

General Terms and Conditions WGA-IRBC

Insuring WGA internal risk-bearing capacity

June 2019 version

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Introduction

Article 1 Definitions

In these terms and conditions and the insurance contract, the following terms have the stated meaning:

1.1 We / us / our

The insurer: Elips Life AG, established in Triesen, Liechtenstein. The Dutch office is located in Hoofddorp.

1.2 You / your

The policyholder: the legal entity with which we have concluded the insurance contract.

1.3 The WIA Act

The Work and Income (Capacity for Work) Act [*Wet werk en inkomen naar arbeidsvermogen*] (WIA)

1.4 UWV

The Dutch Employee Insurance Agency [*Uitvoeringsinstituut Werknemersverzekeringen*].

1.5 Incapacity for work

We refer to incapacity for work if an employee is unable, or not fully able, to perform work due to illness, an accident or other problem and the UWV confirms this within the meaning of the WIA Act.

1.6 Relevant wage amount

The wage and salary bill amounts to no more than it does for social insurance purposes. It excludes the social security contributions which you pay in that respect. We do not include the following in the wage and salary bill:

- a) any salary paid to employees who no longer receive a WGA benefit because of their age;
- b) any salary paid to employees who enter the domain of the WIA Act and in respect of which the self-insurer need not pay for such entry. They include trainees and employees in respect of whom a no-risk policy applies under the WIA Act.

1.7 Maximum annual WIA benefit basis

The maximum daily wage under the WIA Act multiplied by 261.

1.8 IVA

The Fully Disabled Persons Income Scheme [*Regeling inkomensvoorziening volledig arbeidsongeschikten*] as referred to in the WIA Act.

1.9 WGA

The Return to Work (Partially Disabled Persons) Regulations [*Regeling werkhervatting gedeeltelijk arbeidsongeschikten*] provided for in the WIA Act.

1.10 Pay-related WGA benefit

An employee receives a pay-related benefit if he is partially incapacitated, or fully but not permanently incapacitated. When determining the amount of the pay-related benefit, the salary that the relevant employee earned before he became incapacitated is examined. An employer receives a pay-related benefit for between three and twenty-four months. The period depends on the employment history and is calculated by the UWV when a WIA benefit is awarded.

1.11 WGA pay top-up benefit

The WGA pay top-up benefit is the benefit to which an employee may be entitled after the end of the pay-related WGA benefit. An employee receives a pay top-up benefit if he is partially incapacitated and earns more than half the amount that the UWV's labour expert deems he is still capable of earning. Employees who are fully but not permanently incapacitated also receive a pay top-up benefit. When determining the amount of any pay top-up benefit, the salary that the relevant employee earned before he became incapacitated is examined. The UWV determines the entitlement to this benefit and its amount based on the WIA Act.

1.12 WGA follow-up benefit

The WGA follow-up benefit is the benefit to which an employee may be entitled after the end of the pay-related WGA benefit. An employee receives a follow-up benefit if he is partially incapacitated and earns less than half the amount that

the UWV's labour expert deems he is still capable of earning. A follow-up benefit is based on the minimum wage. The UWV determines the entitlement to this benefit and its amount based on the WIA Act.

1.13 First day of illness

The first day on which the employee does not work, or partially works, because of illness. This is the first day on which the waiting period, as referred to in Article 23 of the WIA Act, starts and from which a right to a WIA benefit may arise.

1.14 Internal risk-bearing capacity

In the case of internal risk-bearing capacity, you bear the risks associated with your employees becoming incapacitated. If an employee becomes incapacitated for work, you pay for his WGA benefit and the costs involved in his reintegration. You have received permission to assume liability yourself in accordance with Section 40(1)(b) of the Social Insurance (Funding) Act [*Wet financiering sociale verzekeringen*]. Such permission means that you will comply with all of your obligations towards your employees and the UWV properly, in full and on time.

1.15 Wfsv

The Social Insurance (Funding) Act [*Wet financiering sociale verzekeringen*].

1.16 Guarantee

By means of a guarantee you declare that you are capable of assuming liability for any risks associated with the payment of a WGA benefit. A Dutch Tax and Customs Administration inspector gives you consent for this purpose.

1.17 Employee

We use the definition of 'employee' from Article 8 of the WIA Act. They must also be insured under the WIA Act.

1.18 Waiting period

An incapacitated employee receives a benefit only after a minimum period of incapacity. This period is called the waiting period. It starts on the first day of illness. If the participant has been fully fit for work for four consecutive weeks and then is absent again through illness, the waiting period restarts.

Article 2 General

2.1 Purpose of the insurance

Insuring the financial obligations of WGA benefits

Companies and/or institutions that are the self-insurer for the WGA may insure the financial obligations of WGA benefits. The WGA self-insurer insurance covers the financial consequences of the obligation to pay WGA benefits and the accompanying social security contributions. If an employee is incapacitated for work and entitled to a WGA benefit, we pay this WGA benefit with the accompanying social security contributions. If an employee dies and there is an entitlement to a death benefit under the WGA, we pay this death benefit.

2.2 Amendments of the WIA Act

We operate on the basis of the WIA Act applicable upon the commencement of the relevant insurance contract.

If the WIA Act is amended after this insurance contract is concluded, you cannot recover the change from us unless we have given a written confirmation for this purpose

2.3 Insurance contract

These terms and conditions will apply if this is stipulated in the relevant insurance contract.

An insurance contract prevails over these general terms and conditions. If the insurance contract and the general terms and conditions contradict each other, the provisions of the insurance contract will apply.

Acceptance and cover

Article 3 Beginning and end of the insurance contract

3.1 Beginning and end of the insurance

The start and end date of the insurance can be found in the insurance contract

The contract ends on the end date. The insurance contract stipulates whether or not we automatically extend the insurance. If we automatically extend the insurance contract, the period of the extension is recorded in the insurance contract.

The insurance stops automatically in case of war in the Netherlands

The insurance contract stops as soon as the Dutch Central Bank [*De Nederlandsche Bank*] determines that the Netherlands is in a state of war.

3.2 Terminating the insurance contract

You may give notice of termination of the insurance contract up to two months before the end date

For example, if your insurance contract runs until 31 December, you may give notice of termination up to and including 31 October.

In that instance, you must send us a letter or email cancelling the insurance. The insurance will then stop after the end date. The reverse also applies. We are also allowed to cancel up to two months in advance by letter or email.

In exceptional circumstances you are allowed to cancel the insurance contract with immediate effect

This applies if either of us are put into liquidation or apply for a suspension of payments. If such circumstances occur in your or our situation, the party affected is obliged to inform the other party as soon as possible.

Article 4. Insurance of internal risk-bearing capacity under the WGA

4.1 Internal risk-bearing capacity

You insure the financial obligation as the WGA self-insurer

If an employee becomes incapacitated for work, you pay for his WGA benefit for a period of up to ten years and the costs involved in his reintegration. The financial obligation of the WGA benefit under the WIA Act, the accompanying social security contributions and any death benefit under the WGA are insured. There is no difference between permanent and temporary employees in performing internal risk-bearing capacity, claims cost control and the insurance contract.

4.2 Sickness Benefits Act [*Ziektewet*]

While this insurance applies, you are also the self-insurer under the Sickness Benefits Act

You implement absence policy or arrange for it to be implemented. In this way you avoid or limit the entry of your existing or former employees into the WGA domain. It is always possible for you to obtain insight into the current status of these reports.

4.3 Acceptance of employees

Employees are automatically accepted

All employees you employ or recruit during the term of the agreement will be automatically accepted.

An employee will be insured provided that his first day of illness occurs within the term of the insurance.

The insurance covers the WGA benefit of an employee if the first day of illness falls within the insured period. If the first day of illness falls outside the start or end date of the insurance, there is no cover.

4.4 Expansion due to merger or takeover

We do not accept new employees automatically after a merger or takeover

We will first make agreements with you about insuring these new employees. The agreements are laid down in writing.

Article 5. Duty of disclosure and implications

5.1 Obligation to provide information

You and/or your current or former employee must provide us with all the information that we require.

The insurance policies and determination of the relevant premiums are based on the information supplied to us for this purpose by you and/or your current or former employee. Before taking out any insurance and while it is current, you and/or your current or former employees are required to notify us of all relevant facts which you and/or your current or former employees are or ought to be aware of. This refers to those facts which you and/or your current or former employees know or ought to understand our decision is or may be dependent on and, if so, the conditions and premiums subject to which we would like to agree to such insurance or the risks associated with incapacitation that we would be prepared to cover during the term of the insurance. This obligation to provide information does not relate to facts in respect of which questions may not be legally asked.

5.2 Failure to comply with the obligation to provide information

If you and/or an employee or former employee fail to comply with this duty of disclosure, this will have implications for the insurance

If we discover that the duty of disclosure referred to in Clause (1) has not been complied with, we will notify you of this in writing within two months of discovering it, setting out the potential implications. This could also be an adjustment of premiums during the term of this insurance. It will then be possible for you to:

- a) allow the insurance contract to remain in effect and assume responsibility for the stated implications;
- b) consult with us to amend the insurance contract;
- c) cancel the insurance contract. We will then cancel the guarantee with the Tax and Customs Administration office.

5.3 Intentionally misleading

We may terminate the insurance immediately if you have intentionally tried to mislead us

If you have acted with the intent of deceiving us and we would not have entered into the insurance contract had we been aware of the true state of affairs, we may terminate the insurance within two months after discovering that you have misled us. We would then cancel the insurance immediately. We will also cancel the guarantee with the Tax and Customs Administration office.

5.4 Benefits in the event of a failure to comply with the duty of disclosure

If you and/or your current or former employee fail to comply with this duty of disclosure, this will have implications for his benefit:

- a) the benefit will be paid in full if the facts that have not been stated or have not been stated correctly are irrelevant for the purposes of assessing the risks that have materialised;
- b) the benefit will be reduced proportionally or recovered from you if we would have stipulated a higher premium had we been aware of the true state of affairs;
- c) if we would have stipulated other conditions had we known the full state of affairs, the benefit will be paid only as though these conditions had been included in the relevant agreement;
- d) no benefit will be paid if we would not have entered into an insurance contract had we known the true state of affairs;
- e) we will not pay any benefit if we have been intentionally misled.

Article 6 Statements and information

6.1 Sending a report

Every year you will send us a report before 30 June.

You will hear from us about the manner in which you may send us such a report. In addition, we may request an auditor's report for the purposes of substantiating your wage and salary bill.

The report will contain the following:

- a) the wage and salary bill which you submit to the Dutch Tax and Customs Administration office and the UWV for the purposes of levying employee and social insurance premiums;
- b) the wage and salary bill which you anticipate for the next contract year;
- c) your workforce;

- d) any salary that you pay to incapacitated employees in accordance with your duty to continue paying a salary in the event that an employee is sick;
- e) the workplace health and safety agency for the purposes of sick absence. In this respect you should mention any current or former employees who have already been incapacitated for more than 42 weeks.

We may increase the premium by 10% if you send the annual statement after 30 June

If you do not submit the annual statement on time, we may increase the advance premium by 10%. The obligation to submit the statement remains in force.

Article 7 Failure to comply with obligations

We may reduce or cancel the benefit if you fail to comply with your obligations

This may be the case if you fail to perform your duties pursuant to this insurance contract, do so late or only partially, and our interests are prejudiced as a result. If you have deliberately misled us, the right to a benefit payment will always waive.

Article 8. Cancellation of the insurance contract

If your organisation changes drastically during the contract period, you must let us know

We may terminate the contract prematurely, or amend the terms and conditions and/or premium, if one of the following situations occurs:

- a) the type of work within your company changes. It no longer corresponds to the work on which the insurance agreement is based;
- b) more than 20% of your employees have been seconded to work for another business;
- c) your organisation's legal structure changes;
- d) your organisation is involved in a merger, restructuring, the acquisition of a business, demerger or other such changes;
- e) the number of employees or the total wage amount increases or decreases by 20% percent or more during a single insurance year;
- f) you halt all of your business operations;
- g) your registered office is no longer situated in the Netherlands.

If you do not agree with the proposal to amend the contract, you may terminate it.

Provision of insurance

Article 9. Determination of benefits

9.1 Date of commencement of benefits and the amount involved

The date on which the benefits will commence and the amount involved depends on your WGA benefit obligations.

Because of internal risk-bearing capacity, you are obliged to pay WGA benefits, the accompanying social security contributions and any death benefit under the WGA to the UWV. This obligation arises from the WIA Act. The UWV determines the amount of the benefit and the commencement date. elipsLife complies with the UWV's ruling.

We will pay WGA benefits for no more than 10 years.

The following types of WGA benefits are covered by this insurance:

- a) a pay-related WGA benefit;

- b) a WGA pay top-up benefit: this follows the pay-related WGA benefit. We pay no more than the value of the WGA follow-up benefit;
- c) the WGA follow-up benefit: we pay this if the person concerned is not entitled to a WGA pay top-up benefit;
- d) the death benefit under the WGA.

9.2 WGA benefit cuts

Has a WGA benefit been cut?

If so, we will never pay more than the UWV benefit amount. A WGA benefit may be cut because of income or measures, for example. Entitlement to a benefit in accordance with an agreement may never exceed the amount which the UWV requests from you.

9.3 Disbursements to the UWV

We pay the benefits directly to the UWV.

You are not entitled to a disbursement to anyone other than the UWV, unless you and ourselves explicitly agree to this. After a call on a guarantee that we have given, we always make payment directly to the UWV.

9.4 Recovery

Has the UWV repaid the benefit to you?

The UWV may repay an amount to you. If elipsLife has previously paid this amount to the UWV, you must pay us the amount concerned. This also applies where a sum has been partially refunded, because the amount to be recovered is incorrect. In addition, you will be required to present us with the relevant rulings. We are also permitted to set off anything against future payments.

9.5 Disbursement to an employee

You will not make a WGA benefit over to a current or former employee directly.

The UWV will pay the WGA benefit directly to the relevant current or former employee. If an employee dies, the UWV pays the death benefit to the surviving relatives.

Article 10. Grounds for the exclusion of a benefit

10.1 No entitlement to a benefit

There will be no entitlement to a benefit pursuant to this insurance if:

- a) the person concerned is not (or no longer) entitled to a WGA benefit;
- b) the grounds for exclusion as stipulated in the WIA Act apply;
- c) you have failed to comply with your obligations under the WIA Act, no longer comply with them or have failed to do so in their entirety;
- d) you have failed to pay the premiums for this insurance on time;
- e) an employee who is subject to a waiting period provided for in Article 23 of the WIA Act has failed to comply with his obligations (in relation to reintegration or otherwise). In that case he will not be entitled to a salary or its payment will have been suspended in accordance with the Dutch Civil Code. He has these obligations under the Dutch Civil Code [], the Eligibility for Permanent Incapacity Benefit (Restrictions) Act [], the Work and Income (Capacity for Work) Act [], or a measure under the Sickness Benefits Act [];
- f) an employee starts working outside the Netherlands for a period of twelve months or more before the first day of the waiting period under the WIA Act;
- g) you and/or a current or former employee commit fraud;
- h) the incapacitated current or former employee no longer participates in the labour market. We take his degree of incapacitation into account for this purpose;
- i) you fail to cooperate with and/or to act in accordance with the advice provided by the claims cost controller.

10.2 Reporting the above situations

If one of the above situations applies, report it to us and the UWV

You are not entitled to a benefit under this insurance in these situations, not even if you fail to report a situation but the benefit still continues to apply. You must report any of the above situations to the UWV, where applicable. The UWV then decides what this means for the employee's entitlement to a WGA benefit and whether that benefit will continue to apply or not.

Article 11. Provision of insurance

11.1 Sending documents

You will send us all documents provided by the UWV and any other business involved.

Please ensure that you send us such documents within two weeks after the UWV has provided them. This refers to the following documents pertaining to you or your current or former employee:

- a) rulings that have been received;
- b) award decisions;
- c) decisions to effect recovery;
- d) other relevant documents, without violating the employee's privacy.

We will effect payment after receiving such documents.

We will only make a payment after receiving the relevant bill and decision to effect recovery from the UWV.

11.2 Reporting a sick employee

You must report any sick employee to us by no later than the 42nd week after his first day of illness

We may agree on a different reporting procedure for you. In that case it will be set out in the insurance contract. In addition, by no later than in the 42nd week you will provide us with an insight into any risk of entry into the WGA domain.

You must report within two weeks if an employee leaves your employ while sick

If an employee is sick, entitled to a benefit under the Sickness Benefits Act and then leaves your employ, you must report this to us within two weeks

11.3 Assistance

You will provide us with every assistance for the purposes of determining any entitlement to a benefit.

This also applies to a determination of the legality of any ruling issued by the UWV.

Article 12. Internal risk-bearing

12.1 Deliberate choice in favour of internal risk-bearing

You have deliberately opted for internal risk-bearing

We assume that you will assume responsibility for the reintegration of a current or former employee, and that you will avoid or avoid the costs of a claim. You will do this in accordance with the Civil Code, the Sickness Benefits Act, the WIA Act and any other relevant legislation and regulations. If one of our case managers assists you, you must follow any instructions issued in that regard.

12.2 Absence and reintegration policy

You pursue a policy governing the absence and reintegration of long-term incapacitated persons.

You may provide evidence of this policy. You may obtain support for this policy from a third party (the case manager) whom we have approved. In doing so, you will heed all directions issued by the insurer and any expert parties whom the latter engages.

12.3 Claims cost control agreement

You will enter into an agreement on claims cost control.

You will conclude such an agreement with our approved expert case manager. The agreement will set out arrangements governing loss prevention, risk management (absence and the WGA), and absence and WGA assistance. You must comply with these arrangements and follow any advice given by the case manager.

If the claims cost control agreement ends, you must:

- a) notify us of this within two weeks;
- b) enter into a new claims cost control agreement with an expert party whom we have approved within four weeks.

12.4 Claims cost control activities

We are entitled to perform claims cost control activities ourselves in the future.

In this case we expect you to assist with those activities.

12.5 Reintegration efforts

You will make every effort to enable a current or former employee to work on his reintegration.

If an employee or former employee does not cooperate, or adequately cooperate in his reintegration, you must do your utmost to ensure that he does cooperate. For example, you will refrain from paying him a salary in accordance with the Civil Code (temporarily). Alternatively, you may take action in accordance with the Sickness Benefits Act (during his period of absence) or under the terms of the WIA Act.

This applies throughout his period of absence (even where the relevant employee leaves your employ while sick) and while you bear the risks internally. It does not matter whether any insurance is current at that point in time or not.

Article 13 Guarantee

13.1 Signing the guarantee at the start of the contract

Before the insurance commences, elipsLife signs a guarantee for the Dutch Tax and Customs Administration. We send this guarantee to the Dutch Tax and Customs Administration.

13.2 Revoking the guarantee at the end of the contract

If the contract is terminated, we revoke the guarantee.

13.3 Revoking the guarantee

We may revoke our guarantee with the Dutch Tax and Customs Administration inspector

The insurer may revoke the guarantee if:

- a) the premium(s) are not paid on time;
- b) you do not comply with the arrangements made with the UWV;
- c) the UWV makes it mandatory for the insurer to pay the WGA benefits because the policyholder has failed to comply with its obligations, to do so in full or on time;
- d) you have intentionally misled us;
- e) you fail to comply with your duties pursuant to these general terms and conditions.

The guarantee will then cease to apply on the date that the Dutch Tax and Customs Administration inspector receives notice of its revocation. The guarantee will cease to apply on the date that you are declared insolvent, the debt rescheduling procedure for natural persons is declared applicable to you, or you cease to be an employer.

13.4 Guarantee and termination

The guarantee continues to apply for employees who were sick before the Dutch Tax and Customs Administration received the written notice of termination

The guarantee continues to apply after the notice of termination for the payment of obligations under the employer's WGA internal risk-bearing capacity if these two conditions are met:

- a) the employee became ill before the date on which the guarantee ceased to apply because of written notice by the bank or insurer;
- b) on the date that the employee became ill, he was employed by the employer, or he became ill within four weeks of the end of his employment and Article 46 of the Sickness Benefits Act applies.

Article 14 Recourse

14.1 Incapacity for work caused by another party

You may recover any loss if another party is liable.

If an employee is incapacitated by some other party and the latter is liable for any loss, you should recover such loss from that party and inform us accordingly as soon as possible. You will keep us informed of any developments. If the other party reimburses the loss, you should let us know immediately. You will provide us with all of the information and every assistance to facilitate recovery from the third party who is liable. You may also assign your claim to us if required. We may call upon a third party to facilitate the recover of any loss and/or expenses. You will provide every assistance for this purpose.

14.2 The benefit as an advance

If you can recover the loss from another party, the benefit will be an advance

As soon as the other party compensates you for your loss and expenses, you will forward all or part of the payout to us.

Premium

Article 15. Determination of premiums

15.1 Payment

You pay the premium on 1 January of each year

You will receive an invoice from us for this purpose during December. You pay in advance, i.e. for the following year. If we have agreed a different payment date with you, this will be specified in the insurance contract.

Your premiums will be based on your wage and salary bill, and your premium rate.

We act every insurance year on the basis of the last wage and salary bill known to us and the applicable premium rate.

You will receive the final bill upon receipt of your definite wage and salary bill.

We will receive your definite wage and salary bill in the first quarter of the year following the insured year.

15.2 Non-payment or late payment

If you fail to pay or pay late, you are not insured

elipsLife's payment period is 30 days. This applies to payment of the premium and additional invoices. If you do not pay, the insurance cover stops. We will send you one reminder before the cover stops. This reminder will state the definitive deadline by which you have to pay. We will also send you a letter in which we describe the consequences of you failing to pay. Once you have paid any premiums that are in arrears, your insurance will be activated again. If you fail to meet a stipulated deadline by more than three months, we may also decide against reactivation.

If the insurance is stopped because you have not paid your premium, we may demand compensation.

After all, we are then missing out on income. If we demand compensation from you for missed income, we will agree a reasonable amount with you.

Revision of rates and/or terms and conditions

Article 16 Revision of rates and terms and conditions

16.1 Interim change

We may make interim changes to the premium and the terms and conditions

We may change the premium or terms and conditions only if the law, regulations or other rules change and that affects how this insurance works.

16.2 Rejection of interim change

You may reject an interim change to the premium or terms and conditions

If an interim change occurs, we will send you a letter stating what we are changing and when this will take effect. You will then have 60 days after the date on which the letter is sent to respond. If you inform us in a letter or email that you wish to reject the interim change, the insurance contract will stop when the interim change takes effect. If you do not let us know within the 60-day time limit, we will assume that you agree to the interim change.

Other provisions

Article 17 Risk of terrorism

Are you insured for incapacity for work due to terrorism?

You are insured for terrorism only if the 'terrorism cover' clauses schedule is part of the insurance contract. We have re-insured loss due to terrorism with the Dutch Terrorism Risk Reinsurance Company [*Nederlandse Herverzekeringsmaatschappij voor Terrorisemeschaden N.V.*] (NHT). The NHT decides whether loss due to terrorism is insured and, if so, for which amount. You can read more about this in the terrorism cover clauses schedule.

Article 18 Currency and applicable law

The monetary amounts in this insurance contract are in euros.
This insurance contract is subject to Dutch law.

Article 19 Protection of personal data

19.1 Privacy

We treat all data relating to you and your employees as confidential.

We use that data to:

- a) assess and accept potential clients;
- b) conclude and perform insurance contracts;
- c) maintain relationships with clients;
- d) make and receive payments;
- e) protect us and other banks and insurers against fraud;
- f) comply with the law;
- g) make anonymised statistics.

The insured person is entitled to:

- a) request access to the personal data we process about the insured person;
- b) ask us to correct personal data if that is necessary;
- c) object against the further processing of personal data or request the processing be restricted;
- d) request the removal of the personal data we process about the insured person.

We comply with the Code of Conduct for the Processing of Personal Data by Insurers [*Gedragcode Verwerking Persoonsgegevens Verzekeraars*] and our Privacy Statement

The code of conduct has been drawn up by the Dutch Association of Insurers [*Verbond van Verzekeraars*]. The full text can be consulted at www.verzekeraars.nl. or you may request it from the Dutch Association of Insurers by sending a letter to P.O. Box 93450, 2509 AL The Hague or calling +31 (0)70 33 38 500. You can also download the code of conduct from our website www.elipslife.com, where you will also find our Privacy Statement.

19.2 Laws and regulations on the processing of personal data

You ensure that we can comply with all laws and regulations on the processing of personal data

You should therefore only give us data that you may provide under those laws and regulations. This is your responsibility. If you nonetheless contravene the rules of this Act, we will not be liable.

Article 20 Complaints and disputes

Please let us know if you have a complaint about the how the insurance was taken out or is provided.

We will readily find the best solution together with you. Please send us a letter or email detailing your complaint or call us to discuss it. Our contact details:

Elips Life AG
P.O. Box 282
2130 AG Hoofddorp
Telephone no. +31 (0)20 75 59 800
Email: klachten@elipslife.com

If we are unable to resolve the matter together, you may turn to a court of law.

A court will then decide whether your complaint is well-founded or not and if we have dealt with your complaint properly or not.

Disclaimer

Please note that this document is a translation of the Dutch original. In the event of any inconsistency or ambiguities in the meaning of any word or phrase in this translated version, the Dutch version of the General Conditions will prevail. You cannot derive rights from the content of this English version of the General Conditions.