

General terms and conditions

OOM Voorlopig Verblijf Nederland Insurance

VVN2025



Insurance

General terms and conditions

OOM Voorlopig Verblijf Nederland Insurance

You have taken out OOM Voorlopig Verblijf Nederland Insurance and perhaps also Schengen Visitor / Voorlopig Verblijf Nederland Third-Party Insurance for Private Individuals with us. These terms and conditions explain what you can expect from us and what we expect from you.

Your agreement with us is made up of:

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

The policy terms and conditions are made up of general terms and conditions and special terms and conditions. If you have both Health Insurance and Third-Party Insurance for Private Individuals with us, then separate rules apply for each type of insurance. These rules are set out in the special terms and conditions. The special terms and conditions for the type(s) of insurance you have taken out with OOM explain what is covered by your insurance. In addition to the special terms and conditions, clauses may be added to the policy as a result of your policy application. These clauses may limit or exclude cover for certain situations. You can find more information on this process in the brochure 'Know your rights'. The general terms and conditions contain the rules that apply for all types of insurance.

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

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

In this document you will find the general terms and conditions in Part 1. In Part 2 you will find everything about the compensation payments under the OOM Voorlopig Verblijf Nederland Insurance. You will find the special terms and conditions for the Schengen Visitor / Voorlopig Verblijf Nederland Third-Party Insurance for Private Individuals in a separate document.

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Part 1 - General Terms and Conditions

Your insurance

1. Who are we?

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

OOM Verzekeringen includes the following companies:

- **OOM Global Care N.V.** - in respect of the health insurance
OOM Global Care N.V. is registered with the Netherlands Authority for the Financial Markets (AFM) under registration number 12.000.623.
- **OOM Schadeverzekering N.V.** - in respect of the Schengen Visitor / Voorlopig Verblijf Nederland Third-Party Insurance for Private Individuals
OOM Schadeverzekering N.V. is registered with the Netherlands Authority for the Financial Markets (AFM) under registration number 12.000.624.

We are authorised by the Dutch central bank De Nederlandsche Bank (DNB) to provide insurance. OOM has its registered address in The Hague (the Netherlands). Our companies operate from a shared office in Rijswijk (South Holland).

2. What do we mean by...?

Policyholder

The natural or legal person who enters into the insurance and is responsible for paying the premium.

The name of the policyholder is stated on the policy sheet.

Insured person(s)

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

Where we refer in these terms and conditions to "you" we mean the policyholder. In certain cases, we mean the insured person but this is always apparent from the text of the relevant provision.

Insurance agent

The financial services provider who in the course of their business or their profession as an insurance intermediary acts as an agent between you and OOM. You decide whether to engage an insurance agent or not. The insurance agent advises you and assists you in entering into your insurance. You can also make arrangements with your insurance agent about managing and carrying out your insurance. In that case the insurance agent helps you with the insurance, for example if your situation changes or if you have to make a claim.

Country of origin

The country where you lived before moving to the Netherlands or the country of which you are a national.

Accident

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

Hospital

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

3. What is the term of your insurance?

Your insurance starts on the commencement date and ends on the termination date. These dates are stated on your policy sheet. The maximum term of your insurance is 12 months. On the termination date itself you no longer have cover. It is not possible to extend your insurance. At the end of the term you may apply for a new insurance policy. Once your application has been accepted, we will enter into a new insurance agreement.

4. What should you do if your situation changes?

Tell us about any changes immediately. For example, if you receive a permanent residence permit, you move house or your contact details change.

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

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

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

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

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

If the change is to your disadvantage then you are entitled to terminate your insurance with retrospective effect within 30 days after the change takes effect. In that case your insurance terminates on the date that the change took effect.

If we do not hear from you, then your insurance will simply continue and the new premium and/or terms and conditions will apply.

6. What if you want to terminate your insurance?

You can only terminate your health insurance, and receive a refund of the excess premium paid, if:

- you produce a letter of refusal from the embassy or consulate proving that the insured person's visa application has been refused. In that case, the insurance will be cancelled.
- you produce a residence permit, a policy sheet for Dutch basic health insurance or a copy of the same proving that the insured person is required under the Dutch Health Insurance Act (Zvw) to be insured under the basic health insurance scheme. In that case, the insurance terminates on the date when the residence permit is issued or the commencement date of the basic health insurance;
- the insured person unexpectedly returns to their country of origin earlier, for example because the insured person has not obtained a standard residence permit, and is able to prove this by producing a copy of a flight ticket. The insurance terminates on the day following the insured person's departure from the coverage region;
- the insured person dies. We terminate the insurance on the day following the insured person's death.

If you terminate the health insurance for any reason not mentioned above, we will refund any excess premium paid but an administration fee of € 25 will be charged.

If you terminate the health insurance, any third-party insurance for private individuals and OOM Dental Cover that you have taken out will automatically terminate on the same date as the health insurance.

If you wish to terminate the third-party insurance for private individuals or OOM Dental Cover only, different rules apply: you can terminate this cover at any time. You need to do this in writing: using Mijn OOM, by email or by post. We terminate your insurance on the date on which we receive your written termination notice.

You may also tell us the date on which you want the insurance to terminate. We will refund any excess premium paid.

Note: you are not permitted to terminate the insurance retrospectively.

Cooling-off period

If you change your mind and decide that you don't want to have insurance with us after all, the following rules apply.

If you terminate within 14 days of receiving the policy then you will be refunded any premium you have already paid.

If you have already used the insurance (for example by reporting a claim) then the cooling-off period does not apply.

7. Can we terminate your insurance early?

We are entitled to terminate your insurance early if:

- you fail to pay your premium or do not pay on time;
- you deliberately give us incorrect or incomplete information with the aim of misleading us;
- you give us incorrect or incomplete information when making your application and we would not have insured you if you had provided the correct information;
- you commit fraud;
- you are guilty of swindling, coercion, threats or deception;
- after we have checked the national or international sanctions lists, it appears that you, a person insured under your policy, or any other interested party are included in one of these lists. We also can terminate your insurance if you do not cooperate with the investigation within the framework of the Dutch Sanctions Act.

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

Termination and premium reduction

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

Death of the policyholder

If the policyholder dies, we must be informed. We will then discuss with the next of kin if and how the insurance can be continued.

8. When are you required to pay the premium?

You pay a premium for your insurance. Your premium is made up of the costs for your insurance together with administration charges and (if applicable) insurance premium tax. The premium is charged in euros. Bank channel fees, including manual transfer or PayPal, are not included in this premium and may be charged separately.

You pay the premium due to us in advance.

Starting premium

The starting premium is the first payment that you make after taking out the insurance or after a change that results in an increase to the premium. You pay the starting premium no later than the premium due date or within 30 days after we send you your invoice.

Subsequent premium

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

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

You pay the subsequent premium no later than the premium due date.

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

If you do not pay on time this has consequences for your insurance cover. We are also entitled to terminate the insurance. You can find out more about this below.

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

Then we are entitled - without giving you any advance warning - to:

- suspend cover from the start date or the date of the change up to and including the date on which we have received all overdue premium;
- terminate the insurance observing the applicable termination notice period.

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

Then we will send you a written payment reminder. If you do not pay within 15 days after this payment reminder is sent, then we are entitled to:

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

Overdue premium and collection charges

If we incur costs in order to collect overdue premium from you then we will charge these costs to you. Even if we terminate your insurance early, you will always be required to pay the full premium until the end date of your insurance. In the mean time we will not pay any claims under the insurance.

Suspension and recommencement of cover

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

Claims and payments

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

If you have a claim or incur medical expenses that you believe to be covered under your insurance then you should report your claim immediately. The sooner the better. The table below shows how you can report a claim.

Health Insurance and OOM Dental Cover	If you require urgent hospital treatment / admission Tel: +31 (0)70 353 21 35 (local rate, 24/7) In all other cases report claims to: OOM Verzekeringen Tel: +31 (0)70 353 21 00 (local rate, Mon to Fri 8.30 a.m. - 5 p.m. CET) Fax: +31 (0)70 360 18 73 Email: info@oomverzekeringen.nl or via Mijn OOM at www.oomverzekeringen.nl
Third-Party Insurance for Private Individuals	Report claims to: OOM Verzekeringen Tel: +31 (0)70 353 21 25 (local rate, Mon to Fri 8.30 a.m. - 5 p.m. CET) Fax: +31 (0)70 353 21 26 Email: claims@oomverzekeringen.nl or via Mijn OOM at www.oomverzekeringen.nl

What happens when you report a claim?

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

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

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

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

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

An excess applies

For Health Insurance an excess applies. This means that you pay the first part of the costs yourself. Your policy sheet states the excess that applies. If you have a claim for which an excess applies then we will deduct the excess from the amount that we pay to you. More information on this is given in Clause 18.

For Third-Party Insurance for Private Individuals and OOM Dental Cover no excess applies.

11. In which circumstances will we make a payment?

We will make a payment if:

- the claim is covered by your insurance;
- the claim has arisen during the term of your insurance;
- the costs were incurred during the term of your insurance;
- at the time you took out the insurance you did not know that the claim would arise and this could not have been expected under normal circumstances (article 7:925 of the Dutch Civil Code (BW)).

Medical necessity

If and to the extent it is medically necessary, we will reimburse the costs of medical assistance, as described in clause 19 of these terms and conditions. By medical necessity we mean that the necessity is based on generally recognised, scientific medical considerations. The treatment, test or examination is generally accepted according to medical standards.

Freedom to choose your healthcare provider

You are free to choose which hospital or healthcare provider you obtain treatment from. We do ask you to follow the instructions of the OOM Assistance Centre.

Maximum reimbursement amount

OOM will not reimburse any amount that exceeds the maximum charge rates approved by the appropriate authorities. In the Netherlands, the charge rates are approved by the Dutch Healthcare Authority (NZa). If you incur health costs abroad, as described in Clause 19 of these terms and conditions, the maximum amount we will reimburse is double the charge rate applicable in the Netherlands. The maximum reimbursement amount for the health insurance is € 500,000 per insured person per insured period.

Foreign currencies

If you submit a bill in a foreign currency, we will convert the amount into Euros according to the conversion rate on the day when the event occurred. For bills relating to health insurance, we will use the conversion rate on the date of the bill.

What insurance do you have for terrorism?

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

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

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

Personal information, duty to disclose, fraud and complaints

12. How do we use your personal information?

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

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

Passing on information

When carrying out your insurance it may be necessary for us to pass on your personal information to third parties such as healthcare providers, healthcare institutions, suppliers, expert agencies or debt collection agencies. If you have a good reason why these parties should not have access to your information then please notify us in writing. Government bodies such as the police, the justice department, the tax authorities or regulators may also ask us for your personal information. We will pass your information to these bodies if we are required by law to do so or if it is necessary to protect our interests.

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

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

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

More information

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

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

The duty to disclose means that you have to give us all information that might be relevant when assessing your application for insurance.

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

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

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

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

Examples of fraud include:

- you do not provide all the information when applying for insurance in order to still get insurance or avoid additional terms and conditions on the insurance. This also puts you in breach of the obligation to disclose (see also Article 13);
- you report an amount higher than the actual damage;
- you intentionally fail to comply with the obligation to limit damage;
- you falsify an invoice;
- you stage a burglary.

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

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

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

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

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

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

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

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

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

Of course we will always do our best to find an appropriate solution. For more information on the complaints procedure see our website www.oomverzekeringen.nl.

Complaints about your insurance agent

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

More information

If you still have further questions, please call or email us. We can be contacted on weekdays between 8.30 a.m. and 5 p.m. We will be pleased to help you in any way we can.

Part 2 - Special terms and conditions for OOM Voorlopig Verblijf Nederland Health Insurance

Claims and reimbursement

16. Where is your OOM Voorlopig Verblijf Nederland Health Insurance valid?

This insurance is valid in all countries forming part of the Schengen area at the time of an insured event and also in the following countries: Bulgaria, Cyprus, Ireland, Croatia, Romania and the United Kingdom. This insurance is not valid in the overseas territories of these countries, such as Aruba, Bonaire and Curacao. The insurance is also not valid in your country of origin, unless you are a Dutch national.

Outside the Netherlands, cover is limited to a maximum of 30 days during the entire insured period.

Travel by aeroplane

If you travel by aeroplane during the term of the insurance, then your insurance is valid from the time you leave the soil of the country of origin by as direct a flight as possible to the coverage region, without unnecessary stopovers. In all other cases, the cover commences at the moment you arrive in the coverage region.

The cover finishes at the moment the aeroplane in which you returned from the coverage region lands in the country of origin. This must be as direct a flight as possible, without unnecessary stopovers. In all other cases, the cover ends at the moment you leave the coverage region.

17. What should you do if you have a claim under the health insurance?

You should report all events that you are entitled to claim for to us as soon as possible. You can find out how to contact us below.

In the following situations please get in touch by telephone as soon as possible:

- hospitalisation;
- death;
- repatriation;
- search or rescue.

In all other cases:

You do not have to report to us separately any non-urgent events that you are entitled to make a claim for. You can upload the invoices for these events using our online customer portal "Mijn OOM".

OOM Assistance Centre

+31 (0)70 353 21 35

24 hours a day, 7 days a week, Dutch and English spoken

OOM Verzekeringen

P.O. Box 3036

2280 GA Rijswijk, The Netherlands

Telephone: +31 (0)70 353 21 00 (during office hours in the Netherlands, from 8.30 a.m. to 5.00 p.m.)

Fax: +31 (0)70 360 18 73

Website: www.oomverzekeringen.nl

Email: info@oomverzekeringen.nl

Your other obligations, such as your obligation to cooperate with the investigation relating to the assessment of a claim, and the consequences if you fail to comply with your obligations are set out in the general terms and conditions.

18. How do we process claims?

When we receive a claim from you, we first check whether the costs incurred are eligible for reimbursement. And if so, what is the reimbursement amount. In determining this amount we take into consideration a number of criteria, including the maximum reimbursement amount. You can also submit your claims using our online customer portal “Mijn OOM”.

Note: an excess applies.

An excess applies for your OOM Voorlopig Verblijf Nederland Health Insurance. The amount of your excess is stated on your policy sheet. This excess applies per insured person per insured period. No excess applies for OOM Dental Cover.

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

We are entitled to recover any excess we have paid on your behalf from your bank account by direct debit.

If cover under your insurance is suspended due to late payment, cover will recommence on the day following the date on which we have received all overdue premiums (and collection charges, if applicable).

19. Which medical treatments are covered by your OOM Voorlopig Verblijf Nederland Insurance?

You are entitled to select your hospital and health care provider yourself. For treatment by a health care provider (for example a general practitioner, therapist or specialist), the provider must be accredited by an authorised body and qualified to carry out such treatment.

General practitioner	We reimburse the costs of treatment by a general practitioner.
Medication and dressings	We reimburse products that are authorised to be marketed as medication or dressings and that you can collect from a pharmacy or a general practitioner who operates a pharmacy only by prescription from a general practitioner or specialist.
Specialist treatment	<ul style="list-style-type: none">• specialist treatments, such as treatment, examinations or tests by a specialist physician. The treatment, examination or test must form part of the specialty for which the physician is registered;• visiting another specialist for a second opinion. This applies only in situations where the first specialist proposes invasive medical treatment;• associated medical costs for specialist treatment, such as the costs of x-rays, blood transfusions, radiation, anaesthesia and use of operating theatre or outpatient facilities.
Laboratory tests	We reimburse the costs of laboratory tests carried out on the orders of a general practitioner or specialist. The invoice for the tests must be issued by a hospital or laboratory.

<p>Hospitalisation</p>	<p>We reimburse the costs of hospitalisation on the following conditions:</p> <ul style="list-style-type: none"> • We reimburse the costs of your hospitalisation in the Netherlands even if you are still hospitalised after the termination date of the insurance. Hospitalisation must have commenced during the insured period. • If you are hospitalised outside the Netherlands on the termination date of the insurance then we will reimburse the insured costs of this hospitalisation for up to 30 days following the termination date of the insurance.
<p>Patient transport</p>	<p>We reimburse the costs of medically necessary ambulance transport if you are not in a condition to travel independently to the nearest hospital or the place of treatment.</p> <ul style="list-style-type: none"> • We only reimburse ambulance transport by road. We will only reimburse transport over water or air transport if no other form of transport is available or if other forms of transport cannot be used for medical reasons. • We reimburse seated patient transport by public transport (lowest class), taxi or in your own vehicle. If you use your own vehicle we reimburse a maximum of € 0.20 per kilometre. • Patient transport must immediately precede and follow your visit to a general practitioner, specialist or hospital. You will receive a reimbursement if you: <ul style="list-style-type: none"> - receive a kidney dialysis in a facility; - receive oncological treatments with chemotherapy, radiotherapy or immunotherapy; - can only move around in a wheelchair; - can only move around with assistance due to your poor eyesight.
<p>Transplantation</p>	<p>Costs of transplantation of the following tissues and organs:</p> <ul style="list-style-type: none"> - bone marrow; - bone; - cornea; - skin tissue; - kidney; - heart; - liver (orthotopic); - lung; - heart-lung; - kidney-pancreas. <p>We only pay for these transplantation costs if the transplantation is the result of an accident and you have obtained our authorisation for the procedure in advance.</p> <p>The donor receives a payment for nursing and treatment costs on the basis of the class for which the donor is insured. In addition, the donor is also entitled to medical treatment for three months from the date of discharge from hospital following a transplant. This applies only to medical treatment for the donor that is related to the transplantation covered under this insurance.</p>
<p>Kidney dialysis</p>	<p>We will only reimburse the costs of kidney dialysis if you have obtained our authorisation for the dialysis in advance.</p>
<p>Treatment by a plastic surgeon</p>	<p>We only reimburse treatment by a plastic surgeon if:</p> <ul style="list-style-type: none"> • the procedure is the consequence of an accident; • you have obtained our authorisation for the procedure in advance.

Rehabilitative day care	<p>We reimburse treatment, advice and assistance in a rehabilitation clinic per day or half day.</p> <p>The treatment, advice and assistance are provided by a team consisting of at least a specialist, a paramedic and a psychologist or expert in social work, labour studies or rehabilitation and the associated nursing staff.</p> <p>The rehabilitation clinic must be accredited for rehabilitation by the authorised bodies.</p>
Accommodation costs	<p>We reimburse your accommodation costs up to € 100 per day for you and your partner jointly, up to a maximum of € 2,000 per case. The following conditions apply:</p> <ul style="list-style-type: none"> • You receive medical treatment away from your place of domicile. • It is medically necessary for you to stay near the hospital. • We reimburse the costs of staying in a hotel, motel or apartment on the basis of accommodation only. We do not reimburse payments for staying with friends or family, for example. • You must be able to prove the accommodation costs by providing bills from the hotel, motel or apartment.
Vaccinations against rabies and tetanus	<p>We reimburse vaccinations on the following conditions:</p> <ul style="list-style-type: none"> • We only reimburse you for a vaccination against rabies if you have been scratched, bitten or licked by an animal that could be infected with rabies. • We only reimburse you for a vaccination against tetanus if you are at risk of infection with tetanus due to a wound and the preventive vaccinations do not provide sufficient protection.
Physiotherapy, exercise therapy, manual therapy or chiropractic therapy	<p>We will reimburse a maximum of 9 treatments per insured person per insured period. The maximum number of treatments applies to all treatments together. If there is a maximum number of treatments, we will reimburse the first submitted treatments in an insurance year or insured period. For example: If you have already had physiotherapy six times, you are entitled to a maximum of three additional exercise therapy sessions.</p>
Speech therapy	<p>We reimburse a maximum of 12 treatments per insured person per insured period.</p>
Dental treatment following an accident	<p>We reimburse a maximum of € 350 per insured person per insured period, on the following conditions:</p> <ul style="list-style-type: none"> • The treatment is the consequence of an accident and is intended to repair or improve the teeth. <ul style="list-style-type: none"> - An accident is defined as: A sudden and direct external assault causing you physical injury that can be identified by medical means. - Events where it could be foreseen that dental damage could occur are not included in this definition. Examples include, but are not limited to: opening a bottle with your teeth, biting on something hard such as nuts, not wearing dental protection in relevant sports, damage to the teeth due to an illness. • The dental treatment is carried out by an authorised dentist or oral surgeon. <p>Routine dental costs are not insured as standard under the health insurance. If you have taken out OOM Dental Cover, this will be stated on your policy sheet. This cover is described at the end of this clause.</p>

<p>Psychotherapy</p>	<p>We reimburse up to a maximum of € 500 per insured person per insured period. The following conditions apply:</p> <ul style="list-style-type: none"> • You must have obtained our authorisation for the psychotherapy in advance. • The insured person is treated by a psychiatrist, psychologist or practising psychotherapist authorised to perform the relevant treatment.
<p>Aids</p>	<p>We reimburse the following aids on prescription from a doctor following an accident documented by evidence:</p> <ul style="list-style-type: none"> • For crutches and/or a wheelchair we reimburse up to € 100 per accident. This includes both rental and purchase of aids. • For prosthetics (not dentures) and/or orthoses we reimburse up to € 750 per accident. <p>You must purchase or rent the aids within 90 days following the accident (but within the term of the insurance).</p>
<p>Search and rescue</p>	<p>We reimburse the costs of search, rescue or recovery of an insured person who is missing or involved in an accident. These costs are only insured where the operation is conducted on the instructions of an official authority, for example the police. In that case you must send us a statement by that authority. Without this statement you are not entitled to reimbursement. We pay a maximum of € 10,000 per event for search and rescue costs.</p>
<p>Repatriation</p>	<p>We reimburse the costs of repatriation on the following conditions:</p> <ul style="list-style-type: none"> • The repatriation is necessary in the opinion of OOM's medical advisor. • You have obtained our authorisation in advance. • You are repatriated from the coverage region to either the Netherlands or the country of origin. <p>We reimburse the following costs:</p> <ul style="list-style-type: none"> • patient transport, including transport by aeroplane; • air ambulance, if you are unable to travel by passenger aeroplane, road ambulance or taxi. This method of travel is only insured if the repatriation could save your life or prevent or reduce invalidity; • accompanying person(s), if it is medically necessary for you to be accompanied. <p>For repatriation by scheduled or charter flight the maximum amount we reimburse is the cost of tourist class travel. The maximum reimbursement amount per insured person is € 30,000 per repatriation or event.</p>
<p>Transport of mortal remains</p>	<p>The costs of direct transport of mortal remains to the country of origin up to € 10,000 per event. We reimburse:</p> <ul style="list-style-type: none"> • the cost of an inner coffin required by applicable regulations; • any other costs for the transport of mortal remains. <p>The costs of carrying ritual ablutions, burial or cremation are not covered.</p>

OOM Dental Cover

As part of the OOM Voorlopig Verblijf Nederland Insurance you can take out OOM Dental Cover, which insures you for dental costs up to a maximum amount. If you have taken out this option, the insured amount is stated on your policy sheet. No excess or patient contribution applies.

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

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

Conditions

The following conditions apply for OOM Dental Cover:

- The treatment or examination must be aimed at repairing or improving your teeth according to generally accepted medical standards.
- We never reimburse more than the maximum insured amount.
- We will not reimburse you for unattended appointments and subscription costs, or for cosmetic dentistry such as tooth-whitening procedures.
- Dental treatment is carried out by a dentist, dental hygienist, dental technician, prosthodontist, periodontist or oral surgeon approved by official institutions.
- If dental costs resulting from an accident exceed the maximum insured amount for the health insurance, the additional costs can be claimed under this OOM Dental Cover. Costs falling within the excess under the health insurance cannot be claimed under the OOM Dental Cover.
- Specialist care such as the removal of a wisdom tooth by an oral surgeon can be claimed on your healthcare insurance.

20. Which medical treatments and other costs are not covered by your OOM Voorlopig Verblijf Nederland Health Insurance?

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

- **Malaria medication and vaccinations.** The costs of malaria prophylaxis and vaccinations, except against rabies and tetanus.
- **Home medicine cabinet and/or over-the-counter medicines.** Costs of over-the-counter medicines, including when prescribed by a doctor.
- **Vitamins and dietary supplements.** The costs of vitamins and dietary supplements.
- **Medical examinations and certificates.** The costs of medical examinations and certificates.
- **Artificial aids and accessories.** The costs of artificial aids and accessories, unless explicitly mentioned in these terms and conditions (clause 19). We do not reimburse costs for spectacles, contact lenses and dentures.
- **Pregnancy and childbirth.** Costs related to pregnancy and childbirth or fertility treatment. Except in the case of an unforeseen and unexpected complication of pregnancy arising prior to the 32nd week of pregnancy.
- **Abortion.** The costs of abortion and any complications associated with or resulting from an abortion. Except in the case of an unforeseen and unexpected complication of pregnancy arising prior to the 32nd week of pregnancy.
- **Surrogacy.** Costs for pregnancy, childbirth and maternity care in the case of surrogacy. This also applies to unexpected emergencies
- **Sterilisation, fertility and heredity.** The costs of sterilisation and sterilisation reversal, fertility testing and heredity testing.
- **Contraception.** The costs of contraceptives or medical treatments relating to contraception.
- **Preventive medicine or alternative health care.** The costs of preventive medicine or alternative health care. We do reimburse the costs of chiropractic therapy and manual therapy (see Clause 19).
- **WLZ or WMO.** Costs of treatments or provisions that fall under the Dutch Long-Term Care Act (WLZ) or Social Support Act (WMO), such as home care, unless we explicitly mention them in these conditions.
- **Gender operations.** Cost of sex change surgery and associated costs.
- **Suicide.** Costs resulting from suicide or attempted suicide.
- **Addiction care.** Cost of staying in an addiction treatment institution.
- **Non-urgent hospitalisation.** The costs of hospitalisation if it is medically safe to postpone the treatment until after the termination date of this insurance.
- **Motor vehicles or motor boats.** Costs resulting from participation in or the preparation of speed, record and trial runs with motor vehicles or motor boats.
- **Aircraft.** Costs you incur when in, on or attached to any aircraft, other than as a passenger in an aeroplane in use for civil aviation.

The following situations are not covered by this insurance:

- **Nuclear reaction.** Damage or loss caused by a nuclear reaction, other than in medical treatment applied to the insured person.
- **War and kindred risks.** If the damage or loss is caused by war and kindred risks: armed conflict, civil war, uprising, civil disturbance, riot or mutiny.
- **Other insurance.** If you are entitled to payment or assistance under another insurance policy, legislation or other provision or you would have been entitled under another insurance policy, legislation or other provision if you had not taken out insurance with OOM, then this insurance with OOM shall be the 'payer of last resort'. This means that you must first claim under the other insurance, legislation or provision.
If you are unable to recover the full amount of the loss or damage, you can make a claim under your insurance with OOM for the remaining amount. The statutory arrangement for concurrent insurance policies under Article 7:961 part 1 of the Dutch Civil Code (BW) does not apply.

- **Sanction rules.** There are national and international general and sanction rules that may prohibit us from selling insurance to you. It is also possible we are not allowed to reimburse claims. We are not permitted to sell you insurance or reimburse claims if it is apparent that it is prohibited to do business with you or to provide a financial service under the terms of the sanctions legislation or regulations. If, after the start of the insurance, it is apparent that you, an insured person, an insured item or another interested party is directly or indirectly involved in acts, transactions or events that violate a sanctions law. Or, if it appears that you or another interested party is included on a national or international sanctions list. If this is the case: We will not reimburse any claim; we will temporarily or permanently suspend cover; the general or financial interests of a person, company, government or other entity will be excluded from the insurance; or we can terminate the insurance.
- **Misleading information.** If you or another person entitled to payment under this insurance deliberately misleads us by failing to inform us or misinforming us regarding any fact or circumstance, except in cases where the misleading information does not justify this exclusion.
- **Incorrect representation of events.** If you represent events incorrectly or give an account that is damaging to our interests, unless this incorrect representation is not sufficiently essential to justify the exclusion. However, we will restrict your right to payment under this insurance. If a payment has already been made, we will claim our losses from you. If you deliberately represent events incorrectly in order to mislead us, under no circumstances will you be entitled to any reimbursement of costs.
- **Hijacking, strike, uprising or terrorism.** Damage or loss associated with or caused by your participation in a hijacking, strike, uprising or act of terrorism.
- **Crime.** Damage or loss associated with or caused by your committing (or assisting in) a crime.
- **Deliberate action or recklessness.** Damage or loss resulting from deliberate, conscious or unintentional recklessness by you or anyone else with an interest in a payment under this insurance.

The original Dutch Terms and Conditions of this insurance policy are not affected by this English translation. In the case of any dispute, the original Dutch text shall prevail.

The trade name OOM Verzekeringen is used by OOM Holding N.V. (KvK The Hague 27194193), OOM Global Care N.V. (AFM 12000623, KvK The Hague 27111654) and OOM Schadeverzekering N.V. (AFM 12000624, KvK The Hague 27155593). These companies are registered in The Hague and share operational offices in Rijswijk.



Insurance

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