

## SUMMARY SCHEDULE OF COVERAGE AND BENEFITS

### Rotary International - Youth Exchange Program (YEP) - Extra UE vs Italy

#### COVERAGE PLAN FOR LTEP INBOUND STUDENTS

This document represents the **Summary Schedule of coverage and benefits** envisaged by collective policy no. ITBOTY03000 subscribed by the Associations formed to manage the Rotary International Youth Exchange Program, as specified in the Policyholder definition of this insurance policy stipulated with ACE European Group Ltd. (Insurance Company). In this Schedule the following definitions are valid:

- **Abroad or foreign Country:** All Countries of the world excluding Italy.
- **Accident:** an event due to violent, accidental and external cause which results in physical injuries that can objectively be ascertained.
- **Associated district:** this wording refers to all Italian districts which participate in the "Association for the Rotary International Youth Exchange Program", in accordance with the relative Articles of Association that have been approved and are in force.
- **Baggage:** clothing items, personal hygiene items, photo/video equipment and the bag, suitcase or backpack which contain these items and which the Insured is bringing with him on the trip.
- **Broker:** the intermediary who is regularly registered within the Sole Registry of Insurance Brokers and recognized by the parties and to whom the Policyholder has delegated the management of the Master policy through a specific mandate.
- **Company:** the insurance Company, i.e. ACE European Group Ltd.
- **Country of origin:** the nation specified in the passport of the Insured student.
- **Date of effectiveness/subscription:** the day in which the premium was paid.
- **Disease:** any alteration in the state of health of an individual which does not derive from accidents i.e., for the purposes of this contract, any involuntary deterioration in health which can be ascertained by professional medical personnel.
- **District:** all districts which are part of the Rotary International and participate in the Youth Exchange program.
- **Force majeure:** any external, extraordinary and unpredictable energy, that prevents the Insured to be compliant with the obligations relating to the procedure to be followed in the event of claims.
- **Foreign countries:** all countries of the world except Italy.
- **Host family:** the family nucleus residing in Italy and to which the Insured has been assigned during his/her stay.
- **Insured:** the student which subscribed the Master policy and whose candidacy has been accepted by the Districts associated with MD Italia in order to participate in the young exchange program of Rotary International as a host in Italy.
- **Italy:** the territory of the Italian Republic, the Republic of San Marino and the Vatican City State.
- **Master policy:** document which proves the existence of the insurance stipulated, in accordance with Article 1891 of the Italian Civil Code, by a Policyholder on behalf and in the interest of a group of insured parties.
- **Policyholder:** the party which undersigns the insurance policy for him(her)self or on behalf of third parties and assumes its relative charges. In the case of this policy:
  - the "Associazione per il Programma Scambio Giovani Rotary International" (henceforth referred to as the "Multidistretto Italiano Scambio Giovani" or also "MD Italia"), with a registered office in Via Dante no. 7, 34122 in Trieste (TS), tax ID no. 97609050584.
- **Pre-existing disease:** a disease which is the expression or direct consequence of chronic pathological conditions or which existed prior to the date of effectiveness of the insurance policy and which were not known to the Insured prior to the subscription of the policy.
- **Prior disease:** a pre-existing disease which was known to the Insured prior to the subscription of the policy.
- **Residence:** the country where the Insured has a stable home, as reported in documentation pertaining to a personal data certification.
- **Subscription Certificate:** the document drafted and issued by the Company which confirms the activation of the insurance coverage, in accordance with the request for application for the Master policy sent from the Insured through the entrusted broker which specifies the Insured, the travel details and the relative premium.
- **Trip:** the period of stay in Italy of the Insured so long as this stay is duly authorized in advance by MD Italia and by the relative Associated District, in accordance with currently effective rules for the travels of exchange students of Rotary International. The period of stay in Italy also includes leisure trips abroad, if authorized in advance by the hosting Associated District and organized by the latter or by the hosting family or by the school, and within a limit of 30 (thirty) total days, even non-continual. Travel on the part of the Insured within his/her country of origin is, in any case, excluded.

## ELIGIBILITY

All students aged under 30 (thirty) are eligible, whose applications have been accepted by the Member Districts of MD Italia, which participate in the Rotary International youth exchange program as guests.

## PURPOSE OF THE INSURANCE

The insurance coverage of this policy covers:

1. the period of Insured stay in Italy, seat of Rotary Youth Exchange Program (YEP), so long as the stay is *duly authorized in advance by MD Italia or by the relative Associated District, in accordance with currently effective rules for the travels of exchange students of Rotary International.*

The period of stay in Italy also includes leisure trips abroad, *if authorized in advance by the hosting Associated District and organized by the latter or by the hosting family or by the school, and within a limit of 30 (thirty) total days, even non-continual.*

*Travel on the part of the Insured within his/her country of origin is, in any case, excluded.*

2. *the journey of the Insured from the moment he leaves his home / residence to go to the host Country and from the moment he leaves the host Country to return to his residence, as stated in the related travel documents.*

*This additional coverage period may not exceed a maximum of 48 h before the Insured arrival in Italy and 48 h after the Insured departure from Italy, with the exception of objective and external impediments that occurred during the journey, which can be duly documented and not attributable to the Insured's will, which prevent journey fulfillment within 48h.*

## EFFECT AND DURATION OF COVERAGE

The coverage will be effective from 00:00 h on Coverage effective date until 24:00 h on Coverage end date, as stated on Subscription Certificate and in any case, for a maximum period of 365 days from Coverage effective date.

The coverage is not effective when the Insured is abroad, with the exception of leisure travel that is *duly authorized in advance by the hosting Associated District and organized by the latter or by the hosting family or by the school, and within a limit of 30 (thirty) total days, even non-continual.*

*The coverage is not applicable when the Insured is located within his/her country of residence/origin, except for the period in point 2 of section "PURPOSE OF THE INSURANCE" here above.*

## INSURANCE COVER AND BENEFITS

*In the event of a conflict between this document and the content of Insurance Terms and Conditions, the latter shall prevail.*

ASSISTANCE DURING THE TRIP	INSURANCE LIMIT(€)	DEDUCTIBLE (€)
Telephone consultation with a doctor	No limit	No
Sending a doctor following telephone consultation with a doctor (only in Italy)	Max.3 times per Insured	No
Medical transfer	4,000 per Insured	200 per claim
Medical repatriation	80,000 per Insured	200 per claim
Repatriation of the Insured's body	40,000 per Insured	200 per claim
Evacuation for safety reasons	80,000 per Insured	200 per claim
Trip of a family member in the even the Insured is hospitalised	4,000 per Insured (max. 75 € per day/overnight stay)	200 per claim
MEDICAL EXPENSES	INSURANCE LIMIT (€)	DEDUCTIBLE (€)
Medical expenses in the event of an accident/illness	944,500 per Insured	No
- in the event of expenses for chiropractic care	400 per claim (max. 10 visits/ max. 40 per visit)	No
- in the event of expenses for emergency dental treatment	300 per claim	No
- in the event of an accident following amateur sports activities	20,000 per Insured	40 per claim
DEATH AND PERMANENT TOTAL DISABLEMENT	INSURANCE LIMIT (€)	DEDUCTIBLE (€)
Death following an accident	80,000 per Insured	No

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Permanent disablement following an accident	80,000 per Insured	No
- in the event of the loss of one or more members	100% of the insured limit of insurance	200 per claim
- in the event of the loss of one member	50% of the insured limit of insurance	200 per claim
- in the event of the loss of the thumb and index finger of the same hand	50% of the insured limit of insurance	200 per claim
- in the event of quadriplegia	100% of the insured limit of insurance	200 per claim
- in the event of paraplegia	50% of the insured limit of insurance	200 per claim
- in the event of hemiplegia	50% of the insured limit of insurance	200 per claim
in the event of accidents following amateur sports activities	20,000 per Insured	No
<b>INTERRUPTION OF THE TRIP</b>	<b>INSURANCE LIMIT (€)</b>	<b>DEDUCTIBLE (€)</b>
Cover for the interruption of the trip	2,400 per Insured	200 per claim
<b>PROTECTION OF BAGGAGE AND PERSONAL EFFECTS</b>	<b>INSURANCE LIMIT (€)</b>	<b>DEDUCTIBLE (€)</b>
Theft/loss/damage/failure redelivery of baggage or of personal effects	1,500 per Insured	150 per claim
- limit of compensation per object	150 per claim	No
Emergency replacement expenses due to late delivery of baggage (> 12h)	200 per claim	No
<b>PERSONAL LIABILITY</b>	<b>INSURANCE LIMIT (€)</b>	<b>DEDUCTIBLE (€)</b>
Civil liability towards third parties for damage to objects, persons and animals	400,000 per Insured	200
- in the event of damage caused to the home/belongings of the host family	4,000 per Insured	200

## MAIN EXCLUSIONS AND LIMITATIONS

The following is a list of the main exclusions and limitations, merely by way of example and is not limited to the same (for a full list of exclusions and limitations, refer to the Insurance Terms and Conditions):

- students above the age of 30 (thirty) cannot be insured;
- trips to the country of residence/origin of the Insured;
- trips abroad not authorised by the host Member District;
- trips to a country where, at the time of departure, are subject to a prohibition or limitation (even temporary) issued by the competent Public Authority;
- extreme trips to remote locations that can only be reached with the use of special vehicles;
- the direct organisation of all of the services envisaged, or, in any event, without the prior authorisation of the Assistance Centre;
- illnesses which are a manifestation of or direct consequence of chronic or pre-existing conditions at the start of the trip and known by the Insured;
- drug addiction, HIV or AIDS;
- fraudulent intention, voluntary or premeditated acts by the Insured;
- the consequences of the abuse of alcohol or of the use of psychoactive drugs or narcotic drugs for non-medicinal purposes;
- participation in sports competitions or relative training, unless they are for recreational purposes;
- practice of aerial or air-related sports in general, extreme sports, reckless pursuits and any sport exercised professionally or which, in any event, entails direct or indirect payment.

### **"OFAC" LIMITATION FOR COUNTRIES EXPOSED TO INTERNATIONAL SANCTIONS**

The Insurer shall not be required to provide coverage or will be obliged to pay any compensation or pay any benefit under this policy if the provision of such coverage, the payment of such compensation or recognition of such benefit would expose the Insurer to penalties, prohibitions or restrictions provided for by the United Nations resolutions or trade and economic sanctions provided for by the laws or regulations of the European Union and individual countries that are part, of the United States of America or conventions international.

ACE European Group Limited is a subsidiary of Chubb Limited, a U.S. company listed on the NYSE. Consequently, ACE European Group Limited is subject to certain U.S. laws and regulations regulations in addition to EU, UN and national sanctions restrictions which may prohibit it from providing cover or paying claims to certain individuals or entities or insuring certain types of activities related to following countries and territories: Iran, Syria, North Korea, North Sudan, Cuba and Crimea.

**OBLIGATIONS OF THE INSURED IN THE EVENT OF A CLAIM****HOW TO REQUEST ASSISTANCE**

In the event of need, **the Insured must contact the Company's Assistance Centre**, open 24 hours, **by telephoning the following number: + 39 06.42.115.813.**

Specialist staff is available to intervene or to indicate the most appropriate procedure to solve any type of problem in the best way possible as well as authorising any expenses. If it is impossible to telephone the Assistance Centre, a fax may be sent to the following number + 39 06.48.189.60

**IMPORTANT: the Insured must not take any initiative without having first telephoned the Assistance Centre on: + 39 06.42.115.813. Any special cases duly documented are excluded. In the event that the insured is unable to contact the Assistance Centre in advance, even through third parties, it will be charge of the Insured to prove the urgency of the incurred costs and the inability to contact the Assistance Centre.**

**FOR CUSTOMER SERVICE and to MAKE A CLAIM**

The claim, complete with all documentation must be sent to the following address:

**ACE c/o Inter Partner Assistance S.A.**

Via B. Alimena, n. 111– 00173 Rome (ITALY)

In the event of requests regarding the claims procedure or the status of a claim, the following telephone number may be used: + 39 06.42.115.813 on the following days and times: Monday – Friday 9.00-18.00h / Saturday 9.00-13.00h.

**For information on the effectiveness of the policy:**

CUSTOMER SERVICE ACE European Group Ltd. – A&H Back Office

Viale Monza 258 – 20128 Milan (ITALY)

Tel +39 06.42115.813 – Fax + 39 02 27095 581

email: [ace.italy.travel@chubb.com](mailto:ace.italy.travel@chubb.com)

Monday- Friday 9 am-6 pm – Saturday 9 am-1 pm

**HOW TO ACTIVATE THE POLICY**

When the student receives confirmation that his application has been approved from the host Member District, he/she may go to the following website <http://www.larizzaconsulting.com> and click on: "Rotary YEP", then:

1. read the Insurance Terms and Conditions of the Master policy no. ITBOTY03000\_RY0003;
2. enter his/her personal details and those relating to the stay in Italy on the appropriate form requesting subscription;
3. provide his/her consent to the processing of personal details and the required declarations requested;
4. pay the premium with a credit card. The policy premium is calculated on the basis of the duration of the Insured's stay in Italy, according to the following:

DURATION OF STAY	GROSS PER CAPITA PREMIUM PER STUDENT
Up to 3 (three) months	55 € per month or part of a month (of which taxes of € 4,20)
From 4 (four) months to 1 (one) year	600 € for the entire year (of which taxes of € 45,79)

After completing the purchase process, the Insured will receive confirmation of the success of the transaction and subsequently via e-mail will receive the policy documents (Insurance Terms and Conditions and Summary schedule of coverage and benefits) including the Subscription Certificate, which must be signed and returned to the Broker authorised to manage the Master policy by e-mail to [rye@larizzaconsulting.it](mailto:rye@larizzaconsulting.it) or fax to no. +39.02.34.53.76.95 or by post to LC Larizza Consulting srl Via Monte Rosa 19, 20149 Milan - Italy.

**RIGHT OF WITHDRAWAL**

The Insured will have the right to unilaterally withdraw from the policy, without having to specify the reason:

- within 48 (forty-eight) hours prior to the date of arrival in Italy;
- only in cases in which the policy has been purchased in the 14 (fourteen) day period prior to the date of arrival in Italy, the above-cited right can also be exercised after the date of arrival in Italy. In this case, the right of withdrawal may be exercised for a 14 (fourteen) day period from the date of purchase/subscription to the Master policy.

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In the event of withdrawal, the policy premium will be returned, net of taxes due, if already paid by the Company, without the application of any penalty.

To exercise the right of withdrawal, the Insured must advise the Broker of his/her intention to withdraw via electronic mail to [rye@larizzaconsulting.it](mailto:rye@larizzaconsulting.it) or by fax to no. +39.02.34.53.76.95 or by registered letter to LC Larizza Consulting srl Via Monte Rosa 19, 20149 Milan. The Broker will inform the Company of said withdrawal.

## INFORMATION NOTE ON PERSONAL DATA PROCESSING

(Disclosure pursuant to art. 13 of Italian Legislative Decree no. 196/03 – Code for the protection of personal information)

### For parties insured by ACE EUROPEAN GROUP LTD

#### Processing of personal information for insurance purposes

In order to provide you with the insurance services and/or products requested or envisaged on your behalf, our Company needs to have your personal information - information to be collected, some of which must be provided to us by you or by third parties under legal obligation, and/or information already collected, provided by you or by other parties – and has to process the same for insurance purposes. We therefore inform you that the information strictly necessary for the provision of the afore-mentioned insurance services and/or products will be processed by our Company and by third parties to whom said information will therefore be sent. As regards the processing of any sensitive information strictly regarding the provision of the cited insurance services and/or products – the processing of which is permitted under general authorisations issued by the Data Protection Supervisory Authority – you will be asked for specific consent. Furthermore, solely for the above-cited purposes and always limited to that which is strictly required in the transaction between you and our Company, we hereby inform you that the information, depending on the case, may or must be communicated to other parties in the insurance industry or of a public nature that operate – in Italy or abroad – as independent holders, all of which form the so-called “insurance supply chain”, namely parties that process personal information for the purpose of executing the contract, partially of a purely organisational function; We would like to clarify that without your information we will not be able to provide you with all or part of the cited insurance services and/or products.

#### Procedure for the use of personal information

The information is processed by our Company – the data controller – only using the means and procedures, including IT and those via the Internet, strictly necessary to provide you with the insurance services and/or products requested or envisaged on your behalf, or, if you have consented, for market research, statistical surveys and promotional activities; the same means and procedures are also used when the information is provided for the above-cited purposes to the parties previously indicated in this note, who in turn are obliged to process them using the means and the procedures strictly necessary for the specific purposes indicated in this note. In our Company, the information is processed by employees and co-workers within their respective functions and in accordance with the instructions received, always and only for the specific purposes indicated in this note; the same occurs for the parties previously indicated in this note to whom the information is transmitted. For some activities, we use trusted parties – who sometimes operate abroad – who provide technical and organisational services to use; the parties also indicated in this note to whom the information is sent, also act in the same way.

#### Rights of the interested party

You have the right to know, at any time, what information of yours is held by individual data controllers, namely by our Company or by the parties indicated above to whom we the information, and how it is used; you also have the right to request that it is updated, supplemented, rectified or cancelled and to request a block or oppose its processing. To exercise your rights, as well as for more detailed information regarding the parties or categories of parties to whom the information is sent or who become aware of the same as supervisors and persons in charge of processing, you may contact our Manager for information on the parties in question at ACE European Group Ltd. – General Representative for Italy – viale Monza 258 Milan (MI) – Tel. 02-270951– Fax 02-27095333.