## Terms and Conditions for Limited Health Insurance and Sickness Daily Allowance Cover of the Expat-Series for Long-Term Journeys Part II

### EXPAT BUSINESS PREMIUM

<table>
<thead>
<tr>
<th></th>
<th>INSURANCE COMPANY:</th>
<th>Swiss Life Prévoyance et Santé, 7 rue Belgrand, F-92300 Levallois-Perret, France</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>POLICY HOLDER:</td>
<td>BDAE Expat GmbH</td>
</tr>
<tr>
<td>3.</td>
<td>PARTIES ENTITLED TO INSURANCE:</td>
<td>Corporate bodies and business enterprises, whose members and employees are internationally active.</td>
</tr>
<tr>
<td>4.</td>
<td>INDIVIDUALS INSURABLE:</td>
<td>Members and employees of the party entitled to insurance, as well as self-employed persons and freelancers who have been expatriated on behalf of the company and work a minimum of 25 hours per week on a contractual basis, and their family members, if they are insurable according to the terms and conditions of insurance, part I, A, §1. The maximum insurable age is 66 years. Insurance cover automatically ceases at the end of the month prior to the month in which the insured person turns 67 years. Family members are spouses and children living in the same household. A contract providing proof of the relationship with the party entitled to insurance or its representative offices, branches, partners or subsidiaries is to be presented upon request.</td>
</tr>
<tr>
<td>5.</td>
<td>CONTRACTUAL BASIS:</td>
<td>Terms and conditions for limited health insurance and sickness daily allowance cover of the Expat-series for long-term journeys part I and part II (EXPAT BUSINESS PREMIUM).</td>
</tr>
<tr>
<td>6.</td>
<td>AREA OF APPLICATION:</td>
<td>1. For temporary stays outside the countries where the insured person is usually domiciled, worldwide insurance cover is provided under consideration of the terms and conditions of insurance part I, A, § 1, para. 4 and 5 and part II, number 15. 2. Countries of usual domicile of the insured person are fully included in this insurance cover as long as the respective coverage area including these countries has been opted for (Please note the terms and conditions of insurance, part II, number 15). 3. It is in the insured persons responsibility to ensure that this insurance cover meets the legal and local requirements of a specific country. 4. This insurance cover does not correspond to a compulsory health insurance which is mandatory for a permanent domicile in the Federal Republic of Germany.</td>
</tr>
<tr>
<td>7.</td>
<td>START OF INSURANCE COVER:</td>
<td>At the time specified in the insurance confirmation document subject to the terms and conditions of insurance part I, A, § 4.</td>
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<td>8.</td>
<td>INSURANCE YEAR:</td>
<td>From 1 July of each year respectively to 30 June of the following year.</td>
</tr>
<tr>
<td>9.</td>
<td>DURATION OF INSURANCE RELATIONSHIP:</td>
<td>The insurance agreement between the party entitled to insurance and policyholder is concluded with acceptance of the insured person into the group insurance policy, initially up to the end of the current insurance year. The agreement is extended for a further year respectively, if it is not terminated by the party entitled to insurance with one month notice to the end of the insurance year. The insurance relationship ends in each case with termination of the framework insurance agreement between insurance company and policyholder.</td>
</tr>
<tr>
<td>10.</td>
<td>TERMINATION OF INSURANCE RELATIONSHIP:</td>
<td>1. The policyholder is obliged to inform the party entitled to insurance and the insured persons about a termination of the framework insurance agreement at least two months before the termination becomes effective. 2. The insurance cover within the insurance agreement can be terminated for individual insured persons with two months notice to the end of the insurance year by the party entitled to insurance or the insured person in regard to the policyholder. 3. If the party entitled to insurance and the insured person are not identical, a termination becomes effective only if the insured person affected by the termination has been informed accordingly and if the policyholder can prove to the insurance company at deregistration from the framework insurance agreement knowledge of the insured person about the termination of insurance cover. The insured person affected by the termination is entitled to continue the insurance contract under designation of a new party entitled to insurance. An appropriate declaration must be submitted within two months after receipt of the notice of termination.</td>
</tr>
<tr>
<td>11.</td>
<td>PREMIUM PAYMENTS:</td>
<td>The premium is an annual premium, which is broken down into equal monthly installments. It is payable in advance up to the end of each insurance year.</td>
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<tr>
<td>12.</td>
<td>DATA ON INSURED PERSON’S STATE OF HEALTH:</td>
<td>None. Please observe the exclusion of benefits in the terms and conditions of insurance.</td>
</tr>
</tbody>
</table>
12.1 ADDITIONAL STIPULATIONS ON
BENEFIT EXCLUSION:
For employees and members of the party entitled to insurance, who leave their country of residence and / or native
country in the scope of personnel deployment at the instance of the party entitled to insurance, as well as for their
family members, the exclusion of benefits according to the terms and conditions of insurance part I, A, § 4, para. 2
and § 5, para. 1 and § 6, para. 2a is limited notwithstanding to the following illnesses and insured events existing
at the start of insurance:
   a) HIV-infections / AIDS and their consequences;
   b) cancer or benign tumours, which required treatment within the last five years before or at start of insurance;
   c) cardiac and coronary illnesses and their consequences, which were treated within the last 12 months before or
at start of insurance.

13. BENEFITS:

13.1 OUTPATIENT TREATMENT:
100% of the amount invoiced for medically necessary outpatient treatment as a private patient, including radiology,
light therapy and other physical treatments, if prescribed by a doctor, at reasonable and customary rates.

13.2 INPATIENT TREATMENT:
100% for medically necessary inpatient treatment and treatment related accommodation in a hospital for medically
necessary surgery, X-rays, radiological treatment and diagnostics. As a private patient in a private room (single bed),
if available. 100% for accommodation costs for one parent as companion for an insured minor child in case of inpatient
treatment. Notwithstanding the terms and conditions of insurance part I, A, § 6 para. 2b medically necessary reha-
bitation following inpatient treatment is covered.

13.3 PHARMACEUTICALS, BANDAGES AND MEDICINES:
100%, if prescribed by a doctor and medically necessary.

13.4 DENTAL TREATMENT:
100% of the invoiced amount for medically necessary outpatient dental treatment. Inlays and onlays are not covered.
For each year of insurance cover a one-time checkup and prophylactic treatment for preventive purposes (including
tooth polish and tooth cleaning) is covered.

13.5 TOOTH REPLACEMENT / ORTHODONTIC TREATMENT:
Notwithstanding the terms and conditions of insurance part I, A, § 6, para. 2q insurance cover continues for newly
occurring claims after the expiry of the waiting period of 8 months for
   - 90% of the amount invoiced for medically necessary tooth replacement and
   - orthodontic treatment up to the age of 18,
   - to a maximum amount, however, of EUR 3,000 in toto in the first two years of the policy,
   - up to EUR 5,000 in toto in the first three years of the policy,
   - from the fourth year of the policy, at most up to EUR 4,000 per year of the policy.
The waiting period does not apply to tooth replacement necessary due to an accident occurring during the insurance
period subject to the limits listed above. The limits apply on a pro-rata basis for registration / deregistration during
the insurance year.

13.6 PREVENTIVE CHECKUPS:
Preventive outpatient medical examinations for children, as well as for early detection of cancer in accordance with
statutory programmes which have been introduced in Germany. Furthermore the following preventive checkups
will be reimbursed up to EUR 300 per person insured and contract duration, if the bills will be submitted together
with the examination results: general checkup, ECG, stress-ECG, cholesterol - and blood sugar analysis, urinalysis.
Travel vaccinations are covered according to the recommendation of the German Standing Vaccination Committee
(STIKO) up to a maximum of EUR 250 per year of contract duration, inclusive vaccine as well as prophylaxis measure,
as far as they are recommended for the respective country of residence.

13.7 BENEFITS FOR PREGNANCY
AND DELIVERY:
Insurance cover exists for:
   a) medically necessary treatment including pregnancy examinations, pregnancy treatment, in as far the pregnancy
had not yet commenced at the beginning of the insurance relationship of the insured persons as well as treatment
for miscarriage;
   b) medically necessary pregnancy treatment due to acute complaints caused by and treatment due to miscarriage
as well as medically necessary abortions and deliveries up to the end of the 36th week of pregnancy (premature
birth), even if the pregnancy had already commenced at the start of the insurance relationship of the insured
person, if the necessity for treatment was not yet obvious at this time;
   c) deliveries after expiry of the waiting period according to the agreed product.

13.8 MEDICAL AIDS:
Notwithstanding the terms and conditions of insurance part I, A, § 6, para. 2g insurance cover is granted for medical
aids and their repair costs up to 80% of the amount invoiced, up to a maximum of EUR 2,000 per insurance year,
provided the medical aid is medically necessary and prescribed by a doctor. Visual aids are covered within the limits,
up to EUR 600 per person insured every three insurance years after a waiting period of one year. The limits apply on a
pro-rata basis for registration / deregistration during the insurance year.

13.9 PSYCHOLOGICAL THERAPY:
80% of the amount invoiced for outpatient treatment up to a maximum of EUR 2,000 per insurance year. The limits
apply on a pro-rata basis for registration / deregistration during the insurance year. Inpatient treatment up to 30 days
per contract duration. The exclusion of benefits referred to the terms and conditions of insurance part I, A, § 6, para.
2l and n remain unaffected.

13.10 OTHER BENEFITS:
   a) 100% of the transportation costs to the nearest suitable hospital for inpatient treatment and for first aid after an
accident to the nearest suitable doctor and back.
   b) For medically necessary evacuation to the country where the insured person is usually domiciled, the insurance
company will reimburse
      - up to EUR 5,000 within a continent,
      - up to EUR 10,000 between continents.
If an authorised air ambulance is medically required, these limits do not apply. The most economical method of
evacuation has to be selected, as long as this is possible from the medical point of view. An evacuation is considered
as medically necessary, if at the actual location of the insured sufficient medical care is not available. A qualified
certificate stating the medical necessity of an evacuation provided by the treating doctor has to be submitted.
### 13.11 CONTINUED LIABILITY:

In the event that an evacuation of an insured person is not possible prior to the end of the long-term journey due to a necessary and not predictable treatment the insurer covers the costs of medical treatment up to the date of transportability for a period of maximum 30 days after the regular insurance period has ceased.

### 14. WAITING PERIOD:

8 months for tooth replacement, orthodontic treatment and delivery. 12 month for visual aids.

### 15. MONTHLY PREMIUM:

<table>
<thead>
<tr>
<th>WorldWide Excluding USA / Canada:</th>
<th>Employees or members of the party entitled to insurance</th>
<th>Family members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EUR 170</td>
<td>EUR 243 (per person)</td>
</tr>
</tbody>
</table>

If the coverage area „worldwide excluding USA / Canada“ has been opted for this insurance also covers holiday or business trips to the USA or Canada with a duration of maximum 42 days per insurance year. However, the insurance cover is limited to acute necessary treatment. Chronic diseases, or diseases which have been treated or which preexisted before entering the USA / Canada, are not covered. The insurance company has to be notified before entering USA / Canada. Evidence of beginning and ending of the trip have to be provided if requested.

<table>
<thead>
<tr>
<th>WorldWide Including USA / Canada:</th>
<th>Employees or members of the party entitled to insurance</th>
<th>Family members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EUR 414</td>
<td>EUR 601 (per person)</td>
</tr>
</tbody>
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### 15.a DEDUCTIBLE:

<table>
<thead>
<tr>
<th>WorldWide Excluding USA / Canada:</th>
<th>EUR 0</th>
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| WorldWide Including USA / Canada: | EUR 500 per person and insurance year in the whole premium area. The deductible for insurance cover which is required for less than one year is calculated proportionally. |

### 16. OTHER MATTERS:

No pension reserve fund will be established. You are recommended to take out a dormant insurance policy scheme.