

# Special Terms and Conditions for Mundo Insurance

MU

Comparative table (only amended articles are reproduced below)

<b>Edition : 01 Jul 2000</b>	<b>Edition : 01 Feb 2022</b>
<p align="center"><b>Art. 1 Eligibility, duration of insurance</b></p> <ol style="list-style-type: none"><li>1. All Swiss residents are eligible for coverage, without age restriction.</li><li>2. The insurance is concluded for a minimum term of one year, renewable from one calendar year to the next (insurance term).</li></ol>	<p align="center"><b>Art. 1 Eligibility, duration of insurance</b></p> <ol style="list-style-type: none"><li>1. All Swiss residents are eligible for coverage, without age restriction.</li><li>2. The insurance is concluded for at least one insurance term in accordance with Art. 12 of the general terms and conditions of insurance. It is then tacitly renewed from year to year.</li></ol>
<p align="center"><b>Art. 2 Territorial validity</b></p> <ol style="list-style-type: none"><li>1. Mundo insurance coverage is valid worldwide, Switzerland and Liechtenstein excepted.</li><li>2. Deviating from paragraph 1, Mundo insurance is valid in Switzerland for voluntary vaccination.</li><li>3. The insurance does not cover any follow-up treatment after the insured returns home for treatment started when he was on holiday or travelling abroad.</li></ol>	<p align="center"><b>Art. 2 Territorial validity</b></p> <ol style="list-style-type: none"><li>1. Mundo insurance coverage is valid worldwide, Switzerland excepted.</li><li>2. Deviating from paragraph 1, Mundo insurance is valid in Switzerland for voluntary vaccination.</li><li>3. The insurance does not cover any follow-up treatment after the insured returns home for treatment started when he was on holiday or travelling abroad.</li></ol>
<p align="center"><b>Art. 4 Termination of insurance contract</b></p> <p>After one year's coverage, the policyholder may terminate the insurance for the end of a calendar year, subject to six months' advance notice.</p>	<p align="center"><b>Art. 4 Termination of insurance contract</b></p> <p>After an insurance term, the policyholder may terminate the insurance for the end of a calendar year, subject to three months' advance notice.</p>

## Art. 6 Insured benefits

The insured sum shall serve to reimburse the following costs in the event of an illness or accident:

1. recognised outpatient treatment, within the meaning of the Federal Health Insurance Law (LAMaI/KVG);
2. hospitalisation for recognised treatment, within the meaning of the LAMaI/KVG;
3. the cost of necessary vaccinations recommended by the Federal Office of Public Health for persons travelling abroad, provided such costs are not covered by the ordinance on compulsory health insurance;
4. necessary transport to the nearest hospital facility for treatment;
5. repatriation transport costs, including for a dead person, subject to the Insurer's prior consent;
6. search and rescue costs for an insured person who is sick or whose physical integrity is in jeopardy;
7. if an insured person is hospitalised for more than 7 days, the following costs for the visit of a family member:
  - documented costs of a round trip in economy class plus public transport fares to the facility where the insured is hospitalised;
  - documented costs for room and board not exceeding CHF 250 per day up to maximum CHF 2,000;
8. a lump-sum benefit of CHF 5,000 is granted in the event the insured dies abroad as a result of an illness or accident.

## Art. 6 Insured benefits

The insured sum shall serve to reimburse the following costs in the event of an illness or accident:

1. recognised outpatient treatment, within the meaning of the Federal Health Insurance Law (LAMaI/KVG);
2. hospitalisation for recognised treatment, within the meaning of LAMaI/KVG;
3. foreign statutory co-insurance amounts payable by the insured pursuant to the EU/EFTA Agreement on the Free Movement of Persons or other international social security agreements;
4. the cost of necessary vaccinations recommended by the Federal Office of Public Health for persons travelling abroad, provided such costs are not covered by the ordinance on compulsory health insurance;
5. necessary transport to the nearest hospital facility for treatment;
6. repatriation transport costs, including for a dead person, subject to the insurer's prior consent;
7. search and rescue costs for an insured person who is sick or whose physical integrity is in jeopardy;
8. if an insured person is hospitalised for more than seven days, the following costs for the visit of a family member:
  - documented costs of a round trip in economy class plus public transport fares to the facility where the insured is hospitalised;
  - documented costs for room and board not exceeding CHF 250 per day up to maximum CHF 2,000;
9. a lump-sum amount of CHF 5,000 is granted in the event the insured dies abroad as a result of an illness or accident.  
The beneficiaries are as follows:
  - a. the surviving spouse or registered partner of the insured person, if there are none;
  - b. the children of the insured person, in equal shares, if there are none;
  - c. the parents of the insured person (direct ascendants), in equal shares, if there are none;
  - d. the grandparents of the insured person, in equal shares, if there are none;
  - e. the brothers and sisters of the insured person, in equal shares, if there are none;
  - f. the legal heirs of the insured person, excluding the public community.
10. The policyholder may at any time designate or exclude beneficiaries by notifying the insurer in accordance with Art. 37 of the general terms and conditions of insurance.  
If the designated beneficiary(ies) is (are) predeceased, the provisions of paragraph 9 apply.
11. The costs referred to in paragraphs 1 to 8 above are covered by indemnity insurance. The lump-sum amount in the event of death is covered by fixed-sum insurance.

## Art. 7 Exclusions

There is no entitlement to the insured sum in the following cases:

1. if the insured voluntarily decides to have treatment abroad;
2. for illnesses that are already being treated, but have not yet stabilised, at the time of departure;
3. for conditions subject to an exclusion;
4. for psychiatric ailments;
5. for personal expenses such as beverages, telephone calls, TV rental, etc.

## Art. 7 Exclusions

There is no entitlement to the insured sum in the following cases:

1. if the insured voluntarily decides to have treatment abroad;
2. for illnesses that are already being treated, but have not yet stabilised, at the time of departure;
3. for personal expenses such as beverages, telephone calls, TV rental, etc.

---

## Art. 12 Combination discount

1. If certain benefits are also covered by other supplemental insurance product(s) concluded with the insurer, a combination discount on the Mundo insurance premium may be granted.
2. The supplemental insurance products for which a combination discount may be granted are listed in the pre-contractual information documents provided to the Applicant in accordance with Art. 3 LCA/VVG.
3. The combination discount shall be withdrawn as soon as the conditions for granting it as set out in paragraph 1 are no longer met.
4. The insurer may change or cancel these discounts in accordance with Art. 29 of the general terms and conditions of insurance (CGC).