



# ***REFERENCE SHEET***

## **For all persons with Contract type A**

### **Place: abroad**

#### **WHO IS INSURED?**

Insured are all those persons who are employed under a **Contract type A for FDFA** and whose activities – in order to fulfil the contract, or for training courses – are carried out **abroad**.

#### **WHAT IS INSURED?**

(Collective Accident and Health Insurance – Policy No. B10.0.736.429 with Allianz Suisse)

##### **IN CASE OF ACCIDENT**

(accidents resulting from **military conflicts** abroad are also covered)

##### **Medical Treatment Costs**

As supplementary insurance in addition to obligatory basic coverage (SUVA):

- costs of medical practitioner and medicine not covered by SUVA
- free choice of hospital and class (private, semi-private, ward)

**Capital payment in case of death** CHF 40,000

**Capital payment in case of invalidity** between CHF 27,000 and CHF 225,000  
(depending on the degree of invalidity)

##### **Daily Allowance**

As supplementary insurance in addition to obligatory basic coverage (SUVA).

The daily allowance is paid from the 15<sup>th</sup> day on and completes the ground coverage all the way up to 95% of the insured daily salary (CHF 384 at maximum).

##### **Excluded are:**

Accidents and their consequences which already existed at the start of the insurance coverage.

##### **IN CASE OF ILLNESS**

##### **Daily Allowance**

The daily allowance is paid from the 15th day on for the length of the contract as agreed upon beforehand, but not longer than for 716 days. Daily Allowances are not included in the coverage for employees of the Swiss government. Amount of payment: 95% of the insured daily salary (CHF 274 at maximum)

##### **Medical Treatment Costs**

Benefits up to CHF 100,000 (incl. transport costs up to CHF 20,000) are insured only as a supplement to benefits from private health insurance. Psychotherapeutic out-patient treatment is fully covered only up to an amount of CHF 2,000. Over and above this sum, only 50% of such costs are reimbursed.

##### **Excluded are:**

- 1) Illnesses and their consequences
  - which were already in existence at the start of the insurance coverage
  - which became discernable during the first 8 days from the beginning of, or following the conclusion of, the insurance coverage, unless it can be medically certified that the illness began during the period covered by the insurance.
- 2) Dental illnesses
- 3) Pregnancy