

**GROUP MEDICAL INSURANCE SCHEME
FOR WHO FELLOWS STUDYING IN EUROPE**

You have been awarded a WHO fellowship and will pursue your studies in Europe. Please note that during your studies as per the Letter of Award you *are covered by illness and accident insurance negotiated by WHO with J.Van Breda & C° International.*

1. Commencement and termination of coverage

The coverage will be effective from the starting date of your fellowship. Coverage is for the entire period of the fellowship, up to and including the last day for which stipend is payable.

2. Insured persons

The fellowship holder is covered by the scheme, his/her dependants, however, are not included in this coverage.

3. Submission of claims

Claims for reimbursement of medical expenses must be submitted on the attached form, preferably within three months from the date on which the expenses were first incurred. Would you need more forms these can be obtained from:

WHO Regional Office for Europe
Fellowships
8, Scherfigsvej
DK-2100 Copenhagen O
Denmark,
Fax: +45 39171865
E-mail: Fellowships@who.dk

This form is in three copies: the fellow retains the pink copy, and sends the white and yellow copies to:

J.Van Breda & C° International
P.O.Box 15 / Apartado 15
B-2018 Antwerpen 19
Belgium

Please make sure that your name is written in the same way on each and every claim (in the same way as on the Letter of Award).

The claim for reimbursement should be submitted to *J.Van Breda & C° International* together with a copy of your *Letter of Award* and the original *statement of the diagnosis* as well as the *medical, surgical, pharmaceutical and hospital bills*, etc. as well as by any payment slips made out by possible other Insurers (with details of the amount reimbursed). If fellows are entitled to reimbursement by another Insurer, reimbursement by *J.Van Breda & C° International* will be made as appropriate on the basis of the costs actually incurred and the reimbursement obtained from other sources.

Confidential information may be sent under seal to the medical adviser of *J.Van Breda & C° International*, who will provide the claims department with only the information, which is essential to the processing of the claim

4. Settlement of claims

Claims will normally be settled by cheque in USD within two weeks, following the receipt of the written evidence by *J. Van Breda & C^o International*.

The conversion of medical expenses incurred in another currency than USD will normally be made at the UN-operational rate of exchange, in force on the date the claim was signed.

WHO will, in no circumstances, consider claims rejected by *J. Van Breda & C^o International*. Any costs in connection with claims (postal charges, etc.) are to be born by the Fellow.

MEDICAL EXPENSES

The medical insurance scheme provides for reimbursement of medical, hospital and dental treatment up to a maximum of USD 10,000 per fellow (for fellows whose award has been issued by the Regional Office for Africa a maximum has been fixed to USD 15,000) in any twelve consecutive months' period, subject to the following limitations:

a) 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 tests
- X-ray examinations
- Drugs and medicine for use in the hospital

b) The following types of treatment alone are subject to certain limitations:

- *Dental treatment*: the cost of dental care, of periodontic treatment, of false teeth crowns, bridges, other similar appliances, and of dentofacial orthopedics are reimbursed only to a maximum sum of USD 500 in any twelve consecutive months' period per insured person.
- *Special examinations and treatments*: 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 USD 500, for not more than 50 visits per insured person in any consecutive six-month period; the cost of radiological treatment are reimbursable only if the patient has been referred to the specialist by the doctor in attendance.
- Expenses of or in connection with *travel or transportation* whether by ambulance or otherwise are covered if a professional ambulance service is used to transport the insured person between the place where he/she is injured by an accident or has contracted a disease and the first hospital where treatment is given. In case of emergency or major disability, special transport of the insured person, including cost of accompanying person or attendant, will be allowed, up to a maximum of USD 7,500. In addition, preparation of

repatriation to the home country will be covered up to a maximum of USD 7,500.

c) Excluding costs:

- Hearing aids, spectacles, fees for examination of the eye for glasses and costs of Spa-cures;
- The periodic, preventive health examinations;
- Rejuvenation cures and cosmetic treatment. Cosmetic surgery is covered, however, when it is necessary as a result of an accident occurred during the insured period;
- The consequences of sicknesses or accidents resulting from voluntary and intentional action on the part of the insured person, e.g. attempted suicide, voluntary mutilation, and sexually transmitted diseases;
- The consequences of wounds or injuries resulting from motor vehicle racing and dangerous competitions in respect of which betting is allowed; normal sports competitions are covered;
- The consequences of insurrections or riots, if by taking part, the insured person has broken laws applicable in the country concerned; the consequences of brawls, except in case of self-defense;
- 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;
- Aircraft accidents are only covered if the insured person is on board of 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.

IMPORTANT REMARK: The first USD 10 of any claim for medical expenses is not reimbursable!!!

We attach some reimbursement forms which you should complete, attach a copy of your Letter of Award and all relevant medical bills and forward direct to:

*J. Van Breda & C^o International
P.O.Box 15 / Apartado 15
B-2018 Antwerpen 19
Belgium*

Group medical, hospital and dental insurance scheme

Group health insurance for fellows / NPPP / etc.
 Assurance maladie pour boursiers / NPPP / etc.
 Seguro de enfermedad para becarios / NPPP / etc.

Please type or print all information.
 Imprimez ou écrivez à la machine.
 Escriba a máquina o en capitales.

Name of the insured person
 Nom de l'assuré
 Nombre del asegurado

Last name
 Nom de famille
 Apellido

First name
 Prénom
 Nombre

Middle name

Date of birth
 Date de naissance
 Fecha de nacimiento

Reference number (Van Breda)
 Numéro de référence (Van Breda)
 Número de referencia (Van Breda)

Project number
 Numéro de projet
 Número de proyecto

Name of the Organization
 Nom de l'Organisation
 Nombre de la Organización

011

Total amount claimed per currency :
 Montant total de dépenses par devise :
 Importe total de gastor pos unidad monetaria :

Amount
 Montant
 Importe

Currency
 Devise
 Unidad monetaria

Nr of annexes
 Nombre d'annexes
 Número de anexos

Intervention of other insurance
 Intervention d'une autre assurance
 Intervención de un otro seguro

Mail cheque to :
 Envoyez le cheque à
 Envíe el cheque a :

Name
 Nom
 Nombre

Signature of the insured person
 Signature de l'assuré
 Firma del asegurado

Address
 Adresse
 Dirección

Date
 Date
 Fecha

In view of a smooth administration of the contract and/or settlement of the insurance claim, and only for that purpose, I hereby give my special permission regarding the processing of the medical data concerning myself and/or the members of my family (article 7 of the Belgian law of December 8, 1992 concerning the private life).

En vue d'une gestion rapide du contrat et/ou du dossier sinistre, et uniquement à cet effet, je donne par la présente mon consentement spécial quant au traitement des données médicales concernant moi-même et/ou les membres de ma famille. (Article 7 de la loi belge du 8 décembre 1992 relative à la protection de la vie privée).

En vista de una administración fluida del contrato y/o del siniestro, y únicamente con este fin, doy por la presente mi consentimiento especial en cuanto al procesamiento de mis datos médicos o los datos médicos de miembros de mi familia (artículo 7 de la ley belga del 8 de diciembre de 1992 sobre la protección de la privacidad personal)

Please send this claim to :
 Envoyer cette demande de remboursement à

J. Van Breda & C° International