



Terms and conditions of insurance Employer Health Insurance Policies

Valid from 1 January 2023

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**The previous terms and conditions of insurance are hereby
superseded**

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Preface

1.

This document contains the Terms and Conditions of Employer Health Insurance Policies. These terms and conditions of insurance set out the rights and obligations, both yours and ours, arising from this insurance contract.

2.

The purpose of these insurance policies is to provide your employees who are not covered (or not covered in full) under the health insurance, a separate additional insurance package or a travel insurance policy (with medical cover) that your employee has taken out.

3.

The insurance contract is concluded, on behalf of your employees, between you (the employer) and us.

How your insurance works

In this section, you will find general information about what you need to do to receive healthcare for your employees (and get the costs reimbursed). This information is concise and does not include rights and obligations. The full text of the clauses is presented starting from clause V.1. in this Terms and Conditions of Employer Health Insurance Policies booklet.

1. Terms and conditions of insurance

This booklet of terms and conditions of insurance is divided into two sections:

- section V details the general terms and conditions for employer health insurance policies;
- section W details the healthcare covered under your employer health insurance policy.

Your and our rights and obligations are detailed:

- on the policy document: this specifies which insurance package you have taken out; and
- in your Reimbursements Overview: this specifies your reimbursement entitlements as an insured person; and
- in the Terms and Conditions of Employer Health Insurance Policies: these are available on our website or on request.

If you have any questions after reading this general information, please contact us. Our contact details are available on our website.

2. Reimbursements

Please note! Please check the Reimbursements Overview to see which reimbursements you are entitled to as an insured person, before consulting the Terms and Conditions of Insurance.

Your Reimbursements Overview specifies what healthcare is insured. It also specifies whether a maximum limit applies to reimbursement. The Reimbursements Overview specifies the clause in the Terms and Conditions of Insurance in which the description and terms and conditions for each reimbursement can be found.

Below, we will use 'physiotherapy/occupational physiotherapy' as an example to demonstrate how you can use this booklet to check what your insurance covers. While this booklet applies to everyone insured by us, not all of the clauses will apply in all cases.

The Reimbursements Overview shows whether clause W.2. is included in your insurance and, if so, the level of reimbursement. If clause W.2. Physiotherapy/occupational physiotherapy does not appear on your Reimbursements Overview, you are not entitled to reimbursement.

You are only entitled to reimbursement in accordance with the clauses listed in your Reimbursements Overview. The exclusions (see 'Please note!') and provisions of the entire clause apply, even if you are only insured in respect of part of the clause.

A sample excerpt from the Reimbursements Overview is shown below. This overview may show that the insured person is, indeed, covered for physiotherapy/occupational physiotherapy (see under the arrow). The Reimbursements Overview specifies exactly which healthcare is covered, along with the maximum amount reimbursed. The number in the Terms and conditions column refers to the clause number in this booklet. The referenced clause specifies the healthcare to which the insured person is entitled and the applicable terms and conditions.



What is reimbursed	Amount reimbursed	Terms and conditions
Physiotherapy/occupational physiotherapy Occupational physiotherapy	maximum of €500	W.2. W.2.a.

3. How we process your invoice

The healthcare provider sends the invoice to you (the employer).

The invoice you receive will specify which employee was treated and the nature of the treatment. You first pay

the entire amount on this invoice to the healthcare provider yourself, and then you forward the original invoice (not a copy) to us.

Once we have received the bill, we will check how much you are entitled to under your employer health insurance policy, and we will then transfer this amount to your bank account.

4. When healthcare costs are not reimbursed in full

Some treatments are not covered in full: maximum reimbursements or maximum rates may apply. In such cases, you will have to pay the remaining amount yourself. If this is the case, this will be stated on your Reimbursements Overview.

When you send us an invoice, we will reimburse the amount you are entitled to as stated on your Reimbursements

Overview. We will always pay this partial reimbursement to you and not to the healthcare provider. This is why you (the employer) must first pay the healthcare provider in full yourself.

5. Rates

Your Reimbursements Overview details the extent of the reimbursement you will receive. You may often see a percentage (e.g. 100%), but this does not mean that we will, in all cases, reimburse the invoice in full.

Healthcare costs can be reimbursed at:

- a pre-agreed rate; or
- the market rate applicable in the Netherlands; or
- the claimed rate.

Whether the cost of the healthcare is reimbursed and, if so, the rate used depends on factors such as whether your employee goes to a recognised healthcare provider, or whether we have contracted this healthcare provider for the treatment/healthcare in question. The rate that applies to you is specified in clause V.13 of the Terms and Conditions of Employer Health Insurance Policies. We use this rate to determine whether you are entitled to reimbursement for the healthcare claimed and if so, how much.

6. Conditions for reimbursement

The clause for the particular healthcare specifies the terms and conditions we have set for that type of healthcare. Two common conditions are:

- the healthcare provider who treats your employee must be authorised and/or have a contract with us and/or be recognised. It is important for the healthcare provider to have the right training and sufficient knowledge in his or her field. Other than that, healthcare providers also need to have, for example, a clear complaints procedure in place for patients. Such healthcare providers can sometimes be identified by their title (medical specialist), or by virtue of the fact that they have been recognised either by the government or by us. You can ask us whether this applies to the particular healthcare provider.
- your employee must have been given our approval for the treatment (see clause V.11) prior to its commencement.

For certain kinds of healthcare, it can be difficult to determine whether or not it qualifies for reimbursement. In such cases, our prior approval is required. We need to receive:

- a referral/application from the company doctor or medical specialist treating the employee, stating the reason for the treatment;
- if possible, a cost estimate and/or treatment plan for the healthcare requested;
- any additional information requested by us.

Your insurance will only cover the costs of the requested healthcare once we have granted our approval for this healthcare.

7. Internet

Your terms and conditions of insurance and other relevant appendices are available on our website. You can also request copies from us.

V.1. Definitions

This clause defines the terms used in the terms and conditions of insurance.

Abroad

Any country other than the Netherlands.

Absence management service

The legal entity that, operating as a case management centre, reintegration service or similar, carries out activities on behalf of the employer or insurer in the field of reintegration, prevention and case management. An example is HumanCapitalCare.

Accident

A sudden, unexpected, involuntary and external event that directly results in bodily injury that can be detected objectively by a medical professional. An accident is also deemed to include a situation where your employee suddenly and involuntarily ends up in circumstances that were not foreseen and could not reasonably have been foreseen and that results in bodily injury that can be detected objectively by a medical professional.

Admission

A period of nursing and treatment in a facility for specialist medical healthcare in a ward set up for nursing. This does not include an outpatient clinic, a day care ward, an A&E department or a rehabilitation facility. The admission must be a medical necessity in terms of medical healthcare. Your health insurance covers admissions of up to 3 x 365 consecutive days. Days are counted using the following rules:

- if the admission is interrupted for a period of fewer than 31 days, the number of days of interruption do not count towards the total number of days. We continue counting after the interruption;
- if the admission is interrupted for a period of more than 30 days, we start counting again from the beginning and you are again entitled to healthcare/reimbursement of healthcare for the total number of days;
- if the admission is interrupted for weekend/holiday leave, the number of days of interruption count towards the total number of days.

Section V

General terms and conditions

Case manager

The employee, employed by the policyholder or the contracted absence management service, who has been appointed to support employees in the context of absence management. You have also made us aware of this employee working in this capacity.

Company doctor

A doctor who acts on behalf of the employer or the working conditions service with which the policyholder has a contract as an employer. The doctor is listed as a company doctor on the relevant register administered by the Medical Specialists Registration Committee ('Registratiecommissie Geneeskundig Specialisten', RSG).

Country of residence

The country where your employee lives, other than the Netherlands. We also take country of residence to mean the country where your employee is seconded for his or her work and where the employee and his or her family members are living, even when this is for less than one year.

Dutch Individual Healthcare Professions Act

The Dutch Individual Healthcare Professions Act ('Wet op de beroepen in de individuele gezondheidszorg', 'Wet BIG'). This act specifies the requirements that various groups of healthcare providers must meet in order to be permitted to carry out their profession.

Employee

A person who, on the basis of a contract of employment under civil law, has an employment relationship as an employee with his or her employer and who is registered with us as an employee of the employer and who receives the healthcare.

Employer

The natural person or legal entity who, on the basis of a contract of employment under civil law, has an employment relationship as an employer with his/her/its employees and who is registered with us as the employer.

Facility for specialist medical healthcare

A facility as defined in the Dutch Healthcare Institutions (Accreditation) Act ('Wet toelating zorginstellingen', WTZi), such as a hospital or an independent treatment centre, for example. The facility must have a valid AGB code (administrative code assigned to healthcare professionals in the Netherlands) upon commencement of the treatment.

- where we mean to refer only to a hospital, this is written as: hospital (facility for specialist medical healthcare). In this case we mean a general hospital, a specialist hospital (i.e. a hospital that provides healthcare for just one or a limited number of specialist fields such as a burns unit or psychiatric hospital) or a university hospital.
- where we mean to refer only to an independent treatment centre, this is written as: independent treatment centre (facility for specialist medical healthcare).
- where we mean to refer to both, we write 'facility for specialist medical healthcare' and nothing else.

Health insurance

An insurance policy that has been approved by the 'Nederlandse Zorgautoriteit' in Utrecht as a health insurance policy as defined in the Dutch Health Insurance Act ('Zorgverzekeringswet'). Health insurance is also sometimes called a 'general insurance policy'.

Health insurer

The authorised insurance company with which you have taken out the employer health insurance policy. The insurance company to which these terms and conditions of insurance apply is the insurance company specified in that capacity on the policy document. This insurance company can also be an insurer as defined in the Dutch Health Insurance Act ('Zorgverzekeringswet') and is referred to as 'we' and 'us' in the terms and conditions of the employer health insurance policy.

Healthcare provider

See clause V.10.

Hospital

Please refer to 'Facility for specialist medical healthcare'.

Insurance

An insurance agreement that covers the matters relating to the employer health insurance policy.

Insured person

The employer who is entitled to insured healthcare and/or reimbursement of the insured costs. The healthcare is provided to the employer's employees. In the terms and conditions of insurance, we refer to the insured person using 'you' and 'your'.

Intervention Expert ('Interventie Expert')

A person who acts as a knowledge and discussion partner for the employer when it comes to workplace interventions. The Intervention Expert ('Interventie Expert') explains about the use of interventions, provides advice on these and arranges the interventions. These interventions are aimed at preventing sickness absence on the part of employees and helping them to get back to work as soon as possible.

Intervention provider

A specialist healthcare provider who, in practice, deals with the diagnosis, training, treatment or support of the employee, while paying special attention to the employee's work situation. The interventions are geared towards posture and movement, psychological problems, conflicts or mediation in finding the employee other work.

Mediation

An activity on the part of the insurer involving finding a suitable healthcare provider at the request of the insured employer and/or this employer's employees and bringing the parties into contact.

Month

A calendar month.

Occupational consultant

A person listed as an occupational consultant on the relevant register administered by the Occupational Consultants Register Foundation ('Stichting Register Arbeidsdeskundigen') and who acts on behalf of the policyholder or the working conditions service with which the policyholder has a contract as an employer.

Occupational physiotherapist

A person who:

- has successfully completed the occupational physiotherapy programme and is registered as an occupational physiotherapist with the Dutch Association for Occupational and Work-Related Physiotherapists ('Nederlandse Vereniging voor Bedrijfs- en arbeidsfysiotherapeuten', NVBF); or
- is registered as a physiotherapist under the terms and conditions of Article 3 of the Dutch Individual Healthcare Professions Act ('Wet op de beroepen in de individuele gezondheidszorg', 'Wet BIG'), and who has, in our estimation, successfully completed a course in physiotherapy for the workplace.

Occupational psychology

Psychology that is necessary to treat a mental illness or mental condition suffered by the employee, which is impeding the proper performance of the employee's task or job.

Occupational physiotherapy

Physiotherapy that is necessary to treat a disease, condition or injury suffered by the employee, which is impeding the proper performance of the employee's task or job.

Occupational psychologist

A person who:

- has successfully completed the occupational psychology programme and who is registered as an occupational psychologist; or
- is registered as a healthcare psychologist under the terms and conditions of Article 3 of the Dutch Individual Healthcare Professions Act ('Wet op de beroepen in de individuele gezondheidszorg', 'Wet BIG'); or
- is employed for the purpose of providing mental healthcare by a recognised or contracted intervention provider.

Physiotherapist

An individual listed as a general physiotherapist in the Dutch Quality Register for Physiotherapy ('Kwaliteitsregister Fysiotherapie Nederland') and/or any register(s) designated by us. A kinesiologist as referred to in Article 108 of the Dutch Individual Healthcare Professions Act ('Wet op de beroepen in de individuele gezondheidszorg', 'Wet BIG') is also deemed to be a physiotherapist.

Policyholder

The natural person or legal entity who has taken out the insurance with us. The policy document is in the policyholder's name. The policyholder may also be the insured person and the employer. In the terms and conditions of insurance, we refer to the policyholder using 'you' and 'your'.

Prevention

A set of individual activities, provided either on a one-to-one basis or in a group, aimed at improving or maintaining a person's physical and/or mental health.

Sickness absence

The situation where the employee is, in the estimation of the policyholder, unable to do his or her own job or perform other suitable work during the contracted hours.

Stay

See 'Admission'.

Treatment proposal

A record written by the specified healthcare provider stating which healthcare, examination, treatment, or therapy the employee requires on medical-professional grounds.

Workplace

- in the event of working from home, a workspace located in the employee's home, houseboat (i.e. a boat permanently moored at one location) or static caravan; or
- the location where the party responsible for deducting taxes at source implements its working conditions policy on the basis of the Dutch Working Conditions Act ('Arbeidsomstandighedenwet').

Written

A physical or electronic means of conveying information, whereby the information itself can be understood, stored and reproduced. An electronic means of conveying information includes the internet and emails.

Year

A calendar year. However, when referring to someone's age, we do not mean a calendar year. We simply mean a year in the person's life.

V.2. Fundamentals of your insurance

V.2.1. Basis of your insurance

This insurance policy is based on:

- these terms and conditions of insurance; and
- the policy document and policy appendices;
- the confirmation summary you signed; and
- any other information, statements and declarations you provided or made to us or which were provided or made on your behalf.

V.2.2. Policy document

The insurance contract is recorded on the policy document, which is your proof of insurance. We send you this policy document every year. The policy document specifies which insurance policy you have taken out, along with other information.

V.2.3. Contract

These Terms and Conditions of Employer Health

Insurance Policies apply to this contract.

V.2.4. Nature of the policies

The employer health insurance policies are private insurance policies and therefore not health insurance policies as defined in the Dutch Health Insurance Act ('Zorgverzekeringswet').

There are three types of employer health insurance policies, each of which differ in nature. These are:

- an 'in-kind policy', i.e. the insured person is covered for the actual healthcare rather than reimbursement of the costs;
- a 'refund policy', i.e. the insured person is entitled to claim reimbursement of the costs of healthcare received; and
- a 'mixed policy', i.e. one in which, in accordance with the provisions of at least one clause, the insured person is entitled to reimbursement of the costs of the healthcare (refund) and, again in accordance with the provisions of at least one clause, to the healthcare directly (in kind).

Your policy document or Reimbursements Overview will state which type of policy you have.

V.2.5. Applicable terms and conditions of insurance

These Terms and Conditions of Employer Health Insurance Policies apply in all cases except where we deviate from them in:

- an additional contract;
- the Reimbursements Overview.

In the event of disagreement on which version of the Terms and Conditions of Insurance, Reimbursements Overview and/or any additions apply or what the text of such is, only the text and content of the versions in effect and in our possession at that time are valid.

V.3. Commencement and term of the insurance

The insurance starts on the start date shown on the policy document and ends on the last day of the year, after which the insurance will be automatically renewed for periods of one year at a time. You are taking out this policy for at least one full year.

V.4. Cancellation and changes made by you

V.4.1. Cancelling at the end of the term

You can cancel the insurance with effect from the end date of the policy by informing us of this in writing.

We must have received your cancellation notification at least two full months prior to the end date of the policy. If you do not observe this notice period, your insurance policy will end one year later.

V.4.2. In the event of changes to the terms and conditions of insurance

We reserve the right to amend these terms and conditions at any time, including the cover and the premium. If we amend the terms and conditions, the premium and/or the cover, we will notify you, i.e.:

- we will send you a new policy document and also inform you of the date on which the new policy document takes effect. Your old policy document will cease to be valid from that date.
- on request, we will also send you new Terms and Conditions of Insurance and a new Reimbursements Overview, informing you of the date on which these will take effect. Your old Terms and Conditions of Insurance and Reimbursements Overview will cease to be valid from that date.

If the changes to the terms and conditions, premium or cover are to your disadvantage, you may cancel the policy or choose a different policy.

You must notify us in writing that you wish to cancel the policy within 30 days of the date on which we notified you of the change. Your policy will end or change on the date the change takes effect.

V.4.3. Instances when you cannot cancel or make changes

You are not entitled to cancel the policy if the change is:

- a change in the terms and conditions or premium as a result of a government policy or statutory regulations;
- a change in the terms and conditions or the premium that does not diminish your rights or those of your employees and does not increase your obligations or those of your employees;
- a change in the terms and conditions or the premium that does not affect the insurance you have taken out.

V.4.4. Statement of cancellation

If insurance ends as a result of cancellation, you will be entitled to a statement of cancellation. We will send this to you automatically, in the form of a 'policy cancellation'. Among other things, this will state the names of the employees, the types of insurance concerned and the applicable premium, along with the date of cancellation.

V.5. Cancellation of the insurance by us

V.5.1. General

We can cancel the policy by providing you with written notification. This cancellation will occur:

- with effect from the end of the term of the policy. We must notify you of this cancellation at least two full months prior to the end date of the policy; or
- at another time of our choosing:
 - if the premium has not been paid within two months of the due date;
 - if you fail to fulfil your other obligations under this contract;
 - if you or one of your employees is involved in a criminal offence, violation, deception, fraud, coercion or threats (or attempts at such) in respect of us;
 - if it emerges that the information and statements you gave in response to our questions when you took out the insurance were incorrect or incomplete, or if it emerges that certain information was not provided when the insurance was taken out;
 - if you are declared bankrupt or a request has been filed with the court for you to be declared bankrupt as defined in Article 1 of the Dutch Bankruptcy Act ('Faillissementswet'), or if your assets have been seized;
 - if you have applied for suspension of payments;
 - if debt rescheduling under the Debt Rescheduling (Natural Persons) Act ('Wet schuldsanering natuurlijke personen') has been requested by or for you, or if such debt rescheduling has been ruled to apply to you;
 - if your company or facility merges or is taken over by another company or facility, or if the nature and purpose of your company changes, or if your company is dissolved or loses its legal personality, or if the company

form changes in any other way, or if the actual operation of your business in the Netherlands is being terminated;

- if you no longer employ any employees;
- from the date on which the group health insurance you have taken out with us is cancelled.

V.5.2. End of entitlement

You can no longer derive rights from this insurance for employees who are no longer covered by the insurance from the day on which:

- the employee's contract of employment with you is terminated;
- the employee retires under an early retirement or pre-retirement arrangement.

V.6. Amount of the premium and costs

V.6.1. Costs

The costs you pay for the insurance comprise:

- the premium; and
- taxes that we are obliged by law or under a treaty to transfer to the designated and competent authorities.

V.6.2. Setting the costs

We set the costs for a particular year in the legal tender used in the Netherlands (i.e. the euro). We also establish in which situations and when you will be required to pay these costs by way of one or more advance payment invoices. We determine this based on the number of employees on 1 January of the relevant year.

V.6.3. Amount in the event of a change

If the company's headcount (i.e. number of employees) on 1 January is different to the headcount on 1 January of the previous year, the premium will be re-calculated to determine the actual amount that should have been paid. The premium for that year will then be based on the average headcount in that year. This average is calculated using the headcount determined on the two dates mentioned and possibly on several other random dates in that past year. To make this calculation, we may ask you for the current headcount during the year.

V.6.4. Settlement

If, based on the average headcount as calculated, the recalculated premium differs by more than 10% from the premium originally calculated and specified on the advance payment invoice, a set-

tlement will be made amounting to half of the difference in the annual premium.

V.7. Payment of premium and costs

V.7.1. Full and timely payment

You must pay the premium in full and on time each year. You must ensure that we have received the premium within 30 days of the date of the advance payment invoice.

V.7.2. Legal tender

You must pay the invoices we send you in the legal tender used in the Netherlands.

V.8. Payment arrears

V.8.1. Reminder

If you fail to fulfil your payment obligation, we will send you a reminder. If we still have not received payment within 14 days of this reminder, you will be in default and we can demand immediate payment.

V.8.2. No reimbursement

From the day on which you should have paid the amount owing and yet we have not received payment or not received payment in full, we will no longer reimburse the costs of the healthcare to which, under the insurance, the insured person is entitled. From the moment we receive all amounts owing, you will again be entitled to the reimbursement of the costs for healthcare covered by your policy.

V.8.3. Oldest claims

We will always apply your payment to outstanding claims in order of age, beginning with the oldest.

V.8.4. Off-setting

- You cannot offset debts against any amounts that we still owe you.
- We, however, can offset your debt against any amounts to which you or your employee are entitled in relation to the insurance, as well as against any amounts to which you are entitled in relation to other insurance policies you have taken out with us.

V.8.5. Extra costs

- if you are in payment arrears, you will also have to pay us statutory interest on the

amounts that are due and payable to cover our losses due to delayed payment; and

- if you do not pay the amounts owing on time, we will add an administrative charge to these costs. If we have to take measures to arrange collection of the amounts owing, we will also charge you for the collection fees, legal fees, court costs and any other costs incurred in the collection of the amounts due.

V.8.6. Termination

If you have not paid the amounts that are due and payable (in full) within 14 days of the date of our payment demand, we will terminate your insurance. We will not be required to give you official notice that you have not fulfilled your obligations, nor will we be required to take the matter to court. Your obligation to pay us all due and payable sums will remain in effect.

V.9. Content and scope of your insurance

V.9.1. Voluntary healthcare recommendation and approval

You are entitled to get a healthcare recommendation and voluntary approval from us; these can be requested from our Intervention Experts ('Interventie Expert').

This allows you to find out whether and to what extent certain healthcare or healthcare providers are covered by the insurance, as well as things like which healthcare providers we have an agreement with concerning the healthcare.

We recommend that, if in doubt, you request the recommendation and approval. You can do so for any type of healthcare, even when it is not specified as a condition for the healthcare; you are not required to do this. You will continue to be entitled to the healthcare covered by your insurance.

The healthcare specifications in section W stipulate whether a healthcare recommendation and approval must be requested (also see clause V.11.1.). If nothing is mentioned for a particular type of healthcare, a healthcare recommendation and approval are not required.

V.9.2. Conditions for reimbursement

The insurance provides cover for the insured healthcare and/or services and reimbursement of the costs thereof, and for mediation involved in arranging this healthcare and the reimbursement of the costs thereof. For this cover to apply, the

requirements we set out in these Terms and Conditions of Insurance and/or the Reimbursements Overview must be met. The costs must have been incurred during the term of the insurance contract; this will be determined based on the date on which the healthcare was provided. The cause of the sickness absence or impending sickness absence has no bearing on the cover provided under this insurance.

V.9.3. Conditions of the healthcare

- entitlement to reimbursement of the costs of healthcare as described in this insurance is determined, in terms of content and scope, in part by the latest practical and theoretical standards, or, in the event that such a standard does not exist, what is deemed to constitute responsible and adequate healthcare and services in the field in question.

Explanation

There must be sufficient (substantive) evidence that the healthcare is effective and safe (in the long term). In assessing this, we consider all of the available scientific information.

- entitlement to a type of healthcare or a service and reimbursement of the costs of such exists to the extent that your employee reasonably relies on this healthcare or service.

Explanation

The healthcare must be appropriate to the condition, i.e. it must constitute adequate healthcare in the employee's particular situation. For example, there must be medical grounds for the particular healthcare based on an authorised healthcare provider determining that this healthcare is necessary. The healthcare must not be disproportionately expensive.

V.9.4. Entitlement to reimbursement

This insurance provides cover for the insured healthcare and reimbursement of the costs thereof and for reimbursement of the costs of the mediation involved in arranging this healthcare if:

- said costs are for healthcare covered by the insurance; and
- the employee is on sick leave or there is a risk of the employee needing to take sick leave; and
- the insured healthcare and/or services is/are provided by the authorised healthcare provider specified for that type of healthcare; and
- in a specific situation or case, which, in our opinion, gives cause for this, we have granted approval for the treatment plan which we have

requested from one or more different healthcare providers or healthcare facilities; and

- the costs are not covered or are not covered in full under the health insurance as defined in the Dutch Health Insurance Act ('Zorgverzekeringswet') or under an additional insurance package the employee has taken out; and
- the costs are directly connected with the work of this employee.

V.9.5. Delayed cover

If, when the insurance is taken out or at the start of an employee's employment, an employee is unable to work based on medical grounds relating to the cover provided by the insurance taken out, the cover for the insured costs and/or services will only start six weeks after notification of recovery for that employee has been received and recorded.

V.9.6. Priority of reimbursement

We apply a sequence of priority to determine whether an invoice for healthcare may be reimbursed and, if so, the amount to be reimbursed. This sequence is as follows:

- first we determine whether the healthcare provided is insured healthcare, i.e. whether the healthcare claimed is included under the insurance;
- next, we determine the rate that applies (see clause V.13). The claimed amount may not be reimbursed in full in some situations.

V.9.7. No entitlement to reimbursement

Before you can send us invoices from healthcare providers, the employee concerned must first provide his or her permission.

When requesting this permission (see clause V.12.2.), it must be made clear to the employee that this permission is given on a voluntary basis (and can therefore also be withheld). If the employee refuses to give said permission, you will not be entitled to reimbursement of the costs.

V.10. Healthcare providers

V.10.1. Healthcare provider

Under the Dutch Healthcare (Market Regulation) Act ('Wet marktordening gezondheidszorg', Wmg), a healthcare provider is a natural person or legal entity providing healthcare in a professional or commercial capacity, or a natural person or legal entity charging rates on behalf of, for or in connection with the provision of healthcare by an

authorised healthcare provider.

A healthcare provider may provide healthcare and/or goods/materials. You may come across the term 'healthcare supplier' in our information or documentation. We deem 'healthcare supplier' to mean the same as 'healthcare provider'. The healthcare provider must comply with all relevant statutory and regulatory requirements. This applies equally to the institution or facility where the treatment takes place.

A healthcare provider can be:

- a person; or
- a facility for the provision of healthcare; or
- a recognised or contracted intervention provider.

V.10.2. Conditions for healthcare providers

Healthcare is covered by the insurance if:

- a type of healthcare provider for the healthcare concerned is specified in the terms and conditions of insurance or the Reimbursements Overview under the heading 'healthcare provider'. Types of healthcare provider not mentioned under the heading 'healthcare provider' for the healthcare concerned are not authorised to provide healthcare at our expense, nor can they claim it from us. Consequently, cover is not provided for healthcare provided by any type of healthcare provider not mentioned, even if the actual healthcare concerned is insured; and
- the healthcare provider provides the healthcare themselves. Healthcare can also be provided by another healthcare provider, including a type of healthcare provider not mentioned, as long as this healthcare provider operates under the responsibility of a healthcare provider who is expressly mentioned in the applicable clause, and unless stated otherwise in that clause; and
- that healthcare provider claims the healthcare under their own name. It is also possible for a facility, a different healthcare provider or a third party to submit a claim for the healthcare under the name of the responsible healthcare provider; and
- a healthcare provider in the Netherlands complies with the rules and regulations laid down in and/or pursuant to legislation for the applicable profession and business, and the operation thereof, and, in doing so, provides authorised healthcare. A healthcare provider in the Netherlands must, for example, meet the requirements set out in the Dutch Healthcare (Market Regulation) Act ('Wet marktordening gezondheidszorg', Wmg). Healthcare providers based in the Netherlands must also comply with the

provisions of the Dutch Individual Healthcare Professions Act ('Wet op de beroepen in de individuele gezondheidszorg', Wet BIG):

- doctors, dentists, pharmacists, healthcare psychologists, psychotherapists, physiotherapists, obstetricians and nurses must be listed on the national BIG registers or another register that we consider to be equivalent (for example, registration as a clinical chemistry laboratory specialist with the Dutch Association of Clinical Chemistry and Laboratory Medicine ('Nederlandse Vereniging voor Klinische Chemie en Laboratoriumgeneeskunde', NVCK));
- we will only reimburse healthcare provided by other healthcare providers where such healthcare providers, under Article 34 of the Dutch Individual Healthcare Professions Act ('Wet op de beroepen in de individuele gezondheidszorg', Wet BIG), have gained a designated qualification and lawfully use the title and/or designation conferred upon them by that qualification; and
- the healthcare provider supplying the care must also have an AGB code (administrative code assigned to healthcare professionals in the Netherlands); and
- a healthcare provider in a foreign country complies with the requirements, laws and regulations set out for their profession in the country concerned.

V.10.3. Contracted healthcare providers

We have entered into contracts for the provision of healthcare and/or resources by healthcare providers. These contracts set out the agreements we have made in relation to the price, quality and effectiveness of the healthcare, and the terms and conditions under which healthcare providers provide healthcare and can claim costs from us. We have a list of contracted healthcare providers. You can see which these are on our website or we can provide a list on request.

The introduction to your Reimbursements Overview states whether the insured person must go to a contracted or recognised healthcare provider.

V.10.4. Recognised healthcare providers

There are healthcare providers with whom we have not entered into a contract for the provision of healthcare or resources, but which we consider, as an individual healthcare provider or as a professional group, to be of such quality that we have recognised this healthcare provider or group.

The introduction to your Reimbursements Overview states whether your employee must go to a

contracted or recognised healthcare provider.

V.10.5. Non-contracted healthcare providers

If your employee goes to a non-contracted healthcare provider, the healthcare provided will not be reimbursed unless we, in individual cases, provide written approval for the provision of healthcare by the non-contracted healthcare provider.

Clause V.13. specifies the amount of reimbursement, depending on whether your employee goes to a contracted or non-contracted healthcare provider.

V.11. Healthcare recommendation and approval

V.11.1. Compulsory healthcare recommendation and approval

For each type of healthcare we state in the relevant clause whether a compulsory healthcare recommendation and/or approval is required.

If these are required, the insured person must obtain these before the healthcare is provided. Compulsory approvals can be requested from our Intervention Experts ('Interventie Expert').

Apart from this, the insured person is always entitled to get a healthcare recommendation and voluntary approval from us. For more information, please refer to clause V.9.1.

V.11.2. Statements and promises

Any statements and promises that we make will only be binding on us if we confirm them in writing. We assume that any correspondence we sent to the most recent postal or email address we have on record for you or your employee was received. We cannot accept liability for any losses incurred if you or your employee do not receive correspondence or do not receive it on time, where this results from your failure to notify us of, respectively, your or your employee's current postal or email address.

V.11.3. Period of validity

If the terms and conditions of insurance state that an approval is required in advance, it must not be older than 365 days. Our approval therefore remains valid for up to 365 days, unless explicitly stated otherwise.

Please note!

Approvals will be issued in accordance with the

applicable legislation, regulations and terms and conditions of insurance.

Approvals will cease to be valid in the event of the applicable legislation or regulations changing, or your insurance changing or ending, (unless the commencement date of the DOT healthcare product code falls within the term of your insurance).

V.12. Invoices

V.12.1. Submitting invoices

We will process invoices in accordance with the terms and conditions of your insurance policy or policies if the invoices submitted meet certain requirements:

- invoices must be:
 - an original invoice (not a copy); or
 - recorded on a data carrier that can be read by a computer; or
 - received by us through electronic data exchange.
- if healthcare was received while the insured person was abroad, entitlement to reimbursement of some or all of the invoices previously submitted in the country of residence may apply.

If that is the case, we will process copies of the original, foreign invoices. These copies must be sent to us, along with a statement from the implementing body of the social or statutory insurance in the country of residence, stating:

 - that some or all of the costs did not qualify for reimbursement; and
 - the amount outstanding that the insured person has to pay.
- the invoices must be for treatment actually provided and healthcare or aids actually supplied;
- we must receive the invoice within 36 calendar months of the date on which the healthcare was provided. Invoices received later than this will no longer qualify for reimbursement;
- invoices must have been drawn up by:
 - an intervention provider contracted by us; or
 - an intervention provider recognised by us; or
 - recognised or contracted healthcare providers who, in the clause concerning that particular type of healthcare, are named as authorised healthcare providers for whom claims may be submitted, with the exception of a company doctor, whose invoices may only be sent to us with the express permission of the employee.

- invoices, requests and additional information must be provided in one of the commonly spoken languages (Dutch, English, German, French or Spanish). The same applies to any accompanying/supplementary information. If the document is not in one of these languages, we will ask that you include a translation. Alternatively, you can have us arrange the translation and repay us for the costs charged by the translation agency.
- we use the same specifications for invoices as that used by the Dutch tax authorities. For example, the invoices must include the name and address of the healthcare provider, the name of your employee, and the nature, quantity/period and costs of the healthcare provided. If the 'Nederlandse Zorgautoriteit' sets specific requirements for invoices for a particular type of healthcare, these will prevail over those of the Dutch tax authorities.
- with regard to non-contracted healthcare providers or any other third party, you may not:
 - transfer your claim against us or another right to them;
 - provide them with a security interest, such as a pledge;
 - give them permission, an order, instruction or similar to submit a claim on your behalf, to receive a payment for you, or to accept a payment that fulfils an obligation of yours to that third party.

Please note!

- quotation charges and advance payment invoices are not reimbursed.
- we do not return any invoices, enclosures or documents sent to us, not even if the costs have not been reimbursed or not reimbursed in full. You can, however, request a certified copy from us.

V.12.2. Direct payment to the healthcare provider

We can agree with healthcare providers, for example, that they can send some or all of their invoices directly to us, and that we will pay them directly to the healthcare providers. The employee must cooperate with us in this respect. If we receive an invoice from a healthcare provider with whom we have a payment agreement, and the invoice qualifies for reimbursement, the employee is deemed to have given us permission to pay this invoice directly to the healthcare provider. By paying the invoice to the healthcare provider, our obligation to reimburse you or your employee for the costs ceases to exist. The employee must have provided his or her express permission for

the healthcare provider to send us the invoice. It is your responsibility as the policyholder to arrange and record this permission.

V.12.3. Verification of original invoices

If we receive invoices over the internet, the insured person or the employee must keep the original, paper invoices for at least 2 years, as we can request these for verification purposes.

V.13. Rates

V.13.1. Specification of rates

Your Reimbursements Overview, in conjunction with the clauses in section W, specifies the type of healthcare covered and the reimbursement amount. This will often be a percentage, such as 100%, but this does not mean we will always reimburse the invoice in full. We use various rates, as specified below.

1. Agreed rate

This is the rate we have set out in a contract with the healthcare provider.

If your employee uses a non-contracted healthcare provider, one of the following situations can apply:

A. We have set identical rates with other healthcare providers for the same healthcare/treatment. In this case, this identical, fixed rate is the agreed rate.

B. We have set different rates with other healthcare providers, for the same healthcare/treatment. In this case, the average of these rates (weighted or unweighted) is the agreed rate.

2. Market rate applicable in the Netherlands

This is the rate that is customary for certain types of healthcare in the Netherlands – or, if your employee lives abroad, in the country of residence – and is commensurate with the price of similar healthcare provided by similar healthcare providers. The costs of the healthcare claimed must be reasonable in comparison with the price of similar healthcare claimed by similar healthcare providers in the Netherlands (or other country of residence if your employee does not live in the Netherlands). In principle, we will reimburse the invoice in full. However, in isolated cases where an invoice for healthcare is unreasonably high, and therefore differs excessively from invoices for similar healthcare from similar healthcare providers, we will pay up to the market rate applicable in the Netherlands, and refuse to pay extremely high

costs to the extent that they exceed this market rate.

3. Claimed rate

The amount stated on the invoice.

The rate that applies, or the rate that is assumed, is stated on your Reimbursements Overview.

V.13.2. VAT

If you are charged VAT by a healthcare provider who is required by law to do so, the VAT charged will be included in the reimbursement if you are exempt from paying VAT.

V.14. General exclusions

V.14.1. General

There is no entitlement to healthcare or reimbursement of costs:

- a. if the healthcare is not aimed at reducing or preventing an employee's sickness absence or incapacity for work;
- b. if the illness, condition, impairment or workplace dispute for which the healthcare is used was known or caused complaints before this insurance came into effect;
- c. if the illness, condition, impairment or workplace dispute for which the healthcare is used has been caused or accelerated by a reorganisation or merger which, in our estimation, has caused a significantly increased risk of sickness absence or need for reintegration and which was not reported to us in advance;
- d. if the illness, condition, impairment or workplace dispute for which the healthcare is used has been caused, accelerated or aggravated on purpose or through gross negligence on the part of one of your employees. An example of this is if:
 - one of your employees voluntarily participates in actual armed activities in foreign armed forces, except if this employee is providing humanitarian aid or care or performing medical activities as an aid worker;
 - one of your employees travels to and/or stays in a country for which the Dutch government had issued negative travel advice before the employee's departure. The exclusion applies if:
 - the negative travel advice is as follows:
 - essential travel only (code orange);
 - do not travel (code red).
 - the negative travel advice was issued on account of:
 - current or imminent war, riots or other

similar disturbances where a threatening situation may arise;

- a threat that is posed by infectious pathogens such as viruses, bacteria, fungi or other forms or combinations of these;

- the treatment or healthcare received has a causal relationship with the reason for which the negative travel advice was issued.

This exception does not apply if the employee exclusively provides humanitarian aid or care or exclusively performs medical activities as an aid worker working on behalf of a recognised humanitarian aid organisation.

- e. if the treatment is provided by a company doctor and/or a working conditions service;
- f. if these costs relate to and/or arise from legal proceedings, including the costs of your own solicitor/legal counsel, costs of the other party's solicitor/legal counsel, court fees and costs that must be paid in accordance with a court order;
- g. during a period that the employee is in legal custody;
- h. that you or your employee should be able to have reimbursed under:
 - 1) another agreement, regardless of whether this was in effect at the time this insurance was taken out; or
 - 2) a Dutch or foreign national insurance scheme, social security act or other statutory scheme; or
 - 3) a Dutch or foreign government scheme or a subsidy scheme such as the European Social Fund; or
 - 4) an EU regulation, EU treaty, EEA treaty, or a bilateral social security treaty that the Netherlands has signed;
- i. for which you or your employee could possibly also be reimbursed under another scheme or insurance policy, but where you or your employee have not informed us of the name of the insurer concerned;
- j. for the late payment of invoices which the healthcare provider has not sent directly to us;
- k. for healthcare of which it was known that it would take place abroad when the insured person departed for a foreign country;
- l. for not keeping an appointment with a healthcare provider;
- m. associated with obtaining copies of, or access to, medical details;
- n. of foreign currency exchange and payments;
- o. for payments to or from bank accounts outside the Netherlands;
- p. of the personal contribution you pay in accordance with the Dutch Long-Term Care Act ('Wet langdurige zorg', Wlz) and/or Dutch Social Support Act ('Wet maatschappelijke ondersteuning', Wmo);
- q. for certificates, vaccinations and tests (e.g. pre-employment screenings, or tests in relation to your driving licence or pilot's licence);
- r. like administrative, invoicing and postage costs;
- s. relating to healthcare that the insured person or your employee who is a healthcare provider provides to himself or herself;
- t. relating to healthcare received by your employee through, or products prescribed to your employee by a healthcare provider who is the employee's partner or first or second-degree family member and/or relative, unless we give our prior permission;
- u. relating to healthcare received by your employee through, or products prescribed by a healthcare provider who is your partner or a first or second-degree family member and/or relative, unless we give you prior permission.

V.14.2. Acts of war and terrorism

This insurance does not provide cover for damage or losses/costs that arise from or in connection with:

- acts of war caused by, or resulting from, armed conflict, civil war, insurrection, domestic civil commotion, riots and mutiny taking place in the Netherlands, as specified in Article 3:38 of the Dutch Financial Supervision Act ('Wet op het financieel toezicht'). In this context, we use the definitions drawn up by the Dutch Association of Insurers ('Verbond van Verzekeraars').
- terrorism risk: terrorism, malicious contamination, preventive measures or preparatory actions and behaviour (jointly referred to as 'terrorism risk'). In this context, we use the definitions drawn up by the Dutch Terrorism Risk Reinsurance Company ('Nederlandse Herverzekeringsmaatschappij voor Terrorismeschaden', NHT) in the most recent terrorism cover clause sheet ('clausuleblad terrorismedekking').

Costs resulting from these events (both in the Netherlands and abroad) will, however, be reimbursed insofar as we are able to pay them from the amount we receive under reinsurance from the NHT in Amsterdam.

Insured persons and/or employees who live outside of the Netherlands are not covered by this reinsurance, and are therefore not entitled to reimbursement.

Terrorism:

'acts of violence or aggression – falling outside the scope of any of the six acts of war specified in Article 3:38 of the Dutch Financial Supervision Act ('Wet op het financieel toezicht') – in the form of an attack or series of attacks related in time and intention, that result in injury or ill health, whether or not this results in death, and/or damage to items or other harm to economic interests, whereby it can be reasonably assumed that the attack or series of attacks - whether or not there is an organisational connection - were planned and carried out with the intention of achieving certain political and/or religious and/or ideological goals.'

Malicious contamination:

'- falling outside the scope of any of the six acts of war specified in Article 3:38 of the Dutch Financial Supervision Act ('Wet op het financieel toezicht') – the distribution of pathogens and/or chemicals that, as a consequence of their direct or indirect physical, biological, radioactive or chemical effects, may cause injury and/or ill health, whether or not this results in death, to people or animals and/or damage to items or other harm to economic interests, whereby it can be reasonably assumed that the distribution – whether or not there is an organisational connection – was planned and carried out with the intention of achieving certain political and/or religious and/or ideological goals.'

Preventive measures:

'measures taken by the government and/or insured persons and/or third parties to avoid an imminent threat of terrorism and/or malicious contamination, or to mitigate the consequences thereof where such acts have manifested themselves.'

Reinsurance provided by the NHT

Reinsurance provided by the NHT covers the costs of terrorism risk up to a maximum of 1 billion euros per year. This amount may vary from year to year and applies jointly to all insurers affiliated with the NHT. In the event of any changes, the NHT will announce this in three national newspapers.

Terrorism clause sheet

Nearly all insurers use the reinsurance provided by the NHT. A national terrorism clause sheet ('Clausuleblad Terrorisme' published by the NHT) has also been published. You can find out more about this at nht.vereende.nl/en/.

V.14.3. Criminal offences, violations and fraud

We do not reimburse the following:

Costs that relate to or are the result of you or the insured person committing or participating in a criminal offence, violation or fraud, or being an accessory to or attempting to commit a criminal offence, violation or fraud.

By fraud, we mean obtaining reimbursement from us or taking out an insurance contract with us under false pretences or on dishonest grounds and/or in a dishonest manner. This exclusion applies not only if you or the employee personally commit a criminal offence, violation or fraud, but also if such is committed by someone else who has an interest in the reimbursement or the insurance contract (a healthcare provider or supplier, for example). In the event of fraud, we may also:

- report this to the police;
- cancel the insurance contract(s);
- make a record in the warning systems used by insurers;
- claim back reimbursements that have been made and costs incurred (including costs of investigation).

V.14.4. Nuclear reactions

The insurance provides no cover for treatment (costs) arising as a result of nuclear reactions.

Entitlement will apply, however, if the costs arise as a result of radioactive material located outside of a nuclear power plant, and the following terms and conditions are satisfied:

- the Dutch government has granted a permit for the installation of the nuclides;
- the location of this material does not contravene the Dutch Nuclear Incidents (Third Party Liability) Act ('Wet aansprakelijkheid kernongevallen');
- a third party is not liable for the losses incurred, under Dutch law or that of a foreign country.

V.14.5. Overlap

If, had this insurance not existed, you or the employee concerned would have been entitled to healthcare or compensation for damage or losses and/or costs under another policy – regardless of the commencement date of such policy – or under any law or other provision, entitlement under this policy will only apply as a last resort. In that case, only the healthcare, damage or losses and/or costs that exceed the entitlements or the amount that you and/or your employee could claim under the other policy or the law or provision will be eligible for reimbursement or compensation.

V.14.6. Excessive rates

We do not reimburse costs that the employee must pay under the health insurance, Dutch Health Insurance Act ('Zorgverzekeringswet'), or provisions of these terms and conditions of insurance if these costs arise as a result of the healthcare being provided by a healthcare provider or healthcare facility that does not have a contract with us and, for this reason, the employee only being entitled to a lower reimbursement under his or her health insurance and/or this policy.

V.15. General obligations

V.15.1. Provision of correct information

- You must cooperate in the execution of the insurance agreement and provide all necessary details, information and documents, ensuring that this/these is/are accurate, complete and provided in good time; and
- you must let us know at the times agreed with us when a person becomes an employee or is no longer an employee and on what date this occurred; and
- for our records, you must provide us with all information about your employees that is required for us to execute the insurance agreement. This includes at least:
 - last name (maiden name, for a woman who has taken her husband's surname), and initials;
 - address;
 - town/city;
 - date of birth;
 - gender.

V.15.2. Current address

We assume that any correspondence we sent to the most recent postal or email address we have on record for you or your employee was received. We cannot accept liability for any losses incurred if you or your employee do not receive correspondence or do not receive it on time, where this results from your failure to notify us of, respectively, your or your employee's current postal or email address.

V.15.3. Holding a third party liable

- a. Assignment: transferring receivables to us**
- Sometimes we may be able to hold third parties liable for costs or healthcare that we have reimbursed under your insurance. From the time your insurance takes effect, you and your employees transfer to us any receivables due

to you or your employees from third parties. This involves receivables that may qualify as being covered by the insurance.

b. Cooperation in the event of liability of third parties

Circumstances, events or accidents may occur, for which your employees immediately or later need healthcare, the costs of which are covered by one or more of your insurance policies. If we may be able to hold third parties liable for these costs, you must notify us of this within 14 days. You must cooperate fully with our efforts to recover any such costs.

c. No agreements with third parties

You and your employees must not come to any agreements with third parties (not even insurers) who we could hold liable.

d. Consequences of failure to cooperate

We may hold you liable for all losses and costs arising from your and/or your employee's failure to assist us in our recourse against third parties.

V.16. Your insurance and your employees

V.16.1. Personal data (and other information)

- you, as policyholder and as insured person, are obliged to explicitly inform all your employees of and ask their express permission for the provision and processing of their personal data and other information necessary for the execution of this insurance. When requesting said permission, you must explain to your employees in an understandable manner all the aspects of data provision and data processing that have a bearing on them. You do not have to inform the employees about facts/matters they already know or ought to know about; and
- when requesting this express permission for the provision and processing of the employee's personal data and other information, it must be clear to the employee that this permission is given on a voluntary basis (and can therefore also be withheld or withdrawn). If an employee withholds said permission, or if the employee fails to fulfil the obligations as stated elsewhere in these terms and conditions of insurance, you will no longer be entitled to insured healthcare and/or reimbursement of the costs for that employee.

Please see clause V.17. Personal data for more information on personal data.

V.16.2. Identical insurance

Unless we agree otherwise with you, the following applies:

- you take out the same insurance for all your employees, including for all new employees from their first day of employment;
- you can change the insurance taken out in accordance with the terms and conditions. The new insurance then applies to all your employees from the date of the change;
- if individuals become your employees after you take out the insurance of your choice, the insurance for these employees will start – with retroactive effect if necessary – on their first day of employment;
- you can change the insurance taken out, subject to the provisions on cancellation. The change then applies to all your employees from the date of the change, i.e. from that date all your employees are covered by the new insurance.

V.16.3. Employees

- the insurance contract is concluded by you solely on behalf of your employees. Any persons other than your employees (like their family members for example) are not covered by the insurance; and
- you are obliged to ensure that your employees comply with the agreements you have made with us.

V.16.4. Sickness and recovery

you and your employees are obliged to do everything possible to promote recovery and/or reintegration (i.e. return to work) and to refrain from anything that might impede or prevent recovery or reintegration. You are also obliged to monitor your employees in this regard.

V.16.5. Notifying us of changes

- you must notify us if you plan to develop business activities that, in our estimation, create a significantly increased risk of sickness absence, reintegration and/or prevention, regardless of whether all or only some of your employees will be involved in these activities; and
- you must notify us of any change that could, in any way whatsoever, have a bearing on the rights and obligations arising from this insurance.

V.17. Personal data

V.17.1. Privacy

We store the personal information you and your employees provide to us in your insurance request, or at a later date, in our database of personal information. We use these details solely for the purposes specified in these terms and conditions of insurance or in applicable privacy legislation, and which we have reported to the Dutch Data Protection Authority ('Autoriteit Persoonsgegevens').

Processing of this personal data is subject to the Code of Conduct for the Processing of Personal Data by Health Insurers ('Gedragscode Verwerking Persoonsgegevens Zorgverzekeraars').

V.17.2. Processing of personal data

We process the personal data held in our database in relation to:

- assessing and accepting your employees, entering into and executing the insurance, and processing payments;
- statistical and scientific purposes;
- ensuring the security and integrity of the sector. This includes combating, preventing and detecting activity, criminal or otherwise, including attempts at such activity, that is targeted at the sector in which we operate, and the use of, and participation in, warning systems;
- complying with statutory obligations.
- In the event of unlawful activity, we may record your personal details in the External Reference Register ('Extern Verwijzingsregister'). We are able to consult this register through the central database held by the Dutch Central Information System Foundation ('Stichting CIS'). For more information, please see www.stichtingcis.nl.

V.17.3. Provision and recording of information

From the moment that your insurance takes effect, we may:

- request information from or provide information to you or third parties (including your employees and the healthcare providers) if we believe this is necessary in fulfilling our obligations under the insurance;
- request information from or provide information to you or third parties (including your employees and the healthcare providers) if we believe this is necessary in being able to execute your insurance agreement more effectively;
- negotiate on costs with healthcare providers and, if necessary, initiate legal proceedings

- against them (at our own expense);
- record in our database any of your or your employees' personal data and information that is required in executing your insurance agreement;
- use your personal data and information and that of your employees ourselves, provide it to third parties or use it to conduct legal proceedings if this is necessary to protect our interests.

Explanation

Your employees' insurance agreement will be executed more quickly and easily if we receive invoices directly from healthcare providers and intervention providers and pay the amounts directly to them. In order to do this, the healthcare provider who treated your employee may need to know about his or her insurance status. Consequently, healthcare providers have secure access to address and policy details that we hold about your employees. Healthcare providers can only access these details if they are actually treating your employee. If there are compelling reasons why healthcare providers should not have access to an employee's address details, you or the employee concerned can notify us of his or her objection; we will then hide these details accordingly.

Insofar as this provision and recording of information relates to data of your employees, this clause only applies if you have explicitly informed your employees that you process their personal data and they have also given you their express permission to do so. Please refer to clause V.17.1. for more details.

When exchanging and recording this information, we comply with the applicable privacy regulations.

V.17.4. Substantive checks

We are entitled to verify details and perform checks in relation to fraud, when arranging your insurance and your details in our database. We do this in accordance with the national Protocol on Substantive Checks ('Protocol materiële controle') and the national Protocol on Incident Warning Systems for Financial Institutions ('Protocol Incidentenwaarschuwingssystemen Financiële Instellingen'). You must cooperate with us fully in this respect.

V.18. Applicable law, complaints, competent court

V.18.1. Complaints

We are here for you if you have any complaints about the execution of your insurance agreement, and if you have issues with any other matters, we would like to hear these too. Please write or give us a call. We will come to a decision about your complaint and inform you of the outcome.

V.18.2. If you do not agree with the decision

If you do not agree with our decision and/or your complaint has not been resolved satisfactorily, you can refer your complaint to the competent court.

V.18.3. Deleted

V.19. Dutch law

This insurance is governed by Dutch law.

V.20. Situations not covered in the terms and conditions

Our Executive Board and/or management will decide how to proceed in situations that are not covered in these terms and conditions of insurance.

Section W

Description of healthcare

W.1. Foreign healthcare

W.1.1. Urgent medical care abroad

Your Reimbursements Overview will show whether or not you are entitled to reimbursement.

Healthcare: what you are insured for

We reimburse the costs of urgent medical care during a temporary stay abroad of no more than 365 days that are in excess of the costs of healthcare for which your employees are insured under the health insurance as defined in the Dutch Health Insurance Act ('Zorgverzekeringswet') and/or under any additional insurance policy taken out.

In general, these are the same treatments that would also be reimbursed if your employee would have received the treatment in the Netherlands.

The amount we reimburse is shown on your Reimbursements Overview.

Terms and conditions

General

We provide additional reimbursement for costs incurred by your employee during a temporary stay abroad, insofar as these are not covered under the provisions of the employee's health insurance and/or a separate additional insurance package and/or travel insurance policy the employee has taken out.

This healthcare relates to costs that an employee incurs during a temporary, work-related stay abroad.

This additional reimbursement applies under the following conditions:

- the healthcare your employee receives abroad is urgent;
- the healthcare your employee receives abroad is medically necessary;
- the healthcare your employee receives abroad is covered in any case under the health insurance or the additional insurance that your employee has taken out;
- the healthcare your employee receives abroad involves services provided by a healthcare provider based in that country or goods delivered by a supplier based in that country;
- the healthcare your employee receives abroad

is not a result of the employee's previously conceived intention to be treated abroad;

- the healthcare for which you are insured under the health insurance and individual additional insurance package/travel insurance policy may be more expensive abroad than if the same healthcare had been provided in the Netherlands. Your insurance provides reimbursement of the higher costs of foreign healthcare, up to a maximum of the amount or rate stated in the Reimbursements Overview. The insurance provides reimbursement of the higher costs of foreign healthcare where there is no entitlement to reimbursement of these costs under the health insurance, the additional insurance package(s) and the travel insurance.

Rates

We use a variety of rates. The rate will depend on which healthcare provider your employee uses. For more information, please refer to clause V.13.

W.1.2. Repatriation of a sick employee

Your Reimbursements Overview will show whether or not you are entitled to reimbursement.

Healthcare: what you are insured for

We provide an additional reimbursement for patient transport from the place where your employee is temporarily staying or the location of your employee's accident to a facility for specialist medical healthcare in the Netherlands, or if the employee does not live in the Netherlands, to a facility for specialist medical healthcare in your employee's country of residence. This is called 'repatriation'.

The repatriation must be medically necessary, because we are of the opinion that:

- a. the correct medical treatment is not locally available or reasonably feasible in the foreign country, while it is available in the country of residence or the Netherlands (as applicable);
- b. having the treatment provided in that foreign country would be medically irresponsible;
- c. treatment in that foreign country is much more expensive than treatment in the country of residence or the Netherlands (as applicable) would be.

Family reunification or language (difficulties with the local language) are social reasons, meaning these do not present a medical necessity for repatriation.

We deem repatriation to be a certain type of patient transport. By this we mean:

- patient transport in the Netherlands, or in your employee's country of residence if he or she lives in a foreign country.

Transport of the employee by ambulance, taxi, hire car, helicopter or private car between:

- the employee's legal home address or the location of the accident or sudden illness and
- the nearest location for treatment and nursing.
- patient transport during a temporary stay in a foreign country.

Emergency transport of the employee by ambulance, taxi, hire car or private car between:

- the place where the employee is staying temporarily or the location of the accident, sudden illness or treatment abroad and
- the place where the employee is to be treated abroad or in the Netherlands or the employee's legal home address.

In this situation, patient transport does not include transport by helicopter within or from the foreign country.

The amount we reimburse is shown on your Reimbursements Overview.

Terms and conditions

General

- the repatriation takes place using an ambulance, taxi or hire car. In consultation with us, the employee can also use another means of transport if we grant approval.
- this healthcare relates to costs that an employee incurs during a temporary, work-related stay abroad.

Healthcare recommendation and approval

A healthcare recommendation and approval must be requested from us or from the emergency service we have contracted for healthcare/mediation for healthcare abroad. We may stipulate other conditions as well for the approval. Also see clause V.11.1.

Rates

We use a variety of rates. The rate will depend on which healthcare provider your employee uses. For more information, please refer to clause V.13.

W.1.3. Transport of human remains

Your Reimbursements Overview will show whether or not you are entitled to reimbursement.

Healthcare: what you are insured for

We reimburse the costs of cross-border transport of human remains:

- 1) back to the Netherlands if the employee who has died outside the Netherlands was a resident of the Netherlands until his or her death; or
- 2) back to the country of residence for the employee who has died outside his or her country of residence.

The reimbursement is for costs directly related to transporting the human remains from the country of death back to the Netherlands or to the country of residence, including the costs of preserving and attending to the remains and preparing them for transport, the costs of transporting the remains and administrative costs such as fees and duties; The amount we reimburse is shown on your Reimbursements Overview.

Terms and conditions

Healthcare recommendation and approval

A healthcare recommendation and approval must be requested from us or from the emergency service we have contracted for healthcare/mediation for healthcare abroad. We may stipulate other conditions as well when issuing the approval. Also see clause V.11.1.

Rates

We use a variety of rates. The rate will depend on which healthcare provider your employee uses. For more information, please refer to clause V.13.

W.2. Physiotherapy/occupational physiotherapy

Your Reimbursements Overview will show whether or not you are entitled to reimbursement.

Healthcare: what you are insured for

We reimburse the costs of physiotherapy or occupational physiotherapy if the treatment takes place entirely or in part at the workplace. Physiotherapy means healthcare as provided by physiotherapists. Physiotherapy can be provided in the form of:

- a. occupational physiotherapy; or

- b. physiotherapy as defined in the Dutch Health Insurance Act ('Zorgverzekeringswet').

The amount we reimburse is shown on your Reimbursements Overview.

Please note!

We do not reimburse the costs of:

- therapy provided with the aim of improving the employee's fitness;
- childbirth preparation courses;
- sports massage.

Terms and conditions

Healthcare provider

The physiotherapy or occupational physiotherapy is provided by (according to the therapist's qualifications) either:

- a physiotherapist; or
- a manual therapist, i.e. a physiotherapist listed as a manual therapist on the Central Quality Register for Physiotherapy ('Centraal Kwaliteitsregister Fysiotherapie') and/or any register(s) designated by us; or
- a Cesar exercise therapist or Mensendieck exercise therapist, i.e. a physiotherapist listed as an exercise therapist on the Central Quality Register for Physiotherapy ('Centraal Kwaliteitsregister Fysiotherapie') and/or any register(s) designated by us; or
- a therapist listed on the register of the Dutch Association for Occupational and Work-Related Physiotherapists ('Nederlandse Vereniging voor Bedrijfs- en arbeidsfysiotherapeuten', NVBF).

The Reimbursements Overview states whether the healthcare provider must be recognised or contracted.

Treatment proposal

The company doctor or occupational consultant has stated that occupational physiotherapy is necessary.

Rates

We use a variety of rates. The rate will depend on which healthcare provider your employee uses. For more information, please refer to clause V.13.

W.3. Psychological healthcare

Your Reimbursements Overview will show whether or not you are entitled to reimbursement.

Healthcare: what you are insured for

If the treatment takes place entirely or in part at the workplace, we reimburse the costs of:

- a. occupational or other psychological healthcare;

this does not include mental healthcare as defined in the Dutch Health Insurance Act ('Zorgverzekeringswet');

- b. e-Health: occupational or other psychological healthcare provided online;
- c. psychosocial healthcare in the form of one-on-one talks when tensions, stress or problems on the part of the employee are manifested in the work situation;
- d. the compulsory deductible the employee must pay as a result of receiving mental healthcare through his or her health insurance as defined in the Dutch Health Insurance Act ('Zorgverzekeringswet').

The amount we reimburse is shown on your Reimbursements Overview.

Terms and conditions

General

The employee must pay the compulsory deductible referred to under d. and claim reimbursement afterwards.

Healthcare provider

The psychological healthcare referred to under a. and b. is provided by an occupational or other psychologist. The psychosocial healthcare referred to under c. is provided by an occupational social work organisation.

The Reimbursements Overview states whether the healthcare provider must be recognised or contracted.

Treatment proposal

The company doctor is of the opinion that the healthcare stated in a. and b. is necessary.

Rates

We use a variety of rates. The rate will depend on which healthcare provider your employee uses. For more information, please refer to clause V.13.

W.4. Deleted

W.5. Intervention budget

The Reimbursements Overview will show whether or not you are entitled to reimbursement.

Healthcare: what you are insured for

We provide an intervention budget if the treatment takes place entirely or in part at the workplace. This budget is for the following (or a combination of the following):

- a. work-related aids that, due to a physical disability, condition and/or illness, the employee

requires to do his or her work in a manner similar to that of other employees who do not have a disability;

- b. courses and training programmes aimed at improving the health of your employees who have demonstrable physical disabilities, a condition, illness and/or impairment;
- c. a workplace assessment to determine whether work-related aids are needed for employees with demonstrable physical disabilities, a condition, illness and/or impairment;
- d. mediation for workplace disputes.
The company doctor considers the work-related aids, courses and training sessions necessary based on the plan of action drawn up in accordance with the Dutch Eligibility for Permanent Incapacity Benefit (Restrictions) Act ('Wet verbetering poortwachter');
- e. alcohol, drug and medicine addiction training;
- f. an on-site eye test;
- g. night vision glasses.

The work-related aids stated under a. are aids the employee requires as a result of his or her physical disability, condition and/or illness to do his or her work as required. These aids are not medical aids as defined in the Dutch Health Insurance Act ('Zorgverzekeringswet').

The amount we reimburse is shown on your Reimbursements Overview.

Please note!

We do not reimburse the costs of:

- medical aids as referred to in and eligible for reimbursement under the Dutch Healthcare Insurance Act ('Zorgverzekeringswet') or an additional insurance package, or which the insured person may be entitled to under the Dutch Long-Term Care Act ('Wet langdurige zorg', Wlz);
- normal, standard workplace/safety equipment, such as computers, office supplies, monitors, safety footwear, protective work clothing and tools.

Terms and conditions

Healthcare provider

The Reimbursements Overview states whether the healthcare provider must be recognised or contracted.

Treatment proposal

- the company doctor considers the use of work-related aids (as specified under a.) or participation in a course, training programme or exercise programme (as specified under b.) appro-

appropriate or necessary. This must be clear from a plan of action.

- the company doctor considers the workplace assessment (as specified under c.) necessary. A plan of action drawn up in response to sickness absence is not required in the case of a workplace assessment.

Healthcare provider

- The alcohol, drug and medicine addiction training from clause W.5.e is provided by Trafieq.
- The eye test from clause W.5.f is arranged by TVM.
- The night vision glasses from clause W.5.g. are supplied by an optician.

Rates

We use a variety of rates. The rate will depend on which healthcare provider your employee uses. For more information, please refer to clause V.13.

W.6. Dietetics

The Reimbursements Overview will show whether or not you are entitled to reimbursement.

Healthcare: what you are insured for

We reimburse the costs of dietetics if this healthcare is provided entirely or in part at the workplace. Dietetics concerns the provision of personal information and advice on nutrition and eating habits. Dietetics is healthcare as provided by dietitians, insofar as the healthcare serves a medical objective. The dietician must be listed with the 'kwaliteitsgeregistreerd' (quality registered) status on the Quality Register for Allied Health Professionals ('Kwaliteitsregister Paramedici').

The amount we reimburse is shown on your Reimbursements Overview.

Please note!

We do not reimburse the costs of the following under the provisions of this clause:

- foods;
- dietary preparations;
- dietetics without a strictly medical objective, such as dietary/nutritional advice relating to slimming or sports.

Terms and conditions

Treatment proposal

The company doctor or occupational consultant, or a case manager known to us considers the use of this healthcare necessary.

Healthcare provider

The Reimbursements Overview states whether the healthcare provider must be recognised or contracted.

Rates

We use a variety of rates. The rate will depend on which healthcare provider your employee uses. For more information, please refer to clause V.13.

W.7. Medical and other costs incurred while working abroad

The Reimbursements Overview will show whether or not you are entitled to reimbursement.

Healthcare: what you are insured for

During the performance of assigned work abroad, certain forms of healthcare may be necessary as a result of an illness or accident suffered by the employee, or certain healthcare will need to be paid for by the employer, in accordance with the applicable collective labour agreement.

We reimburse the costs of this healthcare if it is provided entirely or in part at the workplace and if it involves one or more of the following types of care:

- a. medically necessary medical care;
- b. patient transport insofar as this is necessary in order to receive medical care;
- c. necessary meals and accommodation until it is medically acceptable for the employee to return to the Netherlands;
- d. transport of the employee to his or her normal place of residence in the Netherlands if repatriation does not take place and if the employee is unable to resume his or her work abroad;
- e. for an employee who is, in the estimation of the attending doctor, in life-threatening condition, transport of the employee's first-degree blood relatives and long-term partner from their usual place of residence to the place where the employee is staying abroad, and back again;
- f. meals and accommodation abroad for the employee's first-degree blood relatives and long-term partner for as long as the employee remains, in the estimation of the attending doctor, in life-threatening condition.

The amount we reimburse is shown on your Reimbursements Overview.

Explanation

These could be, for example, costs that a transport company is required to cover in accordance with the provisions of the collective labour

agreement for the carriage of goods by road and mobile crane rental ('CAO beroepsgoederenvervoer over de weg en verhuur van mobiele kranen').

Please note!

We do not reimburse costs under the provisions of this clause in the following situations:

- when the costs are incurred due to gross negligence or intentional or unintentional recklessness, or with consent;
- when the costs are subject to the deductible that applies for this reimbursement category and that is stated in the Reimbursements Overview.

Terms and conditions

General

- the healthcare is medically necessary;
- where costs for medically necessary healthcare are involved, entitlement is limited to medical care as insured under the Dutch Health Insurance Act ('Zorgverzekeringswet');
- the employee must cooperate fully in the provision of healthcare and comply with the instructions of the emergency service that has become involved.

Healthcare recommendation and approval

A healthcare recommendation and approval must be requested from the emergency service we have contracted for healthcare/mediation for healthcare abroad. You do not need our approval for a one-off visit to a doctor or pharmacy. Also see clause V.11.1.

Rates

Contrary to the provisions of clause V.13., medical costs incurred abroad will be reimbursed up to a maximum of the usual rates that apply in that country.

W.8. Commuting

The Reimbursements Overview will show whether or not you are entitled to reimbursement.

Healthcare: what you are insured for

The healthcare consists of the employee commuting by taxi or private car operated by a third party, as indicated in the company doctor's statement. For a certain period of time, the employee is unable, for medical reasons, to commute between his or her work location and home or temporary or permanent place of residence (this does not include a facility for specialist medical healthcare)

using his or her own vehicle or public transport. The healthcare includes not only transport that is arranged by or on behalf of the employer, but also transport arranged directly by the employee. The amount we reimburse is shown on your Reimbursements Overview.

Terms and conditions

General

To calculate the number of kilometres, we assume the fastest route according to the Routenet route planner.

Healthcare provider

Transport is provided by a licensed taxi operator recognised by us, or using a private car operated by a third party, such as a colleague.

Treatment proposal

Commuting has been prescribed by the company doctor.

Rates

We use a variety of rates. The rate will depend on which healthcare provider your employee uses. For more information, please refer to clause V.13.

W.9. Immediate and long-term post-trauma care

The Reimbursements Overview will show whether or not you are entitled to reimbursement.

Healthcare: what you are insured for

We reimburse the costs of immediate and long-term post-trauma care, i.e. care provided to an employee immediately after a traumatic event and the long-term care needed to come to terms with the event. The traumatic event must relate to that employee's work, and the employee must be directly affected or involved. The immediate support consists of helping victims and other persons involved as they process the traumatic event in the normal manner. A traumatic event is understood to mean, for example:

- an attack;
- a hostage-taking;
- aggression or accident where bodily injury occurs;
- sudden death (suicide for example);
- inappropriate behaviour.

The amount we reimburse is shown on your Reimbursements Overview.

Terms and conditions

General

The following applies to the application of this clause:

- the traumatic event must have been sudden and unexpected and have affected your employee to such a degree that he or she is temporarily unable to function normally in his or her daily activities;
- the event must relate in some manner to the performance of your employee's work;
- there must be proof that the event occurred;
- the event must be reported to us as soon as possible.

Healthcare provider

The healthcare is provided by a facility specialising in the provision of post-trauma psychosocial assistance.

The Reimbursements Overview states whether the healthcare provider must be recognised or contracted.

Rates

We use a variety of rates. The rate will depend on which healthcare provider your employee uses. For more information, please refer to clause V.13.

The amount we reimburse is shown on your Reimbursements Overview.

Terms and conditions

General

There must be irresolvable problems at the employee's home due to which the help and support of a professional is required.

Healthcare provider

The Reimbursements Overview states whether the healthcare provider must be recognised or contracted.

Referral

The referral to the healthcare provider is made by the company doctor, occupational consultant or the case manager known to us.

Treatment proposal

The company doctor or occupational consultant, or a case manager known to us considers this healthcare necessary.

Rates

We use a variety of rates. The rate will depend on which healthcare provider your employee uses. For more information, please refer to clause V.13.

W.10. Home support

W.10.1. Domestic help in the event of partner's illness, accident or hospital stay

The Reimbursements Overview will show whether or not you are entitled to reimbursement.

Healthcare: what you are insured for

We reimburse the costs of domestic help at the employee's home in the Netherlands or the place where nursing care is being provided in the Netherlands in the event of the employee's partner being sick, having an accident or being hospitalised and, as a result, the employee being temporarily absent from work or there being a chance that this will occur.

By domestic help we mean the temporary general organisation of the household, including, for example, regular housecleaning, preparing meals, caring for other members of the household, taking care of pets and doing the grocery shopping. The purpose of this domestic help is to prevent the employee's absence from work or shorten its duration.

W.10.2. Post-hospital care for employees

The Reimbursements Overview will show whether or not you are entitled to reimbursement.

Healthcare: what you are insured for

We reimburse the costs of post-hospital care at the employee's home or the place where this care is being provided after the employee's discharge from hospital. The purpose of the temporary care is to shorten the duration of the sick leave and/or promote recovery. There must be irresolvable problems at the employee's home due to which the help and support of a professional is required. The amount we reimburse is shown on your Reimbursements Overview.

Terms and conditions

Healthcare provider

The Reimbursements Overview states whether the healthcare provider must be recognised or contracted.

Treatment proposal

The company doctor or occupational consultant, or a case manager known to us considers this healthcare necessary.

Healthcare recommendation and approval

Your employee must have requested a healthcare recommendation from us and been given our approval beforehand. Also see clause V.11.1.

Rates

We use a variety of rates. The rate will depend on which healthcare provider your employee uses. For more information, please refer to clause V.13.

W.11. Multidisciplinary healthcare

The Reimbursements Overview will show whether or not you are entitled to reimbursement.

Healthcare: what you are insured for

We reimburse the costs of multidisciplinary healthcare if it is provided entirely or in part at the workplace and if it includes the following types of care:

- investigation and treatment of physical complaints or conditions;
- investigation and treatment of psychological complaints or conditions;
- multidisciplinary investigation and treatment;
- getting a referral from an expert for interventions;
- immediate and long-term post-trauma care.

The amount we reimburse is shown on your Reimbursements Overview.

Please note!

This healthcare does not apply in combination with clause W.2. Occupational physiotherapy and/or W.3. Psychological healthcare: the costs of multidisciplinary healthcare are only reimbursed if the cover specified under W.2. and/or W.3. is not claimed.

Terms and conditions

Healthcare provider

The Reimbursements Overview states whether the healthcare provider must be recognised or contracted.

Treatment proposal

The company doctor considers the healthcare medically necessary. Mediation can be handled by our Intervention Expert ('Interventie Expert').

Healthcare recommendation and approval

Mediation is handled by the company doctor after our Intervention Expert ('Interventie Expert') has granted approval. Also see clause V.11.1.

Rates

We use a variety of rates. The rate will depend on

which healthcare provider your employee uses. For more information, please refer to clause V.13.

W.12. Reintegration

The Reimbursements Overview will show whether or not you are entitled to reimbursement.

Healthcare: what you are insured for

We reimburse healthcare aimed at reintegration if the treatment takes place entirely or in part at the workplace. This includes healthcare like investigation, advice, treatment and facilities/resources aimed at decreasing the workload, so that the employee can return to work either with the employer or elsewhere.

Please note!

We do not reimburse the costs of investigation, advice, treatment and/or facilities/resources that are reimbursed under the Dutch Health Insurance Act ('Zorgverzekeringswet') or that are already reimbursed under one of the other clauses in this section, even if the insured person is not insured for these clauses.

The amount we reimburse is shown on your Reimbursements Overview.

Terms and conditions

Healthcare provider

The healthcare is provided by a healthcare provider/service provider selected and contracted by the absence management service and for whom the absence management service acts as an intermediary.

Treatment proposal

The absence management service considers the healthcare necessary.

Healthcare recommendation and approval

Prior to the provision of the healthcare, a healthcare recommendation must have been requested from us and the absence management service or our Intervention Expert ('Interventie Expert') must have granted approval. Also see clause V.11.1.

Rates

We use a variety of rates. The rate will depend on which healthcare provider your employee uses. For more information, please refer to clause V.13.

W.13. Preventive examinations

Your Reimbursements Overview will show whether or not you are entitled to reimbursement.

Healthcare: what you are insured for

We reimburse preventive examinations to check for risk factors for conditions that may impede or limit the ability to work if these take place entirely or in part at the workplace. This healthcare comprises an online health check or a basic preventive examination as we have agreed with the healthcare provider or healthcare facility with whom we have a healthcare agreement.

The amount we reimburse is shown on your Reimbursements Overview.

Please note!

We do not reimburse the costs of:

- self-tests;
- examinations (preventive or otherwise) that are medically necessary or indicated and that are reimbursed under the health insurance;
- examinations (preventive or otherwise) for which a permit is required under the Dutch Population Screening Act ('Wet op het bevolkingsonderzoek', WBO);
- examinations (preventive or otherwise) that are unlawful by their nature or when carried out;
- examinations, tests and treatments (all preventive or otherwise) of a sports medicine nature;
- imaging diagnostics (body scans, total or otherwise, in particular);
- workplace assessments;
- screening aimed at employment integration;
- occupational screening required by law or based on a collective labour agreement.

Terms and conditions

General

The preventive examination is not unnecessarily expensive or ineffective and is aimed at conditions, or risk factors for conditions, for which an effective, targeted treatment is possible.

Healthcare provider

The online health check or the basic preventive examination is carried out by a healthcare provider or healthcare facility with which we have a contract.

Rates

We use a variety of rates. The rate will depend on which healthcare provider your employee uses. For more information, please refer to clause V.13.

W.14. Health courses and BRAVO lifestyle programmes

Your Reimbursements Overview will show whether or not you are entitled to reimbursement.

Healthcare: what you are insured for

If the preventive examination reveals that there is a demonstrable medical risk, we reimburse the costs of health courses/lifestyle programmes and courses/programmes of a 'BRAVO' nature (see below) aimed at preventing illness and/or promoting the health of the employee concerned.

A health course means a complete learning programme (either practical or theory-based) of a certain duration. The main focus of the learning programme is to increase your employee's understanding of a healthy lifestyle. Within a framework of personal contact, the course or programme teaches skills aimed at changing behaviour and/or provides information to this end. The objective is for your employee to learn how he or she is personally capable of maintaining and/or improving his or her physical or mental health.

BRAVO is the Dutch acronym for:

- B Bewegen (exercise)
- R Roken (smoking)
- A Alcohol
- V Voeding (nutrition)
- O Ontspanning (relaxation).

The amount we reimburse is shown on your Reimbursements Overview.

Please note!

We do not reimburse the costs of:

- sports massage;
- work-related and/or recreational therapy;
- company emergency responder courses, such as Baby and Child First Aid courses for registration as a childminder as defined in the Dutch Childcare Act ('Wet kinderopvang').

Terms and conditions

General

- on completion of the health course or the BRAVO lifestyle programme, you or your employee provides us with proof of participation.
- we use the commencement date of the health course or BRAVO lifestyle programme to determine the reimbursement.
- this health course or BRAVO lifestyle programme is a follow-up to a preventive examination that has revealed that your employee is

part of a high-risk group for which a course or BRAVO lifestyle programme is indicated or necessary.

Healthcare provider

The Reimbursements Overview states whether the healthcare provider must be recognised or contracted.

Treatment proposal

The company doctor or occupational consultant considers it medically advisable or necessary for the insured person to take part in the course or BRAVO lifestyle programme.

Rates

We use a variety of rates. The rate will depend on which healthcare provider your employee uses. For more information, please refer to clause V.13.

W.15. Chiropractic treatment

Your Reimbursements Overview will show whether or not you are entitled to reimbursement.

Healthcare: what you are insured for

We reimburse the costs of chiropractic treatment.

Terms and conditions

General

The healthcare takes place in accordance with the objectives, treatment protocols and guidelines of the professional association to which the attending healthcare provider is affiliated or the professional register on which the attending healthcare provider is listed.

Healthcare provider

The treatments are provided exclusively by a chiropractor or doctor who is a member of a professional association for alternative treatment methods recognised by us and who has completed a recognised basic medical studies course ('MBK') that meets the training, educational and organisational requirements of PLATO ('Platform Opleiding, Onderwijs en Organisatie'). A list of the professional associations we have recognised for this policy is available on our website.

Treatment proposal

The company doctor or occupational consultant has stated that chiropractic treatment is necessary.

Rates

We use a variety of rates. The rate will depend on which healthcare provider your employee uses. For more information, please refer to clause V.13.

Nationale-Nederlanden Zorg

Postal addresses

General address:

Nationale-Nederlanden Zorg, Postbus 4016, 5004 JA Tilburg, Netherlands

Address for submitting bills:

Nationale-Nederlanden Zorg, Postbus 370, 5000 AJ Tilburg, Netherlands

Address for submitting complaints:

Nationale-Nederlanden klachten zorgverzekering, Postbus 4016, 5004 JA Tilburg, Netherlands

‘Stichting Klachten en Geschillen Zorgverzekeringen’

(the Dutch Health Insurance Ombudsman is also part of this organisation)

Postbus 291, 3700 AG Zeist, Netherlands

‘Nederlandse Zorgautoriteit’ (NZa)

Postbus 3017, 3502 GA Utrecht, Netherlands

‘Zorginstituut Nederland’

Postbus 320, 1110 AH Diemen, Netherlands

Internet and email addresses

Internet address:

For more information, check your personal online policy folder at www.nn.nl (in Dutch)

For a list of contracted healthcare providers, go to:

www.nn.nl/zorgvergelijker (in Dutch)

‘Stichting Klachten en Geschillen Zorgverzekeringen’:

www.skgz.nl, tel. no. +31 (0)88 900 69 00

Legal entity and Zorgverzekeringen CoC registration:

Onderlinge Waarborgmaatschappij CZ groep U.A. CoC no. 18028752

