



FIG Insurance

At its meeting held on 22nd February 2012, the FIG Executive Committee agreed to offer to all FIG licence holders an additional insurance as of 1st January 2013.

The premium shall be paid by the FIG without any impact on the licence fee. The insurance terms and conditions are shown below.

The FIG reserves the right to cancel this extra insurance at any time upon a 4 month notice.

This extra insurance does not result in any extra burden for the FIG and does not imply new responsibility for the FIG since it does not release the National Federation nor the licence holder from the obligation to take out insurance under Reg.12.10 of the Technical Regulations which state:

Reg. 12.10 INSURANCES

Federations are obliged to cover the expense of insurance for accredited members of their delegations (illness, accident and repatriation). Accidents occurring because of defects in the apparatus are the responsibility of the Organisers. Also, the organisers are obliged to take out insurance for civic responsibilities in respect of participants and spectators (third liability insurance).

British Gymnastics' insurers Perkins Slade advise that the FIG insurance provides cover for medical expenses with some personal accident benefits.

This does not replicate travel insurance nor eliminate the need for it.

The terms and conditions do not specify cover for:

Personal Belongings or Baggage.

Delayed Belongings or Baggage.

Money

Fraudulent use of credit cards.

Emergency replacement of passport, visa, travel documents or driving licenses.

Cancellation, Alteration, Curtailment, Replacement or Rearrangement expenses.

Travel Delay

Hijack or Kidnap

Personal liability

**All of the above may be provided by travel insurance (although it may vary by provider).
All members are advised to check your travel insurance carefully.**

Contract Extract FO 0115 00 A/2.5.2

FIRST CLASS ASSISTANCE

ATHLETES & JUDGES

When are you insured ?

Art. 2.2 – Starting date and duration of insurance

Cover begins on the day on which the insured person sets out on a journey abroad to participate to sporting events organized by the FIG – where the licence is required – and figured in the official calendar of the FIG.

It ends after his return to his permanent domicile. He is only covered for travelling direct from home to the competition and back home. Business trips and/or accreditation, as part of a journey to get to a competition and the return are not covered.

Who is insured ?

Art. 2.3 - Group of insured persons

Are insured :

- ⊕ athletes with a valid FIG licence
- ⊕ judges with an international patent.

Important definitions

Art. 3.1 - Accident

Any unintentional bodily injury suffered by an insured person due to the sudden and unexpected action of an external cause and any pathological manifestations that are the direct consequence of such bodily injury.

The term accident includes the following:

- ⊕ Infections caused directly by a covered accident, excluding any infection resulting from human intervention after a covered accident.
- ⊕ Poisoning and physical injury due to the unintentional absorption of toxic or corrosive substances.
- ⊕ Asphyxia due to the unforeseen effect of gases or vapours.

- ⊕ Drowning and infectious diseases that are the consequence of falling into water or an infected liquid.
- ⊕ Frostbite, heatstroke, sunstroke, as well as starvation and exhaustion as a result of shipwreck, forced landing, collapse, avalanche and flooding.

Physical injuries resulting from aggression, an attack, an act of terrorism or sabotage of which the insured person is the victim, save where it is proven that he or she took an active part as the author or instigator of such events.

Art. 3.2 - Illness

The term illness means any damage to health suffered by the insured person involuntarily during the insured journey which is not caused by an accident or the sequels of an accident and requires medical treatment.

Art. 3.3 – Pre-existing medical conditions

Any illness or other affliction of the insured person which occurred during a period of 360 days prior to the start of the journey and would have necessitated treatment in a hospital environment or regular medical supervision, as a result of which a journey would not have been permitted.

Art. 3.4. – Medical expenses

The amount invoiced to the insured person for the treatment and medically necessary care.

Art. 3.5 - Physician

A physician recognised by the State who has obtained a licence to practise his profession. The physician providing treatment cannot be the insured person himself or his spouse or a person accompanying the insured person during his travel or a person who is a relative of the insured person, with the exception of the President or Medical Director and members of the Medical Commission.

Art. 3.6 – IMSSA physicians

This term designates the physicians of International SOS and the specialist physicians retained by IMSSA who reside in Switzerland (see art. 3.5).

Art. 3.7 - Hospital

The term hospital means any public or private establishment complying with the legal requirements of the country in which it is situated and which

- only accepts responsibility for persons suffering from an illness or accident of an acute nature and cares for them during their stay;
- provides treatment for all patients admitted by the physician or physicians recruited by the establishment and the permanent presence of medical personnel;
- has adequate medical equipment which is in a fit state to be used for diagnosis and treatment of patients and which can perform surgical operations on its own premises or in another establishment under its control;
- arranges for patients to be cared for by nursing personnel.

Art. 3.8 – Public means of transport

The term public means of transport means any vehicle officially authorised for the transport of persons and which operates with a regular timetable on land or water or by air.

Art. 3.09 – Civil war

Armed conflicts between two or more parties of the same country when the combatant parties belong to different ethnic, religious or ideological groups. This definition likewise includes armed rebellion, revolution, insurrection, riot, coup d'état and consequences of the laws of war.

Art. 3.10 - War

Armed conflict between two countries with or without a declaration of war.

Art. 3.11 – Attentat

By the terms attack, act of terrorism or sabotage, the following is understood: any clandestine action motivated ideologically and/or politically, directed individually or collectively against persons or public or private entities in order to:

- ⊕ carry out a criminal act intended to harm a third party;

- ⊕ distress the population and instigate an atmosphere of general insecurity;
- ⊕ disorganize the operation of public transport or disturb the operation of businesses or institutions manufacturing or processing goods or providing services.

Art. 3.12 – Close relatives

These are the spouse of the insured person, children, parents, parents-in-law, guardians and adopted children living in the country where the insured person has his main domicile. A partner living under the same roof as the insured person is likewise treated as a close relative.

Art. 3.13 – Territorial validity

The cover is valid **worldwide** with no exclusion except that of the "authority to intervene". In case of war when the frontiers are closed and ambulance aircraft cannot land, the cover may be suspended because of the impossibility of intervening. Alternative solutions will then be examined jointly with FIG.

How are you insured ?

Assistance, repatriation and treatment costs

Art. 4.1 – Insured benefits

In the event of an accident or sudden and unexpected illness during the insured travel, IMSSA will organise the following services:

- ⊕ as soon as the condition of the insured person so permits and acting on a decision of the physicians, IMSSA will organise and take responsibility – in the sole light of the medical requirements – for return of the insured person to his domicile or for his transport to a suitable hospital service;
- ⊕ search and rescue costs incurred at sea and in the mountains in an amount of up to **CHF 10,000.00**;
- ⊕ in an emergency, the insurer will receive and forward round the clock urgent messages in the name of the insured person to or from close relatives;
- ⊕ in the event of the death of a close relative of the insured person, the insurer will pay him the cost of a return ticket (Economy Class);
- ⊕ if necessary, the insurer will procure pharmaceuticals which cannot be obtained locally (with the exception of contraceptives) and forward them to the insured person at the earliest opportunity;
- ⊕ in the event of death of an insured person during an insured journey, the insurer will organise repatriation of the body to the official domicile of the principal. The costs of preparing the body and coffin for repatriation are covered. The costs of burial, of the coffin, embalming and ceremony at the domicile of the insured person are not covered;
- ⊕ if the insured person is in a serious condition (e.g. intensive care), repatriation cannot be envisaged and no adult relative is present with the insured person, the insurer will pay the cost of a return air ticket (Economy Class) or a train ticket (1st Class) to enable a close relative to travel to his bedside. The insurer also covers the cost of the stay of this close relative (subject to a maximum of **CHF 150.00** per day, for a maximum of 10 days) until repatriation of the insured person;
- ⊕ if an accompanying person (adult relative) is already present, the cost of his stay will be paid;
- ⊕ if the insured person can no longer be kept in hospital, but cannot be repatriated and must remain in a hotel for some time, the insurer will pay a maximum sum of **CHF 150.00** per day for a period of not more than 10 days.

Art. 4.2 – Treatment costs *during* a competition

For medical care provide due to an accident or illness during a competition covered by IMSSA (art 2) and this in the country where the competition is held, the insurer will pay reasonable medical and hospital treatment costs consistent with customary local practice, subject to a maximum of **CHF 500,000.00** per claim according to art. 3.5 and 3.6.

In the event of an admission to a hospital, the insurer will pay an advance to the hospital if admission is conditional upon that being done.

Medical expenses covered by this insurance comprise the care and pharmaceuticals prescribed by the physician responsible:

- ⊕ medical treatment;
- ⊕ recognised therapeutic applications;
- ⊕ treatment as a hospital inpatient;
- ⊕ anaesthesia, radiological examinations and laboratory analyses;
- ⊕ emergency dental treatment, subject to a maximum of **CHF 500.00**.

To enable IMSSA to provide optimum follow-up for the insured person, the physicians responsible must be released from their obligation of medical secrecy in relation to IMSSA physicians.

Art. 4.3 – Treatment costs *after* a competition

In case of medical treatment in the home country, **resulting from an accident** which happened during a competition organised by the FIG, IMSSA will pay the amount of **CHF 50'000.00** during a period of **120 days**.

This period of 120 days starts on the date of the accident. This coverage is subsidiary to any other existing social or private health insurance. It intervenes for the uncovered part of the existing social or private health insurance. The eventual payment of a lump sum according to art. 5.4 ends this additional benefit.

The payment of this coverage will be directly done to the care provider upon presentation of the original and official invoices. These invoices have to be send immediately - by priority mail – to IMSSA. Invoices send after a period of 30 days or send by fax or e-mail will not be considered.

Art. 4.4 – Subsidiary

Coverage is subsidiary to any other existing insurance (illness or accident insurance). In case of existing of such insurance, IMSSA will cover the difference or the by the local insurer uncovered benefits, but which are covered by this contract.

What are the exclusions ?

Art. 4.5 - Exclusions

The insurer will only pay the medical expenses if the treatment is prescribed by a State qualified physician or provided in a recognised hospital.

No compensation is due for claims which are either in whole or in part a consequence of:

- declared or undeclared war or civil war;
- consumption of drugs of all kinds, **doping**;
- suicide, attempted suicide or deliberate self-mutilation;
- participation of the insured person in competitions involving land or nautical vehicles or aircraft;
- riding or presence as a passenger on a motorcycle or scooter;
- flights by the insured person as a paying passenger in an aircraft which does not belong to an IATA member airline;
- military service of the insured person;
- participation of the insured person in a criminal act;
- use by the insured person as a pilot or passenger of a glider, deltaplane, parachute or other aerial vehicles or participation in flights of all kinds;
- pre-existing conditions or chronic illnesses within the meaning of Art. 3.3;
- pregnancy of more than 3 months;
- mental disorders, depression;
- sexually transmitted diseases, AIDS, HIV infections and AIDS-related infections;
- experimental or research processes;

In addition, no compensation is payable for:

- medical treatment in the insured person's country of domicile
- plastic surgery, save for restorative surgery after an accident which is covered;
- spa treatments of all kinds following an accident or illness, psychoanalytical treatment, residence in care homes, physiotherapy and treatment to break addictions;
- ophthalmological treatment, spectacles, contact lenses, hearing aids, dental care (save where necessitated by an accident which is covered), dental appliances and implants;
- treatment by a chiropractor ;
- preventive examinations;
- vaccinations and related complications.

Furthermore, no benefit is payable in cases where the insured person declines to accept the advice and recommendations of the IMSSA physicians for medical treatment and/or organises his own repatriation without the agreement of those physicians.

Lump sum payments on death and disability following an accident

Art. 5.1 – Insured risks

Accidents suffered by members during *their professional travel* for the account of the FIG are insured according to art. 2.2.

Art. 5.2 – Benefits and insured sums for the insured according to art. 2.3

Death	CHF 200,000.00	Disability	CHF 200,000.00*
--------------	-----------------------	-------------------	------------------------

Art. 5.3 – Cardiac and cerebral vascular* accidents

In the event of the death of the insured person resulting from

1. an epilepsy crisis,
2. aneurysm rupture,
3. myocardial infarct or
4. cerebral embolism

occurring exclusively on the occasion of a sports event organized by the FIG, the insurer will pay the insured person's beneficiary a lump sum representing fifty per cent (50 %) of the stipulated capital sum as in art. 5.2 stipulated, subject to a maximum of **CHF 100,000.00**.

For this guarantee to be applicable, the epilepsy crisis, aneurysm rupture, myocardial infarct or cerebral embolism must have occurred for the first time and the insured person must never have required or needed previous care for an illness of this kind.

Art. 5.4 – Lump sum in die event of death

a) General

If an insured person is the victim of an accident and dies as a result within **twenty-four months** of its occurrence, IMSSA shall pay the beneficiary the sum indicated in articles 5.2 and 5.3.

If the body of the insured person is not found following a shipwreck or the disappearance or destruction of the means of transport in which he or she was travelling, their death shall be presumed after a period of one year from the day of the accident.

The cover is acquired on presentation of a declaratory judgment of death. If however, after payment of the capital to the beneficiary, it is proven at any time that the insured person is still alive, the sum paid in respect of the presumed death must be returned by the beneficiary in full to the insurer, with the insured person acting as guarantor for such restitution.

Beneficiaries

The following persons are beneficiaries:

1. The surviving spouse

If the marriage was contracted after the accident, the existence of the entitlement is conditional upon the marriage announcement having been made prior to the accident or the marriage having lasted for at least two years at the time when the insured person died.

2. Children enjoying equal shares

Children who at the time of the accident were maintained and educated free of charge on a permanent basis by the insured person shall be treated as children enjoying equal shares.

3. Relatives enjoying equal shares

In the absence of the listed survivors, the insurer shall only pay the burial costs which are not covered by the insurer up to an amount equivalent to 10% of the payment made in the event of death. The balance of the capital will be paid to the FIG.

5.5 – Lump sum in die event of disability

If an insured person is the victim of an accident and it is established that he or she will remain disabled as a result, either partially or totally, the insurer shall pay the insured the sum obtained by multiplying the amount indicated in the Particular Conditions and in the Appendix to the Summary of Cover for Information by the rate of disability as defined by the Guide to the European Scale for the Assessment of Physical and Psychological Injury (Guide du Barème Européen d'Evaluation des Atteintes à l'Intégrité Physique et Psychique).

The rate of disability is fixed once the condition of the insured has consolidated and at the latest upon the expiry of a period of three years from the date of the accident.

For cases of disability not included in the scale, the rates are determined by comparing their seriousness with cases indicated in the said scale.

Rates of disability are fixed without regard for professional, social or family status. The loss of limbs or organs whose functions were already lost prior to the accident cannot give rise to compensation.

Injuries to limbs or organs already disabled before the accident are compensated only in proportion to the difference in condition before and after the accident. The assessment of injuries to a limb or organ cannot be influenced by the pre-existing state of disability of another limb or organ.

If several limbs or organs are injured in the same accident, rates of disability are cumulative but may not exceed 100 %.

In the event of death resulting from an accident prior to definitive consolidation of the disability, the specified death benefit is paid subject to the deduction of any sums paid in respect of the disability.

There is no cumulative effect between cover for “Death resulting from an Accident” and cover for “Permanent Total or Partial Disability resulting from an Accident” if they relate to the same claim.

Art. 5.6 – Disability benefit

Art. 5.6.1 Evaluation of the compensation for loss of full capacity

1. For the losses of full capacity listed below, the compensation shall as a rule amount to the percentage indicated of the maximum amount of insured earnings.
2. For special losses of full capacity, or those which do not appear in the list, the scale will be applied by analogy, having regard to the gravity of the loss. The same procedure shall be adopted if the insured person simultaneously presents several different losses of physical, mental or psychological capacity.
3. Losses of capacity for which a rate of less than 5 % would be applied according to the following scale give no entitlement to any compensation.
4. Losses of capacity are evaluated without reference to any aids, with the exception of visual aids.
5. Total loss of the use of an organ is equated with loss of that organ. In the event of partial loss of an organ or of its use, the compensation for loss of full capacity shall be reduced accordingly, but no allowance will be paid in cases where a rate of less than 5% of the maximum amount of the insured earnings would be applied.

Art. 5.7.2. – Scales of compensation for loss of full capacity

1. Loss of a phalanx of the thumb or at least two phalanxes of another finger	5 %
2. Total loss of a thumb	20 %
3. Loss of a hand	40 %
4. Loss of an arm at the level of the elbow or above	50 %
5. Loss of a big toe	5 %
6. Loss of a foot	30 %
7. Loss of a leg at the level of the knee	40 %
8. Loss of a leg above the knee	50 %
9. Loss of the auricle of an ear	10 %
10. Loss of the nose	30 %
11. Scalp	30 %
12. Very severe disfiguration	50 %
13. Loss of a kidney	20 %
14. Loss of the spleen	10 %
15. Loss of the genital organs or of reproductive capacity	40 %
16. Loss of the sense of smell or taste	15 %
17. Loss of hearing in one ear	15 %
18. Loss of sight of one eye	30 %
19. Total deafness	85 %
20. Total blindness	100 %
21. Habitual dislocation of the shoulder	10 %
22. Serious deterioration of the ability to chew	25 %
23. Very serious and painful damage to the working of the spinal column	50 %
24. Paraplegia	90 %
25. Tetraplegia	100 %
26. Very serious damage to the pulmonary function	80 %
27. Very serious damage to the kidney function	80 %
28. Damage to partial mental functions, such as memory and ability to concentrate	20 %
29. Post-traumatic epilepsy with crises or the need for permanent medication without crises	30 %
30. Very serious organic disorder of speech, very serious motor or psycho-organic syndrome	80 %

Art. 5.8 – Reduction

If the insured person is at fault (alcoholism, failure to respect Swiss or national security legislation etc.), IMSSA may reduce or suppress the insurance benefits in the event of death and disability. In the event of doping none benefit will be paid.

Security assistance services automatically included

The services described in this article 6.1 will be provided by IMSSA and ISOS (International SOS) to any insured person who contacts the Alarm Centre on the telephone number shown on his personal insurance card.

Art. 6.1 – Information online and analysis

Insured persons will have access to the information available on the internet and by e-mail relating to security; these sources will provide timely information about travel destinations and detailed information about emerging risks.

Online information comprises in particular:

- ⊕ updates;
- ⊕ incident alerts;
- ⊕ country and city profiles and
- ⊕ risk ratings by country and town.

Art. 6.2 – Security advice and assistance

Insured persons can reach security specialists by telephone 24/7 to obtain up-to-date information in good time about security and expert advice on preparation of the journey, advice on management of an emerging risk and on the appropriate response if a critical situation arises. Intervention in the event of kidnapping, ransom or extortion of funds is not included in the contract, but may be the subject of a separate agreement. Management of calls and interventions undertaken must comply with the intervention procedures or other specific procedures.

Art. 6.3 – Setting up a crisis unit

If an emergency situation arises, IMSSA and ISOS will determine at their sole discretion

- ⊕ whether or not to set up a crisis unit;
- ⊕ the duration of such a unit;
- ⊕ and the place at which it is to be located

having regard to the gravity of the situation and the resources at its disposal in the country or the region concerned or at any other place. ISOS will despatch Incident Management Teams to that crisis unit or will call upon local security professionals to provide the necessary support for the insured persons.

The personnel and participants who are deployed will act under the direction of the regional security centres and will benefit from the support of the medical teams, security professionals and air transport and logistic resources available at the centre responsible. The personnel of the crisis unit will do everything possible to reach the insured persons in the zone concerned in order to give them practical advice, to conduct an audit of the situation and keep the FIG informed of the developments, plans and recommendations.

Security assistance services for which payment must be made

The services described in this Article 7.1 will be provided by IMSSA and ISOS to any insured person who contacts the Alarm Centre on the telephone number which appears on his personal insurance card. However, the assistance costs incurred for the provision of these services will be invoiced to FIG.

Art. 7.1 – Assistance in the event of emergency evacuation

The services described in this article only be provided to insured persons who are travelling for the account of FIG and will not be provided for nationals in their home country, save at the explicit request of FIG.

In an emergency, IMSSA and ISOS will use their best endeavours to organise the evacuation of the insured persons to the nearest and safest place.

Evacuation will be effected from an international point of departure indicated by the ISOS security personnel. FIG will pay the costs and expenses involved in the organisation of all terrestrial transport of the insured persons to the point of departure indicated by IMSSA and ISOS. Decisions on evacuation will be taken by the ISOS security personnel in consultation with the governments concerned, the security analysts, FIG and the insured person.

IMSSA and ISOS will act at the request of the insured person if the insured person takes the decision to evacuate. IMSSA and ISOS will use scheduled flights. However, IMSSA and ISOS may, at their sole discretion, make use of other available resources to effect the evacuation including, in particular, private aircraft, helicopter, train, land or maritime transport, in which case the point of departure may vary.

Assuming that evacuation becomes impossible to effect or hazardous, IMSSA and ISOS will do everything possible to maintain contact with the insured persons until such time as the evacuation becomes possible or the emergency ends.

ISOS will organise the evacuation rapidly after taking the decision to evacuate. ISOS will make sure that the means of evacuation are available for at least five (5) days. However, the beginning and duration of the availability of said means of evacuation shall be determined by IMSSA and ISOS in consultation with FIG in the light of the nature and urgency and of other pertinent circumstances.

What to do in an emergency ?

In the event of admission to a hospital or **emergency** treatment, IMSSA **must be notified immediately** on the following telephone number:

24/7

Tel. + 41 26 921 8001

Once this contact has been established, the physicians of the insurer decide, after consulting the physicians who are treating the insured person, which means of transport, which hospital and which medical treatment are the best solution in the given circumstances.

In the event of admission to hospital following an accident or an illness covered by the insurance scheme, the insurer pays the hospital and ambulance costs. All other medical and pharmaceutical expenses should be paid by the insured person and the accompanying receipts kept. After returning to his country of domicile, the insurer will refund all the expenses which are covered by the insurance.

If the insurer takes charge of repatriation of the insured person, he is authorised to ask for the return of unused tickets.

What to do when problems arise ? Who to contact ?

For less urgent cases or for any information :

Please consult the internet site www.imssa-sos.com with your member login : **FIG & 1881**

There you will find the claim forms to be completed online, the recommendations and the documents to be supplied (originals) for the rapid reimbursement of your medical costs.

If you delay in notifying IMSSA ASSISTANCE, your care and the reimbursement of your expenses may not be accepted.

FIG wishes you a safe trip and thanks you for your commitment to gymnastics.



IMSSA

CH-1638 Morlon-Gruyère
Phone +41 26 921 8000
Fax +41 26 26 921 8006
sos@imssa-sos.org
www.imssa-sos.com