

# General Insurance Conditions (GIC)

## Helsana Business Accident Collective accident insurance

Client information, General Insurance Conditions (GIC) and Additional Insurance Conditions (AIC) for:

Group accident insurance

Visitor accident insurance

School accident insurance

May 2025 issue

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## I. Client information on the General Insurance Conditions

### An overview of your group accident insurance

This client information document contains the key provisions of your group accident insurance. The insurer and contractual partner is Helsana Accidents Ltd, hereinafter referred to as "Helsana".

This client information document is intended to provide a better understanding of key contractual content. Only the contractual bases mentioned in Art. 2 of the General Insurance Conditions (GIC) below prevail and are legally binding.

<p><b>What does your insurance cover include?</b></p>	<p><b>Subject of insurance</b> As an employer, club, event organiser or school, with group accident insurance, you can insure a defined group of people against accidents and physical injuries.</p> <p><b>Who is insured?</b> Please refer to your policy for information about which persons or group category you have insured.</p> <p><b>What is insured?</b> The insurance covers accidents and physical injuries.</p> <p>Please refer to your policy for your individually agreed scope of benefits.</p>
<p><b>What do you need to know about the duration of the contract and the benefits?</b></p>	<p><b>Start of the insurance cover</b> The group contract begins on the date stated in the insurance policy or in Helsana's written confirmation of cover or confirmation of application acceptance.</p> <p><b>Contract duration</b> The contract is usually concluded for a full year. Thereafter, it will be extended annually for a further year, provided none of the contractual partners has received notice of cancellation three months prior to expiry of the contract at the latest. Contracts concluded for less than one year end on the expiry date stated in the policy.</p>
<p><b>What should be noted and what obligations arise from the contract?</b></p>	<p><b>Your obligations as a policyholder</b></p> <ul style="list-style-type: none"> <li>– To inform Helsana of material insurance amendments</li> <li>– (for instance, a change in the type of operation or the acquisition of other companies)</li> <li>– To inform the insured person of their obligations in the event of a claim (for instance, contacting the Emergency Call Centre for non-emergencies overseas)</li> <li>– To pay the premiums on time</li> </ul>
<p><b>How does Helsana protect my data?</b></p>	<p><b>Data protection</b> Insured persons enjoy the full protection of the Federal Data Protection Act and the data protection guidelines of Helsana.</p> <p>The Helsana Accidents Ltd privacy policy may be found at <a href="https://www.helsana.ch/data-protection">https://www.helsana.ch/data-protection</a> or a copy may be requested from Customer Service.</p>
<p><b>Important information</b></p>	<p><b>Travelling abroad</b> Insured persons can access expert assistance around the clock in the event of an emergency abroad. We help take care of administrative procedures such as requesting cost approval for hospital treatment, organising repatriations, and much more.</p> <p><b>24h Emergency Call Centre: +41 58 340 16 21</b></p>

## II. General Insurance Conditions (GIC)

### Basic principles

Helsana Accidents Ltd (hereinafter referred to as “Helsana”) provides the insurance benefits in its capacity as party to the insurance contract in relation to the insured persons.

#### 1. Subject of insurance

- 1.1 Helsana group accident insurance offers insured persons protection against the financial consequences of accidents and physical injuries.

#### 2. Basis of the contract

The following form the basis of the contract:

- 2.1 the policy;
- 2.2 the statements made by the policyholder or the insured persons in the insurance application and any health declarations;
- 2.3 these General Insurance Conditions (hereinafter referred to as the “GIC”) and the associated Additional Insurance Conditions (hereinafter referred to as the “AIC”);
- 2.4 any special arrangements or agreements, insofar as these have been confirmed by Helsana in the policy as Special Insurance Conditions (SIC);
- 2.5 the Federal Insurance Contract Act (VVG);
- 2.6 exclusively Swiss law and the jurisdiction applicable in Switzerland.

#### 3. Type of insurance

- 3.1 This group accident insurance includes coverage in the form of either indemnity insurance or fixed-sum insurance.
- 3.2 Fixed-sum insurance is an insurance under which, in the event of a claim, the insured sum agreed in the policy is paid. Proof of the loss that has actually occurred is not required. Benefits provided by third parties (Art. 11) will not be offset against the insurance benefits. In the event of disability, benefits will be provided according to the determined degree of disability.
- Fixed-sum insurances include, where a fixed pay-roll amount or insured sum has been agreed, the following types of coverage (where a per capita premium has been agreed):
- Lump-sum death benefits
  - Lump-sum disability benefits
  - Daily benefit, except as provided for in Art. 12.3

- 3.3 Indemnity insurance is an insurance under which, in the event of a claim, only the loss that has actually occurred and can be specifically proven is compensated within the scope of the insured sum agreed.

Indemnity insurance includes:

- all other coverage not designated as fixed-sum insurance.

#### 4. Definitions

- 4.1 All references to persons apply equally to all genders.
- 4.2 Unless stated otherwise, the term definitions as defined in the Federal Act on the General Part of Social Insurance Law (ATSG) apply.
- 4.3 An accident is the sudden, unintentional and damaging effect of an unusual external factor on the human body that results in impairment to physical, mental or psychological health, or death (Art. 4 ATSG).
- 4.4 The following physical injuries pursuant to Art. 6(2) UVG are equated with accidents, in as far as they cannot primarily be attributed to deterioration or illness:
- a) Broken bones
  - b) Dislocation of joints
  - c) Torn meniscus
  - d) Torn muscles
  - e) Pulled muscles
  - f) Torn tendons
  - g) Ligament lesions
  - h) Damage to the eardrum
- 4.5 Partner  
A partnership giving rise to a claim exists if, at the time of death:
- a) said partner lived in the same household and maintained a relationship of cohabitation similar to that of a marriage for the last five years uninterrupted up to the death of the insured person;
  - b) the couple cohabited with shared children in the same household.
- This rule does not apply if the partner is married or closely related to the insured person (direct relative as well as siblings and half-siblings) or in a stepchild relationship.
- 4.6 An emergency is defined as a situation where treatment is medically necessary and travel home for treatment in your country of residence is unreasonable.

## Start, duration and end of the group contract

### 5. Start, duration and end of the group contract

- 5.1 The group contract begins on the date stated in the insurance policy or in Helsana's written confirmation of cover or confirmation of application acceptance.
- 5.2 If no cancellation of the contract is received by the deadline, the group contract concluded for a full year or longer is tacitly renewed for a further year on reaching the expiry date specified in the policy and after each subsequent insurance year.
- 5.3 The group contract ends:
  - a) upon cancellation;
  - b) if the company headquarters are moved abroad;
  - c) if the company closes down or the club ceases its activities;
  - d) on the day specified in the policy, if the contract was concluded for less than one year in duration.

### 6. Cancellation of the group contract

- 6.1 The group contract may be cancelled by the policyholder or Helsana at the earliest on reaching the expiry date stated in the policy, and subsequently at the end of any insurance year. The insurance year commences on the main premium payment date stated in the policy. Notice of cancellation must be submitted in writing to Helsana or the policyholder at least 3 months before the end of the period of insurance.
- 6.2 The policyholder has the right to cancel the group contract if Helsana provides compensation for a claim. Notice of cancellation must be submitted in writing to Helsana no later than 14 days after notification of the final payment for an accident has been received. The group contract ceases when Helsana receives this notice of cancellation.
- 6.3 Helsana waives its own right of cancellation. Waiver of the right to cancel by Helsana does not apply in the case of attempted or successful insurance fraud, forgery of documents, or if there was a breach of the notification obligation when the contract was initially concluded.

## Scope of cover

### 7. Insured persons

The insurance covers the group categories and institutions listed in the insurance policy.

Further details can be found in the AIC.

### 8. Geographical area of validity

The insurance cover applies worldwide. Further provisions can be found in the AIC.

### 9. Cover

Only the cover granted in the insurance policy is insured. The following provisions regarding insurance benefits apply to this cover.

## Insurance benefits

### 10. Treatment costs

- 10.1 If treatment costs are included, Helsana will cover the following costs per accident, provided the costs arise within 5 years following the date of the accident and the measures concerned are justified due to their efficacy, expediency and cost-effectiveness:
  - a) Necessary expenses for accident-related therapeutic measures and hospital costs in a general, semi-private or private ward (as per policy).
  - b) The costs of medically prescribed treatment in a convalescent facility recognised by Helsana.
  - c) Expenses for the services of qualified care staff or staff provided by institutions for the care of the insured person at home during the course of medical treatment, and the costs of hiring medical equipment.
  - d) Expenses for the replacement (current replacement value) or repair of prostheses, spectacles, hearing aids and orthopaedic aids if they are damaged or destroyed in the event of an occurrence resulting in therapeutic measures as described in Art. 10.1 of the GIC.
  - e) The costs for the initial acquisition of medical aids that compensate for physical injuries or loss of bodily functions, such as prostheses, spectacles, hearing aids and orthopaedic aids.

- f) The accident-related costs of transporting the insured person to the place of treatment, as well as air transportation which is unavoidable for medical or technical reasons. Transportation with vehicles which are not a form of public transport (taxis and similar) are only covered if the insured person cannot reasonably be expected to use public transport (train, tram, bus, etc.).
- g) Expenses for search and rescue operations to recover the insured person, up to a maximum of CHF 50,000 and, in the event of death, the costs of operations to recover the body.
- 10.2 Cost approval must be obtained from Helsana in advance for planned treatments and examinations abroad. There is no entitlement to benefits if cost approval is not obtained.
- 10.3 For insured persons with a place of residence or usual place of residence in countries of the European Union (EU) and/or the European Free Trade Association (EFTA), treatments in their place of residence are equivalent to treatments in Switzerland.
- 10.4 Any co-payments based on legislation in the countries of the European Union (EU) and/or the European Free Trade Association (EFTA) will also be covered, subject to the provisions set out in Art. 11.3 of the GIC.
- 10.5 Emergencies  
Helsana waives the requirement for prior cost approval in the event of an emergency abroad. The costs of treatment will be covered that exceed social insurance benefits like KVG, UVG or corresponding overseas insurance. Costs entirely for care without medical treatment are excluded.
- 10.6 Any provisions to the contrary that are set out in the AIC take precedence over the provisions in this article.

## 11. Third-party benefits

- 11.1 Third-party benefits include benefits to cover medical expenses from domestic and overseas social and private insurers and liable third parties.
- 11.2 Benefits provided together with third-party benefits may not lead to overcompensation of the insured person. The limit for overcompensation is the medical expenses that would have been incurred in Switzerland in accordance with Art. **Fehler! Verweisquelle konnte nicht gefunden werden.** of these GIC and its sub-articles. Otherwise, the provisions of the ATSG shall apply.

- 11.3 As a result, Helsana's duty to provide benefits is restricted to the difference between the third-party benefits and the aforementioned limit for overcompensation. Benefits for medical expenses are provided subsequent to benefits provided by third parties and based on their compensation statement and are limited to a duration of 5 years in each case. If other indemnity insurance companies also only have a subsidiary duty to provide benefits, Helsana will pay its benefits on a pro rata basis. The insured person is responsible for submitting the relevant compensation statements to Helsana. The excesses, deductibles and fees charged by third parties under the KVG are not covered. If there is no other insurance at the time of the accident, Helsana will provide full coverage as part of its insured benefits as per Art. **Fehler! Verweisquelle konnte nicht gefunden werden.** of the GIC.
- 11.4 If legal steps are taken against Helsana instead of the liable third party, the insured person is obliged to assign all liability claims to Helsana up to the amount of the latter's expenses.

## 12. Daily benefit

- 12.1 In the event of medically certified accident-related incapacity for work, Helsana will pay the agreed daily benefit. In the event of partial incapacity for work, the daily benefit will be paid out in proportion to the incapacity for work. The agreed waiting period will commence when the incapacity for work is confirmed by a doctor but at the earliest on the day after the accident. Days of partial incapacity for work are counted as full days for determining the waiting period and duration of benefits.
- 12.2 The daily benefit will be paid for one or more accidents for a maximum of 720 days within 5 years of the first accident.
- 12.3 In the case of insured persons under the age of 16, Helsana will only pay the actual loss of income, up to a maximum of the agreed daily benefit.
- 12.4 Further provisions can be found in the AIC.

## 13. Disability

### Lump-sum disability benefits

- 13.1 If the insured person is likely to be permanently disabled as the result of an accident, Helsana will pay the agreed lump-sum disability benefit. This is calculated on the basis of the degree of disability, the agreed insured sum, and the benefits option chosen.
- 13.2 The provisions of the UVG with regard to integrity compensation shall apply for determining the degree of disability.

13.3 The lump-sum disability benefit is calculated as follows for each of the agreed benefits options:

Option A (225%)\*

Option B (350%)

	Option A (225%)	Option B (350%)
For the part of the DD not exceeding 25%	based on 1x IS	based on 1x IS
For the part of the DD exceeding 25% but not exceeding 50%	based on 2x IS	based on 3x IS
For the part of the DD exceeding 50%	based on 3x IS	based on 5x IS

IS = insured sum/DD = degree of disability

13.4 Consequently, the following percentages of the agreed insured sum are applicable for the disability benefits:

Degree of disability	Benefits option		Degree of disability	Benefits option		Degree of disability	Benefits option		Degree of disability	Benefits option	
	A – 225%	B – 350%		A – 225%	B – 350%		A – 225%	B – 350%		A – 225%	B – 350%
%	%	%	%	%	%	%	%	%	%	%	%
1 to 25			Proportional to the degree of disability								
26	27	28	45	65	85	64	117	170	83	174	265
27	29	31	46	67	88	65	120	175	84	177	270
28	31	34	47	69	91	66	123	180	85	180	275
29	33	37	48	71	94	67	126	185	86	183	280
30	35	40	49	73	97	68	129	190	87	186	285
31	37	43	50	75	100	69	132	195	88	189	290
32	39	46	51	78	105	70	135	200	89	192	295
33	41	49	52	81	110	71	138	205	90	195	300
34	43	52	53	84	115	72	141	210	91	198	305
35	45	55	54	87	120	73	144	215	92	201	310
36	47	58	55	90	125	74	147	220	93	204	315
37	49	61	56	93	130	75	150	225	94	207	320
38	51	64	57	96	135	76	153	230	95	210	325
39	53	67	58	99	140	77	156	235	96	213	330
40	55	70	59	102	145	78	159	240	97	216	335
41	57	73	60	105	150	79	162	245	98	219	340
42	59	76	61	108	155	80	165	250	99	222	345
43	61	79	62	111	160	81	168	255	100	225	350
44	63	82	63	114	165	82	171	260			

## 14. Death

### Lump-sum death benefits

- 14.1 If the accident leads to the death of the insured person, Helsana will pay the agreed lump-sum death benefit to the following beneficiaries in equal parts:
- dependent children;
  - spouses or registered partners;
  - partners with whom the insured person shares dependent children.
- In the absence of these, the following beneficiaries in this sequence:
- partners without shared dependent children
  - the parents
  - siblings
- 14.2 If the insured person does not have any surviving dependents, Helsana will cover the funeral costs up to 10% of the lump-sum death benefit.
- 14.3 In the event of death, Helsana will pay a maximum amount of compensation that is graded according to the age of the insured person:
- Up to the age of two and a half: CHF 2,500
- Between the ages of two and half and twelve: CHF 20,000
- Aged 12 to 70:  
amount according to policy
- From the age of 70: CHF 20,000

## 15. Restrictions on insurance benefits

- 15.1 Helsana waives its legally valid right to reduce insurance benefits in the event of gross negligence.
- 15.2 No insurance benefits are provided:
- a) in the event of consequences of warlike events in Switzerland;
    - abroad, unless the accident occurs within 14 days of such events first breaking out in the country in which the insured person is staying and the outbreak of warlike events in that country took the insured person by surprise;
  - b) due to earthquakes in Switzerland;
  - c) in the event of participation in disturbances (acts of violence against persons or property on the occasion of riotous assemblies, riots or commotions) and the measures taken against them, unless the insured person can prove that they did not participate actively on the side of those causing this disturbance or through incitement;
  - d) while engaged in foreign military service;
  - e) while participating in acts of terrorism;
  - f) while participating in brawls and fights;
  - g) in the event of accidents sustained while committing a crime or other offence;

- h) in the event of suicide, self-mutilation or attempts to commit such acts, unless the insured person was completely incapable, through no fault of their own, of acting in a reasoned manner at the time of such act, or the act was clearly a result of an insured accident;
  - i) in the event of damage to health resulting from exposure to ionising radiation of any kind. However, the insurance does cover damage to health resulting from radiation treatments ordered by a doctor owing to an insured accident. Damage to health caused by the effects of radiation suffered in connection with the insured person's occupational activities for the insured company is also covered, provided the damage justifies a duty to provide benefits under statutory accident insurance. Otherwise, the provisions of the Federal Accident Insurance Act shall apply.
- 15.3 The insured person must make all reasonable efforts to reduce the insured benefit and refrain from anything that might lead to an increase in the insured benefit. A breach of this duty to mitigate losses may result in the benefit being reduced accordingly.
- 15.4 With the exception of compulsory accident insurance under UVG, the entire entitlement to benefits under all accident insurance policies held with Helsana Accidents Ltd is limited to CHF 10 million per person, per event. Provisions to the contrary can be found in the AIC.

### Non-accidental circumstances

- 15.5 The benefits for medical expenses and daily benefits will not be reduced if the damage to the insured person's health is only partly the consequence of an insured accident.
- 15.6 If disability is only partly the consequence of an insured accident, the lump-sum disability benefit and the disability pension will be determined in accordance with the extent to which the disability was caused by the accident, on the basis of medical certificates.
- The same shall apply accordingly for setting the lump-sum death benefit.
- Further details can be found in the AIC.



## Premiums

### 16. Basis for premium calculation

The premium is calculated on the basis of the insured sum as agreed in the contract and the number of insured persons or days.

### 17. Payment of premiums, due date, payment in instalments

- 17.1 Unless otherwise agreed, the premium is set per insurance year or specified period of insurance (less than one year) and is due for payment in advance on the agreed due date.
- 17.2 In the event of partial payment, the unpaid instalments of the annual premium are owed. Helsana may charge a surcharge for each instalment.
- 17.3 If the annual premium is a provisional advance premium, the definitive premium will be calculated on the basis of the information to be provided annually by the policyholder. The policyholder will receive a declaration form from Helsana for this purpose, if agreed. Helsana may inspect all relevant documents for the purposes of verifying the information provided. Any additional premiums or premium refunds will be due upon delivery of the statement to the policyholder.
- 17.4 The first premium will be due for payment when the policy is issued.

### 18. Premium reimbursement

- 18.1 If the premium has been paid in advance for a set insurance term and the contract is cancelled for legal or contractual reasons before the end of this period, Helsana will reimburse the premium proportionally to the unexpired part of the insurance year.
- 18.2 However, the premium for the current period of insurance is owed in full if the contract was in force for less than one year at the time when it lapsed and the policyholder has terminated the contract.
- 18.3 A period of insurance commences on the main premium payment date stated in the policy and lasts for one year.

### 19. Change in premium rate

In the event of changes in the premium rate, Helsana may adjust contracts within a tariff type at the end of the contract or during the term of the contract at the end of a year to take account of the changed premium situation. Helsana will notify the policyholders in writing of any alterations at least 60 days before the end of the year. If the change in the premium rate leads to an increase in the premium, the policyholder may terminate the contract at the end of the insurance year if they are not in agreement with this increase. If Helsana does not receive written notice of cancellation by the last day of the insurance year at the latest, this will be deemed as consent. A reduction in the premium does not result in any extraordinary right of termination.

## Final provisions

### 20. Notices and duty to inform

- 20.1 To the policyholder: all notices to the policyholder or the delivery address designated by the policyholder must be directed to the last address known to Helsana in Switzerland.
- 20.2 To the insured persons: all notices to insured persons must be sent by the policyholder. The policyholder has a duty to inform insured persons about key aspects of the contract, any amendments to it and its cancellation. The insurer will provide the policyholder with the necessary documentation for their information.
- 20.3 To Helsana: all notices should be sent directly to Helsana at the address stated in the policy, in German, French, Italian or English. A certified translation must accompany documents in other languages.
- 20.4 If a policyholder changes their business domicile, their delivery address or the type of company or club, or if other companies or parts of companies are taken over, they must notify Helsana immediately in writing.

### 21. Broker clause

If the policyholder is represented by a broker, they are entitled to handle the business transactions – by way of derogation from Art. 20 – with Helsana, provided the broker mandate contains the following: power of attorney to handle business transactions with Helsana, specifically to accept queries, notifications, declarations or declarations of intent from Helsana and to issue these to Helsana on behalf of the policyholder. Once received by the broker, declarations are deemed as having been received by the policyholder. Representation for payments is excluded.

## 22. Errors and omissions clause

- 22.1 If the policyholder fails to submit a notice, provides an incorrect answer or fails to fulfil any other obligation, Helsana will not be released from its obligation to pay benefits if the policyholder can provide evidence that the omission occurred accidentally and rectifies it immediately upon discovery.
- 22.2 If the omission relates to a circumstance which makes the payment of a premium surcharge necessary, this surcharge has to be paid retroactively with effect from the date on which the circumstance arose, from the commencement of contract at the latest.

## 23. Data protection

- 23.1 The Helsana Accident Ltd privacy policy may be found at <https://www.helsana.ch/data-protection> or a copy may be requested from Customer Service.
- 23.2 Helsana processes data in particular for the purpose of assessing the insured risk, calculating or preparing quotes, issuing policies, during the salary declaration process, in the event of account or address changes, and in order to offer individual products and services from Helsana and partner companies (listed by name on the Helsana website).
- 23.3 If Helsana appoints a service provider to process data, Helsana will ensure that the latter only processes data as Helsana itself is permitted to do.
- 23.4 To the extent necessary and in accordance with the applicable data protection standards, Helsana may forward data to third parties involved in processing the contract.

## 24. Place of jurisdiction

Jurisdiction for claims arising from the insurance contract lies either with the courts at the Swiss place of residence of the insured person or the beneficiary or at the registered offices of the policyholder.

## III. Additional Insurance Conditions (AIC)

### Group accident insurance

- Non-UVG-insured employees
- Clubs
- Events

#### 1. Insured persons

The insurance covers the persons listed in the insurance policy, excluding:

- personnel on loan to the policyholder from third-party companies;
- persons subject to compulsory insurance under the Federal Accident Insurance Act (UVG) as employees of the policyholder.

#### 2. Geographical area of validity

By way of amendment to Art. 8 of the GIC, the insurance cover will lapse following a stay of more than 12 consecutive months outside Switzerland.

#### 3. Insured accidents

By way of addition to Art. 9 of the GIC, the following provisions apply to the various possibilities described in the policy:

##### 3.1 Non-UVG-insured employees:

occupational accidents are covered for all insured persons.

Coverage for non-occupational accidents can be included in the policy by means of an additional agreement for persons who work for the insured company for at least 8 hours a week.

Occupational accidents are defined as accidents that occur:

- while working for the insured company or while performing the insured tasks;
- during breaks, provided these are spent on company premises;
- on the way directly to and from work.
- All other accidents are non-occupational accidents.

##### 3.2 Clubs

The insurance covers accidents suffered by active members while participating in activities in accordance with the statutes of the club and at other club events in which the club participates or which it organises, such as rehearsals, parades, excursions, performances and assignments. The insurance cover does not include the journey to and from the location of the club activity or the club event.

Accidents which occur during individual training sessions outside of official club activities are not covered.

##### 3.3 Events

The insurance covers accidents that occur during activity for the event specified in the policy. The journey to and from the event is not covered.

### Visitor accident insurance

#### 1. Insured persons

##### 1.1 The following are insured:

- Customers, visitors and guests for as long as they are authorised to be on the property or premises of the policyholder
- Persons participating in tours organised by the policyholder, from the moment they enter the company premises until they leave them

##### 1.2 The insurance does not cover any persons who are on the property or premises of the policyholder on behalf of the policyholder and as part of the performance of their duties (personnel employed by the policyholder, tradespeople, suppliers, etc.).

#### 2. Treatment costs

In the event of death outside the place of residence of the insured person, Helsana will cover the costs of transportation for the fatally injured person to their previous Swiss place of residence, including the costs of any official formalities at the border, up to CHF 5,000. Where necessary, Helsana will cover these costs in addition to the other benefits listed under Art. 10 of the GIC.

#### 3. Property damage

##### 3.1 If medical expenses are included, Helsana will pay up to CHF 5,000 per claim event to cover the costs of damage to property which the injured person was carrying on or with them (clothing, goods, etc.), provided the damage occurred in connection with an insured accident and medical treatment was required.

##### 3.2 In the event that an insured item is completely destroyed, Helsana will cover the costs of replacing the item. In the event of partial damage to an item, Helsana will cover the costs of repairing the item.

##### 3.3 The claimant's claims for damages vis-à-vis third parties are transferred to Helsana, provided compensation has been paid.

#### 4. Maximum benefits per claim event

By way of amendment to Art. 15.4 of the GIC, the following limitation applies:

The combined benefits paid by Helsana for accident and property damage will amount to a maximum of CHF 1,000,000 per claim event. As a general rule, all damage arising from the same cause, irrespective of the number of injured parties, shall be deemed to constitute a single claim event.

#### 3. Treatment costs

By way of addition to Art. **Fehler! Verweisquelle konnte nicht gefunden werden.** of the GIC, the following provisions apply:

If, in the event of tooth damage, final treatment is not possible, Helsana will cover the costs of interim treatment, and the one-off definitive repair of the teeth damaged as a result of the accident. These costs will be covered until the insured person reaches 22 years of age.

## School accident insurance

#### 1. Insured persons

The insurance covers the school pupils listed in the insurance policy.

#### 2. Insured accidents

By way of addition to Art. 9 of the GIC, the following provisions apply:

The insurance covers accidents suffered by the insured person in connection with the school, particularly:

- during lessons and breaks in between lessons, during the lunch break, provided that lunch is taken on school premises or at another location designated by the school;
- during leisure time while on school property, provided it was necessary to be on school property for school-related matters;
- during school trips (one day or several days);
- during school camps with lessons, and during other events (for instance, excursions, tours, visits to museums and places of interest, hiking excursions, holiday and ski camps), provided they are organised by the school and are supervised by teachers or other persons appointed by the school;
- during collection drives, sales and assignments organised by the school authorities or the teaching staff;
- when running errands for a teacher during lessons or breaks;
- when taking part in parades and performances (including rehearsals) as part of festivals in which the school is an official participant;
- while at a day care or youth centre, which is managed and supervised by the school, outside school hours, but not during the school holidays;
- while completing an internship or a trial apprenticeship, provided these form part of the curriculum and do not fall within the school holidays; on the way directly to and from school or to and from the location of the insured activity or event.