

# Accident insurance

## Terms and conditions of daily allowance insurance cover

Valid from 06.06.2016

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

### Definitions

**Temporary incapacity for work** is the insured person's inability to earn a salary, as proven by a certificate of incapacity for work.

**Benefit** is an amount of money calculated from sum insured and paid by the insurer to the insured person upon an insured event.

**Insured event** is the insured person's temporary incapacity for work lasting for at least 14 days, caused by an accident that has occurred during the period of validity of insurance cover.

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

**Daily allowance** is an agreed sum insured paid by the insurer to the insured person in the event of temporary incapacity for work for every day spent on sick leave.

**Accident** is an unexpected and unforeseeable event that has occurred due to an external impact beyond the control of the insured person, including heat stress, carbon monoxide poisoning or tick bite.

### 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:
  - upon expiry of the insurance contract;
  - upon the insured person turning 71;
  - upon its cancellation.

### Daily allowance amount

5. The daily allowance amount is agreed between the policyholder and the insurer before the commencement of insurance cover.
6. The policyholder may request a change to the daily allowance. An application for a change is submitted at least one month before the desired change taking effect. The new premium is calculated on the basis of the rates applicable at the time of the change.

## Calculation and payment of benefit

7. Benefit is calculated from the first day of the temporary incapacity for work of the insured person, provided that the incapacity for work has persisted for at least 14 calendar days.
8. Benefit is paid for a maximum of 120 days per insured event.
9. Benefit is paid for a maximum of 120 days in an insurance year.

## Obligations of the insured person in the event of an accident

10. If an insured event occurs, the insured person must consult a physician and notify insurer at the first opportunity.
11. The insured person must undergo medical examination at the insurer's request.

## Exclusions

12. 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.
13. The insurer may refuse to pay or it may reduce 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 insured person or the policyholder, including driving a motor vehicle without a licence.
14. The insurer may refuse to pay or it may reduce the benefit if the insured event has been caused by any of the following activities not indicated in the policy:
  - dangerous hobby such as auto or motor sport, mountain climbing or alpinism, diving deeper than 40 metres, parachuting, caving, aeronautics, except as a passenger or crew member aboard a licensed passenger airplane;
  - professional sport, participation in competitions or attempts to break a record.
15. The following shall not be an insured event:
  - accident resulting from the insured person's illness, disability or mental condition;
  - health impairment resulting from the treatment of or an operation performed on the insured person, except for health impairment resulting from an accident;
  - infection, including one caused by a pathogenic agent entering the body through a lesion in the skin or mucous membrane;
  - osteochondrosis of the vertebral column, rupture or prolapse of intervertebral cartilaginous discs, radiculopathy, pain syndromes resulting from muscles in the back; anterior abdominal wall, inguinal or diaphragmatic herniations.