

## ANNEX X

### MINIMUM INSURANCE REQUIREMENTS

#### INTRA-AFRICA ACADEMIC MOBILITY SCHEME

The purpose of this document is to set the minimum requirements in terms of insurance coverage for eligible candidates (students and staff) who have received a scholarship **in the framework of an Intra-Africa Academic Mobility Scheme project** - referred to as "the action" hereafter.

In the context of this document, the candidates who will receive the insurance coverage by the Partnership are the:

- **Student** scholarship holders (master and doctoral);
- **Staff** scholarship holders.

Cover must take effect by the time the scholarship holders start their journey to participate in mobility (maximum one month prior to the start of the mobility for which the grantee is selected) and must be valid until one month after the end<sup>1</sup> of the same mobility period, unless there is a prior end to the grantee status<sup>2</sup>.

Each Partnership shall be responsible for the respect of any local legislation as far as insurance is concerned.

Results to be obtained:

- The insurer(s) must provide high-quality<sup>3</sup> insurance services to cover participants in relation to risks such as illness, accident, death, permanent disability, etc.
- The cover must automatically be provided to all scholarship holders by the insurer(s) chosen by the Partnership.
- The participant in the action must be insured during his/her entire mobility period.
- The cover must include all intra-Africa travel required for the participation in the Action.

The insurance contract must cover all the risks set out in points A to D below:

#### **A. Sickness, pregnancy, childbirth and accident**

The contract must cover outpatient, hospital and any medical expenses as a result of sickness, pregnancy, childbirth or accidents arising during the period of cover. It must make provision for direct payment of all hospitalisation costs.

100% cover must be provided in respect of:

- ✓ doctors' fees;
- ✓ medicines, examinations and analyses prescribed by a physician;

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<sup>1</sup> The end is understood as the last official activity in the context of the action.

<sup>2</sup> Change in status is considered to be taking up an activity other than that for which the grant has been awarded.

<sup>3</sup> High quality services, among others, are for example a call-centre accessible 24h/24h with operators speaking English, French, and Portuguese during at least 80% of the time (with local assistance back up available 24h/24h if needed), availability of the specific insurance cards (indicating the name of the insured person) within maximum 10 days, etc.

- ✓ urgent dental care following an accident;
- ✓ all hospital expenses and surgical fees (including advances on hospital expenses);
- ✓ repatriation in the event of serious illness or accident.

Cover must be total in respect of these services. Pregnancies shall be included in the cover.

Non-permanent and non-chronic mental disorders will not be accepted as exclusions.

### **B. Death**

Cover must be provided, whether or not it is attributable to the action.

Cover in the event of death must include, in all cases:

- ✓ Transport of the mortal remains to the place chosen by the deceased's family;
- ✓ Funeral and laying-out costs;
- ✓ The cost of the coffin.

### **C. Permanent invalidity**

Eligible candidates must have cover against partial or full disability of a permanent nature resulting from an accident. The cover must not be restricted to a disability directly attributable to the performance of the action.