

Individual AZV Supplementary

The Company agrees that the following conditions form part of the Policy.

This insurance policy is insured by the insurer specified on the policy schedule and / or certificate of insurance, hereinafter referred to as the Company. The Company agrees to pay the benefits set out in this policy in exchange for the premium paid in full.

The policy conditions, the Schedule and certificate of insurance shall be read together and form an enforceable agreement between the insured and the Company. This policy only covers insured who are registered as insured with the Company.

The personal and medical data supplied by the insured, policyholder or any authorized person forms the basis for this insurance policy. The Company does not owe any reimbursement of costs and is authorized to terminate the policy if the information supplied by the insured or any authorized person were contrary to the truth or if circumstances were concealed which are of such nature that the insurance would not have been issued or not under the same conditions if the Company had knowledge of such.

The Company shall reimburse eligible expenses incurred while the insurance is in effect and only expenses for treatments that are not covered or are denied by the AZV. Reimbursement of the covered expenses will be granted up to the limits stated by the government of Aruba. In case the charges are not regulated by the government the Company shall pay the charges based on the limits stated in the Schedule.

Definitions;

Company / Insurer	Netherlands Antilles & Aruba Assurance Company N.V. ("Citizens Insurance")
Policyholder	The insured named as such in the policy.
Insured	Any person named in the policy or in the schedule or the list attached to this policy.
Adult	Person between 13 years and 65 years of age.
Child	Person in the age between 0 years and 12 years of age.
Accident	With an accident shall be understood a sudden external involuntary violent impact on the body of the insured. The cause of such impact is direct, external to the victims own body and occurs beyond the victims control.
Ailment / Sickness	Illness or disease which first manifests itself while this policy is in force. It includes all bodily disorders complications and accidental bodily injuries. All bodily injuries sustained in a single accident, or all illnesses which are due to the same or related cause or causes shall be deemed one ailment.
Certificate / Policy	The document issued by the company which provides evidence of benefits payable under the policy and which includes the application form

Dependent	The insured persons spouse unless legally separated from such a person and or the insured persons unmarried children, older than one month and younger than 18 years of age.
Physician	A licensed physician, qualified to practice and registered in the records of a competent authority.
Insured term	The term stated in the policy. Coverage beginning on the policies effective date at 00.00 am local time and automatically ending at the end of the insured term at 12.00 noon.
Excess / deductible	If applicable, the excess / deductible is the amount shown on the policy that must be paid each year before a benefit becomes payable for that policy year. The insured must pay the deductible in full.
Maximum amount	The maximum amount paid by the insurer is based on the Schedule.
Schedule	Schedule stating all the coverages and limits of these coverages. And part of the insurance agreement

MEDICAL BENEFITS

A. PHYSIOTHERAPY

The treatment of a disease, injury or deformity by physical methods such as massage, heat treatment and special exercise by a licensed physiotherapist registered with the Aruban authorities. The company will reimburse for such an expense up to the maximum amount and number of visits as stated in the Schedule.

B. DENTAL BENEFIT

Expense for treatment by a dentist based in Aruba, qualified to practice and registered in the records of a competent authority.

PREVENTIVE PROCEDURES

- One oral examination per 6- month period,
- Cleaning twice a year once per 6-month period
- fluoride application twice a year once per 6-month period,
- dental x-rays, except that
- bite wing x-ray are limited to one set in any one 6- month period;
- full mouth x-ray is limited to one set in any one 24- month period;

MINOR RESTORATIVE PROCEDURES

- First restoration: amalgam, silicate, acrylic or composite;
- Replacement of above, if an additional tooth surface is involved; or
- at least 12 consecutive months have passed since the last time the restoration

- was provided or replaced;
- treatment of periodontal and other diseases of the gums and tissues of the mouth;
- oral surgery of a dental origin;
- endodontic treatment, including root canal therapy.

MAJOR RESTORATIVE PROCEDURES

- First replacement of crowns, if the tooth is broken down by decay or traumatic injury and cannot be restored with an amalgam silicate, acrylic or composite restoration
- Replacement of crowns, if at least 12 consecutive months have passed since the last time the crown was provided;
- Replacement of gold inlays or onlays, if, the tooth is further broken down by decay or traumatic injury and an additional tooth surface is involved; or at least 12 consecutive months have passed since the last time the restoration was provided or replaced;
- First installation of a full or partial denture, or fixed bridgework, if; needed to replace one or more natural teeth, at least one of which is extracted after the effective date of the person's coverage under this benefit;
- Repair of denture (false) (prosthesis)
- Relining or adjustments to dentures, if;
- At least 6 consecutive months have passed since the denture was provided;
- Addition of teeth to the existing dentures or fixed bridgework, if; needed to replace one or more natural teeth at least one of which is extracted after the effective date of the person's coverage under this benefit;
- Replacement of:
 - * a full denture with a new full denture;
 - * a partial denture with a new partial denture; or
 - * a fixed bridgework with a new fixed bridgework, if:
 - (a) such replacement is needed to replace one or more natural teeth, at least one of which is extracted after the effective date of the person's coverage under this benefit; or
 - (b) the existing denture or fixed bridgework was installed 5 years prior to its replacement and cannot be serviceable.

Orthodontia treatment for insured between the age of 13 till 18 years to a maximum of Awg 3.000.00 expenditure over three years period (LIFETIME).

ELIGIBLE DENTAL CHARGES

Eligible dental charges are those charges which are incurred by a person for dental procedure performed which:

1. are performed because of a result of any sickness or accidental bodily injury (a) which does not arise of or during course of any employment by the employee, and (b) for which he is not entitled to benefits under any Workmen's Compensation or Occupational Disease Law; and
2. are necessary care for treatment incurred on the recommendation of and performed by or under direct supervision of a legally qualified dentist,
3. are not more than excess of the regular and customary charges for the services performed or the materials furnished; and
4. are incurred for one or more of the following:
 - i dental services and supplies which are not excluded dental charges and are not otherwise excluded by the terms thereof,
 - ii dental x-ray examination.

5. Prior notice and evaluation of work done must be approved by the Company.

C. VISION CARE

For the cost of frame and standard white glasses every two years as mentioned in the Schedule.

- (a) Prescription must be recommended by an eye specialist and/or optometrist licensed to operate in Aruba.
- (b) One spectacle is allowed.
- (c) Valid for Dioptre 1-9 (Dioptre 10 up is covered under AZV).

D. ABROAD COVERAGE

Preventive; once every three years an executive health checkup can be done. This can be done abroad in a licensed hospital or facility with recognized doctors and specialists. Coverage is stated in the Schedule.

Second opinion; after having received a first medical diagnoses and or two conflicting diagnoses in writing a second opinion in a licensed hospital and or facility abroad can be obtained. The costs of the diagnoses and test needed for this diagnosis are covered. No travel or accommodation costs are covered. Prior written permission from the company's medical advisor is required.

LIMITATIONS

Eligible expenses shall not include charges for:

- 1- Injury arising out of the Insured's occupation.
- 2- Self-inflicted injury while sane or insane.
- 3- Injury of illness resulting from war, declared or undeclared, or any act of war of insurrection; or participating in a strike, riot, civil commotion or assault; or service in any military, naval or air force of any country while such country is engaged in war, or performing police duty as a member of any military or naval organization.
- 4- for orthodontic treatment (including treatment or correction of malocclusion), except charges for space maintainers for deciduous teeth this exclusion will not apply for dependent children;
- 5- for any dental procedure not initiated and completed while insured for Dental Benefits, except charges for prosthetic devices ordered and fitted while insured hereunder and delivered not more than 31 days after the termination of such insurance;
- 6- for dental procedures performed by other than a licensed dentist, except dental prophylaxis performed by a licensed dental hygienist under the supervision and the direction of a licensed dentist;
- 7- for replacement of any lost or stolen denture, bridge, or other dental appliance;
- 8- for initial dentures and bridgework, including crowns, inlays and other abutment expense, except such dentures and bridgework necessary to replace teeth extracted while insured hereunder;
- 9- for replacement of existing dentures or fixed bridgework, unless the existing denture or bridgework has been installed five or more years prior to replacement and in the opinion of the attending dentist cannot be made serviceable;
- 10- for the addition of teeth to an existing partial removable denture or to replace extracted natural teeth, unless the natural teeth to be replaced were extracted while the patient was insured for Dental Expense Benefits hereunder;

- 11- for services or materials furnished during the first six- month period following the individual's effective date of coverage for Dental Expense Benefits unless such charge is incurred as a direct result of an accident occurring while so insured.
- 12- for extraction which are covered under the AZV-plan,
- 13- for prescription written by a dentist, other than antibiotics,
- 14- Cosmetic surgery or treatment unless necessitated by an accidental bodily injury occurring while the insured is covered under this plan.
- 15- for orthodontic treatment (including treatment or correction of malocclusion), except charges for space maintainers for deciduous teeth this exclusion will not apply for dependent children;
- 16- for any dental procedure not initiated and completed while insured for Dental Benefits, except charges for prosthetic devices ordered and fitted while insured hereunder and delivered not more than 31 days after the termination of such insurance;
- 17- for dental procedures performed by other than a licensed dentist, except dental prophylaxis performed by a licensed dental hygienist under the supervision and the direction of a licensed dentist;
- 18- for replacement of any lost or stolen denture, bridge, or other dental appliance;
- 19- for initial dentures and bridgework (including crowns, inlays and other abutment expense, except such dentures and bridgework necessary to replace teeth extracted while insured hereunder;
- 20- for replacement of existing dentures or fixed bridgework, unless the existing denture or bridgework has been installed five or more years prior to replacement and in the opinion of the attending dentist cannot be made serviceable;
- 21- for the addition of teeth to an existing partial removable denture or to replace extracted natural teeth, unless the natural teeth to be replaced were extracted while the patient was insured for Dental Benefits hereunder;
- 22- for services or materials furnished during the first six- month period following the individual's effective date of coverage for Dental Benefits unless such charge is incurred as a direct result of an accident occurring while so insured.
- 23- for extraction which are covered under the AZV-plan,
- 24- for prescription written by a dentist, other than antibiotics,
- 25- General health examinations except on the Abroad coverage.
- 26- Injury or illness resulting from racing on wheels or on horses or in boats, or water skiing or underwater diving or other hazardous sports.
- 27- Injury or illness resulting from participating in or in consequence of having participated in the committing of a felony or any attempt thereat.
- 28- Treatment to which the individual is entitled without charge or by any other insurance or payment plan.
- 29- Treatment of chronic alcoholism or drug addiction.
- 30- Treatment for any disability which originated prior to the effective date of the insured's coverage hereunder; this exclusion will cease to apply, however, after two months of continuous coverage without medical expenses having been incurred for that disability.
- 31- Expenses due to the infectious ACQUIRED IMMUNE DEFICIENCY SYNDROME virus and related illnesses.
- 32- Repair of spectacle frames and replacement of broken lenses and loss of a/or both contact lenses.
- 33- Prescription for spectacles or contact lenses except that this would be paid once in two years.
- 34- Visits to an optician licensed to practice in ARUBA other than for the filling of prescriptions recommended by an eye specialist.
- 35- Treatment to which the individual would normally receive without charge, or which the charges are reimbursed by any other insurance or payment plan (but this exclusion shall only apply to the extent charges are reimbursed under such plan).
- 36- Charges that are more than the regular and customary charges for the services performed or the

materials furnished.
37- Sunglasses.

GENERAL PROVISIONS

ENTIRE CONTRACT, CHANGES: This policy, including the endorsements and attached papers, if any, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES:

(a) After two years from date of issue of this Policy no mis-statements, except fraudulent mis-statements, made by the applicant in the application for such Policy shall be used to void the Policy or to deny a claim for loss incurred or disability as defined in this Policy) commencing after the expiration of such two years period.

(b) No claim for loss incurred or disability (as defined in this Policy) commencing after two years from the date of issue of the Policy shall be reduced or denied claiming that a disease or physical condition not excluded from coverage by name or specific description effective date of loss had existed prior to the effective date of coverage of this Policy.

CANCELLATION BY THE INSURED: The insured may cancel this Policy at any time by written notice delivered to the Company effective upon receipt or on such date as may be specified in such notice.

NOTICE OF CLAIM: Written notice of claim must be given to the Company within thirty days after the occurrence or commencement of any loss covered by this Policy, or as soon thereafter as is reasonable possible. Notice given by or on behalf of the Insured or the Beneficiary to the Company, with information sufficient to identify the Insured, shall be deemed notice to the Company.

CLAIM FORMS: The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filling proofs of loss. If such forms are not furnished within fifteen days after the giving of such notice the claimant shall be deemed to have complied with the requirement of the Policy as to proof of loss upon submitting, within the time fixed in this Policy for filling proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

DURATION AND TERMINATION OF THIS CONTRACT

This insurance starts on the commencement date and will be tacitly be renewed for the period specified in the policy. Nevertheless, this insurance will automatically terminate upon the policy anniversary on which the insured is age 65 next birth date. The acceptance by the Company of any premium or premiums after the Date of Automatic Termination shall make the Company liable for any benefits hereunder, but the Company shall refund to the Insured all such premium or premiums as soon as it is reasonable possibly after discovering the erroneous acceptance thereof.

WAITING PERIOD: Claims will not be considered for Dental within a period of SIX months and for Vision within a period of THREE months of the date of issue of the policy, except for accidents.

PROOF OF LOSS: Written proof of loss must be furnished to the Company at its Office in case of claim for loss for which this Policy provide any periodic payment contingent upon continuing loss for which the Company is liable and in case of claim for any other loss within ninety days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

TIME OF PAYMENT OF CLAIMS: Indemnities payable under this Policy for any loss will be paid by bank transfer upon receipt of due written proof of loss.

PAYMENT OF PREMIUM: All premiums are payable in advance to the Company, in accordance with the Company's premium rate effect on the date of each renewal. The payment of any premium shall not continue this Policy in force beyond the date when the next premium is due and payable except as may otherwise provide herein.

REFUND PREMIUM: No premiums will be refunded unless the insured has emigrated. For the first year of insurance there will be no refund of premium and for the consecutive years if a claim has been paid.

METHOD OF REFUND:

Refund on ANNUAL premiums will be:

After 3 months- 8 months refund

After 4 months- 7 months refund

After 5 months- 6 months refund

After 6 months- 5 months refund

After 7 months- 4 months refund

After 8 months- NO REFUND

AGE LOADINGS: 45 – 50 PREMIUM INCREASES BY 20%

51 – 65 PREMIUM INCREASES BY 40%