

**SISCOS – ILLNESS POLICY INA ASSITALIA NUMBER 50/59/415277
FOR NGO EXPATRIATE WORKERS
in force from 01/10/2008**

*This document is a translation of the original text of the policy deposited at our
offices*

DEFINITIONS

Insured Party	: The party whose interests are protected by the insurance policy.
Insurance	: The insurance contract.
Contracting Party	: The party who stipulates the insurance contract.
Deductible	: The part of the expense that remains as a charge on the insured Party.
Indemnity	: The amount that is due by the company in the case of a claim.
Injury	: Any event due to a fortuitous cause, both violent and external, which produces bodily lesions that can be objectively evaluated.
Healthcare Institution	: A public healthcare structure or a private clinic that is properly authorized to treat sick persons, pursuant to law or to other regulations that are issued by the country where the structure is situated.
Illness	: Any change in the state of health not dependent on injury.
Policy	: The document that proves the existence of the insurance.
Premium	: The amount due by the Insured Party to the Insurance Company.
Hospitalization	: The stay, which means being resident in the clinic or the healthcare institution, either public or private.
Risk	: The possibility that the damaging event and the dimension of the damages that derive from it will take place.
Damaging Event	: The taking place of the damaging fact that the insurance has been put in place to cover.
The company	: The Insurance company.
Pathological state	: Any alteration of the state of health as a consequence of injury or illness.

RULES THAT REGULATE THE INSURANCE IN GENERAL

Rule 01 Other insurances

The Contracting party must communicate to the insurance company if does exist any successive stipulation of other insurance policies for the reimbursement of healthcare expenses for illness and/or injury. The insurance company, within 30 days from the said communication can withdraw from the insurance contract by giving of prior notice of at least 15 days.

Rule 02 Payment of the premium

Pursuant to article 1901 of the Italian Civil Code the insurance becomes effect at midnight of the day that is shown in the policy if the premium, or the first installment of the premium, has been paid. Otherwise it is effective from midnight of the day of payment. If the premiums, or the following installments of the premiums have not been paid the insurance coverage will remain suspended from midnight of the 15th day after that of the due date of payment of the said amounts and it will come into force again from midnight of the day when the relative payment has been made, while there remain valid the successive due dates of payment and the legal right of the Insurance Company to receive payment of the premiums that have fallen due.

The premiums must be paid to the Agency to which the insurance policy has been assigned or to the Insurance Company.

Rule 03 Changes to the insurance

Any and all changes to the insurance must be proven in writing.

Rule 04 Withdrawal in the case of a claim and advance dissolution of the contract

After each declaration of a claim and until the 60th day from the payment or the refusal to make payment of the indemnity the Insurance Company can extinguish the giving prior notice of 15 days. In this case the Insurance Company shall reimburse the amount of the insurance premium in proportion to the timeframe that runs from the moment of the ceasing of the effectiveness of the insurance up to the end of the current insurance period. The faculty of withdrawal from the insurance contract cannot be exercised towards the individual insured parties.

Rule 05 Duration of the insurance contract

This insurance contract, while remains valid the measure laid down in Rule 04 (Withdrawal in the case of a claim) is stipulated for the duration of a year.

When there is no declaration of cancellation by one of the Parties with a registered letter that has to be sent at least one month before the natural expiry date, the insurance Policy shall be renewed for a duration that is equal to the original one and this shall take place afterwards, from year to year.

Rule 07 Taxation charges

All the taxation charges relative to the insurance policy are a charge upon the Contracting Party.

Rule 08 Court of Judicial Competency

The Court of Judicial Competency, at the choice of the plaintiff, is solely that of the place of residence, or of the registered office, of the summonsed party or that of the place where there is situated the agency to which the policy has been assigned.

Rule 09 Reference to Legislative Measures

For everything that is not regulated differently herein the relative Legislative Measures are valid.

Rule 10 Geographical Coverage

The insurance is valid for the whole world.

RULES THAT REGULATE THE INSURANCE FOR REIMBURSEMENT OF MEDICAL EXPENSES REGARDING ILLNESS OR INJURY

This insurance coverage is relative to the reimbursement of the expenses incurred by the NGO expatriate workers and members of their family during service.

The guarantee cover also preexisting illnesses and delivery charges.

The guaranteed healthcare services are the following:

ARTICLE 1) – EXPENSES INCURRED IN CASE OF HOSPITALIZATION IN A HEALTH CARE INSTITUTION, EITHER PUBLIC OR PRIVATE, OR IN A DOCTOR'S SURGERY

The Insurance Company will reimburse to each NGO expatriate worker and to their family members dependent upon them, up to the maximum insured amount of

€ 30,000.00

per person and per insured year:

- A) All healthcare expenses, sustained during hospitalization in a healthcare institution, either public or private, that takes place by means of a surgical operation or not, as well as the healthcare expenses relative to the surgical intervention that has taken place in day-hospital. The guarantee is extended to all treatment rendered during hospitalization to the newborn baby within 30 days from birth, should the mother be insured when delivering.
- B) All healthcare expenses sustained 300 days before and 300 days after the hospitalization period or the surgical operation in day-hospital. In any case the insurance is not operative for the expenses incurred before the date from when the insurance coverage begins to run, and for those that are incurred after the insurance coverage ceased.
- C) The expenses relative to the transport of the insured party, with any means whatsoever, in order to reach the place of hospitalization and healthcare and for the return journey to the Insured party's domicile.
- D) TRAVELLING EXPENSES

Within the maximum amount mentioned above it is also included the reimbursement of the expenses that the insured parties has to sustain in case of serious pathological situations that are consequent to illness or injury, and for urgent healthcare reasons, proved by a medical certificate, for journeys using any means whatsoever, in order to reach the place chosen in order to carry out the healthcare or the surgical operations. Furthermore, the reimbursement of the expenses is also foreseen in the case where there become necessary any further travel of the sick person to other healthcare institutions.

This expenses reimbursement shall also be valid for the medical assistance supplied, during the journey in question, by a person that is suitable and appropriate for the supply of the medical assistance itself and for the medical instruments that are indispensable for this purpose.

There shall also be included the expenses involved in the return journeys to the countries where they have come from, which means those within which the service of cooperation has been carried out, both for the insured party and for the accompanier.

The reimbursements will be carried out, in any case, as long as the medical certificate that has motivated the return journey is authenticated by the relative Diplomatic or Consular Representation.

Should the Insured Party have an additional coverage assistance offered by a different Insurance Company, authentication of the Embassy or Consulate will not be necessary; copies of documents given to the emergency service and documents proving the expenses already reimbursed, will be sufficient.

In any case, with regard to the same pathological situation, there cannot be reimbursed more than one journey for each insured year.

E) EXPENSES INCURRED INDEPENDENTLY OF HOSPITALIZATION IN A HEALTHCARE INSTITUTION

In addition to the maximum insured amount of € 30,000.00 referred to in the foreword to this section the Insurance Company shall reimburse to each individual insured party, within the limits that are described below:

- 1) The pharmaceutical expenses, also including the homeopathic medicines consumed at home and including the delivery expenses in the case where the medicines cannot be obtained locally: € 600.00 for each insured year. Furthermore the expenses for the purchase tutors, artificial prostheses, Schantz collars, the expenses for the renting of orthopedic wheelchairs and buggies, as well as the relative delivery expenses, are also guaranteed.
- 2) All medical expenses necessary, homeopathic healthcare included: € 2,000.00 for each insured year.
- 3) The dental expenses, prostheses and dental braces included: € 500.00 for each insured year.
- 4) Pregnancy treatments expenses: € 1,500.00 for each insured year.
- 5) Expenses for giving birth at home: € 600.00 for each insured year.

The limitations that are contained in points 1 and 2 of the letter E) do not operate regarding any Insured parties who are suffering from long term illnesses as proven by the relative medical certification and, in any case, within the limit of the maximum amount of € 30,000.00. For the reimbursement of the expenses that are referred to in the preceding points above, there must remain agreed between the parties that the reimbursement shall only be carried out in those cases where the expenses have been incurred by the insured parties for the supply of medicines etc. that has been carried out by persons who are totally extraneous to the insurance relationship that is contained within the insurance policy itself.

ARTICLE 2) - EXTENSIONS OF THE GUARANTEE

The insurance coverage set out in Art. 1, is extended also after re-entry in the country of residence at the end of mission, for a period as long as the mission itself, and for a minimum of 30 days, and a maximum of 90 day, beginning from the end of the mission, if the medical expenses are due as a consequence of illness and/or injury occurred during service.

This guarantee is extended to therapeutic treatments, rendered to the newborn baby during hospitalization, within 30 days form birth, if the mother is insured when delivering.

For these treatments, coverage will be limited to € 2,000.00, in addition to maximums detailed in Art. 1; expenses indicated in E 1 - E 3 - E 5 a maximum rate of € 500.00 is established, as sublimit of the above mentioned maximum of € 2,000.00.

ARTICLE 3) - LIMITATIONS OF THE GUARANTEE

The insurance coverage is not effective in the following cases:

- a) Intoxications consequent to the abuse of alcohol or psycho-pharmaceuticals and to the use of illegal drugs or hallucinatory drugs.
- b) Applications of an esthetic nature.
- c) All hotel and accommodation expenses.

ARTICLE 4) – PERSONS WHO CANNOT BE INSURED

Persons affected by alcoholism or drug abuse cannot be insured, and the insurance cover shall cease after such situations manifest themselves. For those persons who are affected by mental illness that takes place during the period of the insurance coverage, the insurance will only cover the expenses relative to the first outbreak of the illness.

ARTICLE 5) – START OF THE INSURANCE –PAYMENT AND REGULATION OF THE PREMIUM

The insurance starts from midnight on 30/09/2008.

The premium per head, including the ancillary charges and taxes is fixed at € 200.00 per year.

The premium per month, or per fraction of month, including the ancillary charges and taxes is fixed at € 20.00.

At the time of the finalization of this insurance Policy the Contracting Party shall pay over a premium of € 5,000.00.

For the identification of the insured persons, for the start date of the guarantee for the individual insured parties and for the calculation of the premiums (periods of insurance), there shall be valid the list sent by the Contracting Party to Assitalia - Agency Generale di Milano – viale della Liberazione 16, 20124 Milano.

At the end of every insured quarter, in relation to the missions that have taken place and their duration, the premium will be fixed through the issuing of a regulatory appendix.

The Contracting Party pledges itself to pay over within the absolutely inextensible timeframe of sixty days the amount of the balance that results from the aforesaid appendix, there being, as from now, established and accepted that the lack of observance of the terms and conditions referred to above shall bring about the automatic ceasing of the guarantees of the Insurance Policy.

ARTICLE 6) - DECLARATION OF ILLNESS OR INJURY

In case of illness or injury that brings about, under the terms of this Insurance Policy, the reimbursement of the expenses that are referred to in the Article 1), letters A)-B)-C)-D)-E), the insured person must communicate this within the shortest time possible and, in any case, not beyond 180 days from the event.

The insured party must submit to medical assessments, checks and controls that are put in place by the Insurance Company and must supply to it any and all relevant information and produce copies of the complete medical files and of any other document that appertains to the case that is declared, such as medical certificates, prescriptions, certification requested for the case of prolonged illnesses and those regarding the reimbursement of travelling expenses.

ARTICLE 7) – CRITERIA FOR PAYEMENT

The Insurance Company will make the payment through SISCOS, that has received appropriate mandate from the insured for this purpose, the amount that is due to the insured party under the terms and conditions of this Insurance Policy with the presentation, in original format, of the justification documents for the settlement of the reimbursements. The invoices and the expense notes must be duly receipted for payment.

The payment is made when the healthcare is finalized.

For the expenses sustained abroad the reimbursements will be made in Italy, in Euros, at the average exchange rate of the month within which the expenses was incurred by the insured person, obtained from the publications of the Italian Foreign Exchange Office (UIC) to be taken care of by the Contracting Party.

ARTICLE 8) EXTENSION FOR THE PAYMENT OF THE PREMIUMS

As a partial suspension of what is laid down in the Article 1901 of the Italian Civil Code, the insurance company hereby declares that the timeframe for the payment of the insurance premiums is extended to 60 days.

ARTICLE 9)_ FORMS OF COMMUNICATION FROM THE CONTRACTING PARTY TO THE INSURANCE COMPANY

It is hereby agreed between the parties that all the communication to which the Contracting Party has to do, can be made through the Broker Janua Broker Spa – Via G. Parini, 7 - 20121 Milano Tel. 02.33.00.26.69 - fax 02.39.21.46.32 e-mail milano@januabroker.it to whom this insurance policy has been assigned.