

**SISCOS – INJURIES POLICY ASSITALIA NUMBER 50/54/415278
FOR NGO EXPATRIATE WORKERS
in force from 01/10/2008**

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

INJURIES POLICY ASSITALIA NUMBER 50/54/415278

SPECIAL CONDITIONS

SECTION I - INJURIES

ARTICLE 1) OPERATING OF THE INSURANCE GUARANTEE

The insurance guarantee given with this policy must be understood to be operational for all the professional and the non-professional risks in favor of the NGO workers in the cooperation both in Italy and abroad.

ARTICLE 2) AMOUNTS INSURED AND PREMIUMS

The insurance guarantees foresee a combination of five maximum amounts:

GARANTEES	AMOUNTS INSURED	YEARLY PREMIUM	MONTHLY PREMIUM	PREMIUM FOR 15-DAY MISSION
Option A		217,00	24,00	16,00
DEATH	78,000.00			
Injury PD	130,000.00			
Medical expenses	2,000.00			
Illness PD	130,000.00			
Option B		370,00	39,00	27,00
DEATH	160,000.00			
Injury PD	210,000.00			
Medical expenses	2,000.00			
Illness PD	210,000.00			

Option C		724,00	88,00	61,00
DEATH	210,000.00			
Injury PD	260,000.00			
Medical expenses	2,000.00			
Illness PD	260,000.00			
Option D		982,00	119,00	84,00
DEATH	310,000.00			
Injury PD	415,000.00			
Medical expenses	2,000.00			
Illness PD	260,000.00			
Option E		1.808,00	207,00	
DEATH	520,000.00			
Injury PD	520,000.00			
Medical expenses	2,000.00			
Illness PD	260,000.00			

ARTICLE 3) IDENTIFICATION OF THE INSURED PARTIES – EFFECTIVE DATE OF THE INSURANCE GUARANTEE

For the identification of the insured persons, for the effective date of the insurance guarantee regarding the individual insured parties, and for the calculation of the premiums, i.e. relative to the period of the insurance, there shall be valid the list that has been sent by the Contracting Party to Ina Assitalia - Agenzia Generale di Milano – viale della Liberazione 16, 20124 Milan. Within the same list there must be shown, under pain of expiry of the insurance guarantee, the maximum amount insured chosen and the relative premium.

The insurance guarantee is operational with effect from the date of receipt of the relative communication fax received from the Contracting Party.

ARTICLE 4) PREMIUM IN ADVANCE AND REGULATION OF THE PREMIUM

At the time when this policy is finalized the Contracting Party shall pay a premium, inclusive of the relative taxes and duties of € 2,600.00. At the end of each insured quarter, in relation to the missions that have taken place, to their duration and to the maximum amount chosen, the premium will be established by means of the issuing of a regulatory appendix to the policy. The Contracting Party pledges itself to pay within the absolutely fixed and unchangeable timeframe of sixty days the payable balance resulting from the aforesaid appendix there being laid down and accepted, as from now, that the lack of observance of the timeframe referred to above shall bring about the automatic ceasing of the insurance guarantees contained in the insurance policy.

ARTICLE 5) RISK OF WAR

The insurance guarantee of this policy is operational for the injuries resulting from any act of war, whether it be declared or not, and from military operations, insurrections and mass disturbances. This extension is operational worldwide excluding the following countries: Italy, the Vatican State and the Republic of San Marino.

In any case remain excluded the injuries resulting from any act of war, whether it be declared or not, between any two of the following countries:

France, Great Britain, China, ex U.S.S.R. – currently the Russian Federation.

Are excluded from the insurance guarantee the consequences from the explosions of nuclear devices, with the consequent automatic ceasing of the relative extension of the insurance guarantee.

The extension of the insurance guarantee to the risk of war can, at any time, be annulled by the insurance company by means of a registered letter or a fax and the annulment will become operational from midnight on the seventh day from the day the communication was sent.

The insurance company, in any case, accepts carrying out the reinstatement of the insurance guarantee if there an agreement for a new amount of the premium and/or regarding the conditions and/or the geographical limits shall take place between it and the Contracting Party, before the due date of the notification of cancellation.

However, it remains agreed that the indemnity that is due based on this insurance policy and on any other eventual insurance policies stipulated by the same Contracting Party and by third parties in favor of the same insured parties for the war risk cannot, on a total overall basis, exceed the maximum amount of €1,050,000.00.

ARTICLE 6) TERRORISM

As a partial suspension of the Conditions of Insurance, the insurance guarantee is extended to the injuries deriving from acts of terrorism carried out using arms and/or conventional weaponry.

Injuries deriving from terrorist actions that take place using nuclear, biological, bacteriological or chemical substances, no matter what type of arm and/or weapon and/or device is used to carry out the terrorist action are not included in the insurance guarantee. There are, however, excluded from the insurance guarantee all the injuries deriving from terrorist actions in which the Insured Party has taken part voluntarily.

It is defined as being an act of terrorism, any violent act that is carried out with the support of the organization of one or more groups of persons (even if carried out by a single individual), which is

aimed at influencing any government, and/or terrorizing the whole population, or a large part of it, with the purpose of achieving a political, religious, ideological or ethnic aim or goal.

ARTICLE 7) INJURIOUS MUSCULAR STRAINS - INJURIOUS ABDOMINAL HERNIAS

As a partial suspension of what is laid down in the insurance Rules, the insurance guarantee is understood to be extended to the injuries that are a consequence of injurious muscular strains and injurious abdominal hernias.

Regarding these latter items:

- if the injury causes an operable hernia no indemnity will be paid out;
- if the hernia (also bilateral), turns out not to be operable according to a medical opinion, an indemnity will be paid out, under the heading of permanent invalidity, no greater than 10% of the insured capital amount for the case of absolute permanent invalidity;
- if there arise any disputes regarding the nature and the possibility of operating on the hernia, the binding decision regarding this will be put into the hands of the medical board.

ARTICLE 8) SPECIAL GUARANTEE OF THE INSURANCE FOR TROPICAL INJURIES AND DISEASES

Given that tropical diseases are considered to be equivalent to an injury, as a partial suspension of the Rules that regulate the injury insurance, are included in the insurance guarantee the injuries and illnesses deriving from tropical diseases in those countries that are situated at the tropics of the world. The recognition of the permanent invalidity is subject to a relative deductible of 20%, whenever the invalidity turns out to be greater than 20% recognition shall be total.

For the cases of permanent invalidity caused by a tropical disease it is agreed that the pathological manifestations can show themselves within 12 months from the ceasing of the mandate and the permanent invalidity within a further 6 months.

ARTICLE 9) REPATRIATION OF THE BODY

In the case of the death of the Insured Party following an illness or a injury that can be indemnified pursuant to the insurance policy, the insurance company shall pay over to those persons who have a legal right to it a sum of money up to the amount of € 5,200.00 under the heading of the reimbursement of expenses for the repatriation of the body.

ARTICLE 10) ABSOLUTE DEDUCTIBLE IN THE CASE OF PERMANENT INVALIDITY LIMITED TO PART OF THE CAPITAL AMOUNT INSURED.

The deductible that is foreseen by the Article 27 of the Rules of the insurance is abrogated and replaced by the following ones:

Whenever the insured capital amount for the case of permanent invalidity is greater than €130,000.00, the following absolute deductibles shall be applied to the excess over that amount:

on the capital amount that is in excess of €130,000.00 and up to the amount of €260,000.00 there shall not be paid any indemnity, whatsoever, if the degree of permanent invalidity, ascertained according to the criteria that are established in the preceding paragraph, is not any greater than 5%. Whenever the degree of permanent invalidity is greater than 5% the indemnity to be settled shall be commensurate only to the part that is in excess of the aforesaid percentage of permanent invalidity;

on the capital amount that is in excess of €260,000.00 there shall not be paid any indemnity, whatsoever, if the degree of permanent invalidity, ascertained according to the criteria that are

established in the preceding paragraph, is not any greater than 10%. Whenever the degree of permanent invalidity is greater than 10% the indemnity to be settled shall be commensurate only to the part that is in excess of the aforesaid percentage of permanent invalidity.

ARTICLE 11) REFERENCE TO THE *INAIL* TABLE

The table of percentages of permanent disability provided for in the Policy, is intended replaced with the one of enclose 1 of D.P.R. of 30 June 1965, n. 2214 (Law on compulsory insurance against industrial accidents), and subsequent changes.

In the event of ascertained left-handedness, the percentages of disability for the right upper limb, are intended applied to the left limb, and those for the left limb, applied to the right one.

ARTICLE 12) EXTENSION OF THE TIMEFRAME FOR THE PAYMENT OF THE PREMIUMS

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

ARTICLE 13) AN EVENT WITH MULTIPLE INJURIES

As a partial suspension of the Condition C 3 of the Injuries Rules, the maximum amount for an event with multiple injuries is hereby raised to €3,100,000.00.

ARTICLE 14) AGE LIMIT

As a partial suspension of what is contained in the Article 18 of the Injuries Rules the age limit is raised to 80 years.

ARTICLE 15) CLARIFICATION

It is highlighted that the bites from animals are also included among the injuries.

ARTICLE 16) REIMBURSEMENT OF MEDICAL EXPENSES

In the event of an injury guaranteed in the Policy, the Insurance will reimburse until the maximum amount of € 2,000.00 per year, for the medical expenses sustained:

- a) during hospitalization in a healthcare institution, either public or private, (stay in hospital, doctors professional fees, surgeon, surgeon assistant, anaesthetist, materials for surgical intervention, operating room, medicines);
- b) for surgical operation sustained even in day-hospital, day surgery o day hospital;
- c) for specialist medical consultations and for purchase of medicines;
- d) for arthroscopy;
- e) for analysis and tests:
 - medical imaging methods, also specialized ones such as: Computed Tomography (CT), Ultrasound scan, Laser Doppler Perfusion Imager (LDPI), Holter monitor, Total Body scan, Nuclear magnetic resonance (NMR);

- laboratory diagnosis; health, immunological, and microscope examinations;
 - radiology tests: radioscopy, X-ray, stratigraphy, angiography;
- f) for physical therapies i.e.: laser treatment, chiropractic, kinesitherapy, vertebral stretching, ultrasound, diathermy, massage;
 - g) for orthopaedic devices and products, limited to: orthopaedic corset for scoliosis and osteoarthritis, devices and tutors for lower and upper limbs and trunk; ocular prosthesis;
 - h) for plastic/aesthetic reconstructive surgery done to eliminate esthetical damage following the injury denounced;
 - i) for thermal treatments done within 90 days from the injury denounced;
 - j) for transportation of the insured person with any means from place where the injury incurred to the healthcare institute or the emergency room.

The expenses for dental treatments following an injury, and for tropical disease occurred during mission abroad, are included.

To have the medical expenses reimbursed, the insured person has to send a claim, completed with all relevant documents and medical certificates (hospitalization report included), within 30 days starting from the day when treatments have been completed.

Should the insured person have presented the original receipts and invoices to a different insurance company to have them reimbursed, the Insurance society will pay only the residual expenses not already reimbursed by the third party.

For the expenses sustained abroad, reimbursement will be paid in Italy, at the weekly Exchange rate for local currency indicated by the Ufficio Italiano Cambi of the Banca d'Italia.

SECTION II – PERMANENT INVALIDITY FROM GENERIC ILLNESS

A - DEFINITION

For generic Permanent invalidity there is meant the loss, or the definitive and irremediable reduction of the ability to carry out any gainful employment, independently of the specific profession that was practiced by the Insured Party.

B - SUBJECT OF THE INSURANCE

The insurance is valid for those cases of permanent invalidity that are a consequence of illnesses that have arisen after the date when the insurance actually came into effect and it is not valid for all those cases of permanent invalidity deriving from illness, which is understood as being as being the expression or consequence of pathological situations that have arisen before the stipulation of the insurance contract.

C - CRITERIA AND TERMS OF LIQUIDATION

No indemnity, whatsoever, is due when the ascertained degree of the permanent invalidity is equal to, or less than, 25 percent.

When the ascertained invalidity is more than that percentage the insurance company shall carry out the settlement of an indemnity, calculated on the assured amount, based on the following table:

PERCENTAGE OF PERMANENT INVALIDITY ASCERTAINED	PERCENTAGE OF PERMANENT INVALIDITY TO BE SETTLED
25	-
26	2
27	4
28	6
29	8
30	10
31	12
32	14
33	16
34	18
35	20
36	22
37	24
38	26
39	28
40	30
41	32
42	34
43	36
44	38
45	40
46	42
47	44
48	46
49	48
50	50
51	53
52	56
53	59
54	62
55	65
56	68
57	71
58	74
59	77
60	80
61	83
62	86
63	89
64	92
65	95
66 and over	100

The percentage of permanent invalidity is never ascertained before there has passed one full year from the date of the declaration regarding it.

The insurance company pays out the indemnity for the direct and the exclusive consequences of permanent invalidity deriving from the illness that has been declared, as long as this results as not being caused, or jointly caused, by any illness that was in existence before the date when the insurance actually came into effect and, in any case, without taking into account the greater degree of overall invalidity that is linked to pathological situations, infirmities, mutilations or physical defects that were in existence prior to the stipulation of the contract.

ARTICLE 1) START OF THE INSURANCE GUARANTEE

The insurance guarantee starts from the same day as that when the insurance begins to have effect, as this is laid down within Article 3), Injuries Section, of these Special Conditions.

ARTICLE 2) EXCLUSIONS

Are excluded from the insurance all permanent invalidities deriving, either directly or indirectly, from the following:

- The abuse of alcohol or the usage, not for therapeutic purposes, of psycho-pharmaceuticals, illegal drugs, and hallucinatory drugs;
- The transmutation of atomic nucleus or radiation caused by the artificial acceleration of atomic particles;
- Wars or insurrections;
- Tropical diseases, (as they are already insured in Section I).

ARTICLE 3) AGE LIMITS

The insurance ceases at the annual date due for the payment of the premium after the age of sixty five years has been reached, and this cannot be contested because some premiums have been cashed in after that date. In any case these premiums shall be returned to the Contracting Party by the insurance company.

ARTICLE 4) DECLARATION OF ILLNESS AND RELATIVE OBLIGATIONS

The Insured Party must declared the existence of the illness, in writing, within three days from when, according to medical opinion, there is good reason for believing that the illness itself, due to its characteristics and presumable consequences, can be covered by the insurance guarantee that has been given.

The following documentation must be attached to the declaration, and/or follow it in due time:
medical certificate with detailed information regarding the nature, the progress and the consequences of the illness;
medical certificate attesting clinical recovery of the illness;
copy of the medical files and of any other document that could contribute to the valuation of the aftereffects causing the invalidity.

After a period of six months from the date of the medical certificate that is referred to above is passed, a further medical certificate must be presented, indicating the degree of the permanent invalidity that is a direct and exclusive remaining effect of the illness.

The Insured person must submit him/herself to those treatments by the physicians, that can positively change the prognosis of the illness and he/she must also submit him/herself to the assessments, controls and checkups that may be asked for by the insurance company and to supply any other healthcare documentation that may become necessary, exonerating from their oath of professional secrecy those physicians that have been curing them. Whenever the insurance coverage that has been given with this attachment arrives at its expiry date before the illness has been declared and always provided that it has manifested itself during the period of validity of the insurance, it is agreed that the declaration can be made within the timeframe of a year from the date of expiry of the insurance.

ARTICLE 5) PROCEDURES FOR THE SETTLEMENT OF THE INDEMNITY

Having received the documentation that is referred to in article 4 above and having carried out the relative assessments and checks, the insurance company shall prepare the settlement of the indemnity that results as being due and, having received the confirmation that it has been accepted, shall proceed to the payment.

In the case where the Insured Party does not intend to submit himself/herself to the therapeutic treatments that in the professional opinions, both of their own physician and that of the physician of the company, can positively modify the prognosis of the illness, the evaluation of the damage done will be carried out based on the aftereffects of permanent invalidity that would have been the remaining and residual ones if the insured party had submitted to the said treatments, without any regard, therefore, to the greater prejudicial effect deriving from the lack of actuation of the aforesaid therapeutic treatments.

ARTICLE 6) LEGAL RIGHT TO THE INDEMNITY

The legal right to the indemnity is of a wholly personal character and, therefore, it is not transferable to any heirs of the insured party. However, if the Insured Party dies after the amount of the indemnity has been settled upon or, in any case, offered in an established measure the insurance company shall pay to the heirs of the Insured Party the amount of the indemnity has been settled upon or offered according to what is laid down in the relative last will and testament or the relative law of succession legislation in the case of intestacy.

ARTICLE 7) DISPUTES

In the case of any divergence of opinion or dispute regarding the nature of the illness, or the degree of permanent invalidity, or regarding the improvements that could be obtained through suitable therapeutic treatment, any decision regarding these matters shall be put into the hands of the medical Board, in ways and within the timeframes that are fixed by the "Rules", i.e. the methodologies of the evaluation of the damage.

ARTICLE 8) THIS INSURANCE CANNOT BE AGGREGATED WITH THE ONE GIVEN WITH THE INJURIES GUARANTEE, SECTION I

This insurance coverage cannot, in any case whatsoever, be accumulated together with the insurance guarantees regarding permanent invalidity from injury or vice-versa.

ARTICLE 9) REFERENCE TO THE "RULES" OF THE INSURANCE POLICY

For everything related to this insurance that has not been specifically regulated in a different manner remain valid the "Rules that regulate insurances in general" and the Rules that regulate insurances for injuries".

ARTICLE 10) FORMS OF COMMUNICATION FROM THE CONTRACTING PARTY TO THE COMPANY

It is hereby agreed between the parties that all the communication that the Contracting Party is obligated to make can be made through the Broker JANUA B&A Broker – Piazza Stuparich 18, 20148 Milan -Tel. +39 02 392213225, Fax +39 02 39214632, e-mail address: assicurazionisiscos@januab&abroker.it to whom this insurance policy has been assigned.