

8. Where patients are treated in facilities with which the UN system does not have and will not conclude a formal arrangement for the provision of medical services, your company agrees to pay for all medical services, hospital accommodation costs, and reasonable incidental expenses. Cigna shall receive invoices for such services and shall reroute them to your company. In such circumstances, your company will be responsible for the payment of these invoices either through direct payment or existing insurance arrangements at its discretion, as soon as possible.
9. In all cases and regardless of treatment location, your company, either through insurance or other available means, will be responsible for any and all costs after the patient's discharge from intensive/high dependency care, including, but not limited to, other in-patient treatment, outpatient services, room and board during the convalescent period, any applicable entitlements from your company, as well as onward or return travel to the

Nothing in this communication shall be deemed a waiver, express or implied, of the privileges

ATTACHMENT

Notice: All persons, including UN staff members, are required to sign the below Information Disclosure Consent Form as a condition of being provided with COVID-19 MEDEVAC Services by the United Nations

**INFORMATION DISCLOSURE CONSENT FORM
FOR UN COVID-19 MEDICAL EVACUATION (MEDEVAC) SERVICES**

I, the undersigned, hereby agree that my medical records or any information relating to my health status or personal information may be released or transferred, in accordance with applicable national laws, regulations, policies and procedures, to any treating physician(s), medical institution(s), my employer, any UN system organizations involved in the MEDEVAC services, third party service provider engaged by the UN to review, process and issue payments for medical services, and/or relevant national authorities that may be involved in providing or assisting with, or have authority over COVID-

Notice: All persons, other than staff members of the UN or its funds and programmes, are required to sign the below General Release from Liability Form as a condition of being provided with COVID-19 MEDEVAC Services by the United Nations

**GENERAL RELEASE FROM LIABILITY FORM
FOR UN COVID-19 MEDICAL EVACUATION (MEDEVAC) SERVICES**

I, the undersigned, hereby recognize that my travel on ground and/or air transportation for medical evacuation purposes due to my medical condition relating to COVID-19, as well as all medical care that may be provided to me by the UN, UN entities, UN contractors and/or government authorities and their personnel, is solely for my own convenience and benefit, and may take place in areas or under conditions of special risk. In consideration of receiving such transportation and medical care, I hereby:

- (a) Assume all risks and liabilities in connection with the provision of such transportation and medical care;
- (b) Recognize that neither the United Nations, nor any of its officials, employees or agents is liable for any loss, damage, injury or death that may be sustained by me during or as a result of the provision of such transportation and medical care;
- (c) Agree, for myself as well as for my dependents, heirs and estate, to hold harmless the United Nations and all its officials, employees and agents from any claim or action on account of any such loss, damage, injury or death;
- (d) Acknowledge that any air transportation for medical evacuation purposes is not offered as a commercial service or a service for the general public; that the air transportation may be operated in an area of possible hazardous conditions, including hostilities; that the operating air transportation conditions and facilities may not meet International Civil Aviation Organization (“ICAO”) or other international or national standards, which could pose special risks for the flight; and my travel on

(Complete if applicable) I am the parent or legal guardian of _____ (insert name) (“my child”), and hereby agree to my child’s travel on ground and/or air transportation and to the provision of medical care to my child on the above conditions, in the context of COVID-19 medical

LETTER OF GUARANTEE

The above-mentioned Entity agrees to be responsible for the payment of (i) medically necessary, reasonable and customary medical costs and expenses for services related to treatment of COVID-19, and (ii) reasonable additional incidental expenses, such as personal and hygiene items (toothbrush, shower gel) telephone/TV, drinks, newspapers, incurred during such services.

Receipt of invoices is centrally managed by a third-party provider, Cigna International Health Services BVBA. Invoices together with a copy of this Letter of Guarantee should be addressed no later than within six months of the patient's discharge from the receiving hospital to: UN System-Wide Medevac Task Force (policy 522) at UNCovidMedevac@cigna.com.

Payment will be effected