases, we mean the insured person but this is always apparent from the text.

Intermediary

The financial services provider having the profession or business of an insurance agent who acts as an intermediary between the policyholder and the insurer, OOM.

OOM

By OOM we mean OOM Verzekeringen. OOM Verzekeringen includes several companies:

- **OOM Global Care N.V.** – in respect of the health insurance OOM Global Care N.V. is registered with the Netherlands Authority for the Financial Markets (AFM) under registration number 12.000.623.
- **OOM Schadeverzekering N.V.** – in respect of the Third Party Insurance for Private Individuals Schengen Visitor/ Voorlopig Verblijf Nederland OOM Schadeverzekering N.V is registered with the Netherlands Authority for the Financial Markets (AFM) under registration number 12.000.624.

Where we refer in these terms and conditions to “we” we mean OOM.

What do we mean by?

Country of origin and domicile

- **Country of origin:** The country where you lived before moving to the Netherlands or the country of which you are a national.
- **Domicile:** The place where you live. Generally, this place will be the centre of your daily life. We determine where you live on the basis of your legal, economic and social connection with a country and your connections with the country of origin.

Accident

Sudden and direct external assault causing you physical injury capable of being identified by medical means.

Hospital

An institution authorised by the competent authorities where, in the event of illness, you can be nursed, treated and examined. This description also includes any institution specifically intended for rehabilitation and a sanatorium. Rest homes, convalescent homes and nursing homes are not included.

Part 1 – General terms and conditions

1. How is your insurance agreement created?

When you take out insurance with us, you enter into an insurance agreement. The insurance agreement is made up of the application, the policy sheet and the policy terms and conditions. The application consists of all the information you fill in on the application form. Any extra disclosures and any photographs you provide also form part of the application.

If you completed an application on the OOM Verzekeringen website, this is your application form.

All our insurance agreements are subject to Dutch law.

2. What is meant by the duty to disclose and what will happen if you do not comply?

You have an obligation to disclose all information relevant for us in assessing your application or change. This legal obligation is set out in article 7:928 of the Dutch Civil Code (BW).

If we discover that you have not complied with your duty to disclose, we will inform you of the possible consequences within 2 months of making this discovery. If you do not comply fully with your duty to disclose, this can have a number of consequences:

- Your right to payment (reimbursement of claims) may be restricted or may even cease to apply (article 7:930 BW).
- We can make a proposal for continuation of the insurance on revised terms (for example, with the payment of a higher premium or with an exclusion clause).
- We can terminate your insurance. We are entitled to do so if one (or both) of the following situations arises:
 - If you fail to comply with your duty to disclose with the deliberate intention of misleading us. In that case, we will not refund your premium.
 - If we would not have accepted the insurance had we been aware of the true state of affairs. In that case, we will refund any premium you have already paid in respect of the period when the insurance no longer applies.
- We can register your details in the incident register.

If we seek to rely on failure to comply with the duty to disclose, then at any time during the following two months you may terminate the insurance agreement with immediate effect. You may restrict the termination to apply only to the person to whom our reliance on the failure to disclose applies. This option is only available for personal insurances, such as health insurance.

If you have failed to comply with your duty to disclose with the deliberate intention of misleading us, that is a form of fraud.

If you would like to find out more about the duty to disclose, please ask for a copy of our brochure on your rights and obligations by telephone, on + 31 (0)70 353 21 00, or by emailing us at info@oomverzekeringen.nl. You can also download the brochure from our website: www.oomverzekeringen.nl

3. How do we use your personal information?

When you make an application or change, we ask you for personal information. We use that information:

- to enter into and carry out the insurance agreement;
- to safeguard the security and integrity of the financial sector, our organisation, employees and our clients;
- to carry out marketing activities;
- for statistical analysis;
- to satisfy our legal obligations.

Code of Conduct for the Processing of Personal Data by Financial Institutions

We comply with the rules in the Code of Conduct for the Processing of Personal Data by Financial Institutions. If you would like to see what the Code of Conduct includes, you can download it from the website of the Dutch Association of Insurers (VAV): www.verzekeraars.nl.

You can also request a copy of the Code of Conduct from the:

Dutch Association of Insurers

PO Box 93450
2509 AL The Hague
The Netherlands
Telephone: +31 (0)70 333 85 00

Code of Conduct for the Processing of Personal Data by Health Insurers

With respect to the health insurance we also comply with the Code of Conduct for the Processing of Personal Data by Health Insurers. If you would like to see what the Code of Conduct includes, you can download it from the website of the Dutch Association of Health Insurance Companies: www.zn.nl.

You can also request a copy of the Code of Conduct from the:

Dutch Association of Health Insurance Companies

PO Box 520
3700 AM Zeist
The Netherlands
Telephone: +31 (0)30 698 89 11

Central Information System Foundation

As part of a responsible policy for acceptance, claim processing, risk management and fraud management, we may consult and register your information and the insured persons' information in the Central Information System maintained by insurance companies operating in the Netherlands. This is aimed at controlling risks and preventing fraud.

Central Information System Foundation

Bordewijklaan 2
2591 XR The Hague
The Netherlands

For more information, see www.stichtingcis.nl. The privacy policy of the Central Information System Foundation is also available on this website.

If you would like to find out more about how we use personal information, please ask for a copy of our brochure on your rights and obligations by telephone, on + 31 (0)70 353 21 00, or by emailing us at info@oomverzekeringen.nl. You can also download the brochure from our website: www.oomverzekeringen.nl

4. What is the term of your insurance?

The term of your insurance is stated on the policy sheet. The maximum term is 12 months. It is not possible to extend your insurance. At the end of the term you may apply for a new insurance policy. Once your application has been accepted, we will enter into a new insurance agreement.

5. Can you terminate your insurance early?

You can only terminate your **health insurance** early if:

- you produce a letter of refusal from the embassy or consulate proving that the insured person's visa application has been refused. In that case, the insurance will be cancelled;
- you produce a residence permit or a copy of the same proving that the insured person is required under the Dutch Health Insurance Act (Zvw) to be insured under Dutch basic health insurance. In that case, the insurance terminates on the date when the residence permit is issued;
- the insured person does not obtain a regular residence permit and no longer resides in the Netherlands. You send us a copy of the refusal decision and prove that the insured person has left the region of coverage. In that case, the insurance terminates on the day following the insured person's departure from the region of coverage;
- the insured person dies. We terminate the insurance on the day following the insured person's death.

We will refund any excess premium paid. OOM reserves the right to deduct its administration costs.

If you terminate the health insurance, any third party insurance for private individuals or OOM Tandarts cover that you have taken out will automatically terminate on the same date as the health insurance.

If you wish to terminate the **third party insurance for private individuals** only, different rules apply. You can terminate the third party insurance for private individuals at any time. You must give written notice to terminate, which may be sent by post, email or fax. We terminate your insurance on the date on which we receive your written termination notice. We will refund any excess premium paid. You may also tell us the date on which you want the insurance to terminate. Note: you are not permitted to terminate the insurance retrospectively.

6. Can we terminate your insurance early?

We are entitled to terminate your insurance in writing, subject to certain conditions, in the following situations:

- if you fail to pay your premium or do not pay your premium on time;
- if you do not comply with your duty to disclose;
- if you commit fraud;
- if you are guilty of deception, coercion, threats or swindling. In that case, the insurance agreement will terminate with effect from the day on which the relevant action took place or on another date that we specify.

The conditions that must apply in the situations described above are further explained in clauses 2, 7 and 12.

A notice period of two months will apply, except in the case of deception, coercion, threats, swindling or deliberate intention to mislead.

Termination by OOM cannot take effect earlier than the date on which written notice to terminate is given.

If the insurance is terminated early, the premium will be reduced according to what is reasonable, except in the case of termination due to your deliberate intention to mislead us.

7. When are you required to pay the premium?

You pay the premium due, including any insurance tax, to OOM in advance.

Starting premium

The starting premium is the premium that you are required to pay us on the first occasion after you have taken out an insurance with us. You are also required to pay the starting premium on the first occasion after you have made a change to an insurance during its term. You must pay the starting premium before the premium due date (the first day of the period in respect of which you are required to pay the premium) or before the 30th day following the date of the request for payment. If you fail to do so, we will not reimburse any claims. We are also entitled to terminate your insurance. In these circumstances, we are not required to send you a written demand before terminating.

Subsequent premium

The subsequent premium is the premium that you pay after the first occasion. For example, if you pay in instalments. You must pay the subsequent premium before the premium due date. If you fail to do so, we will send you a written demand. If you still have not paid the premium 15 days after the date of the demand, we will not reimburse any claims. We are also entitled to terminate your insurance.

Overdue premium

You must always pay the overdue premium and the collection charges. Collection charges include the costs charged by a collection agency for preventing, preparing or conducting legal proceedings. Your costs are covered again from the date on which we have received the overdue premium and costs. If we agree that you will pay the premium in instalments, then any claims you may have will only be covered again once you have paid all the overdue instalments.

When is there no cover if your payment is late?

If your payment is late, we will not pay the following costs:

- For starting premium: the costs you incur in the period from the commencement date or amendment date up to and including the date on which we have received the overdue premium in full.
- For subsequent premium: the costs you incur in the period from the 15th day following the demand up to and including the date on which we have received the overdue premium in full.
- For starting and subsequent premium: if during the period when there was no cover due to late payment an event occurs that causes you to incur costs in the period that there is cover (you have paid in the mean time), we will not reimburse those costs either.

Can we terminate the insurance if your payment is late

Yes, under the following conditions:

- For starting premium: we are entitled to terminate the insurance.
- For subsequent premium: we are entitled to terminate the insurance if we have sent you a written demand stating that we are entitled to terminate the insurance if you do not pay.

In that case you will receive a written termination notice from us. This will state the date on which your insurance will terminate. This will be no sooner than two months after the date of the termination letter. Any costs, damage or loss in the mean time are not covered.

8. Can we change the premium and the policy terms and conditions?

Yes, we are entitled to change the premium and the policy terms and conditions of insurance policies in a certain category during the term of an insurance policy. The change will take effect on a date we appoint. We will always inform you of any change in writing. If a change is disadvantageous to you or to someone entitled to payment under the insurance and you do not agree to the change, you will always be entitled to give notice to terminate your insurance within a month after we have informed you of the change. In that case, we will terminate your insurance on the date that the change was due to take effect. Naturally, we will refund any excess premium you have paid. If we do not hear from you, we will continue your insurance on the basis of the new premium or policy terms and conditions.

9. In which circumstances will we make a payment?

We will only make a payment in respect of claims arising during the term of your insurance. A further condition for payment of a claim is that neither you nor we were aware at the time you took out the insurance that the claim would arise during the term of the insurance and this could not have been expected under normal circumstances. This uncertainty is required by law, under article 7:925 of the Dutch Civil Code (BW).

Maximum reimbursement amount

OOM will not reimburse any amount that exceeds the maximum charge rates approved by the appropriate authorities. If you incur health costs abroad, as described in clause 17 of these terms and conditions, the maximum amount we will reimburse is double the charge rate applicable in the Netherlands. The maximum reimbursement amount for the health insurance is € 500,000 per insured person per insured period.

Foreign currencies

If you submit a bill in a foreign currency, we will convert the amount into Euros according to the conversion rate on the day when the event occurred. For bills relating to health insurance, we will convert the amount into Euros according to the conversion rate on the last day of the month preceding the date of the bill. This conversion rate is published at www.gwktravelex.nl.

Medical necessity

If and to the extent it is medically necessary, we will reimburse the costs of medical assistance, as described in clause 17 of these terms and conditions. By medical necessity we mean that the necessity is based on generally recognised, scientific medical considerations. The treatment, test or examination is generally accepted according to medical standards.

Terrorism

For legal reasons, OOM reinsures terrorism with a third party, the Nederlandse Herverzekingsmaatschappij voor Terrorismeschaden N.V. (NHT), (the Netherlands Reinsurance Company for Losses from Terrorism). If you have a claim as a result of terrorism, we compensate costs that would normally be covered under your insurance. The maximum amount that we will pay in such a case is set out in:

- the Clauses Sheet for Terrorism Cover with the Nederlandse Herverzekingsmaatschappij voor Terrorismeschaden N.V.;
- the Nederlandse Herverzekingsmaatschappij voor Terrorismeschaden N.V. Claims Settlement Protocol and the accompanying explanatory note.

You can download the text of these documents (in Dutch) from www.terrorisneverzekerd.nl or request a copy from OOM. We reimburse costs arising from terrorism outside the Netherlands up to a maximum of € 30,000.

10. What are your obligations if you have a claim?

If you have a claim, you must as soon as possible provide us, our medical advisor or the person responsible for checking the claim with all information relevant for us in assessing whether to make a payment under this insurance, such as prescriptions or medical declarations. This means that you must provide sufficient details in respect of your bills to make clear which costs we are obliged to reimburse for you.

It is your obligation to do nothing which may damage our interests. Furthermore, you may not accept any liability. There is no violation of interest where there is a justified acknowledgement of liability or where it is only a matter of confirming facts.

Providing cooperation

You are obliged to cooperate with our investigation. This includes providing within a reasonable period all information and documents we require in order to assess whether we will make a payment under this insurance. If another party, for example an insurance expert, is checking the claim on our behalf, you are also obliged to provide the information and documents to that party.

You are also obliged to inform us of any other insurance you have that may cover the damage or loss. Finally, we would like you to assist us in any attempt we make to recover the damage or loss from a third party.

Consequences if you fail to comply with your obligations

If you do not comply with your obligations described above and, as a result, you damage our interests, we have the right not to pay your claim. If you failed to comply with the above obligations in order to mislead us, then you have no further entitlement to the payment of any claim, except in cases where the misleading information does not justify the cancellation of your right to payment.

11. What should you do if your situation changes?

If there is a change to your (family) situation, for example receiving a permanent residence permit or moving house, you must inform us in writing within one month. If you do not inform us of the change, you are not entitled to any return of premium or to payment of a claim, unless the change in question does not justify the cancellation of your right to payment.

12. What action do we take if we discover fraud?

By fraud we mean deliberate misuse (attempted or otherwise) of an insurance product or service by you, an insured person or other party involved in the conduct of the insurance agreement in order to obtain a performance to which there is no entitlement or to obtain insurance cover under false pretences. For example in order to obtain compensation or payment to which you are not actually entitled.

If we discover fraud, the actions we may decide to take include:

- not to pay any claim you may have (in full or in part);
- to claim back any payments that have already been made;
- to recover the costs of investigation;
- to refuse acceptance of or terminate the policy or policies. This also applies to policies held with other OOM companies. In that case, the insurance agreement will be terminated without notice at a time of our choosing. In the case of fraud, no reduction will be applied to the premium for the current period;

- to report the matter to the police;
- to register the perpetrator on warning lists;
- to record details of the fraud in our incident register.

When registering events in the incident register we adhere to the 'Protocol in respect of the Incident Warning System for Financial Institutions'. We inform any legal or natural person suspected of fraud by letter, unless a statutory exception applies.

If you would like to find out more about how we deal with fraud, please ask for a copy of our brochure on your rights and obligations by telephone, on + 31 (0)70 353 21 00, or by emailing us at info@oomverzekeringen.nl. You can also download the brochure from our website: www.oomverzekeringen.nl.

13. What can you do if you have a complaint?

If you have a complaint about one of our insurance policies or you disagree with a decision, our complaints and disputes regulations explain your options. You can download the 'OOM Verzekeringen complaints and disputes regulations' from our website: www.oomverzekeringen.nl, or contact us on +31 (0)70 353 21 00 or info@oomverzekeringen.nl to request a copy.

Complaints to management

If you have a complaint about the insurance agreement or the implementation of that agreement, you can complain to the management of OOM. However, if your complaint concerns your intermediary then you should complain to that intermediary. In that case, you can also notify our management of the complaint to keep us fully informed.

Complaints about the health insurance

If you are not satisfied with the way we deal with any complaint you have concerning the health insurance, you can contact:

Health Insurance Complaints and Disputes Foundation (SKZG)

PO Box 291

3700 AG Zeist

The Netherlands

Telephone: +31 (0)30 698 83 60

Website: www.skgz.nl

If you have a complaint about one of our forms, for example because it is too extensive or too complicated, you can complain to the Dutch Health Care Authority (NZa). If the Dutch Health Care Authority agrees with you, we are required to change our forms. You can find more information about submitting a complaint about a form to the Dutch Health Care Authority at www.nza.nl.

Complaints about the Third Party Insurance for private individuals

If you are not satisfied with the way we deal with any complaint, you can contact:

Financial Services Complaints Institute (Kifid)

PO Box 93257

2509 AG The Hague

The Netherlands

Telephone: +31 (0)70 333 89 99

Website: www.kifid.nl

Note: you can only contact Kifid if you are a consumer.

Courts

If you do not wish to make use of the options described above or disagree with the outcome, you can take your complaint to the competent court in The Hague.

Part 2 – Special terms and conditions for OOM Voorlopig Verblijf Nederland Health Insurance

14. Where is your OOM Voorlopig Verblijf Nederland Health Insurance valid?

This insurance is valid in Europe, the Azores, the Canary Islands, Madeira, Algeria, Egypt, Israel, Lebanon, Libya, Morocco, Palestine, Syria, Tunisia and the whole of Turkey. The insurance is not valid in the overseas territories of these countries, such as Aruba, Bonaire and Curacao. The insurance is also not valid in your country of origin.

Outside the Netherlands cover is restricted to a maximum of 30 days during the total insured period.

Travel by aeroplane

If you travel by aeroplane during the term of the insurance, then your insurance is valid from the time you leave the soil of the country of origin by as direct a flight as possible to the region of coverage, without unnecessary stopovers. In all other cases, the cover commences at the moment you arrive in the region of coverage.

The cover finishes at the moment the aeroplane in which you returned from the region of coverage lands in the country of origin. This must be as direct a flight as possible, without unnecessary stopovers. In all other cases, the cover ends at the moment you leave the region of coverage.

15. What should you do if you have a claim under the Health Insurance?

You must inform OOM as soon as possible of any hospitalisation, search, rescue or transport of mortal remains. You should contact:

OOM Verzekeringen

PO Box 3036

2280 GA Rijswijk

The Netherlands

Telephone + 31 (0)70 353 21 00

Fax + 31 (0)70 360 18 73

Email: info@oomverzekeringen.nl

www.oomverzekeringen.nl

16. How do we process claims?

When we receive a claim from you, we first check whether the costs incurred are eligible for reimbursement. And if so, what is the reimbursement amount. In determining this amount we take into consideration a number of criteria, including the maximum reimbursement amount.

Note: an excess applies

An excess applies for your OOM Voorlopig Verblijf Nederland Health Insurance. The amount of the excess is stated on your policy sheet. This excess applies per insured person per insured period. No excess applies for OOM Tandarts cover.

We pay the amount remaining after any excess has been deducted. We will transfer this amount to you in Euros, unless we have agreed otherwise with you.

We reserve the right to recover from you by direct debit any excess amount that we have paid to you.

If you have outstanding unpaid premiums, we will only make the reimbursement payment once you have paid all outstanding premiums. Alternatively, we may adjust the reimbursement amount in settlement of the outstanding premiums and then pay the balance to you.

17. Which medical treatments are covered by your OOM Voorlopig Verblijf Nederland Insurance?

You are entitled to select your hospital and health care provider yourself. For treatment by a health care provider (for example a general practitioner, therapist or specialist), the provider must be accredited by an authorised body and qualified to carry out such treatment.

General practitioner	We reimburse the costs of treatment by a general practitioner .
Medication and dressings	We reimburse products that are authorised to be marketed as medication or dressings and that you can collect from a pharmacy or a general practitioner who operates a pharmacy only by prescription from a general practitioner or specialist.
Specialist treatment	<ul style="list-style-type: none">• specialist treatments, such as treatment, examinations or tests by a specialist physician. The treatment, examination or test must form part of the specialty for which the physician is registered;• associated medical costs for specialist treatment, such as the costs of x-rays, blood transfusions, radiation, anaesthesia and use of operating theatre or outpatient facilities.
Laboratory tests	We reimburse the costs of laboratory tests carried out on the orders of a general practitioner or specialist. The invoice for the tests must be issued by a hospital or laboratory.

Hospitalisation	<p>We reimburse the costs of hospitalisation on the following conditions:</p> <ul style="list-style-type: none"> • The hospitalisation has an uninterrupted duration not exceeding 365 days. A new period commences after an interruption of more than 30 days. • If you are hospitalised on the termination date of the insurance then we will reimburse the insured costs of this hospitalisation for up to 30 days following the termination date of the insurance. • If the hospital in which you are admitted has more than one nursing class, we reimburse costs on the basis of the nursing class equivalent to a shared room for more than two persons in a Dutch hospital. We will not reimburse any additional costs for a single or twin room.
Medical transport	<p>We reimburse the costs of medically necessary ambulance transport if you are not in a condition to travel independently to the nearest hospital or the place of treatment.</p> <ul style="list-style-type: none"> • We reimburse ambulance transport by road only. We will only reimburse transport over water or air transport if no other form of transport is available or if other forms of transport cannot be used for medical reasons. • We reimburse the costs of patient transport by public transport (lowest class), taxi or using your own vehicle. The maximum amount we will reimburse for the use of your own vehicle is € 0.20 per kilometre. Patient transport must immediately precede and follow your visit to a general practitioner, specialist or hospital.
Transplantation	<p>Costs of transplantation of the following tissues and organs:</p> <ul style="list-style-type: none"> • bone marrow; • bone; • cornea; • skin tissue; • kidney; • heart; • liver (orthotopic); • lung; • heart-lung; • kidney-pancreas. <p>We only pay for these transplantation costs if the transplantation is the result of an accident and you have obtained our authorisation for the procedure in advance.</p> <p>The donor receives a payment for nursing and treatment costs on the basis of the class for which the donor is insured. In addition, the donor is also entitled to medical treatment for three months from the date of discharge from hospital following a transplant. This applies only to medical treatment for the donor that is related to the transplantation covered under this insurance.</p>
Kidney dialysis	<p>We will only reimburse the costs of kidney dialysis if you have obtained our authorisation for the dialysis in advance.</p>
Treatment by a plastic surgeon	<p>We only reimburse treatment by a plastic surgeon if:</p> <ul style="list-style-type: none"> • the procedure is the consequence of an accident or severe defects that were present and identified at birth; • you have obtained our authorisation for the procedure in advance.

Rehabilitative day care	<p>We reimburse treatment, advice and assistance in a rehabilitation clinic per day or half day. The treatment, advice and assistance are provided by a team consisting of at least a specialist, a paramedic and a psychologist or expert in social work, ergonomics or rehabilitation and the associated nursing staff. The rehabilitation clinic must be accredited for rehabilitation by the authorised bodies.</p>
Accommodation costs	<p>We reimburse your accommodation costs up to € 100 per day for you and your partner (if accompanying you) jointly, up to an maximum of € 2,000 per case. The following conditions apply:</p> <ul style="list-style-type: none"> • You receive medical treatment away from your place of domicile. • It is medically necessary for you to stay near the hospital. • We reimburse the costs of staying in a hotel, motel or apartment on the basis of accommodation only. We do not reimburse payments for staying with friends or family, for example. • You must be able to prove the accommodation costs by providing bills from the hotel, motel or apartment.
Vaccinations against rabies and tetanus	<p>We reimburse the costs of vaccinations on the following conditions:</p> <ul style="list-style-type: none"> • We only reimburse you for a vaccination against rabies if you have been scratched, bitten or licked by an animal that could be infected with rabies. • We only reimburse you for a vaccination against tetanus if you are at risk of infection with tetanus due to a wound and the preventive vaccinations do not provide sufficient protection.
Physiotherapy, exercise therapy, chiropractic or manual therapy	<p>We reimburse a maximum of 9 treatments in total per insured person per insured period. The maximum number of treatments applies to treatments of all types taken together. For example: if you have already had physiotherapy 6 times, you are still entitled to a maximum of 3 exercise therapy sessions.</p>
Speech therapy	<p>We reimburse a maximum of 12 treatments per insured person per insured period.</p>
Dentistry following an accident	<p>We reimburse a maximum of € 350 per insured person per insured period, on the following conditions:</p> <ul style="list-style-type: none"> • The treatment is the consequence of an accident and is intended to repair or improve the teeth. • The dental treatment is carried out by an authorised dentist or oral surgeon.
Psychotherapy	<p>We reimburse 5 sessions up to a maximum of € 500 per insured person per insured period. The following conditions apply:</p> <ul style="list-style-type: none"> • You have obtained our prior authorisation for the psychotherapeutic treatment. • The insured person is treated by a psychiatrist, psychologist or practising psychotherapist authorised to perform the relevant treatment.
Aids	<p>We reimburse the following aids on prescription from a doctor following an accident documented by evidence:</p> <ul style="list-style-type: none"> • For crutches and a wheelchair we reimburse up to € 100 per accident. This includes both rental and purchase of aids. • For prosthetics (not dentures) we reimburse up to € 750 per accident. You must purchase or rent the aids within 90 days following the accident (but within the term of the insurance).

Search and rescue	<p>We reimburse the costs of search, rescue or recovery of an insured person who is missing or involved in an accident. These costs are only insured where the operation is conducted on the instructions of an official authority, for example the police. In that case you must send us a statement by that authority. Without this statement you are not entitled to reimbursement. We pay a maximum of € 10,000 per event for search and rescue costs.</p>
Repatriation	<p>We reimburse the costs of repatriation on the following conditions:</p> <ul style="list-style-type: none"> • The repatriation or evacuation is medically necessary in the opinion of OOM's medical advisor. • You have obtained our authorisation in advance. • You are repatriated from the region of coverage to either the Netherlands or the country of origin. <p>We reimburse the following costs:</p> <ul style="list-style-type: none"> • patient transport, including transport by aeroplane; • air ambulance, if you are unable to travel by passenger aeroplane, road ambulance or taxi. This method of travel is only insured if the repatriation could save your life or prevent or reduce invalidity; • accompanying person(s), if it is medically necessary for you to be accompanied. <p>For repatriation by scheduled or charter flight the maximum amount we reimburse is the cost of tourist class travel. The maximum reimbursement amount per insured person is € 30,000 per repatriation or event.</p>
Transport of mortal remains	<p>The costs of direct transport of mortal remains to the country of origin up to € 10,000 per event. We reimburse:</p> <ul style="list-style-type: none"> • the cost of an inner coffin required by applicable regulations; • any other costs for the transport of mortal remains.

OOM Tandarts cover

As part of the OOM Voorlopig Verblijf Nederland Insurance you can take out OOM Tandarts cover, which insures you for dental costs up to a maximum amount. If you have taken out this option, the insured amount is stated on your policy sheet. No excess or patient contribution applies.

If you have taken out OOM Tandarts cover, then you are insured up to the maximum insured amount for the following costs:

- medically necessary dentistry, such as diagnostics, prevention, dental cleaning;
- treatments such as root canal treatments, crowns and bridges;
- the first two preventive examinations each year;
- fillings and anaesthetics;
- inlays;
- Maryland bridges;
- mock-ups;
- dental root sealing;
- implants in a non-toothless jaw.

Conditions:

The following conditions apply for OOM Tandarts cover:

- The treatment or examination must be aimed at repairing or improving your teeth according to generally accepted medical standards.
- We never reimburse more than the maximum insured amount.

- We will not reimburse you for unattended appointments and subscription costs, or for cosmetic dentistry such as tooth-whitening procedures.
- The dental treatment must be carried out by an qualified dentist, dental hygienist, dental technician, prosthodontist or oral surgeon recognised by the appropriate authorities.
- If dental costs resulting from an accident exceed the maximum insured amount for the health insurance, the additional costs can be claimed under this OOM Tandarts cover. Costs falling within the excess under the health insurance cannot be claimed under the OOM Tandarts cover.

18. Which medical treatments and other costs are not covered by your OOM Voorlopig Verblijf Nederland Insurance?

In the following situations we will not reimburse the costs of treatment due to illness or accident, unless explicitly stated otherwise on your policy sheet. We will not reimburse any costs in respect of:

- **Malaria medication and vaccinations.** The costs of malaria prophylaxis and vaccinations, other than vaccinations against rabies and tetanus.
- **Home pharmacy and/or non-prescription items.** The costs of home pharmacy and non-prescription items.
- **Vitamins and dietary supplements.** The costs of vitamins and dietary supplements.
- **Medical examinations and certificates.** The costs of medical examinations and certificates.
- **Artificial aids and accessories.** The costs of artificial aids and accessories, unless explicitly mentioned in these terms and conditions (clause 17). We do not reimburse costs for spectacles, contact lenses and dentures.
- **Sterilisation, fertility and heredity.** The costs of sterilisation and sterilisation reversal, fertility testing and heredity testing.
- **Pregnancy and childbirth.** Costs related to pregnancy and childbirth or fertility treatment, or complications related to the same, such as miscarriage.
- **Abortion.** The costs of abortion and any complications associated with or resulting from an abortion.
- **Contraception.** The costs of contraceptives or medical treatments relating to contraception.
- **Second opinion.** The costs of visiting a different specialist for a second opinion if the first specialist proposes invasive medical treatment.
- **Preventive medicine or alternative health care.** The costs of preventive medicine or alternative health care. We do reimburse the costs of chiropractic and manual therapy (clause 17).
- **Exceptional Medical Expenses Act (AWBZ).** The costs of treatments or items provided under the Exceptional Medical Expenses Act (AWBZ), unless explicitly mentioned in these terms and conditions.
- **Suicide.** Costs resulting from suicide or attempted suicide.
- **Non-urgent hospitalisation.** The costs of hospitalisation if it is medically safe to postpone the treatment until after the termination date of this insurance.
- **Motor vehicles or motor boats.** Costs resulting from participation in or the preparation of speed, record and trial runs with motor vehicles or motor boats.
- **Aircraft.** Costs you incur when in, on or attached to any aircraft, other than as a passenger in an aeroplane in use for civil aviation.

The following situations are not covered by this insurance:

- **Nuclear reaction.** If the damage or loss is caused by a nuclear reaction, other than in medical treatment applied to the insured person.
- **War and kindred risks.** If the damage or loss is caused by war and kindred risks: armed conflict, civil war, uprising, civil disturbance, riot or mutiny.

- **Other insurance.** If you had not taken out this insurance, would you be able to make a claim for compensation, payment or assistance under another insurance policy, legislation or other provision? In that case, this insurance with OOM shall be the 'payer of last resort'. In any event, we will only reimburse you for costs incurred in excess of the amount that you are entitled to claim under such other insurance, legislation or provision. Or the amount that you would have been entitled to claim had you not entered into this insurance with OOM. Article 7:961 part 1 of the Dutch Civil Code (BW) does not apply.
- **Misleading information.** If you or another person entitled to payment under this insurance deliberately misleads us by failing to inform us or misinforming us regarding any fact or circumstance, except in cases where the misleading information does not justify this exclusion.
- **Incorrect representation of events.** If you represent events incorrectly or give an account that is damaging to our interests, unless this incorrect representation is not sufficiently essential to justify the exclusion. However, we will restrict your right to payment under this insurance. If a payment has already been made, we will claim our losses from you. If you deliberately represent events incorrectly in order to mislead us, under no circumstances will you be entitled to any reimbursement of costs.
- **Hijacking, strike, uprising or terrorism.** If the damage is associated with or caused by your participation in a hijacking, strike, uprising or act of terrorism.
- **Crime.** If the damage is associated with or caused by your committing (or assisting in) a crime.
- **Recklessness.** Costs resulting from deliberate, conscious or unintentional recklessness by you or anyone else with an interest in a payment under this insurance.

The original Dutch version of general terms and conditions are not affected by this English translation. In the case of any dispute, the original Dutch text shall prevail.

The trade name OOM Verzekeringen is used by OOM Holding N.V. (KvK The Hague 27194193), OOM Global Care N.V. (AFM 12000623, KvK The Hague 27111654), OOM Schadeverzekering N.V. (AFM 12000624, KvK The Hague 27155593) and "O.O.M." Onderlinge Molestverzekering-Maatschappij U.A. (KvK The Hague 27117235). These companies are registered in The Hague and share operational offices in Rijswijk.



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