skiCare®

On-slope assistance insurance

General Insurance Conditions (GIC) – 2026 Edition

MUTUAIDE ASSISTANCE, Fribourg Branch (Switzerland)

Group insurance: skiCare® is a group indemnity insurance policy concluded between the ski lift company or ski school, acting as policyholder, and MUTUAIDE ASSISTANCE, acting as insurer, for the benefit of the policyholder's customers. By joining the insurance when purchasing a ski pass or ski lesson, the insured person acquires a direct right of claim against the insurer (Article 95a ICA).

Customer information (Article 3 ICA)

The information below provides an overview of the insurer's identity and the main elements of the insurance contract. Only these General Insurance Conditions, the group policy and the proof of membership determine the content and scope of the rights and obligations arising from the insurance relationship.

Insurer

The insurer is MUTUAIDE ASSISTANCE, Fribourg Branch (Switzerland), Route de la Fonderie 2, 1700 Fribourg (hereinafter "MUTUAIDE ASSISTANCE" or "the insurer"). By virtue of its activity, the insurer is subject to the supervision of the Swiss Financial Market Supervisory Authority (FINMA).

Policyholder

The policyholder under the group insurance contract is the ski lift company issuing the ski pass or the ski school issuing the invoice for the lesson. It takes out the insurance programme to provide its customers with cover as an ancillary benefit to the purchase of a ski pass or ski lesson.

Insured person

Any person who has joined the skiCare group insurance when purchasing a ski pass or ski lesson from the policyholder is insured. Membership may be evidenced by any suitable means, in particular the ski pass, the ski school invoice, the purchase confirmation or any other conclusive document ("proof of membership").

Start, duration and end of the insurance

The insurance takes effect on issue of the ski pass or the invoice for the ski lesson and ends on expiry of the period of validity shown on it. Claims arising from the insurance contract are time-barred after five years from the occurrence of the event giving rise to the obligation (Article 46 ICA).

Insured risks and scope of benefits

The insured risks and the scope of cover derive from these General Insurance Conditions. The insurance is indemnity insurance for all benefits.

Subsidiarity: the skiCare insurance policy is subsidiary to any other insurance cover available to the insured person (in particular health insurance, accident insurance, travel insurance). It applies only to the portion of the loss for which no claim can be made against a third party or another insurer.

Main cases of exclusion

- events that had already occurred at the time the ski pass or lesson was purchased, or whose occurrence was obvious to the insured person at that time;
- intentional acts, deliberate failure to comply with official prohibitions and gross negligence;
- off-piste skiing, except in areas expressly authorised by the resort;
- participation in competitions, even as an amateur.

This list covers only the most common cases of exclusion; the other exclusions are set out in section 5 as well as in the ICA.

Premium

The amount of the premium depends on the insured risks and the cover agreed. The premium is paid by the insured person at the time of purchasing the ski pass or ski lesson and is collected by the policyholder.

Right of revocation

Where membership of the insurance is for a period of one month or more, the insured person may revoke their membership within 14 days of its acceptance (Articles 2a and 2b ICA). Revocation must be notified to the insurer in writing or by any other means enabling proof by text.

Provision of the GIC and communication

Communication to the insured person is the responsibility of the policyholder, who makes these General Insurance Conditions available to the insured person before membership and informs them of the essential elements of the contract (Article 3 ICA). By joining, the insured person confirms having received, read and understood these General Insurance Conditions.

Complaints and mediation

In the event of disagreement, the insured person may address their complaint, as they choose, to the general agent of the branch or to the management of MUTUAIDE ASSISTANCE's head office. MUTUAIDE ASSISTANCE states that it is not a party to the agreement concluded with the Ombudsman of Private Insurance.

Data protection

The insurer processes personal data in accordance with the Federal Act on Data Protection (FADP) and other applicable provisions, solely for the purposes of concluding and performing the contract, handling claims and combating fraud. Detailed information is set out in the insurer's privacy policy, available on request or on its website.

skiCare®: on-slope assistance insurance

Important: the benefits described below are granted only to persons who have joined the skiCare group insurance. Please keep safely any document proving your membership (ski pass, ski school invoice, purchase confirmation).

1. Overview of benefits

The table below shows the maximum insured amounts applicable to each of the benefits described in section 4. These amounts form an integral part of the insurance contract.

Benefit	Maximum insured amount
Search and rescue costs (per event)	CHF 350
Ambulance transport costs (per event)	CHF 1,000
Helicopter transport costs to a Swiss hospital (per event)	CHF 2,000
Emergency medical costs in Switzerland (per event)	CHF 3,000
Maximum aggregate of the four benefits above	**CHF 6,000**
Local transport costs (taxi, public transport) between the place of stay, the doctor and the hospital (per event)	CHF 300
Provision of a driver for repatriation of the vehicle (per event, prior agreement required)	CHF 2,500
Compensation for the accompanying person (per event)	CHF 500
Medical repatriation to the home (prior agreement required)	CHF 5,000
Pro rata reimbursement of the unused pass, ski lessons and equipment hire (ski pass of 2 days or more, per period of insurance)	CHF 1,200
Legal costs (per event)	CHF 2,500

2. Definitions

Accident: any sudden and involuntary harmful injury to the human body caused by an extraordinary external cause, which results in an inability to ski.

Illness: any impairment of physical or mental health that is not due to an accident and that results in an inability to ski.

Proof of membership: any document establishing the insured person's membership of the group insurance, in particular the ski pass, the ski school invoice or the purchase confirmation.

Medical certificate: a document issued by a doctor authorised to practise, certifying, in the event of accident or illness, the nature of the impairment to health and the exact duration of the inability to ski.

Skiing: downhill skiing, cross-country skiing, snowboarding, skibobbing and similar snow sports, as well as any other activity connected with the use of the resort's ski lifts; lessons given by a ski school, including cross-country ski lessons, and hikes on the open trails of the area are treated as skiing.

Open pistes: all pistes in the area linked to and accessible with the ski pass or as part of the ski lesson, including marked and open cross-country ski trails, as well as areas expressly authorised by the resort for "off-piste" skiing.

Emergency medical costs: immediate rescue measures and initial medical interventions made necessary by an insured event.

Accompanying person: the person who stays at the bedside of the insured person following an insured event, subject to the conditions of section 4.8.

Family member: the partner, children, parents, siblings, grandparents, grandchildren, parents-in-law and children of the insured person's partner.

Home: the insured person's main and usual place of residence.

3. Common provisions

3.1 Territorial and temporal validity

The insurance is valid within the ski area linked to the ski pass or ski lesson, for the days shown on the ski pass or on the ski school invoice.

3.2 Applicable law, jurisdiction and legal basis

This insurance is governed by Swiss law. For all claims arising from the insurance contract, jurisdiction lies, at the claimant's choice, with the courts of the insured person's Swiss domicile or of the insurer's Swiss registered office. The provisions of the Federal Act on Insurance Contracts (ICA), the Code of Civil Procedure (CPC) and the Code of Obligations (CO) also apply.

3.3 International sanctions

The insurer provides no cover, pays no benefit and provides no service if doing so would expose it to sanctions, prohibitions or restrictions arising from United Nations resolutions or from economic or trade sanctions imposed by Switzerland, the European Union, the United Kingdom or the United States of America.

3.4 Force majeure

The insurer is not liable for any failure to perform, or delay in performing, assistance benefits resulting from a case of force majeure, in particular war, unrest, acts of terrorism, strikes, natural disasters, epidemics or pandemics, or decisions by the authorities restricting the free movement of persons and goods.

3.5 Subsidiarity

The insurance is subsidiary to any other insurance cover available to the insured person, in particular health insurance, accident insurance and travel insurance. It applies only to the portion of the loss for which no claim can be made against a third party or another insurer.

4. Insured benefits

The benefits under sections 4.1 to 4.6 are granted only for **accidents occurring on the open pistes of the ski area** that have required the intervention of the resort's rescue services. The maximum insured amounts applicable to each of the benefits below are shown in the overview of benefits at section 1; all benefits are paid up to these amounts and subject to the subsidiarity provided for in section 3.5.

4.1 Search and rescue costs

The insurer contributes to search and rescue costs incurred on the open pistes and carried out by the resort's rescue organisations. Only costs invoiced by a company officially approved for these activities are reimbursed.

4.2 Ambulance transport costs

The insurer covers the cost of ambulance transport from the bottom of the pistes to the nearest hospital.

4.3 Helicopter transport costs

The insurer covers the cost of helicopter transport. Only flights to a hospital located in Switzerland are covered.

4.4 Emergency medical costs

The insurer covers emergency medical costs incurred in Switzerland only, to the extent that they are not covered by private or public health or accident insurance.

4.5 Local transport costs

On presentation of the original receipts, the insurer reimburses taxi or public transport costs made necessary by the insured event for journeys between the place of stay, the treating doctor's surgery and the hospital (return trip), including medically prescribed follow-up visits during the period of validity of the pass.

4.6 Provision of a driver

Where the insured person is unable to drive their own vehicle following the insured event, the insurer provides a driver for their return to their usual home. This benefit is subject to the insurer's prior agreement.

4.7 Medical repatriation

The insurer covers the actual cost of the insured person's medical repatriation to their usual home, provided the insured person has received medical care within the meaning of sections 4.2 to 4.4. This benefit is subject to the insurer's prior agreement.

4.8 Compensation for the accompanying person

The insurer reimburses, on a pro rata temporis basis, the unused pass, ski lessons not taken and unused sports equipment hire of an accompanying person, where that person has had to stay at the bedside of the insured person in one of the following cases:

- the insured person is a minor and the accompanying person is an adult who has stayed at their bedside following the insured event; or
- the insured person is an adult and their state of health, evidenced by a medical certificate or hospitalisation, requires the permanent presence of an accompanying person because they are unable to meet their essential needs unaided.

Presence based purely on personal convenience or moral support is not covered, in particular where the insured person, of sound judgement and independent in the activities of daily life (for example, with a splint or a limb in plaster), does not medically require a permanent presence.

4.9 Reimbursement of the pass, lessons and equipment

For holders of a ski pass valid for two days or more, the insurer reimburses, on a pro rata temporis basis and on presentation of the original receipts, the unused ski lift pass, ski lessons not taken and unused sports equipment hire, where the insured person is unable to ski for any medical reason (accident or illness), provided that a medical certificate is submitted and that the inability did not already exist when the ski pass or lesson was purchased.

The insurer also reimburses, on a pro rata temporis basis, the unused pass where, for a whole day, no more than five ski lifts within the area covered by the ski pass are in operation due to adverse weather conditions (strong winds, avalanche risk, excessive snowfall). This event must be the subject of an official announcement by the resort. Holders of half-season, season or annual passes are not entitled to this weather-related benefit.

4.10 Legal costs

Where, as a result of an insured event, the insured person is party to criminal or civil proceedings, the insurer covers the court costs as well as the fees of a lawyer or of any other person entitled to provide legal representation under the law applicable to the proceedings.

5. Exclusions

The following are not covered:

- events that had already occurred at the time the ski pass or ski lesson was purchased, or whose occurrence was obvious to the insured person at that time;
- pre-existing illnesses and injuries, already diagnosed or treated before purchase, where the inability to ski already existed at that time;

– events connected with intentional acts, deliberate failure to comply with official prohibitions or gross negligence;
– events occurring under the influence of alcohol, drugs, narcotics or medication not prescribed by a doctor;
– suicide, attempted suicide and self-harm;
– ski mountaineering and off-piste skiing, except in areas expressly authorised by the resort for "off-piste" skiing;
– participation in competitions or races of a competitive nature, even as an amateur, engaging in a sporting activity on a professional basis or under a paid contract, and training for such competitions;
– events occurring in the course of a professional activity;
– incorrect or improper use of the ski pass, in particular using a piste without the corresponding transport ticket;
– helicopter transport carried out abroad or to a hospital located abroad;
– deductibles and cost-sharing amounts payable under the Federal Act on Health Insurance (LAMal) or any other social insurance or pension institution;
– third-party claims based on civil liability;
– defence costs relating to a crime or offence that the insured person has committed or attempted to commit intentionally; this exclusion does not apply in the event of self-defence or necessity, nor where proceedings are discontinued or the insured person is acquitted, provided no costs or damages have been imposed on the insured person;
– damage arising from the ownership, possession or use of motor vehicles;
– accidents occurring outside the ski resort area;
– measures and costs not ordered or approved by the insurer where its prior agreement is required, as well as measures and costs whose coverage is not expressly provided for in these General Insurance Conditions.

6. Obligations and procedure in the event of a claim

6.1 Notification of the claim

The insured person must notify the insurer of the claim as soon as possible, in writing or by any other means enabling proof by text, using the following details:

Address	MUTUAIDE ASSISTANCE, Swiss Head Office, Route de la Fonderie 2, CH-1700 Fribourg
Email	mutuaide.ski@swiss-claims.ch
Telephone	+41 26 425 81 20 / +41 26 425 80 00

6.2 Documents to be enclosed

– proof of membership of the group insurance (ski pass, ski school invoice or purchase confirmation);
– the medical certificate, in the event of accident or illness;
– the duly completed claim form, with the insured person's correct personal details;
– the original receipts for the expenses for which reimbursement is requested;
– the insured person's bank or postal account details.

6.3 Obligations of the insured person

– mitigate the loss as far as possible;
– provide, fully and accurately, all information enabling the circumstances of the claim to be determined and its consequences assessed;
– in the event of accident or illness, release the treating doctors from medical confidentiality towards the insurer, to the extent necessary to process the claim;
– notify the claim first to their existing insurers (health or accident) for the benefits under sections 4.2 to 4.5 and 4.9, and then forward to the insurer the final statement from the primary insurer in order to claim the benefits not covered;
– obtain the insurer's prior agreement for the benefits under sections 4.6 and 4.7.

6.4 Breach of obligations

In the event of culpable breach of the obligations to notify, inform or cooperate, the insurer is entitled to

reduce or refuse its benefits, unless the insured person proves that the breach had no effect on the occurrence of the claim or on the extent of the benefits owed. In the event of late notification, the insurer accepts no liability for assistance benefits that can no longer be provided in time.