



CHARTER FOR THE EXTENSION OF THE HEALTH AND WELL-BEING PROGRAMME OF THE AXA GROUP  
(PHASE II)

On November 18, 2020, the AXA Group and its European Works Council signed a charter of commitment to strengthen the health and well-being of all the Group's employees worldwide, through the implementation of a global programme.

Following the implementation of the 1<sup>st</sup> key phase of this programme, the AXA Group now wishes to confirm its strategy of social innovation in the field of health, by making available to all its employees worldwide, if they so wish:

1. Access to:
  - Medical teleconsultation services.
  - Digital programmes focusing on prevention and the provision of health information.
2. Appropriate medical support in case of serious illness<sup>1</sup>:
  - In case of cancer, a minimum coverage of 75% of medical expenses<sup>2</sup>, psychological support and a description of applicable services and benefits.
  - In case of serious illness, access to a second medical opinion.

Each entity will be responsible for the operational implementation of the principles contained in this Charter, taking into consideration the local context and local practices, legislation and regulations, especially regarding the protection of personal data.

This second phase of the programme will be the subject of a communication campaign under the label "Healthy You Program" and will be phased in gradually by each entity, with full application to be completed by December 2023 at the latest.

The signatories of this Charter will pay particular attention to the implementation of this system, which will be discussed at the meetings of the European Works Council.

Paris, ..... 2021,

The AXA Group, represented by  
**Thomas BUBERL**,  
Chief Executive Officer of AXA

The AXA European Works Council, represented by  
**Hedi BEN SEDRINE**,  
Secretary of the AXA European Works Council

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<sup>1</sup> As defined by local and/or national schemes.

<sup>2</sup> Considering the coverage already provided by the national health system and existing occupational schemes, as well as local cost practice. A ceiling expressed in amount can be defined according to local practices and insurance solutions and a maximum reimbursement rate for experimental treatments can be introduced.

