

Policy terms and conditions

OOM International insurance

012024

Policy terms and conditions

OOM International insurance

You have taken out OOM International insurance. These terms and conditions explain what you can expect from us and what we expect from you.

Your agreement with us is made up of:

- your application (and all associated documents);
- your policy sheet;
- the policy terms and conditions.

The policy terms and conditions are made up of general terms and conditions and special terms and conditions. These general terms and conditions contain the rules that apply for all types of insurance. The special terms and conditions contain the reimbursements belonging to your insurance.

If anything in these general terms and conditions contradicts the special terms and conditions or something on your policy sheet, then the rules apply as follows:

- first your policy sheet;
- then the special terms and conditions;
- and finally, these general terms and conditions.

In this document, you will find the general terms and conditions in part 1. In part 2 you will find the special terms and conditions containing everything regarding the reimbursements of the OOM International insurance.

What if you have a question or want to change something?

There are a number of ways for you to contact us. For example, if you have a question about your insurance, the processing of your claim or your premium. Or if you want to change something.

- My OOM or chat: via www.oominsurance.com
- Call: +31 (0)70 353 21 00 (Monday to Friday, 8.30 a.m. to 5 p.m.)
- Fax: +31 (0)70 360 18 73
- Email: info@oomverzekeringen.nl

What should you do if you have a claim?

The table shows how to report a claim.

Health Insurance or SOS Insurance	<p>If you need immediate assistance or you are going to have medical treatment: Call: +31 (0)70 353 21 35 (standard call charges apply, 24/7)</p> <hr/> <p>In all other situations report claims to: Via My OOM on www.oominurance.com</p> <p>If you have any questions, please contact us via: OOM Verzekeringen Call: +31 (0)70 353 21 00 (standard call charges apply, Mon to Fri 8.30 a.m. to 5 p.m. CET) Fax: +31 (0)70 360 18 73 Email: info@oomverzekerings.nl</p>
Travel Insurance	<p>In an emergency call: +31 (0)70 253 21 40 (standard call charges apply, 24/7)</p> <p>What is an emergency?</p> <ul style="list-style-type: none">• if you need to go home due to illness, accident or death of a close family member;• if your house, home contents or company is severely damaged and you need to be present;• if your passport, ID card or visa is stolen or you lose one of these documents;• if you incur telecommunication charges for an insured event. <hr/> <p>In all other situations report claims to: Via My OOM on www.oominurance.com</p> <p>If you have any questions, please contact us via: OOM Verzekeringen Call: +31 (0)70 353 21 00 (standard call charges apply, Mon to Fri 8.30 a.m. to 5 p.m. CET) Fax: +31 (0)70 360 18 73 Email: claims@oomverzekerings.nl</p>
<ul style="list-style-type: none">• Liability Insurance• Cancellation Insurance• Home Contents Insurance• Accident Insurance	<p>Report claims to: OOM Verzekeringen Call: +31 (0)70 353 21 25 (standard call charges apply, Mon to Fri 8.30 a.m. to 5 p.m. CET) Fax: +31 (0)70 353 21 26 Email: claims@oomverzekerings.nl or via My OOM on www.oominurance.com</p>
Legal Assistance Insurance	<p>If you get involved in a dispute or want to discuss something: get in touch with: ARAG Call: + 31 (0)33 434 23 42 (standard call charges apply, Mon to Fri 8.30 a.m. to 5 p.m. CET) Email: servicecenter@arag.nl or via the website www.arag.nl</p>

Contents

What do we mean by...?	5
Part 1: General terms and conditions	6
Your insurance	6
1. Who are we?	6
2. In which circumstances will we reimburse your claim?	6
3. What is the term of your insurance?	7
4. What should you do if your situation changes?	7
5. What if you want to terminate your insurance early?	8
6. Can we terminate your insurance early?	8
7. When are you required to pay the premium?	9
8. Can we change your premium and policy terms and conditions?	10
9. What is meant by the duty to disclose and what will happen if you do not comply?	10
Claims and reimbursement	11
10. What is the procedure if you have a claim?	11
Personal data, fraud and complaints	12
11. How do we use your personal information?	12
12. What action do we take if we discover fraud?	13
13. What can you do if you have a complaint?	14
Part 2: Special terms and conditions Health- and SOS cover	15
1. What do we mean by...?	15
2. Where is your insurance valid?	16
3. In which circumstances will we reimburse your claim?	16
4. Which cover options are available for the OOM International insurance?	17
5. Are your children also insured?	18
6. What should you do if you have a claim?	18
7. How do we process claims?	19
8. Which medical treatments are covered by your OOM International insurance?	20
9. Which costs are covered by the Care plan?	39
10. Which dental costs do we reimburse under OOM Dental cover?	43
11. Which costs do we reimburse under SOS cover?	44
12. Which costs do we reimburse under War and Kindred Risks cover?	45
13. Which medical treatments and other costs are not covered by your OOM International insurance?	47

What do we mean by...?

Policyholder

The person who enters into the insurance with OOM. The name of the policyholder is stated on your policy sheet.

Insured person(s)

The person or persons for whom the insurance with OOM has been entered into. The names of the insured persons are stated on your policy sheet.

Insurance agent

The financial services provider who acts in the course of their profession or business as an agent between you and OOM. You decide whether to engage an insurance agent or not. The insurance agent assists you in entering into your insurance with OOM. You can also make arrangements with your insurance agent for assistance in managing and carrying out your insurance.

Part 1 – General terms and conditions

Your insurance

1. Who are we?

These general terms and conditions form part of the agreement between you and OOM. By OOM we mean OOM Verzekeringen. When we talk about 'we' or 'us', we mean OOM. Your agreement with OOM is subject to Dutch law.

OOM is registered with the Netherlands Authority for the Financial Markets (AFM) and is authorised by the Dutch central bank De Nederlandsche Bank (DNB) to provide insurance.

OOM includes the following companies:

- **OOM Global Care N.V.** (AFM registration number 12.000.623)
For Health Insurance and SOS Insurance.
- **OOM Schadeverzekering N.V.** (AFM registration number 12.000.624)
For Third Party Insurance for private individuals, Home Contents Insurance, Travel Insurance, Cancellation Insurance, Legal Assistance Insurance and Personal Accident Insurance.
- **"O.O.M." Onderlinge Molestverzekering-Maatschappij U.A.** (not under the supervision of the AFM, exempt from registration)
For war and kindred risks cover. This cover is included under Health Insurance and SOS Insurance.

OOM has its registered address in The Hague (the Netherlands). Our companies operate from a shared office in Rijswijk (the Netherlands).

2. In which circumstances will we reimburse your claim?

We will reimburse your claim if:

- the claim is covered by your insurance;
- the claim arose during the term of your insurance;
- the costs were incurred during the term of your insurance;
- at the time of taking your insurance policy you did not know that the claim would arise and in normal circumstances this could not have been expected (Article 7:925 of the Dutch Civil Code (BW)).

The special terms and conditions for the type(s) of insurance you have taken out with OOM explain what is covered by your insurance.

What insurance do you have for war and kindred risks?

War and kindred risks loss is damage or loss caused by armed conflict, civil war, civil disturbance, uprising, riot or mutiny. War and kindred risks are insured under Health Insurance and SOS Insurance with OOM, but not under the other types of insurance. The special terms and conditions for Health Insurance and SOS Insurance explain how we reimburse war and kindred risks loss. Terrorism is not covered under war and kindred risks cover.

What insurance do you have for terrorism?

We reinsure terrorism with the Nederlandse Herverzekeringsmaatschappij voor Terrorisemeschaden (the Netherlands Reinsurance Company for Losses from Terrorism or NHT). A maximum reimbursement applies for losses from terrorism. More information is available in:

- the Clauses Sheet for Terrorism Cover with the Nederlandse Herverzekeringsmaatschappij voor Terrorisemeschaden N.V.;
- the Nederlandse Herverzekeringsmaatschappij voor Terrorisemeschaden N.V. Claims Settlement Protocol and the accompanying explanatory note.

These documents are available on the NHT website (www.terrorisemeverzekerder.nl).

3. What is the term of your insurance?

Your insurance starts on the start date. This is stated on your policy sheet. Your insurance does not have an end date. Your insurance ends if you terminate the insurance (you can find more information about this in Clause 5 of these general terms and conditions). In some situations we can terminate your insurance (you can find more information about this in Clause 6 of these general terms and conditions).

4. What should you do if your situation changes?

Inform us of any changes immediately. For example, if your family situation changes, you move house or your contact details change.

Births and adopting a child

If you or your partner give birth to a baby or you adopt a child during the term of your insurance, you can add your child on to your insurance policy. Send us an email (info@oomverzekerings.nl) with your child's date of birth and full name. Don't forget to quote your policy number. Your child is insured from the date on which we receive your notification or from a later date if you request this.

Note: Depending on the type of insurance you have, adding a child to your policy may affect your premium. You will find the new premium on the policy, or you can request this from us in advance.

Different rules for births and adopting a child apply for the *Health Insurance*. For information on this see the special terms and conditions for your Health Insurance.

What if you fail to tell us about changes or to tell us in good time?

It is in your interests, and in ours, that you tell us about any changes immediately. If you don't tell us about a change or don't tell us in good time, the following rules apply:

- If the change would not have had any impact on the premium and the terms and conditions of your insurance then we will reimburse your claim according to the terms already agreed.
- If we would have revised the premium and/or the terms and conditions of your insurance if you had told us about the change (or told us in good time) then the revised terms and conditions determine whether we will reimburse your claim and the maximum amount we will pay.
- If we would have terminated your insurance if you had told us about the change (or told us in good time) then we will not reimburse your claim. Except where:
 - the claim arose within two months following the change, or;
 - you are able to prove that the claim has nothing to do with the reason why we would have terminated the insurance.

5. What if you want to terminate your insurance early?

You can terminate your insurance at any time from after 1 year after the start of your insurance. You need to do this in writing: by email, post, fax or using Mijn OOM. Your insurance terminates on the date when we receive your notification. Or on a later date if you have requested this.

If you have already paid the premium for the period after termination of your insurance this will be returned to you. You cannot terminate your insurance retrospectively. This is only possible if we have changed the premium or the policy terms and conditions in a way that disadvantages you (you can find more information on this in Clause 8 of these general terms and conditions).

If you have taken out Health Insurance with us that includes additional OOM Dental Cover then the additional cover will always terminate at the same time as the Health Insurance.

Cooling-off period

If you change your mind and decide that you don't want to have insurance with us after all, the following rules apply. If you terminate within 14 days of receiving the policy sheet then you will be refunded any premium you have already paid. If you have already used the insurance (for example by reporting a claim) then the cooling-off period does not apply.

6. Can we terminate your insurance early?

We may terminate your insurance in certain situations. We are entitled to do so if:

- you fail to pay your premium or do not pay on time;
- you deliberately give us incorrect or incomplete information with the aim of misleading us;
- you give us incorrect or incomplete information when making your application and we would not have insured you if you had provided the correct information;
- you commit fraud;
- you are guilty of swindling, coercion, threats or deception;
- you, an insured person or any other interested party is on an international sanctions list;
- you do not cooperate with an investigation carried out in the context of sanctions legislation.

We are also entitled to terminate your insurance if we are no longer able to carry out this insurance agreement (or no longer able to carry it out properly) due to changes in legislation or regulations or the cancellation of any authorisation.

Termination and premium reduction

If we terminate your insurance, we will send you a letter stating the date on which we are terminating your insurance. Your premium will be reduced according to what is reasonable, unless you have deliberately attempted to mislead us. If you are guilty of swindling, coercion, threats, deception or fraud then we are entitled to terminate your insurance with retrospective effect from the date on which this occurred.

7. When are you required to pay the premium?

You pay a premium for your insurance. Your premium is made up of the costs for your insurance together with administration charges and (if applicable) insurance premium tax.

Starting premium

The starting premium is the first payment that you make after taking out the insurance or after a change that results in an increase to the premium. You pay the starting premium within 30 days following the start date of your insurance or within 30 days after we send you your invoice.

Subsequent premium

The subsequent premium is each premium payment you make following the starting premium. If you do not pay your premium in a single payment when you take out your insurance then you can pay in the following ways:

- you receive an invoice from us, which you pay before the new insurance period starts;
- you authorise us to take the premium from your bank account by direct debit. We will inform you in advance about when the premium will be debited.

What if you fail to pay or do not pay on time?

If you do not pay on time, this will have consequences for the cover. We may also terminate the insurance. Below you will find additional information regarding this.

You fail to pay the starting premium or do not pay on time

In this case, we are entitled – without giving you any advance warning – to:

- suspend cover from the start date or the date of the change until the date on which we have received all overdue premium;
- terminate the insurance with retrospective effect from the start date.

You fail to pay the subsequent premium or do not pay on time

Then we will send you a written payment reminder, in which we inform you that we will:

- suspend cover from the 15th date after the payment reminder up to and including the date on which we have received all overdue premium;
- terminate the insurance. In that case you will receive a letter stating the date on which we are terminating your insurance. A termination notice period of two months will apply.

Overdue premium and collection charges

If we incur costs in order to collect overdue premium from you then we will charge these costs to you. Even if we terminate your insurance early, you will always be required to pay the full premium until the end date of your insurance.

Suspension and recommencement of cover

If cover under your insurance is suspended then cover will recommence on the day following the date on which we have received all overdue premium (and collection charges if applicable). This also applies if you arrange with us to pay your overdue premium in instalments. We will not reimburse any claims resulting from an event in the period when cover was suspended, even if cover has recommenced since that event.

8. Can we change your premium and policy terms and conditions?

We are entitled to change your premium and/or policy terms and conditions at any time. We will always inform you in writing (by letter or email) of any change in advance.

If the change is to your disadvantage and you do not agree to it then you are entitled to terminate your insurance with retrospective effect within 30 days after the change takes effect. In that case your insurance terminates on the date that the change took effect.

9. What is meant by the duty to disclose and what will happen if you do not comply?

The duty to disclose means that you have to give us all information that might be relevant when assessing your application for insurance. This also applies if you wish to change your insurance. It is possible that we will ask you extra questions.

If we determine that you have given us incorrect or incomplete information then we will notify you within two months. We will also inform you about the consequences. These may include:

- not reimbursing your claim or only partially reimbursing your claim;
- continuing your insurance on revised terms and conditions, for example excluding certain damage or loss from cover;
- terminating your insurance. In this situation we will decide the end date for your insurance. We are entitled to terminate your insurance if:
 - you deliberately gave incorrect or incomplete information with the aim of misleading us; in this case we will not refund any premium.
 - you gave us incorrect or incomplete information and we would not have insured you if you had given us the correct information; we will refund the premium for the period after the end date.
- register your details on the warning lists held by insurance companies in the Netherlands (you can find more information about this in Clause 12 of these general terms and conditions).

If you would like to find out more about the duty to disclose, please read our brochure on your rights and obligations, which is available on our website: www.oominurance.com.

Claims and reimbursement

10. What is the procedure if you have a claim?

If you have a claim or incur medical expenses that you believe to be covered under your insurance then the table on page 3 of these general terms and conditions shows who you should contact. You can also find this information in the special terms and conditions for each type of insurance.

What happens when you report a claim?

When you report a claim, we take the following action:

- First we check whether your claim is covered by your insurance.
- Sometimes, we do not have enough information to assess your claim. In that case we ask you (or another insured person) for more information.
- We may engage an expert. For example, to ascertain the scale of your loss or damage. OOM pays any costs involved in engaging an expert.
- If your claim is covered under the insurance and we have established the scale of the loss or damage then we calculate the reimbursement on that basis.

What do we expect you to do if you have a claim?

We expect you not to do anything that could have a negative impact on our interests. If you do this or fail to comply with any of the obligations set out below, then it is possible that we will not reimburse your claim or that you will have to refund a reimbursement you have already received. If you have a claim then:

- you report your claim no later than three years after the claim arose (this does not apply for Accident Insurance. More information on this is available in the Special Terms and Conditions for Personal Accident Insurance).
- we receive from you all information needed to assess your claim. This means that you send us any invoices and a clear indication what loss or damage we need to reimburse for you.
- you send us the original invoice or send us a copy of the invoice and keep the original. We can ask to check the original invoice at any time.
- you send additional information within a reasonable period if we or anyone we have engaged asks for this.
- you inform us if your claim may also be covered under another insurance, such as your basic health insurance or a travel insurance policy. This includes us being able to ask you to send us your policy document.
- you help us if we wish to recover your loss or damage from someone else. This may include you authorising us to share necessary data with a third party with the purpose of substantiating this claim.
- you are not permitted to admit any liability. Of course, you are allowed to confirm the facts.

What if you have an own risk excess?

For some insurances, such as Health Insurance or Travel Insurance, an own risk excess may apply. This means that you pay the first part of the costs yourself. Your policy sheet states the own risk excess that applies. If you have a claim for which an own risk excess applies then we will deduct the own risk excess from the amount that we reimburse you.

Personal data, fraud and complaints

11. How do we use your personal information?

For your insurance we need you to provide some personal information. We use this information to:

- enter into and carry out agreements with you;
- recover claims from others, for example from your basic health insurance;
- safeguard the security and integrity of OOM, our customers and staff and the financial sector;
- maintain and expand our relationship with you;
- measure customer satisfaction;
- carry out statistical analysis;
- satisfy our legal obligations.

Passing on information

At times it will be necessary for us to pass on your personal information to other parties such as healthcare providers, healthcare institutions, suppliers, debt collection agencies, Vecozo and Vektis. If you have a good reason why these parties should not have access to your information then please notify us in writing.

Government bodies such as the police, the justice department, the tax authorities or regulators may also ask us for your personal information. We will pass your information to these bodies if we are required by law to do so or if it is necessary to protect our interests.

OOM complies with the Code of Conduct for the Processing of Personal Data by Financial Institutions. This code of conduct is available on the website of the Dutch Association of Insurers (VAV) (www.verzekeraars.nl).

With respect to Health Insurance and SOS Insurance OOM complies with the Code of Conduct for the Processing of Personal Data by Health Insurers. This code of conduct is available on the website of the Dutch Association of Health Insurance Companies (www.zn.nl).

In order to maintain a responsible policy for acceptance, claim processing, risk management and fraud prevention, we pass information about your claims and insurance on to the Central Information System maintained by insurance companies in the Netherlands. You can find more information about this on the website of the Central Information System Foundation (www.stichtingcis.nl).

More information

To find out more about how we use your personal information, take a look at our website www.oominurance.com/privacy.

12. What action do we take if we discover fraud?

Fraud occurs when someone intentionally provides incorrect or incomplete information in order to obtain an advantage to which they are not entitled. This is the case, for example, when attempting to obtain insurance cover, compensation or payment based on an incorrect representation of events.

Examples of fraud include:

- you do not provide all the information when applying for insurance in order to still get insurance or avoid additional terms and conditions on the insurance. This also puts you in breach of the obligation to disclose (see also Article 9);
- you report an amount higher than the actual damage;
- you intentionally fail to comply with the obligation to limit damage;
- you falsify an invoice;
- you stage a burglary.

In cases of fraud, we may take action including, but not limited to, the following:

- report the matter to the police;
- refuse an application for insurance, or change or terminate a current insurance with immediate effect;
- recover any payments made and investigation costs wrongfully incurred, or not pay the claim;
- register the incident in internal and/or external fraud registers; In this case, we adhere to the 'Financial Institutions Incident Warning System' protocol;
- issue a warning;
- report the case to the Centre for Combating Insurance Crimes (CBV) of the Dutch Association of Insurers. The CBV records the report and where there are similarities between incidents informs the insurers concerned, who are then able to contact each other. Insurers can consult the CBV register when considering job applications or appointing new employees, and when carrying out integrity assessments of business contacts. The CBV also warns insurers about general and specific types of activities. To access the register, you can write to the CBV at P.O. Box 93450, 2509 AL The Hague, The Netherlands. You should provide a copy of a valid identification document.

To find out more about how we deal with fraud, please read our brochure on your rights and obligations, which is available on our website <https://www.oominsurance.com/fraud-policy/>.

13. What can you do if you have a complaint?

By a complaint we mean a report or response that shows your expectations have not been met. A misunderstanding that we are able to resolve quickly is not a complaint.

If you have a complaint, you should take the following action:

- 1) Report your complaint to OOM's Foreign Insurance Department. You can do so by letter, by email (info@oomverzekeringen.nl), by telephone or using Mijn OOM.
- 2) If you are not satisfied with the department's response, refer your complaint to the management of OOM by letter, email or telephone. Within ten days you will either receive a response dealing with the substance of your complaint or we will let you know when to expect such a response.
- 3) If you are not satisfied with the way we have dealt with your complaint then you can get in touch with an independent body that deals with complaints. The table below shows which organisations you can contact.

Organisation dealing with complaints	For complaints about...
Health Insurance Complaints and Disputes Foundation (SKZG) PO Box 291, 3700 AG Zeist Call: +31 (0)30 698 83 60 www.skgz.nl	terms and conditions, service and procedures for your Health Insurance or SOS Insurance
Dutch Health Care Authority (NZA) PO Box 3017, 3502 GA Utrecht Call: +31 (0)88 770 87 70 www.nza.nl	forms for your Health Insurance or SOS Insurance, for example, because you think they are too complicated
Financial Services Complaints Institute (Kifid) PO Box 93257, 2509 AG The Hague Call: +31 (0)70 333 89 99 www.kifid.nl	war and kindred risks cover under your Health Insurance or SOS Insurance or other insurance policies with OOM

- 4) If you do not wish to go to one of these organisations you can also take your complaint to the court in The Hague. You can only do this if you have taken up the complaint with OOM first.

Of course we will always do our best to find an appropriate solution. For more information on our complaints procedure see www.oominsurance.com/complaints.

Complaints about your insurance agent

If you have a complaint about your insurance agent you should complain to the insurance agent directly. You may also wish to report the complaint to us so that we are aware of the situation.

Part 2 – Special terms and conditions Health- and SOS cover

1. What do we mean by...?

Cost price

In the terms and conditions we often state that we reimburse the cost price. By this we mean that we reimburse the full rate charged by the health care provider (for example, a general practitioner, therapist or specialist) for the medical treatments. However, OOM does have the ability to negotiate with the health care provider regarding the rate charged.

Childbirt

Care by a maternity nurse, for mother and child, and household chores.

Country of origin and domicile

- **Country of origin:** The country where you lived before moving abroad or the country of which you are a national.
- **Domicile:** The place where you live. Generally, this place will be the centre of your daily life. We determine where you live on the basis of your legal, economic and social connection with a country and your connections with the country of origin. For example: which country you are registered in as a resident or where you work and pay taxes.

War and kindred risks

- **Armed conflict:** if nations or other organised parties fight with one another or one contends against the other, in either case using military weapons. Or armed action by United Nations peacekeeping forces.

- **Civil war:** a more or less organised violent conflict between inhabitants of a single nation, involving a significant proportion of the inhabitants.
- **Civil disturbance:** more or less organised acts of violence occurring at several locations within a nation.
- **Uprising:** organised violent resistance within a nation, directed at the public authorities.
- **Riot:** a more or less organised violent local action directed at the public authorities.
- **Mutiny:** a more or less organised action by members of an armed force directed at the authorities under whose command they are placed.

This war and kindred risks terminology forms part of the text filed at the District Court of The Hague by the Verbond van Verzekeraars in Nederland (Dutch Association of Insurers) on 2 November 1981.

Accident

Sudden and direct external assault causing you physical injury capable of being identified by medical means.

Hospital

An institution authorised by the competent authorities where, in the event of illness, you can be nursed, treated and examined. This description also includes any institution specifically intended for rehabilitation and a sanatorium. Rest homes, convalescent homes and nursing homes are not included.

2. Where is your insurance valid?

Your policy sheet states the region in which you are insured. There are 3 regions:

- **World:** you are insured anywhere in the world.
- **World excluding US:** you are insured anywhere in the world, except the United States.
- **World excluding US, China, Hong Kong, Malaysia, Singapore and Indonesia:** you are insured anywhere in the world, except the United States, China, Hong Kong, Malaysia, Singapore and Indonesia.

Note: SOS cover and OOM Dental cover apply anywhere in the world.

Regardless of the insured region, there is no coverage in the Netherlands during any period when you are required, under the Dutch Health Insurance Act (Zvw) or another statutory provision, to be insured under Dutch basic health insurance or another statutory health insurance.

The following provisions apply if you have medical treatment in a region for which you are not insured:

- If you are insured for the “World excluding US” region but you incur costs in the United States or you change your insurance because you intend to have medical treatment in the United States, we will insure 75% of these costs.
- If you are insured for the “World excluding US, China, Hong Kong, Malaysia, Singapore and Indonesia” region but you incur costs in the United States or you change your insurance because you intend to have medical treatment in the United States, we will insure 50% of these costs.
- If you are insured for the “World excluding US, China, Hong Kong, Malaysia, Singapore and Indonesia, we will reimburse the following costs:
 - Urgent medical treatment: 100%. This is limited to: costs of treatment in hospital and medical transport by ambulance by road to the closest hospital, to the extent that these costs are included under the cover you have chosen. The situation must involve a sudden illness or accident for which you require immediate medical treatment.
 - 75% of the costs of other medical treatments, where these are included under the cover you have chosen.

If you go to a region for which a higher premium applies for the purpose of having medical treatment, no cover will apply unless you have obtained permission for this from OOM or the OOM Assistance Centre.

3. In which circumstances will we reimburse your claim?

We only reimburse medical costs you incur during the term of your insurance.

Medical necessity

If and to the extent it is medically necessary, we will reimburse the costs of medical assistance, as described in clause 7 of these terms and conditions. By medical necessity we mean that the necessity is based on generally recognised, scientific medical considerations. The treatment, test or examination is generally accepted according to medical standards.

Unrestricted choice of health care provider

You are entitled to select the hospital or health care provider of your choice. We do ask you to follow the instructions of the OOM Assistance Centre.

Maximum reimbursement amount

OOM will not reimburse any amount that exceeds the maximum charge rates approved by the appropriate authorities.

4. Which cover options are available for the OOM International insurance?

With the OOM International insurance you can choose different levels of cover:

- **Plus**-cover
- **Top**-cover

The differences between these cover options are set out in clause 8.

SOS cover

If you have health insurance with Plus or Top cover, you are automatically entitled to SOS cover.

OOM Dental cover

In addition to Plus or Top cover, you can take out OOM Dental cover. This insures you for dental costs up to a maximum amount. This maximum amount applies for dental costs per insured person per insured year. OOM Dental cover cannot be taken out separately.

War and Kindred Risks cover

If you have health insurance with Plus or Top cover, you are automatically entitled to War and Kindred Risks cover. It is not possible to take out War and Kindred Risks cover separately.

These special terms and conditions explain which costs we reimburse for each cover option.

Discount if you have Dutch basic health insurance

If you take out Plus or Top cover alongside Dutch basic health insurance, you will receive 15% discount on the premium. You will need to provide proof of your basic health insurance, by providing us with a copy of the policy sheet at our request. If you cease to be entitled to basic health insurance, you must inform us within one month. In that event, the discount will also cease to apply. You will pay the full premium again from such time as your entitlement to basic health insurance ceases. If it turns out you do not have Dutch national health insurance, we will charge you the full amount for your insurance premium from the moment you were no longer entitled to the Dutch national health insurance. This means that you will need to pay a supplement to the premium you paid during that period.

Age-related premium increase

The premium for your health insurance is dependent on your age. When you reach the ages of 18, 30 and 40 years (and every five years thereafter) the premium for your health insurance will increase.

5. Are your children also insured?

If you inform us of the birth of your child in writing within one month, your child is insured from birth and any congenital diseases or defects are also covered.

If you do not notify us in time, you can make an application accompanied by a health declaration. If we accept your child, they will be insured from the date of the acceptance.

Your child will automatically receive the same cover as you. For example, if you have taken out Plus cover, your child will also have that cover.

If you adopt a child, your child is not automatically insured with us. In that case, you can make an application accompanied by a health declaration. If we accept your child, they will be insured from the date of the acceptance.

Please note: that from the time when your child is insured with us you will also pay a premium for your child.

If you are a mother insured with us and you and your new baby have to spend more time in hospital, we will reimburse the costs for both mother and child.

6. What should you do if you have a claim?

In the following situations you should do so by contacting the OOM Assistance Centre.

Worldwide (except in the US)

OOM Assistance Centre

+31 (0)70 353 21 35

24 hours a day, 7 days a week, assistance provided in Dutch or English

In which situations:

- hospitalisation (except in the US);
- death of the insured person;
- medical repatriation or necessary early return;
- search or rescue;
- pregnancy and childbirth (no later than 10 weeks before the expected due date, so that together with the OOM Assistance Centre, you can look for a suitable local hospital for the birth)..

Note:

- Never reimburse the costs to a healthcare provider yourself if a payment guarantee has been issued by the OOM Assistance Centre. Even if the healthcare provider offers you a discount if you pay immediately;
- Bear in mind that a medical assessment is necessary for a payment guarantee in the event of non-emergency, plannable medical care. This may take several days.

You do not need to inform us separately of events that are non-urgent. You can upload your claims via our online customer portal My OOM on www.oominurance.com.

If you have any questions, please contact:

OOM Verzekeringen

Telephone: +31 (0)70 353 21 00

(during office hours in the Netherlands, 8.30 a.m. to 5 p.m.)

Fax: +31 (0)70 360 18 73

Website: www.oominurance.com

E-mail: info@oomverzekeringen.nl

The general terms and conditions set out your other obligations, such as your obligation to cooperate with the investigation to assess a claim, and the consequences if you fail to comply with your obligations.

7. How do we process claims?

When we receive a claim from you, we first check whether the costs incurred are eligible for reimbursement. And if so, what is the reimbursement amount. In determining this amount, we take into consideration a number of aspects, including the maximum reimbursement amount.

You can also submit claims using our online customer portal "My OOM".

Does an own risk excess apply?

You may have opted for an own risk excess to apply to your Plus or Top cover. This own risk excess applies per insured person per insured year. If the period insured is shorter than a year, then the own risk excess applies for the period insured. You select the own risk excess amount when applying for the insurance and this amount is stated on your policy sheet. No own risk excess applies for SOS cover, Care Plan or OOM Dental cover. If you are hospitalised in one insured year and only discharged from hospital in the following insured year, the own risk excess only applies once.

We reimburse the amount remaining after any own risk excess has been deducted. We will transfer this amount to you in Euros, unless we have agreed otherwise with you.

We reserve the right to recover from you by direct debit any own risk excess amount that we have reimbursed you.

Foreign currencies

If you send a bill to us that has been charged in a foreign currency, we will convert the amount charged into Euros at the exchange rate applicable on the day the event occurred. For bills for health insurance or SOS insurance, we use the exchange rate on the invoice date. We use the exchange rate published at <http://finance.yahoo.com>.

8. Which medical treatments are covered by your OOM International insurance?

The medical treatments and costs that we reimburse depend on your cover. For each type of treatment or cost we set out below the reimbursement you are entitled to under the various cover options.

For treatment by a health care provider (for example a general practitioner, therapist or specialist), the provider must be accredited by an authorised body and authorised to carry out such treatment.

General Practitioner

What does your OOM International insurance reimburse?

	Plus	Top
All treatment by a general practitioner	Cost price	Cost price

Medication and dressings

What does your OOM International insurance reimburse?

	Plus	Top
Medication and dressings	Cost price	Cost price

Conditions:

We reimburse products that are authorised to be marketed as medication or dressings and that you can collect from a pharmacy or a general practitioner who operates a pharmacy only by prescription from a general practitioner or specialist.

Specialist treatment and second opinion

What does your OOM International insurance reimburse?

	Plus	Top
Specialist treatment	Cost price	Cost price
Associated medical costs	Cost price	Cost price
Second opinion	Cost price	Cost price

Conditions:

- The treatments, examinations or tests are carried out by a specialist.
- The treatment or examination forms part of the specialty for which the physician is registered.
- We also reimburse associated medical costs for specialist treatment, such as the costs of x-rays, blood transfusions, radiation, anaesthesia and use of operating theatre or outpatient facilities.

Laboratory tests

What does your OOM International insurance reimburse?

	Plus	Top
Laboratory tests	Cost price	Cost price

Conditions:

- You have the laboratory tests carried out on the orders of a general practitioner or specialist.
- The invoice for the tests is issued by a hospital or laboratory.

Hospitalisation

What does your OOM International insurance reimburse?

	Plus	Top
Hospitalisation	Cost price	Cost price

Conditions:

- The uninterrupted duration of hospitalisation does not exceed 365 days. A new period commences after an interruption of more than 30 days.
- We will not reimburse any additional costs for a single or twin room, unless you have taken out the Care Plan cover.

Medical transport

What does your OOM International insurance reimburse?

	Plus	Top
Transport by ambulance	Cost price	Cost price
Patient transport	<ul style="list-style-type: none">• Public transport: lowest class• Taxi: cost price• Use of own vehicle: € 0.20 p/km	<ul style="list-style-type: none">• Public transport: lowest class• Taxi: cost price• Use of own vehicle: € 0.20 p/km

Conditions:

- The medical transport is medically necessary.
- From a medical perspective you are no longer in a condition to travel independently to the nearest hospital or the place of treatment.
- You always select the cheapest form of transport available.
- We reimburse ambulance transport by road only. We will only reimburse transport over water or air transport if no other form of transport is available or if other forms of transport cannot be used for medical reasons.
- Patient transport must immediately precede and follow your visit to a general practitioner, specialist or hospital.

Transplantatie

What does your OOM International insurance reimburse?

	Plus	Top
Transplantation	Cost price	Cost price
Nursing and treatment of the donor	Cost price	Cost price

Conditions:

- Reimbursement applies for transplantation of bone marrow, bone, cornea, skin tissue, kidney, heart, liver (orthotopic), lung, heart-lung and kidney-pancreas.
- You have obtained authorisation from OOM in advance.

The donor's costs:

The donor receives a payment for nursing and treatment costs on the basis of the class for which the donor is insured. In addition, the donor is also entitled to medical treatment for three months from the date of discharge from hospital following a transplant. This applies only to medical treatment for the donor that is related to the transplantation covered under this insurance.

Kidney dialysis

What does your OOM International insurance reimburse?

	Plus	Top
Kidney dialysis	Cost price	Cost price

Conditions:

You have obtained our authorisation in advance.

Treatment by a plastic surgeon

What does your OOM International insurance reimburse?

	Plus	Top
Treatment by a plastic surgeon	Cost price	Cost price

Conditions:

We only reimburse treatment by a **plastic surgeon** if:

- the procedure is the consequence of an accident or severe defects that were present and identified at birth;
- you have obtained our authorisation for the procedure in advance.

Rehabilitative day care

What does your OOM International insurance reimburse?

	Plus	Top
Rehabilitative day care	Cost price	Cost price

Conditions:

- We reimburse treatment, advice and assistance in a rehabilitation clinic per day or half day.
- The treatment, advice and assistance are provided by a team consisting of at least a specialist, a paramedic and a psychologist or expert in social work, ergonomist or rehabilitation and the associated care.
- The rehabilitation clinic must be accredited for rehabilitation by the authorised bodies.

Accommodation costs

What does your OOM International insurance reimburse?

	Plus	Top
Accommodation costs	Up to € 100 per day to a maximum of € 2,000 per case	Up to € 100 per day to a maximum of € 2,000 per case

Conditions:

- You receive medical treatment away from your place of domicile and it is medically necessary for you to stay near the hospital.
- The reimbursement is intended to cover you and, if necessary, your partner.
- We reimburse the costs of staying in a hotel, motel or apartment on the basis of accommodation only. We do not reimburse payments for staying with friends or family, for example.
- You must be able to prove the accommodation costs by providing bills from the hotel, motel or apartment.

Accommodation for a family member in a hospital guesthouse

What does your OOM International insurance reimburse?

	Plus	Top
Accommodation for a family member in a hospital guesthouse in the case of an insured person up to 18 years of age	Up to € 12.50 per day to a maximum of € 260 per case for parents covered by the policy	100% for parents covered by the policy
Accommodation for a family member in a hospital guesthouse in the case of an insured person over 18 years of age	Up to € 25 per day for a direct family member covered by the policy	100% for a direct family member covered by the policy

Conditions:

- We reimburse the costs of a guesthouse that is affiliated to the hospital where you have been admitted.

Vaccinations against rabies and tetanus

What does your OOM International insurance reimburse?

	Plus	Top
Vaccinations and Immunoglobulin	Cost price	Cost price

Conditions:

- We only reimburse you for a vaccination against **rabies** if you have been scratched, bitten or licked by an animal that could be infected with rabies.
- We only reimburse you for a vaccination against **tetanus** if you are at risk of infection with tetanus due to a wound and the preventive vaccinations do not provide sufficient protection.

Physiotherapy, exercise therapy, chiropractic or manual therapy

What does your OOM International insurance reimburse?

	Plus	Top
Physiotherapy, exercise therapy, chiropractic or manual therapy	Up to 25 treatments per insured person per insured year	Unlimited

Conditions:

- The maximum number of treatments applies to treatments of all types taken together. For example: if you have Plus cover, you are entitled to 25 treatments. If you have already had physiotherapy 6 times, you are still entitled to a maximum of 19 exercise therapy sessions.

Ergotherapy

What does your OOM International insurance reimburse?

	Plus	Top
Advise, instruction, training or treatment by an ergo therapist	Cost price up to a maximum of 10 hours per insured person per insured year	Cost price up to a maximum of 10 hours per insured person per insured year

Speech therapy

What does your OOM International insurance reimburse?

	Plus	Top
Speech therapy	Up to 25 treatments per insured person per insured year	Unlimited

Dietetics

What does your OOM International insurance reimburse?

	Plus	Top
Dietary advise by a dietician	Cost price up to a maximum of 4 hours per insured person per insured year	Cost price up to a maximum of 4 hours per insured person per insured year

Dentistry up to 18 years of age

What does your OOM International insurance reimburse?

	Plus	Top
Dentistry up to 18 years of age	<ul style="list-style-type: none">• medically necessary dentistry, such as diagnostics, prevention, dental cleaning;• two preventive checks per year;• fillings and anaesthetics. <p>We reimburse these costs up to € 350 per insured person per insurance year or insured period if you are insured for a shorter period.</p>	<ul style="list-style-type: none">• medically necessary dentistry, such as diagnostics, prevention, dental cleaning;• two preventive checks per year;• fillings and anaesthetics. <p>We reimburse these costs up to € 350 per insured person per insurance year or insured period if you are insured for a shorter period.</p>

Special dentistry from 18 years of age

What does your OOM International insurance reimburse?

	Plus	Top
Special dentistry from 18 years of age	<p>We reimburse these costs up to € 350 per insured person per insurance year or insured period if you are insured for a shorter period. Special circumstances apply in the following situations:</p> <ul style="list-style-type: none">• you have a developmental disorder, growth disorder or defect of the dental, oral and maxillofacial system of such severity that your jaw no longer functions properly and will not function properly without this treatment• without this care the result of any medical treatment will be demonstrably inadequate and you will be unable to maintain or obtain a properly functioning jaw• according to the guidelines of the Dutch Centre for Special Dental Care you have extreme anxiety about dental treatments	<p>We reimburse these costs up to € 350 per insured person per insurance year or insured period if you are insured for a shorter period. Special circumstances apply in the following situations:</p> <ul style="list-style-type: none">• you have a developmental disorder, growth disorder or defect of the dental, oral and maxillofacial system of such severity that your jaw no longer functions properly and will not function properly without this treatment• without this care the result of any medical treatment will be demonstrably inadequate and you will be unable to maintain or obtain a properly functioning jaw• according to the guidelines of the Dutch Centre for Special Dental Care you have extreme anxiety about dental treatments

Routine dental costs are not insured as standard under the health insurance. If you have taken out OOM Dental cover, this will be stated on your policy sheet. This cover is described in clause 10.

Dentistry following an accident

What does your OOM International insurance reimburse?

	Plus	Top
Dentistry following an accident	<p>Up to € 475 per insured person per insured year or insured period if you are insured for a shorter period</p>	<p>Up to € 600 per insured person per insured year or insured period if you are insured for a shorter period</p>

Conditions:

- The treatment is the consequence of an accident and is intended to repair or improve the teeth.
- The dental treatment is carried out by an authorised dentist or oral surgeon.

Oral surgery and dental implants

What does your OOM International insurance reimburse?

	Plus	Top
Oral surgery and dental implants	Cost price	Cost price

Conditions:

You are entitled to reimbursement of the cost of dental implants and the costs of their implantation in the jaw if:

- The dental treatment is carried out by an authorised dentist or oral surgeon.
- you have a very severely receded toothless jaw;
- the implant is for the purpose of affixing a fully removable prosthesis;
- the proposed treatment is efficacious and not unnecessarily expensive or complicated;
- we have given prior approval.

We only reimburse the oral surgeon's fee and the associated hospital costs.

The costs of attaching the permanent part of the suprastructure to implants and the overdenture or other prosthesis are not reimbursed.

Orthopedic dentistry

What does your OOM International insurance reimburse?

	Plus	Top
Orthopedic dentistry	Cost price	Cost price

Conditions:

This covers treatments of a dental orthopedic abnormality:

- due to a cleft lip, jaw or palate;
- in the upper or lower jaw that require surgical correction (osteotomy) and for which pre-treatment and aftercare is necessary;
- as a direct consequence of a physical development disorder (cleidocranial dysostosis), in which one of the symptoms is an excess of dental elements with delayed or disrupted eruption.

Orthodontics

What does your OOM International insurance reimburse?

	Plus	Top
Orthodontics for insured persons under 21 years of age	Up to € 1,200 per insured person, for as long as they are insured with OOM. The number of separate insurance agreements they have had with OOM is not relevant.	Up to € 1,800 per insured person, for as long as they are insured with OOM. The number of separate insurance agreements they have had with OOM is not relevant.
Orthodontics for insured persons from 21 years of age	Not covered	50% of the cost price, up to € 1,000 per insured person, for as long as they are insured with OOM. The number of separate insurance agreements they have had with OOM is not relevant.

Pregnancy, childbirth and childbirth

What does your OOM International insurance reimburse?

Plus	
	<p>Pregnancy</p> <ul style="list-style-type: none"> • obstetric care by a specialist, general practitioner or midwife; • examinations, tests and medication prescribed or ordered by the specialist, general practitioner or midwife. <p>Childbirth</p> <ul style="list-style-type: none"> • the use of outpatient facilities; • admission to a hospital or maternity hospital. <p>Maternity care</p> <ul style="list-style-type: none"> • maternity care in a hospital or maternity hospital: if you gave birth in a hospital or maternity hospital – not as an outpatient – then we will reimburse your costs if you are required to stay in hospital due to medical necessity; • maternity care at home: up to a maximum of € 1,500 spread over up to 10 days after the birth. If you gave birth in a hospital or maternity hospital – not as an outpatient – then we will reduce the maximum amount by € 150 for each day of hospitalisation.

Top

Pregnancy

- obstetric care by a specialist, general practitioner or midwife;
- examinations, tests and medication prescribed or ordered by the specialist, general practitioner or midwife.

Childbirth

- the use of outpatient facilities;
- admission to a hospital or maternity hospital.

Maternity care

- maternity care in a hospital or maternity hospital: if you gave birth in a hospital or maternity hospital – not as an outpatient – then we will reimburse your costs if you are required to stay in hospital due to medical necessity;
- maternity care at home or in a maternity hotel: up to € 2,250 spread over up to 10 days after the birth. If you gave birth in a hospital or maternity hospital – not as an outpatient – then we will reduce the maximum amount by € 225 for each day of hospitalisation.

Conditions:

- You must inform the OOM Assistance Centre no later than ten weeks before your due date of the hospital where you wish to give birth. The Assistance Centre will either approve your request or nominate an alternative hospital.
- If you decide to give birth in a hospital that has not been approved by the Assistance Centre, we will reimburse 75% of the costs of your childbirth.
- The maternity nurse or doula has all necessary, valid qualifications and works according to the relevant protocols.
- The maternity nurse or doula is self-employed or employed by or associated with a maternity centre, maternity hotel or hospital.

Fertility treatment and (pre-treatment) examinations and tests

What does your OOM International insurance reimburse?

	Plus	Top
Fertility treatment and (pre-treatment) examinations and tests	<ul style="list-style-type: none">• AID / AIH / OI: cost price• IVF / ICSI: up to 3 treatments with a maximum of € 3,000 per treatment	<ul style="list-style-type: none">• AID / AIH / OI: cost price• IVF / ICSI: up to 3 treatments with a maximum of € 3,000 per treatment

Conditions:

- The woman undergoing (pre-treatment) examinations and tests and treatments is under 43 years of age and incapable of having children (primary infertility).
- Examinations and/or tests must show that it is impossible for the woman to have children naturally.
- The treatment is for a first child only.
- Treatment takes place in a hospital suitable for that purpose. OOM has given prior written approval.
- We reimburse the costs of ovulation induction (OI).

- We reimburse the costs of artificial insemination with partner's sperm or donor sperm (AIH/AID). For up to 3 treatments including medication we reimburse:
 - the costs associated with an in vitro fertilisation treatment (IVF or ICSI), up to € 3,000 per treatment.
- We do not reimburse fertility treatments carried out for another reason, such as pre-implantation genetic diagnosis or selection (PGD).

Sterilisation

What does your OOM International insurance reimburse?

	Plus	Top
Sterilisation	<ul style="list-style-type: none"> • For men: up to € 450 per insured person • For women: cost price 	<ul style="list-style-type: none"> • For men: up to € 450 per insured person • For women: cost price

Conditions:

We do not reimburse complications of sterilisation or treatment to reverse sterilisation.

Abortion

What does your OOM International insurance reimburse?

	Plus	Top
Abortion	Cost price	Cost price

Conditions:

The abortion is carried out in a hospital by a specialist qualified to perform this procedure.

Contraception

What does your OOM International insurance reimburse?

	Plus	Top
Contraception	Cost price of the pill, contraceptive injection, (copper) coil (IUD), NuvaRing, contraceptive implant or pessary	price of the pill, contraceptive injection, (copper) coil (IUD), NuvaRing, contraceptive implant or pessary

Conditions:

The contraceptive is prescribed by a doctor.

Psychotherapy

What does your OOM International insurance reimburse?

	Plus	Top
Psychotherapy	8 sessions up to € 800 per insured person per insured year	15 sessions up to € 1,500 per insured person per insured year
Admission to a psychiatric hospital	Cost price, see the conditions described above for "Hospitalisation"	Cost price, see the conditions described above for "Hospitalisation"

Conditions:

The insured person is treated by a psychiatrist, psychologist or practising psychotherapist authorised to perform the relevant treatment.

Preventive medicine

What does your OOM International insurance reimburse?

Preventive medicine	<p>Plus</p> <ul style="list-style-type: none">• screening heart and blood vessels, once every 2 years;• screening for cervical cancer, for women aged 21 years and over. Once every 5 years we reimburse the cost of a 'smear test';• screening for breast cancer, for women aged 30 years and over. Once every 2 years we reimburse the cost of an MRI scan or a mammogram;• screening for prostate cancer, for men aged 40 years and over. Once every 2 years we reimburse the cost of a Prostate Specific Antigen test;• screening for colon cancer, once every 5 years;• juvenile health care by a doctor or nurse, as provided by the Infant Welfare Centre in the Netherlands, which tracks the insured child's (general) development in terms of motor skills, senses, growth and weight. <p>Top</p> <p>We reimburse the same costs as under Top cover. In addition, once every 5 insured years we reimburse 75% of the costs of a Full Body Scan or complete preventive examination up to €800.</p>
---------------------	--

Vaccinations (preventive)

Plus

- vaccinations against influenza;
- COVID-19 vaccinations, unless these are reimbursed by the government of your country where you reside;
- the cost of travel vaccinations up to € 100 every 2 insured years.

We also reimburse the cost of childhood vaccinations. This always includes entitlement to reimbursement of the vaccinations applicable in the Netherlands in the current Vaccination Programme of the National Institute of Public Health and Environmental Protection (RIVM). You can download the text at www.rivm.nl/rvp or request a copy from OOM.

If the vaccinations usual in the country where you reside differ from those usual in the Netherlands, then we will also reimburse these vaccinations. You will need to prove this by providing a copy of the official vaccination programme of the country where you reside.

Top

- vaccinations against influenza;
- COVID-19 vaccinations, unless these are reimbursed by the government of your country where you reside;
- the cost of travel vaccinations up to € 150 every 2 insured years.

We also reimburse the cost of childhood vaccinations. This always includes entitlement to reimbursement of the vaccinations applicable in the Netherlands in the current Vaccination Programme of the National Institute of Public Health and Environmental Protection (RIVM). You can download the text at www.rivm.nl/rvp or request a copy from OOM.

If the vaccinations usual in the country where you reside differ from those usual in the Netherlands, then we will also reimburse these vaccinations. You will need to prove this by providing a copy of the official vaccination programme of the country where you reside.

Heredity testing

What does your OOM International insurance reimburse?

	Plus	Top
Heredity testing	Cost price	Cost price

Conditions:

You must obtain our authorisation in advance.

Aids

What does your OOM International insurance reimburse?

Aids

The following reimbursements apply per insured person:

Plus and Top

We reimburse the following **aids on prescription** from a doctor **following an accident documented by evidence**:

- For crutches and a wheelchair, we reimburse up to € 100 per accident. This includes both rental and purchase of aids.
- For prosthetics (not dentures) we reimburse up to € 750 per accident.

You must purchase or rent the aids within 90 days following the accident (but within the term of the insurance).

We also reimburse **aids that you require for reasons other than an accident**. The Medical Aids Regulations set out the conditions under which we reimburse a specific aid, the period of use and in which cases you need to obtain prior written authorisation from us. The regulations form part of the terms and conditions of the insurance and are therefore included in the insurance agreement. You can download the regulations at www.oominurance.com or request a copy from OOM.

Other aids

The following reimbursements apply per insured person:

Plus

Cot death monitoring equipment

OOM reimburses the costs of the rental or loan of cot death monitoring equipment for a period of up to 18 months, provided that you have a referral from your doctor and you have obtained prior approval from OOM.

Orthotic insoles

OOM reimburses the costs of orthotic insoles prescribed by your doctor, provided that the orthotics are supplied by an orthotic technician. The maximum reimbursement amount is € 150 per insured person per insured year.

Bedwetting alarm

OOM reimburses the costs of the rental or purchase of a bedwetting alarm (including sensor pants) up to a maximum of € 85 per insured person for the entire term of the insurance, if prescribed by your doctor.

Nursing items

OOM reimburses the costs of the rental of nursing items. You are not entitled to reimbursement if you are entitled to their supply under a statutory provision or if their supply can reasonably be regarded as superfluous, unnecessarily expensive or complicated or inefficacious.

Top

Cot death monitoring equipment

OOM reimburses the costs of the rental or loan of cot death monitoring equipment, provided that you have a referral from your doctor and you have obtained prior approval from OOM.

Orthotic insoles

OOM reimburses the costs of orthotic insoles, provided that the orthotics are supplied by an orthotic technician.

Bedwetting alarm

OOM reimburses the costs of the rental or purchase of a bedwetting alarm (including sensor pants), if prescribed by your doctor.

Nursing items

OOM reimburses the costs of the rental of nursing items. You are not entitled to reimbursement if you are entitled to their supply under a statutory provision or if their supply can reasonably be regarded as superfluous, unnecessarily expensive or complicated or inefficacious.

Glasses and contact lenses

What does your OOM International insurance reimburse?

	Plus	Top
Glasses, contact lenses en eye laser treatment	Not covered	Up to € 350 per person for every 2 insured years

Conditions:

- We reimburse glasses frames, prescription spectacle lenses, prescription sunglasses, prescription contact lenses and night lenses.
- You purchase the glasses or contact lenses from an optician or optical company.

Alternative health care

What does your OOM International insurance reimburse?

	Plus	Top
Alternative health care	Up to € 30 per consultation with a maximum of € 250 per insured person per insured year	Up to € 65 per consultation with a maximum of € 1,000 per insured person

Explanation

We reimburse alternative healthcare such as osteopathy, homeopathy, acupuncture or anthroposophy. We do not reimburse experimental treatments or relaxation therapies such as yoga.

Conditions:

The alternative healthcare provider must be registered with an accredited professional body in the country where the treatment takes place.

Dermatology

What does your OOM International insurance reimburse?

	Plus	Top
Acne treatment up to 21 years of age	Up to € 500 per insured person per insured year	100% per insured person per insured year
Camouflage instruction	Up to € 70 per insured person per insured year for a maximum of 2 instruction lessons, in the case of severe skin disorders of the face and/or neck, instruction lessons including camouflage products	Up to € 120 per insured person per insured year for a maximum of 2 instruction lessons, in the case of severe skin disorders of the face and/or neck, instruction lessons including camouflage products
Electric epilation/laser treatment	Up to € 350 per insured person per insured year for the entire duration of the insurance for own risk excessive facial hair growth	Up to € 1.500 per insured person per insured year for the entire duration of the insurance for own risk excessive facial hair growth

Conditions:

- The treatment must be prescribed by a dermatologist or other doctor (including your GP).
- You must obtain our authorisation in advance for the acne treatment up to 21 years of age or electric epilation/laser treatment.

Health spa

What does your OOM International insurance reimburse?

	Plus	Top
Health spa within Europe for rheumatism and psoriasis	Not covered	Up to € 500 per insured person per insured year

Conditions:

The reimbursement applies to treatment and stay at a health spa within Europe if you suffer from rheumatoid arthritis or psoriasis.

Psoriasis day care

What does your OOM International insurance reimburse?

	Plus	Top
Psoriasis day care	Up to € 500 per insured person per insured year	Cost price

Conditions:

OOM reimburses the costs of treatment at an accredited psoriasis day care centre. This treatment must have been prescribed by your doctor.

Menopause consultant

What does your OOM International insurance reimburse?

	Plus	Top
Information, advise and care during the menopause by a menopause consultant	Not covered	Cost price

Pedicure

What does your OOM International insurance reimburse?

	Plus	Top
Pedicure	Up to € 100 per insured person per insured year	Cost price

Conditions:

OOM reimburses the costs of foot care by means of a pedicure in the case of diabetes mellitus or rheumatoid arthritis, together with any orthoses or nail braces supplied with this treatment.

Podiatry

What does your OOM International insurance reimburse?

	Plus	Top
Podiatry	Up to € 250 per insured person per insured year	Cost price

Conditions:

OOM reimburses the costs of care provided by a podiatrist, registered podologist or podopostural therapist. OOM also reimburses the costs of the podiatrist insoles, orthoses and nail braces made.

Stutter therapy

What does your OOM International insurance reimburse?

	Plus	Top
Stutter therapy	Up to € 350 for the entire duration of the insurance	Cost price

Conditions:

- The treatment will take place in an institute for stutter therapy.
- The treatment is prescribed by a physician.
- You have obtained our authorisation in advance.

Therapeutic camp for young people

What does your OOM International insurance reimburse?

	Plus	Top
Therapeutic camp for young people	Up to € 250 per insured person for the reimbursement of the personal contribution for 1 camp per insured year	100% of the own risk excess for 1 camp per insured year

Conditions:

- The stay is prescribed by a physician.
- The therapeutic camp must be for young people who are overweight or have asthma, diabetes mellitus, constitutional eczema or an oncological disorder.

Care hotel in the Netherlands

What does your OOM International insurance reimburse?

	Plus	Top
Care hotel in the Netherlands	Not covered	Cost price

Conditions:

- OOM reimburses the costs of staying at a care hotel (also known as a convalescent home) recognised by OOM for insured persons who are in the Netherlands on a temporary basis. The stay must be for the purpose of recovery following a physical illness or a medical treatment associated with this.
- The stay must take place following a referral by your doctor and OOM must have given prior approval.

9. Which costs are covered by the Care plan?

If you have taken out the Care plan insurance module, this module will be mentioned on your policy sheet. This insures you for extra comfort and facilities in the event of medical treatment. You are not required to pay any excess or personal contribution.

If you have taken out Care plan insurance then you are also insured up to the maximum insured amount for the following costs:

Hospitalisation

What is covered by your Care plan?

Hospitalisation: extra luxury and comfort	Up to € 2,500 per insured person per insured year
--	---

Many hospitals allow you to use extra facilities or service to make your hospitalisation a little more pleasant. Under the Care plan, we reimburse the 4 facilities described below. The maximum reimbursement applies per calendar year for all those facilities taken together. The hospitalisation must take place in the Netherlands, Belgium or Germany and must be necessary for tests or treatment by a medical specialist.

We reimburse:

1. a single room provided to you at your request instead of a shared room. This facility does not cover a single room given to you because you need to be nursed separately, for example due to an infection risk. Or a compensation amount of € 75 for each day of hospitalisation if the hospital does offer single rooms on request but they are not available during your hospitalisation.
2. the luxury package offered by the hospital. This may include:
 - use of a telephone in your room to make calls within the Netherlands
 - a refrigerator filled with drinks
 - a newspaper or magazine
 - coffee and tea for your visitors
 - luxury meals or an extra snack
 - use of television and internet
3. an extra bed in your room or extra meal if your partner is able to stay with you during your hospitalisation.
4. a sum to cover parking charges. For a hospitalisation lasting up to 5 days, this amount is € 50. For a hospitalisation lasting 6 days or longer, this amount is € 100.

Costs we do not reimburse:

- the reimbursement of a single room does not apply in the case of hospitalisation in the United States of America, Singapore, Malaysia, Indonesia, China or Hong Kong;
- the reimbursement does not apply in the case of admission to a mental healthcare institution or to the psychiatric wing of a hospital.

Hospitalisation: extra service before and after

What is covered by your Care plan?

Extra service before and after	Up to 2 overnight stays after being discharged Overnight stays: up to € 100 per night
--------------------------------	--

Following your discharge from hospital, we reimburse: up to 2 overnight stays for you in a guesthouse, care hotel or other paid accommodation option at the hospital, up to a maximum of € 100 per night. This means you can recuperate for an extra day close to the hospital, even when the doctor has not prescribed this. For example, if you do not feel quite ready to be discharged. If you need to be at the hospital before 10 a.m. and you live more than 50 kilometres away, you can also choose to use one overnight stay prior to your hospitalisation.

Short stay care

What is covered by your Care plan?

Short stay care	100% extra facilities during admission
-----------------	--

If you are temporarily unable to live at home because you need care, but you don't (or no longer) require hospital admission, or your medical situation needs extra monitoring, then your GP can arrange for to be admitted temporarily for short stay care.

During your admission, you will receive GP care and, if necessary, nursing and personal care. You will work towards returning home. This situation is different if the care is related to the final phase of life.

If the institution where you are staying offers extra facilities, these extra facilities will be fully reimbursed under the Care plan. The extra facilities must be associated with your stay. For example, a wider choice of meals, a bed in your room for your partner, WiFi, TV or a tablet or extra coffee and tea in your room. Therefore we do not reimburse wellness facilities (such as fitness facilities, yoga, swimming pool or sunbed) or personal expenditure (such as hairdresser, pedicure, sports activities, music or catering).

The doctor who arranges for your admission knows where short stay care is available for you. This could be a special wing of a nursing home. Some hospitals also have 'GP beds'. In any event, a nurse will always be available close at hand 24 hours a day.

Costs we do not reimburse:

- admission to provide relief for your informal carer (respite care). This should be arranged through the care department at your local council (in the Netherlands).
- admission for geriatric rehabilitation or for care in connection with childbirth.

Hospice

What is covered by your Care plan?

Hospice	100% of the personal contribution
---------	-----------------------------------

When the final phase of life begins, you may choose to spend this period in a hospice. This is a place where healthcare providers and volunteers provide care and support in a homely environment. The care is aimed at relieving pain and discomfort.

You are almost always asked to pay a personal contribution to the hospice, for example for the meals you receive there. Some hospices also allow you to 'order' extra facilities. For example, an extra bed and meals for your partner. Or extra coffee, tea or fruit in your room. Under Care plan, your personal contribution is reimbursed.

If your stay is reimbursed under the Dutch Long-Term Care Act (WLZ) or Social Support Act (WMO), then in addition to this contribution payable to the hospice you generally also have to pay a statutory contribution. This applies to all care and support provided under the WLZ or WMO. We do not reimburse this statutory contribution.

Geriatric rehabilitation

What is covered by your Care plan?

Geriatric rehabilitation	100% for extra facilities
--------------------------	---------------------------

If you need to rehabilitate, you will be given physiotherapy, remedial therapy or occupational therapy. Or perhaps, if you require specialist rehabilitation care, rehabilitation care by a medical specialist. In that case, the reimbursements for those treatments apply.

Geriatric rehabilitation has been developed specially for elderly people who are experiencing several health problems at the same time. The reimbursements described here apply to this treatment.

You will receive geriatric rehabilitation treatment if following an admission or specialist treatment in hospital you are not able to return to your home situation immediately and 'standard' rehabilitation treatment would be too demanding for you. That means that one of these two situations must apply to you:

- You are hospitalised for treatment by a medical specialist. For example, for a broken hip or following a stroke. The geriatric rehabilitation treatment starts within a week following your discharge from hospital.
- You have suddenly started to have health problems that mean you are no longer mobile or no longer able to look after yourself. A medical specialist has treated you for these symptoms, for example at a hospital's accident and emergency department or at an outpatient clinic for care of the elderly (geriatrics). Or a specialist in geriatrics has established your symptoms either at home or during your admission in an institution for short stay care. This has not yet resolved your symptoms.

Your doctor or the liaison nurse will almost always discuss the option of geriatric rehabilitation treatment with you when you are still in hospital.

The aim of the treatment is for you to recover sufficiently to be able to return to your home situation.

Sometimes, this return is phased. For example, you are already spending the nights at home but you still go to the institution for therapy during the day.

If the institution where you are staying offers extra facilities, these extra facilities will be fully reimbursed under the Care plan. The extra facilities must be associated with your stay. For example, a wider choice of

meals, a bed in your room for your partner, WiFi, TV or a tablet or extra coffee and tea in your room.

Therefore we do not reimburse wellness facilities (such as fitness facilities, yoga, swimming pool or sunbed) or personal expenditure (such as hairdresser, pedicure, sports activities, music or catering).

Care hotel

What is covered by your Care plan?

Care hotel	100% for extra facilities in the maternity centre during admission
------------	--

If you need to recuperate following an operation or a physical illness then, if necessary, your doctor or the hospital's liaison nurse will arrange for you receive an indication for the correct care. For example, for rehabilitation, geriatric rehabilitation (for the elderly) or short stay care. For any other recuperative care, you can go to a care hotel. This is also known as a convalescent home. A care hotel resembles a normal hotel, but extra attention is given to your recuperation. For example, a care hotel also offers nursing and physiotherapy. The range of care offered depends on the individual care hotel. At the start of your stay, the care hotel nurse prepares a care plan with you. This contains the purpose of your stay and agreements about the care you will receive.

Under the Care plan, we reimburse your stay in a care hotel. We do not reimburse stays for recovery from a mental illness or if you could have obtained an indication for rehabilitation, geriatric rehabilitation, short stay care or care provided under the Dutch Long-Term Care Act (WLZ).

For the nursing, physiotherapy and other care provided, the usual reimbursements apply.

Maternity care

What is covered by your Care plan?

Maternity care	100% for extra facilities in the maternity centre during admission
----------------	--

If you give birth in a maternity centre and this centre offers hotel facilities or other luxury care. Then the Care plan extra cover reimburses these facilities if they are associated with your stay. For example, having a wider choice of meals, your partner or children staying in the maternity centre or extra service for your visitors.

Under the Care plan we also reimburse transport without any medical necessity in the case of a hospitalisation and on your discharge from a Dutch hospital.

The amount paid is:

- travel by car: €0.27 per kilometre
- travel by taxi: full cost

Costs we do not reimburse:

- parking charges and other associated costs
- transport for an accompanying person if you do not travel with them, for example if you are hospitalised or stay overnight and the accompanying person travels back alone
- for overnight stays: (extra) costs for overnight stays for an accompanying person
- for overnight stays: costs for meals and other extra costs

10. Which dental costs do we reimburse under OOM Dental cover?

As part of the OOM International Insurance you can take out OOM Dental cover, which insures you for dental costs up to a maximum amount. This maximum amount applies per insured year. If you have taken out this option, the insured amount is stated on your policy sheet. No own risk own risk excess or personal contribution applies.

If you have taken out OOM Dental cover, then you are also insured up to the maximum insured amount for the following costs:

- medically necessary dentistry, such as diagnostics, prevention, dental cleaning;
- treatments such as root canal treatments, crowns and bridges;
- two preventive examinations each year;
- fillings and anaesthetics;
- inlays;
- Maryland bridges;
- mock-ups;
- dental root sealing;
- implants in a non-toothless jaw.

Conditions

The following conditions apply for OOM Dental cover:

- The treatment or examination must be aimed at repairing or improving your teeth according to generally accepted medical standards.
- We never reimburse more than the maximum insured amount.
- We will not reimburse you for unattended appointments and subscription costs, or for cosmetic dentistry such as tooth-whitening procedures.
- The dental treatment must be carried out by a qualified dentist, dental hygienist, dental technician, prosthodontist or oral surgeon recognised by the appropriate authorities.
- If dental costs resulting from an accident exceed the maximum insured amount for the health insurance, the additional costs can be claimed under this OOM Dental cover. Costs falling within the own risk excess under the health insurance cannot be claimed under the OOM Dental cover.

11. Which costs do we reimburse under SOS cover?

Search and rescue	<p>We reimburse the costs of search, rescue or recovery of an insured person who is missing or involved in an accident. These costs are only insured where the operation is conducted on the instructions of an official authority, for example the police. In that case you must send us a statement by that authority. Without this statement you are not entitled to reimbursement. We pay a maximum of € 25,000 per event for search and rescue costs.</p>
Repatriation and evacuation	<p>If medical treatment is not possible in the country in which the insured person is staying and treatment cannot be postponed, we reimburse the following costs of repatriation and evacuation:</p> <ul style="list-style-type: none">• the costs of the patient's flight and accommodation;• the costs of an accompanying person's flight and accommodation, if OOM's medical advisor considers it necessary for the patient to be accompanied or in the case of children under 16;• the flight costs for return travel to your home;• the costs of flight and accommodation for children under 24 months, if we reimburse the mother's repatriation and the children are insured with us. <p>The following conditions apply to repatriation and evacuation:</p> <ul style="list-style-type: none">• If you need to be repatriated, notify the OOM Assistance Centre (see "What should you do if you have a claim?") as soon as possible. We only reimburse repatriation if you have obtained our authorisation in advance. The repatriation or evacuation must be medically necessary in OOM's opinion. This means that there must be a medical need for treatment that cannot be carried out in the country where the insured person is staying and cannot be postponed. Note: a fracture can be adequately treated in almost any country in the world. As a result, no right to reimbursement of repatriation will generally apply in that situation.• The OOM Assistance Centre will decide whether a medical necessity applies on a case-by-case basis. Local social or hygiene conditions and risk of HIV infection do not constitute justification for reimbursing your costs.• You may elect to be transported to the nearest hospital, a hospital in your country of origin or a hospital in the country where you reside. Satisfactory treatment must be available at this hospital.• You must select the cheapest flight available. The costs of a scheduled or charter flight will be reimbursed at the rate applicable for tourist class travel.• The costs of air ambulance travel will be reimbursed if the OOM Assistance Centre considers this method of transport to be necessary.• You must select the cheapest possible accommodation. We will reimburse up to € 100 per day, to a maximum of € 2,000 per case. <p>If you have taken out Plus or Top health cover, the following terms apply:</p> <ul style="list-style-type: none">• In the event of (essential) hospitalisation, we may repatriate the insured person to a hospital in the country where he resides, as soon as this is medically safe. Even where it is not medically necessary.• We only reimburse the cost of repatriation and evacuation if the medical treatment is covered by your insurance. <p>If you have only taken out SOS cover then the two terms above do not apply to you.</p>

Transport of mortal remains	<p>The costs of direct transport of mortal remains to the country of origin up to € 25,000 per event. We reimburse:</p> <ul style="list-style-type: none"> • the cost of an inner coffin required by applicable regulations; • any other costs for the transport of mortal remains.
Special costs	<p>We reimburse the following special costs:</p> <ul style="list-style-type: none"> • the costs of any necessary change to a flight ticket due to an illness or accident occurring to the insured person while visiting the country of origin. We reimburse up to € 1,200 per event; • the costs of changing flight tickets for the other family members insured under this policy, if the illness or accident is life-threatening. We reimburse up to € 1,200 per person per event; • telephone costs incurred by an insured person in respect of a repatriation that we reimburse. We reimburse up to € 150 in telephone costs per repatriation. <p>In the event of the life-threatening illness or death of an insured person who has SOS insurance with OOM:</p> <ul style="list-style-type: none"> • either the travel and accommodation costs of up to one person travelling from the country of origin; • or the travel and accommodation costs of up to one other insured person (a person who also has a current SOS insurance policy with OOM Verzekeringen) returning to the Netherlands at the same time due to the life-threatening illness or death; • We reimburse the costs of flight tickets and hotel accommodation up to a maximum of € 2,000 per event. The costs of meals, drinks etc. are excluded.

12. Which costs do we reimburse under War and Kindred Risks cover?

If you have a health insurance and/or SOS insurance policy, you are automatically entitled to War and Kindred Risks cover. This allows you to claim reimbursement of healthcare costs and/or SOS costs arising due to war and kindred risks. For healthcare costs the cover for damage or loss due to war and kindred risks is the same as the cover under your health insurance (Plus or Top). The reimbursement you are entitled to claim depends on the amount contained in the department fund. More information is given on this in the paragraph on "Processing of claims".

If you suffer damage or loss due to war and kindred risks, you can claim your costs from "O.O.M." Onderlinge Molestverzekering-Maatschappij U.A. This mutual trust company works with department funds. The department fund for this insurance is called "Ziektekosten Global Care" and forms part of the health costs department. The amount contained in the department fund affects the amount of reimbursement you receive. This is because the total amount of reimbursements we make to all the insured persons combined cannot exceed the total premium amount that you have all paid. To make this clear, we will first explain how the department fund is created. We will then explain how we process any claims.

The following situations are not covered by War and Kindred Risks cover:

- Costs arising from your own participation in an armed conflict, civil war, civil disturbance, uprising, riot or mutiny, other than for the protection of your own life or the lives of other persons in the same situation.
- If by your actions or statements you expose yourself to the risk of any punitive measure.
- If you suffer damage or loss as a consequence of terrorism, we will reimburse the costs that are normally covered by your insurance according to the terrorism cover (see "In which circumstances will we reimburse a claim?" in the general terms and conditions).

Creation of department funds

1. We form one department fund for each calendar half year.
2. When that calendar half year ends, we deposit all the premiums earned in the department fund, after deducting costs.
3. After the calendar half year has ended, we make all the reimbursements. We also reimburse the costs associated with settlement of the claims. If any unused premium remains at the end of the calendar year, we add this to the department reserve and add up to 10% to the general reserve. This must be proposed by the management and approved by the Supervisory Board.
4. If insufficient premiums have been received in a specific calendar half year to reimburse the claims due (the balance of the department fund is insufficient), we can supplement the department fund with an amount taken from the department reserve, up to a maximum of half the balance of the department reserve. If this is still insufficient to reimburse the claims in full, then the management may supplement the department fund with an amount taken from the general reserve, with the prior approval of the Supervisory Board.

Processing of claims

1. OOM determines the amount of reimbursement and informs you in writing of the maximum amount to which you are entitled. We do not reimburse the claim at that stage.
2. After the calendar half year has ended, we establish the total amount of all claims due to all insured persons and proceed to reimburse claims, deducting any advances made.
3. If the total entitlement of all the insured persons in respect of a calendar half year exceeds the balance of the department fund, we will reimburse the highest possible percentage of the claims. This is the maximum amount that will be reimbursed to you.
4. If the fund does not contain sufficient premiums in that calendar half year to reimburse the claims in full, but there is surplus premium in the other half of the calendar year, that surplus will be distributed among the insured persons who did not receive full compensation in the aforementioned calendar half year. After this period, the claim has been settled in full, even if you have not received 100% of your reimbursement. For example: you have a claim arising from War and Kindred Risks in March. The total amount of premium received in the period from January to June is € 80,000, but the total amount of claims is € 100,000. You therefore receive a reimbursement of 80% of your claim. In the period from July to December the total amount of premium received is again € 80,000, but the total amount of claims is € 60,000. This means that there is a surplus of € 20,000 in that calendar half year. We will then use this surplus to reimburse you as much as possible of your claim that has not yet been reimbursed to you.
5. The total compensation amount you receive will never exceed the total amount of your claim. If it emerges at a later stage that the government or a third party reimburses compensation, which was not taken into consideration in determining your reimbursement, we will revise the original amount. We may claim back any surplus amount reimbursed to you.

13. Which medical treatments and other costs are not covered by your OOM International Insurance?

In the following situations we will not reimburse the costs of treatment due to illness or accident, unless explicitly stated otherwise on your policy sheet. We will not reimburse any costs in respect of:

- **Home pharmacy and/or non-prescription items.**
- **Vitamins and dietary supplements.**
- **Malaria medication and vaccinations.** The costs of malaria prophylaxis and vaccinations not listed in clause 7.
- **Dentures.**
- **Medical examinations and certificates.**
- **Long Term Care Act (WLZ).** The costs of treatments or items provided under the Long-Term Care Act (WLZ), unless explicitly mentioned in these terms and conditions.

The following situations are not covered by this insurance:

- **Nuclear reaction.** If the damage or loss is caused by a nuclear reaction.
- **Other insurance.** If you had not taken out this insurance, would you be able to make a claim for compensation, reimbursement or assistance under another insurance policy, legislation or other provision? In that case, this insurance with OOM shall be the 'payer of last resort'. In any event, we will only reimburse you for costs incurred in own risk excess of the amount that you are entitled to claim under such other insurance, legislation or provision. Or the amount that you would have been entitled to claim had you not entered into this insurance with OOM. Article 7:961 part 1 of the Dutch Civil Code (BW) does not apply.
- **Misleading information.** If you or another person entitled to reimbursement under this insurance deliberately misleads us by failing to inform us or misinforming us regarding any fact or circumstance, except in cases where the misleading information does not justify this exclusion.
- **Incorrect representation of events.** If you represent events incorrectly or give an account that is damaging to our interests, unless this incorrect representation is not sufficiently essential to justify the exclusion. However, we will restrict your right to reimbursement under this insurance. If a reimbursement has already been made, we will claim our losses from you. If you deliberately represent events incorrectly in order to mislead us, under no circumstances will you be entitled to any reimbursement of costs.
- **Hijacking, strike, uprising or terrorism.** If the damage is associated with or caused by your participation in a hijacking, strike, uprising or act of terrorism.
- **Sanction regulations.** There are national and international general rules and specific sanction rules that may prohibit us from selling insurance to you. We are not permitted to sell you insurance if it turns out that under the terms of the sanctions legislation or regulations, it is prohibited to provide a financial service. If, after the start of the insurance, it turns out that you, an insured person, an insured case or another interested party is directly or indirectly involved in acts, transactions or events that are in breach of a sanctions law. or, if it appears that you or another interested party is included on a national or international sanctions list, then:
 - we will not reimburse any claim or we will temporarily or permanently suspend cover;
 - the general or financial interests of a person, company, government or other entity will be excluded from the insurance.
- **Crime.** If the damage is associated with or caused by your committing (or assisting in) a crime.
- **Recklessness.** Costs resulting from deliberate, conscious or unintentional recklessness by you or anyone else with an interest in a reimbursement under this insurance.

The trade name OOM Verzekeringen is used by OOM Holding N.V. (KvK The Hague 27194193), OOM Global Care N.V. (AFM 12000623, KvK The Hague 27111654), OOM Schadeverzekering N.V. (AFM 12000624, KvK The Hague 27155593) and "O.O.M." Onderlinge Molestverzekering-Maatschappij U.A. (KvK The Hague 27117235). These companies are registered in The Hague and share operational offices in Rijswijk.



OOM Verzekeringen

P.O. Box 3036
2280 GA Rijswijk
The Netherlands

T +31 (0)70 353 21 00
E info@oomverzekeringen.nl
I www.oominsurance.com