

# Terms and conditions of critical illness insurance cover

Valid from 06.06.2016

The terms and conditions of critical illness insurance cover are valid together with the general terms and conditions. In the event of any ambiguities or discrepancies, the terms and conditions of critical illness cover for are adhered to.

## Definitions

**Insurance cover** is the obligation of the insurer to pay the insured person a benefit if an insured event occurs.

**Insured event** is the first diagnosis of the insured person of a critical illness during the validity of the contract.

**Waiting period** is a period during which a diagnosed critical illness is not an insured event. The waiting period is three months from the beginning of insurance cover.

## Validity of insurance cover

1. Insurance cover commences on the date indicated in the policy.
2. Insurance cover is valid for one year and is automatically extended on the same terms for the following insurance year. A wish to alter the terms of the insurance contract or to terminate insurance cover is communicated in writing at least 30 days before the expiry of insurance cover.
3. When insurance cover is added to an existing insurance contract, it is at first valid until the end of the insurance year. Then, the validity of insurance cover coincides with the insurance year under the insurance contract.
4. Insurance cover is terminated:
  - if an insured event occurs;
  - upon the death of the insured person;
  - upon expiry of the insurance contract;
  - upon the insured person turning 66;
  - upon its cancellation.
5. The insurer can withdraw from insurance cover if the insured person is diagnosed with a critical illness during the waiting period. In the event of withdrawal, the insurer returns the insurance premiums paid.

## Critical illnesses

### Heart attack

6. Heart attack is an infarction of heart muscles, which means irreversible damage to the heart muscle, as a result of decreased blood supply to the heart muscle, or its cessation, according to the International Classification of Diseases, or main diagnosis code I21 under RHK-10.

### Stroke

7. Stroke is a neurological deficiency resulting from a cerebral infarction. Cerebral infarction results from cerebral ischaemia or haemorrhage; main diagnosis code I60-64 under RHK-10. Stroke is confirmed by a computed tomography (CT) or magnetic resonance tomography (MRT) investigation.
8. Neurological deficiency is assessed three months after a stroke or later.

9. Neurological deficiency occurs when the insured person permanently and irreversibly:
- is unable to walk 200 metres on a level surface without an aid;
  - is unable to eat independently;
  - is unable to speak or comprehend speech;
  - has lost the function of an entire limb.

### **Malignant tumour**

10. A malignant tumour is uncontrollable growth of malignant cells and their expansion to healthy tissues; the main diagnosis code under RHK is C00-97. A malignant tumour is confirmed by a histological investigation performed by an oncologist or pathologist.
11. Malignant tumours do not include:
- Stage 1 Hodgkin's and non-Hodgkin lymphoma under Ann Arbor classification;
  - *Carcinoma in situ* malignant changes, including cervical dysplasia CIN-1, CIN-2 and CIN-3 or conditions described as histologically pre-invasive;
  - tumour without metastases or malignant melanoma with a Breslow's depth under 1.5 mm;
  - a prostate tumour which has been histologically described as TNM classification T1(a) or T1(b), or equivalent;
  - papillary micro-carcinoma of the thyroid; non-invasive papillary carcinoma of the bladder which has histologically been described as TaNOM0 or lower classification;
  - chronic lymphocytic leukaemia in a lower stage than RAI stage I or Binet A Stage I.

### **Renal failure**

12. Renal failure is continued, irreversible destruction of the functional tissue of both kidneys, as a result of which constant dialysis or a kidney transplant is needed.

### **Cardiovascular surgeries**

13. Cardiovascular surgeries considered as critical illness include:
- bypass graft of the coronary arteries of the heart;
  - surgery on the aorta: for the removal or repair of an aortic aneurysm, constriction, coarctation or traumatic rupture. The aorta means thoracic or abdominal aorta, but not any branches;
  - primary heart valve operation for the replacement or repair of a valve due to a fault or anomaly;
  - primary coronary artery expansion or stenting which is the treatment of at least 70% constriction in multiple coronary arteries. Constriction must be proven angiographically.

## **Exclusions**

14. Critical illness is not an insured event if:
- the insured person dies within one month of the occurrence of the insured event;
  - it is diagnosed during the waiting period;
15. The insurer may refuse to pay or it may reduce the benefit if the policyholder or insured person has:
- knowingly provided incorrect or incomplete information at the time of the conclusion of the insurance contract or of an increase in insurance cover, and this increases the insured risk;
  - provided incorrect or incomplete information about the insured event.
16. The insurer may refuse to pay or it may reduce the benefit if the insured event has been caused by:
- alcohol or a narcotic, psychotropic or other toxic substance. The above also includes an accident with a motor vehicle driven by the insured person if the concentration of the above substance in the insured person's body exceeded the limit set in the legislation of the country of location of the accident;
  - self-mutilation or suicide attempt;
  - radioactive radiation;
  - war, act of a foreign enemy, civil war, rebellion, participation in a revolution or civil disturbances;
  - disregard for the treatment or instructions of a physician;
  - unauthorised treatment procedure or ingesting of medicines;
  - intentional illegal action of the policyholder or insured person, including driving a motor vehicle without a licence.