

Policy terms and conditions
**OOM Global Health
University NNAM
insurance**

NNAM2020



Further explanation of OOM Global Health University NNAM insurance

You have taken out OOM Global Health University NNAM insurance with us. This is a collective insurance. In these terms and conditions you can read what you can expect from us. And what we expect from you.

The policy terms and conditions consist of general terms and conditions and special terms and conditions. Different rules apply to the health insurance and SOS insurance. These are described in the special terms and conditions. The general terms and conditions contain the rules which apply to *all* insurance policies.

Below you can read which terms and conditions belong to which insurance.

Which insurance?	Which terms and conditions belong to it?	
Health insurance including OOM Dental Cover	Part 1: general terms and conditions	Part 2: special terms and conditions containing all the information about the health insurance the OOM Dental Cover
SOS Insurance	Part 1: general terms and conditions	Part 2: special terms and conditions containing all the information about the SOS insurance

If there is anything in the general terms and conditions contradicting the special terms and conditions, or the information on your policy, the following applies:

- First, your policy;
- Then, the special terms and conditions;
- And finally, the general terms and conditions.

Do you still have any questions, or would you like to pass on any changes?

Please do not hesitate to get in touch.

- Tel: +31 (0)70 353 21 00 (Monday to Friday 8.30-17.00)
- Fax: +31 (0)70 360 18 73
- Email: info@oomverzekeringen.nl
- Chat: via www.oominsurance.com

What if you have a claim?

Report the details to us immediately. The sooner the better. You can find how to report the claim in the table below.

Health insurance or SOS Insurance	Do you need immediate help or are you undergoing medical treatment?
	In the United States Tel: +1 855 701 2029 (free in the US, 24/7)
	In the rest of the world (incl. the Netherlands) Tel.: +31 (0)70 353 21 35 (local rate, 24/7)
	In all other cases, send your claim to: OOM Verzekeringen Tel.: +31 (0)70 353 21 00 (local rate, Monday to Friday 8.30-17.00 CET) Fax: +31 (0)70 360 18 73 Email: info@oomverzekeringen.nl

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Part 1 – General Terms and Conditions

Your insurance

1. Who are we?

These general terms and conditions are part of the agreements between you and OOM. When we say OOM, we mean OOM Verzekeringen. When we say 'we', 'us' or 'our', we mean OOM Verzekeringen. Your agreement with OOM is subject to Dutch law.

OOM is listed in the register of the Netherlands Authority for the Financial Markets (AFM) and is licensed by the Dutch Central Bank (DNB) to offer insurance. OOM includes the following companies:

OOM Global Care N.V. (AFM 12.000.623)
For health insurance and SOS insurance

OOM Schadeverzekering N.V. (AFM 12.000.624) (Non-life insurance)
For insuring liability for private individuals, household contents, travel, legal assistance and personal accidents.

"O.O.M." Onderlinge Molestverzekering-Maatschappij U.A. (Mutual War and Kindred 'Loss Insurance Company) (not supervised by AFM, exempted from registration)
For war and kindred risk cover. This cover is part of the health insurance and SOS insurance.

OOM has its registered office in The Hague (the Netherlands). Our companies have a joint office in Rijswijk (the Netherlands).

2. Parties to the agreement

The parties to this collective insurance agreement are you, as the policyholder, and OOM, as the insurer. The insurance is requested from us by NNAM BV, this is your insurance agent. You can ask for support from your insurance agent. We may also pass on legal notices to your insurance agent.

Policyholder

The person taking out insurance with OOM. You will find the name of the policyholder on your policy.

Insured person or persons

The person or persons for whom the insurance has been taken out with OOM. You will find the names of the insured persons on your policy.

Insurance agent

NNAM BV is the financial services provider who mediates between you as the policyholder and OOM as the insurer. NNAM BV helps you when taking out your OOM insurance and advises you. NNAM BV also helps you manage and administering your insurance.

3. When is your insurance valid?

You take out your OOM Global Health University NNAM insurance prior to your stay in the Netherlands. The rules that apply are in the table below.

Health insurance	<p>You take out this insurance for residence in the Netherlands. You can find the region you have taken out insurance for, in this case 'region NL', on your policy.</p> <p>There is also coverage outside the Netherlands. If you are going abroad temporarily, your insurance will remain valid for 365 days. This period starts on the day you leave the Netherlands.</p> <p>Important to know: the SOS insurance is valid worldwide.</p> <p>If you have to take out the Dutch national health insurance or any other statutory health insurance according the Dutch Health Insurance Act (Zvw) or other statutory provision, your OOM health insurance will not be valid in the Netherlands. Your coverage abroad will stay valid.</p>
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4. When will we reimburse your claim?

We will reimburse your claim if:

- the damage is covered by your insurance;
- the damage occurred during the term of your insurance;
- the costs were incurred during the term of your insurance;
- at the time of taking out your insurance, you did not know that the damage would occur and that this was not to be expected under normal circumstances (Article 7:925 of the Dutch Civil Code).

You can read what is and is not covered in the special terms and conditions of your insurance with OOM.

How are you insured for war and kindred risk?

War and kindred risk damage is damage that is caused by armed conflict, civil war, uprising, civil disturbance, riot or mutiny. War and kindred risk is insured under your OOM health insurance and SOS insurance. You can read how we reimburse war and kindred risk damage in the special terms and conditions of the health insurance and SOS insurance. Terrorism is not included in the war and kindred risk cover.

How are you insured against terrorism?

We reinsure terrorism with the Dutch Terrorism Loss Reinsurance Company (NHT). Damage due to terrorism is subject to a maximum reimbursement. You can read more information in:

- the Clause sheet 'Terrorism cover with the NHT';
- the protocol on the settlement of claims by NHT and the accompanying explanatory notes.

More information can be found on the NHT website (nht.vereende.nl/en/).

5. What is the duration for your insurance?

Your insurance starts on the commencement date. You can find this on your policy. The expiry date of your insurance will only be found on your policy if the insurance has been cancelled. Otherwise, the expiry date is not mentioned.

How do you register?

NNAM BV will sort out your registration. Registration should preferably be done before you leave for the Netherlands but, in all cases, within 14 days after your departure.

How do you unregister?

If you wish to terminate the insurance, the policyholder must arrange this themselves. Article 7 states the situations in which you can terminate the insurance.

Your insurance is always terminated if:

- the collective insurance is no longer with OOM;
- the minimum number of participants of the collective insurance is not met. Or if the random nature of the group of participants is not met;
- you are returning to your country of origin for good.

Unregister before the desired expiry date but, in all cases, within 14 days after the expiry date.

6. What happens if your situation changes?

Please notify us of any changes immediately, for example if you move house, or if anything else changes in your contact details.

What happens if you do not inform us of any changes, or if you don't inform us on time?

It is important for you and OOM that you pass on changes immediately. If you do not inform us of a change, or if you don't inform us on time, the following applies:

- If the change would not have affected the premium and the terms and conditions of your insurance, the claim will be reimbursed according to existing agreements.
- If the premium and/or terms and conditions of your insurance would have changed if you had informed us of the change, or if you had informed us on time, the modified terms and conditions will determine if and what amount we will reimburse the claim.
- If we would have terminated the insurance if you had passed on the change to us, or if you had passed on the change to us on time, we will not reimburse the claim. Unless:
 - the claim is within two months of the change, or;
 - you can prove that the claim has nothing to do with the reason why we would have terminated the insurance.

7. What if you want to terminate your insurance?

You can terminate your insurance in the following situations:

- You are no longer studying or working at a Dutch educational institution.
- You are returning to your country of origin for good (remigration).
- You have to take out Dutch national health insurance.

Remigration

If you are terminating the insurance because you are returning to your country of origin for good, we will refund the excess premium paid.

Mandatory Dutch national health insurance

If you have to take out the Dutch national health insurance, your health insurance will end on the commencement date of your Dutch national health insurance.

Dental cover

If you have OOM Dental Cover, this will automatically end on the same date as the health insurance.

Terminating your insurance if the premium or terms and conditions of your insurance change

In article 10 you can read in which situations we are allowed to change the premium or terms and conditions of your insurance, and which possibilities you have to terminate your insurance.

Notice period

If you have registered, but don't want to take out the insurance after all, or if you terminate the insurance within 14 days after you have received the policy, the premium you have already paid will be refunded. This no longer applies if you have already made a claim under the insurance.

8. Can we terminate your insurance?

We can terminate your insurance if:

- the premium has not been paid, or has not been paid on time;
- you intentionally provided incorrect or incomplete information to deceive us;
- you are no longer studying or working at a Dutch educational institution, and have not informed us;
- if you provided incorrect or incomplete information to us during the application process, and we would not have insured you if you had given us the correct information;
- you commit fraud;
- you are guilty of fraud, coercion, making threats, or deception;
- it appears that you, an insured person or another interested party, on assessment of national or international sanctions lists, are included in one of these lists. We can also terminate the insurance if you do not cooperate with the investigation within the framework of sanctions legislation.

We may also terminate your insurance if we can no longer carry out, or no longer properly carry out this insurance agreement due to changes in legislation or regulations, or the revocation of a licence.

Termination and settlement of the premium

If we terminate your insurance, we will send you a letter stating when we will terminate your insurance. Your premium will be reduced to a reasonable level, unless you deliberately tried to deceive us. If you are guilty of fraud, coercion, making threats, or deception, we can retroactively terminate your insurance to the day this took place. If you haven't informed us that you are no longer studying in the Netherlands, we can retroactively terminate your insurance to the day you no longer studied or worked there.

9. When do you pay the premium?

You pay a premium for your insurance. The premium consists of the costs of your insurance, administration costs and, if applicable, insurance tax

Starting premium

The starting premium is the premium you pay the first time you take out insurance with us. But also the premium you pay the first time if an insurance policy changes and the premium rises as a result. You pay the starting premium within 30 days after the commencement date of your insurance, or within 30 days after we have sent the invoice.

Subsequent premium

The subsequent premium is all premiums you pay after the starting premium. If you do not pay your premium in one go when you take out your insurance, you can pay in the following ways:

- you receive an invoice from us, which you pay before the new insurance term starts;
- you give us permission to take the premium from your bank account via direct debit. We will inform you in advance when we will be taking out the premium.

Payment via your insurance agent NNAM

If your policy states that you pay via your insurance agent, the following applies:

- The insurance agent pays the premium to OOM in accordance with the OOM Verzekeringen - insurance agent cooperation terms and conditions.
- The insurance agent, NNAM BV and you arrange the settlement of the premium between yourselves.
- If you do not pay the premium to the insurance agent, the insurance agent can transfer the premium collection to OOM, in accordance with the cooperation terms and conditions. OOM will send you another payment request. If you do not pay within the payment term, OOM will suspend the insurance cover.
- You are obliged to pay the invoice and collection charges even after the cover has been suspended.

What happens if you do not pay, or do not pay on time?

If you do not pay the **starting premium**, or do not pay it on time, we can do the following without warning you in advance:

- suspend the cover from the starting date or amendment date up to the date we receive the overdue premium;
- retroactively terminate the insurance from the commencement date.

If you do not pay the **subsequent premium** on time, you will receive a payment reminder in writing. If you do not pay within 15 days after this payment reminder has been sent, we are allowed to:

- suspend the cover from the day the premium was overdue until the day we receive the overdue premium;
- terminate the insurance. You will receive a letter with the date when we will terminate the insurance.

Overdue premium and debt collection costs

If we incur costs to collect the overdue premium, you will be charged these costs. You always have to pay the premium in full until the end date of your insurance, even if we have terminated your insurance prematurely.

Suspension and resumption of insurance cover

If your insurance cover has been suspended, the cover will resume the day after we receive all overdue premium payments, including debt collection costs. This also applies if you agree with us to pay your overdue premium in instalments. We do not reimburse any damage due to an event during the period in which cover was suspended. Not even if the cover has resumed.

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

We can change your premium and policy terms and conditions at any moment. We will send you notification regarding the change. If the change is disadvantageous to you and do you not agree with the change, you have until 30 days after the start of the change to retroactively terminate your insurance. Your insurance will end on the day the change applies.

11. What is the obligation to disclose, and what happens if you don't comply with this?

The obligation to disclose means that you must provide us with all the information that may be relevant to the assessment of your insurance application.

If we determine that you have provided us with incorrect or incomplete information, we will inform you within two months. We will also inform you of the consequences. It is possible that:

- your claim will not be reimbursed, or not in its entirety;
- your insurance will continue under different terms and conditions. For example, certain claims will not be covered;
- your insurance will be terminated. We will then determine the expiry date of your insurance. We can terminate your insurance if:
 - you intentionally provided incorrect or incomplete information with the intent to deceive us, we will not refund the premium.
 - if you provided incorrect or incomplete information to us, and we would not have insured you if you had given us the correct information, we will refund the premium.
- we will register your data on the insurers' warning list in the Netherlands. You can read more information about this in article 15 of our general terms and conditions.

Claims and reimbursement

12. What if you have a claim?

If you have damage or incur medical expenses which you think are covered by your insurance, the table in the first paragraph of these terms and conditions explains what you are entitled to.

What happens when you report a claim?

After you report a claim, we take the following steps:

- We first check if your insurance covers the claim.
- We do not always have enough information to assess your claim. In that case, we will ask you, or another insured person on the policy, for more information.
- It is possible that we will engage an expert. For example, to determine the scope of the claim. OOM will pay any costs for engaging the expert.
- If you are insured for the claim and we have determined the scope of the claim, we will calculate your reimbursement accordingly.

What do we expect from you when you submit a claim?

We assume you're not doing anything that could harm our interests. If you do something that harms our interests, or do not comply with any of the agreements mentioned below, we might not reimburse your claim. Or you may need to pay us back a reimbursement you already received. So, if you have a claim, you must:

- declare this no later than three years after the reason to claim arose;
- send us all the information necessary to assess the claim. This means that you should include invoices and clearly state what we need to cover for you;
- ideally send us original invoices. Or, you send a copy of invoices, you must keep the original. We can at all times ask you for the original invoice, so that we can check it;
- send additional information within a reasonable period of time if we, or someone we have engaged, requires it;
- Inform us if your claim is possibly also covered by another insurance, for example your Dutch national health insurance or travel insurance;
- help us if we want to recover the costs of your claim from someone else;
- not admit liability. Of course, you are allowed to confirm the facts.

What happens if you have an excess?

For some insurance, such as health insurance, you may have an excess. This means you pay the first part of these costs yourself. You will find your excess on your policy. If your claim falls under your excess, we will deduct the excess from the amount we reimburse.

Reclaiming reimbursement

If you have received a reimbursement from a relevant authority or third party, and we have not taken this into account in our reimbursement, we will review our reimbursement and reclaim any amount we have paid too much.

Foreign currency

If you submit an invoice to us in a foreign currency, we will convert the amount into euros according to the exchange rate on the day the event happened. In the case of an invoice under the health insurance or SOS insurance, we use the exchange rate on the invoice date.

Payment

We will pay the remaining amount after subtracting any excess. We will transfer this amount to you in euros, unless we have made other arrangements with you.

If you have arrears in premium payments, we will pay only the reimbursement after you have paid the premium due. Or we will offset the reimbursement against your arrears in premium.

13. When are you not covered?

You are not covered in the following situations:

- **Nuclear reaction** If the damage is caused by a nuclear reaction (any nuclear reaction that releases energy, such as nuclear fusion, nuclear fission, artificial and natural radioactivity). This exclusion does not apply for the health insurance and the SOS insurance if the reaction is caused by medical treatment.
- **Other insurance** If you can claim, or could have claimed reimbursement or help under another insurance policy, law or provision if you had not taken out insurance with OOM, the OOM insurance is valid only after all other insurance has been claimed. This means that you first claim under this other insurance, law or provision. If you do not receive full compensation for the damage, you can claim the remainder from your

OOM insurance. The statutory regulation in the event double cover from Section 7:961(1) of the Dutch Civil Code does not apply.

- **Sanction rules** It may be forbidden for us to insure you. There are national and international sanctions and other rules governing this. The insurance will not be taken out if it turns out that it is prohibited to provide financial services under the terms of the sanctioning legislation or regulations. If, after start of the policy, it appears that you, an insured person or business or other interested party is included on a national or international sanctions list then:
 - we will not compensate any damage in which, under national or international regulations, it is not permitted to act;
 - the financial and other interests of a person, company, government or other entity we are not allowed to insure under national or international regulations is excluded from the insurance.
- **Misleading information** If you, or a person entitled to receive payment, deliberately misleads us by concealing facts or circumstances, or by providing false information. Unless the misleading information does not justify the exclusion.
- **Incorrect representation of events** If you give an incorrect representation of events, or make a statement that will harm our interests. Unless this incorrect representation is not so essential as to justify the exclusion. We will however limit the right to reimbursement. If the reimbursement has already been paid, we will reclaim this. If you deliberately give an incorrect representation of events to mislead us, you will under no circumstances be entitled to reimbursement of costs.
- **Hijack, strike, uprising or terrorism** If the claim has to do with, or is caused by you participating in a hijack, strike, uprising or act of terrorism.
- **Crime** If the claim has to do with, or is caused by you committing or being an accomplice to a crime.
- **Intent and recklessness** Damage caused by intent, intentional or unintentional recklessness, on the part of you or someone else who has an interest in the reimbursement.

Personal data, fraud and complaints

14. How do we handle your general data and personal data?

We need your personal data for your insurance. We use these details to:

- make and execute agreements with you;
- recover the damage from someone else, for example from your Dutch national health insurance;
- ensure safety and integrity of OOM, our clients and employees, and the financial sector;
- maintain and extend our relationship with you;
- measure customer satisfaction;
- conduct statistical research;
- comply with the law.

Data exchange

We may sometimes need to disclose your personal data to, for example, healthcare providers, healthcare institutions, suppliers, expertise agencies, debt collection agencies, Vecozo and Vektis. If you have a good reason for not allowing them to see your data, you can inform us in writing.

Government agencies such as the police, the judiciary, the tax authorities or regulators may also ask us for your personal data. We will pass on your data if we are legally obliged to do so, or if it is necessary to protect our interests.

We comply with the Financial Institutions Code of Conduct for Processing Personal Data. You will find this code of conduct on the Dutch Association of Insurers website (www.verzekeraars.nl).

For health insurance and SOS insurance, we comply with the Code of Conduct for processing personal data of health insurers. You can find this code of conduct on the Dutch Association of Health Insurance Companies website (www.zn.nl).

We exchange your claims and insurance data with the central information system of the insurers in the Netherlands. We do this in order to pursue responsible policies for acceptance, claims handling, risk management and fraud prevention. You will find more information about this on the website of the Central Information System Foundation (www.stichtingcis.nl).

Do you need more information?

For more information on how we handle your personal data, go to our website www.oominurance.com/privacy.

15. What do we do in cases of fraud?

By fraud, we mean that someone intentionally provides incorrect or incomplete information in order to gain an advantage to which they are not entitled. For example, insurance cover, the amount of compensation or reimbursement. The interests of OOM can be damaged by fraud. Examples of fraud are:

- providing an incorrect representation of events;
- providing us with falsified or misleading documents;
- making an untrue statement regarding a claim submitted;
- deliberately failing to disclose facts which may be important to us in assessing a claim or application that has been submitted.

If we detect fraud, we will inform you in writing, unless it is not in the interests of the investigation and prosecution. It is possible that we:

- report this to the police;
- refuse an insurance application;
- immediately terminate an ongoing insurance. We will then not repay the ongoing premium;
- change the insurance;
- do not reimburse, or only partially reimburse the damage, or recover a reimbursement we have already paid;
- take steps under civil law, such as a liability claim;
- demand you pay investigation costs;
- issue a warning (including stricter checks);
- record the incident in internal and external fraud registers. In such cases, we comply with the protocol 'Incident Alert System for Financial Institutions';
- report the dossier to the Dutch Centre for the Prevention of Insurance Crime (CBV) of the Dutch Association of Insurers. The CBV registers the report and informs the insurers involved of similarities between incidents, and they can then contact each other. Insurers can consult the CBV register when assessing job applications and appointments, and for carrying out integrity tests on business relations. The CBV also warns insurers of any particular or unusual behaviour. To inspect the register, you should send a letter to: CBV, P.O. Box 93450, 2509 AL The Hague, The Netherlands. You must include a copy of your valid ID.

For more information on how we handle fraud, see our brochure on our website about your rights and obligations www.oominurance.com.

16. What if you have a complaint?

A complaint is a report or reaction that shows that your expectations have not been met. A misunderstanding that we are able to resolve quickly does not count as a complaint.

If you have a complaint:

- 1) Report your complaint to the OOM Foreign Insurance Department. You can do this by sending a letter to us, an email to info@oomverzekeringen.nl, or by phone.
- 2) If the department is unable to help you, you can submit your complaint by letter, email or by phone to OOM management. You will receive an answer within ten days, or we will let you know when you can expect a reply.
- 3) If you are not satisfied with the way we have handled your complaint, you can contact the independent complaints body. You will find further details below:

Complaints body	For complaints about...
Health Insurance Complaints and Disputes Foundation Postbus 291, 3700 AG Zeist, The Netherlands Tel.: +31 (0)30 698 83 60 www.skgz.nl	The terms and conditions, service and procedures of your health insurance or SOS insurance
Dutch Health Care Authority (NZa) PO Box 3017, 3502 GA Utrecht, The Netherlands Tel.: +31 (0)88 770 87 70 www.nza.nl	The forms for your health insurance or SOS Insurance. For example, if a form is too complicated
Financial Service Complaints Institute (Kifid) PO Box 93257, 2509 AG The Hague The Netherlands Tel.: +31 (0)70 333 89 99 www.kifid.nl	The war and kindred risk cover of your health insurance or SOS insurance, or other insurance with OOM

- 4) If you do not wish to use these institutions, you can submit your complaint to the court in The Hague. This is only possible if you have first submitted the complaint to OOM.

We will do our utmost to find an appropriate solution. You can find more information about the complaints procedure on our website www.oominsurance.com.

Do you have a complaint about your insurance agent?

Submit complaints about your insurance agent directly to your insurance agent. You can also pass on your complaint to us, so we are also informed.

Part 2 – Special terms and conditions health insurance and SOS insurance

If the policy states that the OOM Global Health University NNAM insurance has been taken out, and you have paid the premium for this insurance on time, you are entitled to the cover as described in the articles in the special terms and conditions (part 2 of this document). The general terms and conditions (part 1 of this document) and the special terms and conditions, together with the policy form one whole. Please read them all carefully.

What do we mean by...?

Cost price

In this part of the terms and conditions we often mention that we reimburse the cost price. By this we mean that we reimburse the full rate charged by the health care provider for the medical treatments. OOM can negotiate the calculated rate with the health care provider.

Maternity care

Care by a maternity nurse, for the mother, child and the household.

Country of origin and living

- **Country of origin:** The country where you lived, or the country of your nationality prior to your departure to the Netherlands.
- **Living:** The place where you are living. In general, this place is the centre of your daily life. We determine where you live on the basis of your legal, economic and social ties with a country and your ties with your country of origin.

War and kindred risk:

- **Armed dispute:** When states or other organised parties use military means to fight each other, or one of them uses military means to fight the other. Or an armed action by a United Nations peacekeeping force.
- **Civil war:** A more or less organised violent struggle between inhabitants of the same state involving a large part of the inhabitants.

- **Civil disturbance:** More or less organised acts of violence in different places within a state.
- **Uprising:** Organised violent resistance within a state, directed against the public authorities.
- **Riot:** A more or less organised local violent movement against the public authorities.
- **Mutiny:** A more or less organised movement of members of an armed force against the authority under which they are placed.

These war and kindred risk concepts are part of the text that the Dutch Association of Insurers has filed with the registry of the court in The Hague.

Accident

An unexpected event which causes physical injury that can be medically diagnosed.

Hospital

An institution recognised by competent authorities, where you can be nursed, treated and examined for ailments. This description includes institutions specifically intended for rehabilitation and sanatoriums. Retirement homes, rehabilitation homes and nursing homes are not included.

1. When will we reimburse your claim

We will only reimburse medical expenses made during the term of your insurance.

Medical necessity

If, and as long as it is medically necessary, we will reimburse the costs of medical assistance as described in article 5 of these terms and conditions. By medical necessity we mean that the necessity is based on generally approved medical scientific considerations. Treatment or examination is generally accepted according to medical standards.

Freedom to choose health care provider

You are free to choose a hospital or health care provider.

Maximum reimbursement

OOM will never reimburse an amount higher than the maximum rates approved by the official bodies.

When we receive a claim from you, we first check whether the damage or cost is eligible for reimbursement. If it is, we will inform you of the reimbursement amount. We take into account, among other things, the maximum reimbursement. You will find this in article 5 of these terms and conditions.

2. What should you do if you have a claim?

Events that are eligible for reimbursement should be reported to us as soon as possible. In the situations below, please contact the OOM Emergency Centre. Except in the United States, where you should contact OOM Assistance USA.

Worldwide (except the United States)	In the United States
OOM Emergency Centre	OOM Assistance USA
+31 (0)70 353 21 35 24 hours a day, 7 days a week, in Dutch or English	1-855-701-2029 (free number, only phone from the US) 24 hours a day, 7 days a week, in English If you are outside the US and would like to contact OOM Assistance USA, please call +1-954-308-3922 (international rate).
In which situations: <ul style="list-style-type: none">• admission into a hospital (except the US);• death;• medical repatriation or necessary early return;• search and rescue;• pregnancy and childbirth.	In which situations: <ul style="list-style-type: none">• all medical treatments in the US, such as hospitalisation, outpatient treatment, medication prescriptions and childbirth;• death;• repatriation or necessary early return;• search and rescue.

In all other cases, please contact:

OOM Verzekeringen

Telephone: +31 (0)70 353 21 00 (during Dutch office hours, between 08.30 – 17.00)

Fax: +31 (0)70 360 18 73

Website: www.oomverzekeringen.nl

E-mail: info@oomverzekeringen.nl

Events that are not urgent, but which we do reimburse, do not have to be reported to us separately. You can declare these costs via My OOM.

You will find the other obligations in the general terms and conditions. For example, your obligation to cooperate with the investigation into the assessment of a claim and the consequences if you fail to comply with your obligations.

3. Can you include a new-born baby on your policy?

Your child is insured from birth, if you notify us in writing within 1 month of the birth. The insurance will also apply to any birth defects or abnormalities.

Your child will automatically have the same cover as you. If you stay in hospital as an insured mother and your new-born baby has to stay with you because of breastfeeding, we will reimburse the costs for both of you.

4. What else is covered by the OOM Global Health University NNAM insurance?

SOS cover

If you have OOM Global Health University NNAM insurance, you are automatically entitled to SOS cover.

OOM Dental cover

In addition to the health insurance, you can take out the OOM Dental Cover. This means that you are insured for dental expenses for a maximum amount per insured year per person. If you have insured this, it will be shown on your policy. This cover is valid for insured persons of 21 years and above.

War and kindred risk cover

If you have health insurance or SOS insurance, you are automatically entitled to war and kindred risk cover. This war and kindred risk cover cannot be taken out separately.

5. What medical treatments are covered by your OOM Global Health University NNAM insurance?

Below you will find details of the reimbursement you are entitled to for each topic and cover.

Any treatment provided by a healthcare provider (e.g. a general practitioner, therapist or specialist) is only eligible for reimbursement if the healthcare provider is recognised by the competent authorities and is authorised to carry out such treatment.

Which medical treatment?	Reimbursement
General Practitioner	<p>Cost price.</p> <p>We reimburse the costs for treatment by the general practitioner.</p>
Medication and dressings	<p>Cost price.</p> <p>We reimburse medicines that may be traded as a medicine or dressing that can only be obtained from a pharmacy or dispensing general practitioner on the prescription of a general practitioner or specialist.</p>
Specialist treatments	<p>Cost price.</p> <p>We reimburse:</p> <ul style="list-style-type: none"> • Specialist treatments, such as treatment or examination by a specialist doctor. The treatment or examination belongs to the specialty for which the doctor is registered. • Additional medical expenses for specialist treatment, such as costs for X-ray photos, blood transfusions, radiation treatment, anaesthesia and use of an operating theatre or outpatients' department. • There is no cover for a second opinion.
Laboratory tests	<p>Cost price.</p> <p>Terms and conditions:</p> <ul style="list-style-type: none"> • The laboratory tests are carried out on the instruction of a general practitioner or specialist. • The invoice for the test comes from the hospital or laboratory.
Hospitalisation	<p>Cost price.</p> <p>Terms and conditions:</p> <ul style="list-style-type: none"> • Admission to hospital lasts a maximum of 365 consecutive days. If there is an interruption of more than 30 days, a new period begins. • If the hospital to which you are admitted has more than one class of care, we will reimburse costs equivalent to those of a multi-person room in a Dutch hospital. • We will not reimburse extra costs for a single or double room.
Medical transport	<p>Ambulance transport: cost price</p> <p>Seated medical transport:</p> <ul style="list-style-type: none"> • Public transport: The fare based on the class corresponding to the lowest class in the Netherlands • Taxi: The fare • Own transport: €0.20 per km <p>Terms and conditions:</p> <ul style="list-style-type: none"> • The medical transport is necessary. • From a medical point of view, you can no longer travel independently to the nearest hospital or place of treatment. • You choose the cheapest form of transport. • We only reimburse transport by ambulance by road. We will only reimburse transport by water or air if another form of transport is not available, or cannot be provided for medical reasons. • Seated medical transport must be directly prior to or directly following your visit to a specialist or hospital.

<p>Transplant</p>	<p>Transplant: cost price</p> <p>Nursing care and treatment of the donor: Based on the care class for which the donor is insured.</p> <p>Terms and conditions:</p> <ul style="list-style-type: none"> • The reimbursement applies to a transplant of bone marrow, bone, cornea, skin tissue, kidney, heart, liver (orthotope), lung, heart-lung and kidney-pancreas. • You need prior permission from OOM. <p>Costs of the donor:</p> <p>The donor is reimbursed for nursing care and treatment costs on the basis of the class for which the donor is insured. The donor also has a right to 3 months medical treatment from the date they leave the hospital following the transplant. This only applies to medical treatment for the donor that is related to the transplant that is covered.</p>
<p>Kidney dialysis</p>	<p>Cost price.</p> <p>We only reimburse the costs of kidney dialysis if you have received our prior consent to have the dialysis carried out.</p>
<p>Treatment by a plastic surgeon</p>	<p>Cost price.</p> <p>We only reimburse the treatment by a plastic surgeon if:</p> <ul style="list-style-type: none"> • The operation is the result of an accident or a severe defect present and identified at birth; • You have received our prior consent to have the treatment carried out.
<p>Rehabilitative day care</p>	<p>Cost price.</p> <p>We reimburse the treatment, advice and supervision in a rehabilitation clinic per day or part of the day.</p> <p>The treatment, advice and supervision are provided by a team that in any case consists of a specialist, a paramedic and a psychologist or expert in the field of social work, labour science or rehabilitation and the associated care. The rehabilitation clinic must be by de competent authorities recognised for rehabilitation.</p>
<p>Accommodation costs</p>	<p>A maximum of €100 per day and €2,000 per incident.</p> <p>Terms and conditions:</p> <ul style="list-style-type: none"> • You receive medical treatment outside your place of residence. • It is medically necessary that you stay near the hospital. • The reimbursement applies to you and if necessary, together with your partner. • We only reimburse accommodation costs based on accommodation in a hotel, motel or apartment. Accommodation with family or friends will not be reimbursed. • You can prove your accommodation costs with invoices from the hotel, motel or apartment.

Vaccinations against rabies and tetanus	<p>Cost price.</p> <p>Terms and conditions:</p> <ul style="list-style-type: none"> • We only reimburse a rabies vaccination if an animal that may be infected with rabies has scratched, bitten or licked you. • We only reimburse a vaccination against tetanus if you are at risk of tetanus infection after an injury, and the preventive vaccinations do not offer enough protection.
Physiotherapy, manual therapy, remedial therapy and chiropractic treatment	<p>We reimburse a total maximum of 27 treatments per insured person per year insured, or per insured period if you have been insured for a shorter period. The maximum number of treatments applies to all treatments. For example: If you are entitled to 27 treatments and have already had 9 sessions of physiotherapy, you are entitled to a maximum of 18 sessions of remedial therapy.</p>
Diet advice by a dietician	<p>We reimburse a maximum of 10 treatments with a maximum of €100 per treatment per insured person per insurance year or insured period if you are insured for a shorter period. You will need a referral from a doctor.</p>
Speech therapy	<p>We reimburse a maximum of 25 treatments per insured person per insurance year, or per insured period if you are insured for a shorter period.</p>
Orthodontics	<p>We reimburse in total a maximum of €1,200 per insured person, as long as you have OOM insurance. There are no differences between one or multiple insurance agreements.</p> <p>The treatment must have started before the insured person was 21 years old. The maximum reimbursement and the maximum age of 21 years do not apply if it is for treatment due to a maxillofacial defect. We will always reimburse the cost price. This includes the following treatments:</p> <ul style="list-style-type: none"> • as a result of a cleft lip, jaw or palate; • in the upper or lower jaw, which must be corrected by surgery (osteotomy) and which requires pre- and post-treatment.
Pregnancy and delivery	<p>Unexpected emergencies: We reimburse the cost price. These are unforeseen emergency situations in which, according to our medical advisor, acute medical intervention is necessary.</p> <p>Regular treatments: We reimburse:</p> <ul style="list-style-type: none"> • Obstetric care by a specialist, general practitioner or midwife; • Examinations and medicines prescribed by the specialist, general practitioner or midwife; • The use of the outpatients' department; • Admission into a hospital or maternity hospital.

<p>Maternity care</p>	<p>We reimburse:</p> <ul style="list-style-type: none"> • Maternity care in a hospital or maternity hospital: if you give birth in a hospital or maternity hospital - not outpatient childbirth - we will reimburse the costs if you have to stay in the hospital as a medical necessity; • Home maternity care: up to a maximum of €1,500 divided over a maximum of 10 days after the delivery. If you give birth in a hospital or maternity hospital - not outpatient childbirth - we reduce the maximum amount for each day of admission by €150. • Hiring bed raising blocks <p>Terms and conditions:</p> <ul style="list-style-type: none"> • The maternity nurse or doula has all the required qualifications and works according to the relevant protocols. • The maternity nurse or doula is self-employed, or employed or attached to a maternity centre, maternity hotel or hospital.
<p>Abortion</p>	<p>This will not be reimbursed, except where costs are incurred on medical grounds or in connection with a sexual offence. A qualified specialist performs the abortion in a hospital.</p>
<p>Contraception</p>	<p>The pill, contraceptive injection, the coil - including the copper-containing coil, vaginal ring, hormone rod or diaphragm. We reimburse the cost price. A doctor prescribes the contraceptive.</p>
<p>Psychotherapy</p>	<p>We reimburse psychotherapy treatments to a maximum of €750 per insured person per insurance year, or per insured period if you are insured for a shorter period.</p> <p>Terms and conditions:</p> <ul style="list-style-type: none"> • An authorised psychiatrist, psychologist or practicing psychotherapist treats you.
<p>Medical aids</p>	<p>We will reimburse the following medical aids on a doctor's prescription after a demonstrable accident:</p> <ul style="list-style-type: none"> • We reimburse a maximum of €100 per accident for crutches and a wheelchair. This applies to both rented and bought medical aids. • We reimburse a maximum of €750 per accident for prosthetics and orthoses (excluding dentures). <p>Terms and conditions: You rent or buy the medical aids within 90 days after the accident and within the duration for your insurance.</p>
<p>Alternative health care</p>	<p>A maximum of €50 per consultation, with a maximum of €500 per insured person per insurance year, or per insured period if you are insured for a shorter period.</p> <p>Terms and conditions:</p> <ul style="list-style-type: none"> • We reimburse alternative health care such as osteopathy, homeopathy, anthroposophy or acupuncture. We do not reimburse experimental treatments and relaxation therapy such as yoga. • The alternative healer must be registered with an approved professional association in the country where the treatment takes place.

Glasses and contact lenses	We reimburse a maximum of €75 per 2 insurance years, or insured period if you are insured for a shorter period.
Travel vaccinations	We reimburse a maximum of €50 per 2 insurance years, or insured period if you are insured for a shorter period.

Dentistry

The health insurance also covers certain dental treatment. The treatment must be carried out by an authorised dentist or dental surgeon and be aimed at restoring or improving the teeth.

Standard dental treatment for those aged 21 years and above is not included as standard in the health insurance. You can include this on your policy by taking out OOM Dental Cover. If you have taken out OOM Dental Cover, you will find this on your policy sheet.

You can read which cover you have under the health insurance in the table below. You will find the cover for OOM Dental Cover in article 6.

Which treatment?	Reimbursement
Dental care for insured persons up to age 20	<p>We reimburse the following dental costs up to a maximum of €350 per insured person per insurance year, or insured period if you are insured for a shorter period.</p> <ul style="list-style-type: none"> • Dental treatment as a medical necessity, such as diagnostics, prevention, dental cleaning; • Two preventative examinations per year; • Fillings and anaesthetics.
Dental care for insured persons 21 years and older	<p>We reimburse a maximum of €350 for dentistry in special cases per insured person per insurance year, or insured period if you are insured for a shorter period.</p> <p>Special cases include:</p> <ul style="list-style-type: none"> • You have a developmental disorder, growth disorder, or disorder of the tooth-jaw-mouth system, which is so severe that without the treatment you would no longer have or get a properly functioning jaw; • Without the relevant care, medical treatment would have demonstrably insufficient results and you would not be able to have, or would no longer be able to keep a well-functioning jaw; • You have an extreme fear of dental treatment according to the guidelines of the Centre for Special Dentistry.
Dental treatment following an accident	<p>We reimburse a maximum of €700 per insured person per insurance year, or insured period if you are insured for a shorter period.</p> <p>The treatment is the result of an accident.</p>
False teeth	<p>The purchase and fitting of a complete set of false teeth: 75% of the costs. Repair or re-fitting (rebasings) of dentures: cost price.</p>
Dental surgery	<p>Removing wisdom teeth. This amount does not count towards the maximum amount covered for of dentistry. We reimburse the cost price.</p>

Terms and conditions:

- An authorised dentist or dental surgeon carries out the dental treatment. The treatment aims to restoring or improving the teeth according to generally accepted medical standards.
- In order to claim reimbursement of dental care in special cases, you must submit a statement from a dentist if we ask you to do so.

6. What costs are covered by the OOM Dental Cover?

Up to the age of 21 years, you are insured via the OOM Global Health University NNAM insurance for the dental costs mentioned in article 5 in these terms and conditions.

From 21 years and above, the OOM Dental cover can be added to your insurance. This is then mentioned on your policy. This enables you to claim dental costs up to a maximum of €700 per year insured. There is no excess nor personal contribution.

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

- Dental treatment as a medical necessity, such as diagnostics, prevention, dental cleaning;
- Treatments such a root canal treatment, crowns and bridges;
- Two preventative examinations per year;
- Fillings and anaesthetics;
- Inlays;
- Bonded bridges;
- Dummies;
- Root canal caps;
- Implants in a non-toothless jaw.

Terms and conditions

The following terms and conditions apply to OOM Dental Cover:

- The treatment or the examination is aimed at restoring or improving the teeth according to generally accepted medical standards.
- We never reimburse more than the maximum insured amount.
- You will not be reimbursed for missed appointments and subscription costs. Nor for cosmetic dentistry, such as bleaching teeth.
- A dentist, dental hygienist, dental technician, prosthodontist or dental surgeon recognised and authorised by the official authorities carries out the dental treatment.
- If dental costs as a result of an accident are higher than the maximum insured amount of the health insurance, the costs above that maximum can be claimed under this OOM Dental Cover. Costs that fall under the excess of the health insurance cannot be claimed from the OOM Dental Cover.

7. What costs are covered by the SOS Cover?

Which costs?	Reimbursement
Search and rescue	<p>We reimburse the costs for search, rescue and recovery of an insured person who is missing or has been involved in an accident. This only applies if this is done by order of an official institution, e.g. the police. You must send us a statement from the institution concerned. Without this statement, you are not entitled to any reimbursement. We reimburse a maximum of €25,000 per event.</p>
Repatriation and evacuation	<p>If medical treatment is not possible in the country where the insured person is staying, and the treatment cannot be postponed, we will reimburse the following costs for repatriation and evacuation:</p> <ul style="list-style-type: none"> • Flight and accommodation costs of the patient; • Flight and accommodation costs of an accompanying person, if supervision is medically necessary according to our Medical Advisor, or with children younger than 16 years; • Flight costs for the journey back to your place of residence; • Flight and accommodation costs of children younger than 24 months, if the mother's repatriation is being reimbursed and the children are insured with us. <p>The following terms and conditions apply for repatriation and evacuation:</p> <ul style="list-style-type: none"> • If you need to be repatriated, report this as soon as possible to the OOM Emergency Centre or OOM Assistance USA (see 'What if you have a claim' in the Terms and Conditions). We only reimburse repatriation if you have received our prior consent. • Repatriation or evacuation is medically necessary according to OOM. This means that there must be a medically necessary treatment which cannot be carried out in the country where the insured person is staying and which cannot be postponed. <p>Important: A bone fracture can be treated well in almost all countries in the world. In this case, there is usually no right to reimbursement for repatriation.</p> <ul style="list-style-type: none"> • The Emergency Centre assesses the medical necessity per situation. Social indications, hygiene conditions on site and risk of HIV infection are no reason to reimburse your expenses. • You may choose to be transported to the nearest hospital, a hospital in your country of origin, or a hospital in your country of residence. Effective treatment must be possible in this hospital. • You choose the cheapest flight possible. The flight costs of a scheduled flight or charter are reimbursed according to the cost of tourist class. • The costs for an air ambulance flight will be reimbursed if this method of transport is deemed a medical necessity by our Emergency Centre. • You choose the cheapest stay possible. We reimburse a maximum of €100 per day and a maximum of €2,000 per incident. • We may repatriate you, the insured person, to a hospital in your country of residence in the event of hospitalisation, as soon as this is medically justified. This also applies if this is not medically necessary. • We only reimburse the costs of repatriation and evacuation if the medical treatment is covered by your insurance.

Transport of mortal remains	<p>The direct transport costs of the mortal remains to the country of origin are a maximum of €25,000 per event. We reimburse:</p> <ul style="list-style-type: none"> • The cost of an internal coffin which is necessary according to applicable regulations; • Other costs for the transport of the mortal remains.
Special costs	<p>We reimburse for the following special costs:</p> <ul style="list-style-type: none"> • The costs of the necessary extension of a flight ticket, due to illness or accident of the insured person during a stay in the country of origin. We reimburse a maximum of €1,200 per event; • Costs for extending a flight ticket for co-insured direct family members if the illness or accident are life-threatening. We reimburse a maximum of €1,200 per person per event; • Telephone costs made for a repatriation that we reimburse. We reimburse up to a maximum of €150 for telephone costs per repatriation.

8. What costs are covered by the War and Kindred Risk Cover?

If you have health insurance and/or SOS insurance, you are automatically entitled to War and Kindred Risk cover. This allows you to claim reimbursement of healthcare costs and/or SOS costs due to war and kindred risk.

War and Kindred Risk cover does not cover the following situations:

- Costs caused by you participating in an armed dispute, civil war, civil disturbance, uprising, riot and mutiny. Unless it protects your own life or that of other people involved.
- If you risk punishment against yourself through your own behaviour or statements.
- If you incurred damage as a result of terrorism.

If the damage is caused by terrorism, article 4 of the general terms and conditions applies.

If you incurred damage as a result of war and kindred risk, you can appeal to "O.O.M.". Onderlinge Molestverzekering-Maatschappij U.A. This company works with departmental funds. The departmental fund for this insurance is called Healthcare costs Global Care and are part of the healthcare costs department. The amount of your reimbursement depends on what is available in the departmental fund. We can never pay all the insured persons combined more than there is available in the departmental fund.

De maximum reimbursement and cover of healthcare costs as a result of war and kindred risk is equal to the cover of your health insurance. But the actual amount of your reimbursement depends on the amount available in the departmental fund. Below you can read how the departmental fund is formed and how the handling of a claim is done.

Forming departmental funds

1. For each calendar half-year, we form one departmental fund.
2. At the end of the calendar half-year, we deposit all received premiums in the departmental fund, after deducting the costs.
3. We pay all damages at the end of the calendar half-year. Any remaining amount in the departmental fund will be added to the departmental reserve and a maximum of 10% to the general reserve. This requires a proposal from OOM management and approval from the Supervisory Board.
4. If, in a calendar half-year, there is not enough money available in the departmental fund to pay for the damages, OOM can supplement the departmental fund with an amount from the departmental reserve. This supplement is a maximum of 50% of the departmental reserve. If this is still insufficient

to pay the damages in full, OOM management can add an amount from the general reserve to the departmental fund. This requires approval from the Supervisory Board.

Handling damage

1. We will determine the extent of the damage and inform you in writing of the maximum amount to which you are entitled. We will not yet pay the damages at that time.
2. At the end of a calendar half-year, we determine the total of all claims of all insured parties together. This is followed by the payment of the damage, in which we deduct any advance payments.
3. If the total claims of all insured parties for a calendar half-year exceeds the amount in the department treasury, we will pay out as high a percentage of the loss as possible. That is the maximum amount you will receive.
4. If, in one calendar half-year, there is insufficient cash in hand to fully reimburse the claims and there is a surplus in cash in the other calendar half-year, the surplus shall be divided among the insured persons who have not received full reimbursement in the first calendar half-year.
For example: You suffered damage due to war and kindred risk in March. A total of €80,000 in premium was received over the period from January to June, but there is a total of €100,000 damage. You will be reimbursed 80% of your damage in the period July to December €80,000 in premium was also received, but the damage amounts to a total of €60,000. The surplus is €20,000 in that calendar half-year. We use the surplus to pay out as much as possible of your damage that has not yet been paid out.
5. The total compensation you receive is never higher than the total costs of your damage.

If it later turns out that a government or other party is compensating you for damages and we have not taken this into account, we will revise the original amount. We can reclaim the amount overpaid.

9. What medical treatments and other costs are not covered by your OOM Global Health University NNAM insurance?

The following costs of medical care are not covered by your insurance, unless we explicitly state otherwise on your policy.

- **House pharmacy and/or manual sales.**
- **Vitamins and nutritional supplements.**
- **Malaria medication and malaria vaccinations.** With the exception of malaria prophylaxis and the vaccinations referred to in article 5 of the Special Terms and Conditions.
- **Examinations and certificates.**
- **WLZ (Dutch Long-Term Care Act).** Costs of treatments or benefits in kind that fall under the Long-Term Care Act, unless we explicitly mention them in these terms and conditions.
- **Sterilisation and fertility.** Sterilisation costs and costs for undoing sterilisation, and fertility test.
- **Preventative medicine.** This also applies to youth health care as provided in the Netherlands by the Infant Welfare Centre.
- **Drugs and alcohol.** Costs of medical treatment resulting from alcohol abuse or the use of drugs, intoxicants, narcotics or stimulants, other than on medical prescription.
- **Heredity test.** Costs of heredity test. This includes for complications due to heredity test.

The other situations in which there is no cover can be found in article 13 of the General Terms and Conditions (part 1 of this document).

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

The trade name OOM Verzekeringen is used by OOM Holding N.V. (The Hague Chamber of Commerce registration number 27194193), OOM Global Care N.V. (Netherlands Authority for Financial Markets (AFM) registration number 12000623, The Hague Chamber of Commerce registration number 27111654), OOM Schadeverzekering N.V. (Netherlands Authority for Financial Markets (AFM) registration number 12000624, The Hague Chamber of Commerce registration number 27155593) and "O.O.M." Onderlinge Molestverzekering-Maatschappij U.A. (The Hague Chamber of Commerce registration number 27117235). These businesses all have their registered office in The Hague and have a common operational office in Rijswijk.



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