

# An overview of your supplementary insurance

Information on the legal form of Sanitas and on the main insurance contents pursuant to the Swiss Federal Act on Insurance Policies (Art. 3 VVG/IPA)

## Insurance company

Sanitas Privatversicherungen AG, Jägergasse 3, 8004 Zurich, is the supplementary insurance provider pursuant to the Swiss Federal Act on Insurance Policies (IPA). Sanitas Privatversicherungen AG is a Swiss joint-stock company with its registered office in Zurich.

Sanitas Privatversicherungen AG also brokers insurance within the framework of cooperation partnerships. The insurance carrier for these brokered insurance plans is specified in the relevant quote.

## Insured risks and scope of insurance cover

Insurance cover can be determined individually. It can include, for example, the cost of medical care (medical treatment, hospitalisation and spa treatments, drugs and medication), loss of earnings (daily benefits, death or disability benefits) and other costs resulting from illness and accident (medically prescribed therapies, home help, transport and rescue costs, etc.).

The insured risks and scope of cover are set out in the insurance application/quote or policy document and the relevant terms of insurance. Any applicable waiting periods can be found in the policy or terms of insurance.

The insurance products in the Sanitas line are exclusively indemnity insurance plans, with the exception of Capital, death due to accident and Capital, disability due to accident.

## Premiums

The insurance premium depends on the risks insured and the chosen cover. Please pay your premiums in advance. Payments can be made

on a monthly, bimonthly, quarterly, semiannual or annual basis. Depending on the chosen mode of payment, a discount may be granted or surcharge levied for payment by instalment.

## Duties of the insured

The insured is obliged to notify us of any illnesses or accidents promptly and keep the consequences to a minimum (duty to mitigate loss). This means the insured must seek appropriate medical treatment in the event of illness or accident, follow instructions from doctors, provide the information requested or authorise the relevant parties to obtain such information.

Insureds have a duty to inform Sanitas of all facts pertaining to the insurance contract (e.g. changes of address) or required when claiming insured benefits (e.g. reporting accidents or applying for a commitment to cover costs before hospitalisation or spa treatment).

Please notify Sanitas immediately of any changes that lead to a significant increase in risk.

Insureds have further duties on the basis of the terms of insurance and the Swiss Federal Act on Insurance Policies VVG/IPA.

## Right of withdrawal

The policyholder can withdraw from the application and insurance contract in writing within 14 days. The right of withdrawal may also be exercised in another form that allows proof by text. The deadline for withdrawal commences once the policyholder has applied for or accepted the contract.

The deadline for withdrawal is met when the policyholder notifies the insurance company on the last day of the deadline of his withdrawal or hands his declaration of withdrawal to the post office (stamp).

The right of withdrawal is excluded for provisional cover commitments and agreements with a term of less than one month.

### **Term and end of insurance contract**

The contract commences on the date specified in the insurance contract and policy. The contract runs for an indefinite period of time, unless an insured person transfers their legal domicile abroad or reaches an agreed scheme termination age, a maximum benefit period or benefit amount.

### **The insurance contract can be terminated by the insured under the following conditions:**

- To the end of a calendar year, subject to 3 months' notice.
- Contracts with a term of more than three years, can be terminated to the end of the third year or any subsequent year. The three-month period of notice for termination must be observed.
- Within two weeks of becoming aware of payment of a claim by Sanitas
- If the premium tariff changes or a premium changes as a result of a switch to another age group; possible until the day before the change in premium takes effect.
- If the arrangements regarding cost shares (deductible and copayment) change.
- At any time for good cause. Good cause for extraordinary termination is an unforeseeable change in legal requirements that makes it impossible to fulfil the insurance contract. Another good cause is deemed to be any circumstance which makes it unreasonable in good faith for the person giving notice to continue the contract.

Further termination options are based on the terms of insurance and the Swiss Federal Act on Insurance Policies (VVG/IPA).

### **Sanitas waives its right to terminate the contract, except in the following cases:**

- If illnesses or accident-related conditions which existed (or had already been recovered from) are withheld or misrepresented (breach of disclosure obligation).
- Lump-sum insurance for illness expires at the end of the calendar year if the insurance carrier terminates its contract with Sanitas and Sanitas does not conclude a new contract with another life insurance company.
- Sanitas may terminate the contract with immediate effect if the policyholder or insured person attempts or commits insurance fraud.
- Within the scope of the law (Art. 21 VVG/IPA), Sanitas can terminate the contract if premiums and/or cost shares are not paid.

This list contains only the most important termination options. Further termination options are based on the terms of insurance and the Swiss Federal Act on Insurance Policies (VVG/IPA).

### **Data processing**

Sanitas treats personal data in its databases in accordance with the relevant legal and contractual provisions; in particular it uses such data to assess risks, administer insurance contracts and set premiums. The company also uses data for marketing purposes and statistical evaluation. Personal data will not be passed on to third parties outside Sanitas. This excludes cases where the law allows the data to be forwarded (e.g. to outsourcing partners) or where the insured person has given their consent. Data is stored in either physical or electronic form and is destroyed or erased once the statutory period for retaining records has elapsed.