Hospitalisation insurance

Insurance product information document

MLOZ Insurance

MLOZ Insurance, Route de Lennik 788A, 1070 Anderlecht - Belgique
insurance company of the Independent health insurance funds
approved under code OCM 750/01 for branches 2 and 18,
company number: 422.189.629.

Hospitalia Continuity

All contractual and pre-contractual information on the insurance product is provided in the general terms and conditions, additional clauses, new affiliation request and acceptance letter.
This product is subject to Belgian law.
For more information about joining this product, please contact your health insurance fund.

What is this type of insurance?

Hospitalia Continuity is an optional insurance that provides a cover in complement to the intervention of the group hospitalisation insurance of the employer: the hospital costs and the charges of pre- and post-hospital care that are not covered by this insurance are reimbursed up to € 50 per hospitalisation day, in complement to the compensation of the group insurance of the employer.
As soon as the group insurance ends, the affiliation to Hospitalia Continuity allows you to switch to Hospitalia Smart, Hospitalia Care or Hospitalia Plus and continue to benefit from a hospitalisation insurance without medical questionnaire, waiting period or extra premium.

What is insured?

✔ Reimbursement up to € 50 per day, after a 6-month waiting period, of the hospital charges that are not covered by the group insurance:
- in case of hospitalisation of at least one night and in case of a day hospitalisation in Belgium
- in case of hospitalisation of at least one night abroad

provided that the group hospitalisation insurance has granted a compensation.

What is not insured?

✘ Hospitalisation bills for which the group insurance did not intervene.

Are there any restrictions on cover?

! The disease, disorder or state existing at the date of affiliation to Hospitalia Continuity only has an impact on the subsequent switch to Hospitalia Smart, Hospitalia Care or Hospitalia Plus. In this case, the cover will be limited in case of hospitalisation in a private room (no fee or room supplements).

Where am I covered?

✔ The cover applies worldwide.

What are my obligations?

- At the beginning of the contract: the policy holder must complete a new affiliation request and a medical questionnaire. He must also inform the insurer of any factor that may influence the assumption of the risk. He must also pay the premiums.
- During the duration of the contract: the policy holder must inform the insurer of any changes that may affect the premium requested or the maintenance of the contract. He must inform the insurer as soon as possible of any convention covering a similar or identical risk, either totally or partially.
- In case of a claim: the policy holder must inform the insurer as soon as possible, complete the payment request and provide him with all the supporting documents of his expenses.

When and how do I pay?

As from the joining date, the policy holder has to pay his premium on due date, by bank transfer or direct debit according to the agreed periodicity.

When does the cover start and end?

The policy starts the first day of the month following the month during which the insurer received the duly completed «new affiliation request or request to change a product» and «medical questionnaire», upon payment of the first premium.
The policy ends automatically at the age of 66 (67 years, from 2030) or as soon as the group insurance ends under 66 years old (67 years, from 2030). It ends also in the event of termination, non-payment of premiums, transfer to a health insurance fund other than the Independent health insurance funds, in case of fraud or when the policy holder loses the quality of member in order at the level of his/her health insurance fund following the non-payment of the contributions for the complementary insurance of his/her health insurance fund.

How do I cancel the contract?

The policy holder may cancel the contract by registered letter, electronic registered letter, delivery of a writ or a letter of cancellation against deposit receipt, with a prior notice of at least one month.

This document is intended purely as an indication to give an overview of the most important covers and exclusions. Therefore, no rights may be derived from it.

Complaints about this product or our services can be addressed to the complaints coordinator of MLOZ Insurance (complaints@mloz.be) or to the Insurance Ombudsman, de Meeûssquare 35, 1000 Brussels - info@ombudsman-insurance.be - www.ombudsman-insurance.be.

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