

# An overview of your supplementary insurance

This overview contains information on the legal form of the supplementary insurance carrier pursuant to the Swiss Federal Act on Insurance Contracts (VVG/IPA) and the content of the insurance contract (Art. 3 VVG/IPA). The rights and duties of the contracting parties arise from the application, the policy document, the applicable terms of insurance and the law.

## Insurer

The insurance carrier for supplementary insurance plans pursuant to VVG/IPA is Sanitas Privatversicherungen AG, a company with its registered office in Zurich. Sanitas Privatversicherungen AG has authorised Sanitas Grundversicherungen AG (the company that operates mandatory basic insurance plans pursuant to KVG/HIA, also a member of the Sanitas Group) to take any action in its name and for its account.

Both companies are Swiss joint-stock companies (AG) belonging to the Sanitas health insurance foundation. Sanitas Privatversicherungen AG also brokers insurance from various cooperation partners. The insurance carrier for these brokered insurance plans is specified in the relevant quote.

## Insured risks and scope of insurance cover

Customers can choose their own cover. The range of products on offer includes insurance covering the costs 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 laid down in the insurance application/quote or policy document and the relevant terms of insurance.

Any applicable waiting periods can be found in the terms of insurance.

## Premiums

The insurance premium depends on the risks insured and the chosen cover. Premiums must be paid in advance and, depending on the insurance cover, can be paid monthly, bi-monthly, quarterly, semiannually or annually. Depending on the chosen mode of payment, a discount may be granted or a surcharge levied for payment by instalment.

## Duties of the insured

Insureds are obliged to report an insured event promptly and to keep the consequences to a minimum (i.e. they have a statutory duty to minimise or mitigate loss). In particular they must seek appropriate medical treatment in the event of illness or accident, follow instructions from doctors and medical personnel, and provide the information requested or authorise the relevant parties to obtain such information.

Insureds have a duty to inform the insurance carrier 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 treatments).

Sanitas must be notified immediately of changes in material facts during the term of insurance that lead to a significant increase in risk.

This list contains only the most important duties. Insureds have further duties on the basis of the terms of insurance and the VVG/ IPA.

### Term and end of insurance contract

The contract commences on the date specified in the application for insurance or the policy document, and runs for an indefinite period, unless an insured person transfers their legal domicile abroad or reaches an agreed scheme termination age. There may also be grounds for termination if the maximum benefit period is reached or the available benefits are exhausted.

The insurance contract can be terminated as follows (the list below contains only the most common reasons for termination, further possibilities of termination result from the applicable terms of insurance):

#### All other supplementary insurance plans

- To the end of a calendar year, subject to 3 months' notice
- 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

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

- If illnesses and accident-related conditions which existed (or had already been recovered from) at the time insurance was taken out 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. Other possibilities for terminating the contract are specified in the terms of insurance and 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 the insurance contract and set the premium. 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.