

Special Conditions of Fixed-Sum Covers of Generali Company Care Health Insurance (GCC-ÖB/02016)



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These special conditions set out the standard terms and conditions for the **fixed sum insurance covers available under Generali Company Care Health Insurance policies** offered by Generali Biztosító Zrt. (hereinafter: insurance company), provided that the policy has been concluded by reference to these special conditions.

In the case of matters **not regulated by the special policy conditions, the insurance shall be governed by the General Terms and Conditions of Generali Company Care Health Insurance (GCC-ÁSZF/02016)** (hereinafter: general conditions).

I. Insured event

I.1. Accidental permanent disability to an extent of at least 30%

I.1.1. The insured event is an accident (within the meaning set out in Clause VII.5 of the general conditions) which occurs while the insurance policy is in force and as a result of which the insured suffers permanent physical or mental impairment to an extent of at least 30%.

I.1.2. Physical or mental impairment means a loss of a physical and/or mental function which impede normal life.

I.1.3. Impairment to health shall be permanent if the medical condition of the insured is unchanging, stable. If the degree of the physical or mental impairment is continuously changing, but 2 years have passed since the date of the accident, then after the expiry of the 2 years, the medical examiner of the insurance company shall be entitled to determine the degree of confirmed permanent impairment, which the insurance company shall regard as permanent impairment due to an accident for the purposes of the insurance company's payment of insurance benefits and with respect to the amount of such benefits.

When establishing permanent injury to health, no change in the Insured's capacity for work and/or a constraint to terminate a sports activity shall be considered. No adverse aesthetic effect or other (social, financial, etc.) detriment caused by the accident shall in itself be grounds for an insurance claim for permanent health impairment.

I.1.4. The date of the insured event is the date of the accident.

I.2. Fracture of bones

I.2.1. The insured event is an accident (within the meaning set out in Clause VII.5 of the general conditions) which occurs while the insurance policy is in force and as a result of which the insured suffers a bone fracture, including incomplete fractures. For the purposes of these special conditions, a fracture of the tooth does not qualify as fracture of the bone.

I.2.2. The date of the insured event is the date of the accident.

I.3. Fixed sum hospitalization benefit, with an 8-day elimination period

I.3.1. The insurance coverage applies to a sudden illness or accident of the insured which is unprecedented relative to the commencement of the insurance coverage (Clause VII.5 of the general terms and conditions), as a result of which the insured receives in-patient hospital care (Clause VII.5 of the general terms and conditions), provided that it is medically required.

I.3.2. For the purposes of this insurance, inpatient care shall be provided for any person who is hospitalized in a medical service provider institution for several days to receive medical attention, and the person spends every night during his hospitalization, between admission and release, in such institution in connection

with the medical treatment. The insured is hospitalized for multiple days if his/her discharge from the hospital is on a later day than that of his/her admission. In the case of in-patient hospital care, for the purpose of determining the insurance benefit payment, the first day of hospitalization shall be the date of admission, and the last day of hospitalization shall be the date of discharge.

I.3.3. If the insured is admitted to a hospital as an in-patient because of an illness, the date of the insured event shall be the first day of the hospitalization; if the insured is admitted to hospital as an in-patient because of an accident, the date of the insured event shall be the date of the accident.

I.4. 40 critical illness coverage

I.4.1. The insured event is a **sudden, unexpected onset of any one of the illnesses listed below and defined in Clause I.4.2, any time during the coverage period, without precedent conditions prior to the commencement of the insurance coverage, as well as the medical treatment or surgery required to treat a sudden primary disease with no pre-existing symptoms relative to the commencement of the insurance coverage.**

1. myocardial infarction (heart attack)
2. malignant tumors
3. cerebrovascular accident
4. chronic renal failure
5. coronary artery surgery
6. organ transplantation
7. AIDS
8. benign tumors
9. pacemaker-defibrillator implant surgery
10. atherosclerosis heart disease (coronaria sclerosis)
11. coronary bypass surgery
12. heart valve surgery
13. cardiomyopathy
14. cerebral venous surgery
15. open thoracic and/or abdominal aorta repair
16. aortobifemoral bypass surgery
17. Alzheimer's disease (AD)
18. Parkinson's disease (PD)
19. multiple sclerosis (MS)
20. loss of hearing
21. loss of vision
22. loss of speech
23. aplastic anaemia
24. haemophilia
25. Osler disease
26. hepatitis C virus infection
27. severe burn
28. ulcerative colitis
29. familial adenomatous polyposis (FAP)
30. Crohn's disease
31. small bowel surgery
32. nephrostomy surgery
33. terminal state pulmonary disease
34. rheumatoid arthritis (RA)
35. ankylosing spondylitis (Bekhterev's disease)
36. amputation
37. facial nerve paralysis
38. esophageal stricture
39. constrictive pericarditis
40. chronic acquired skin inflammation

I.4.2. For the purposes of these special conditions, the **medical conditions** listed in Clause I.4.1 **shall have the following definitions:**

- 1) **Myocardial infarction** (heart attack) is the sudden loss of blood supply resulting in cell death in a certain part of the heart. For the purposes of these special conditions, only those pathological condition shall be regarded myocardial

infarction, where the extent of the tissue damage results in pathological Q waves which may be visualized by standard ECG registration techniques.

The date of the insured event: the time of the onset of the illness, as established by the attending physician.

- 2) In the case of **malignant tumors** a group of cells with signs of abnormality (malignant neoplasm) display uncontrolled growth, and this abnormal mass of malignant tissue grows beyond the normal limits, intruding on and destroying adjacent tissues (invasion), and sometimes spread to and invade other locations in the body (metastasis) where they start to multiply.

For the purposes of these special conditions, malignant tumors include: hematological malignancies (leukemia), tumors developing from the reticuloendothelial system and the lymphatic system (lymphoma), and the cancer of plasma cells (multiple myeloma).

The insurance does not cover the following groups of malignant tumors:

- premalignant (pre-carcinoma) conditions,
- non-invasive (in situ) tumors,
- skin cancer, except malignant tumors of melanocytes (malignant melanoma),
- any tumor that develops following a diagnosis of HIV.

The date of the insured event: the date of the diagnosis of the disease.

- 3) **Cerebrovascular accident:** a rapidly developing loss of brain function(s) due to disturbance in the blood supply to the brain (ischemia caused by partial or full blockage [thrombosis, arterial embolism], or a hemorrhage [leakage of blood]), as a result of which the affected area of the central nervous system dies leading to permanent neurological damage (plexus injuries), i.e. the physical symptoms indicative of the damage are present even after 30 days after the stroke. The insurance coverage **shall not apply to a cerebrovascular accident where there is a causal link to an accident** within the meaning of Clause VII.5. of the general conditions.

The diagnosis of the **cerebrovascular accident**, the permanent neurological deficit and the causal link between the two shall be **determined by the medical expert of the insurance company, or a specialist named by the medical expert.**

The date of the insured event: the date determined as the onset of the illness, provided that the physical symptoms indicative of the permanent damage to the nervous system are present even after 30 days following the onset of the illness.

- 4) **Chronic renal failure:** an irreversible worsening of renal function in both kidneys, where the extent of the worsening is so large that it results in a condition that is incompatible with life without renal replacement therapy in a form of dialysis, or a kidney transplant, and the insured needs to receive renal dialysis for at least 60 days.

The date of the insured event: the first day of the renal dialysis, provided that the insured needs to receive dialysis for at least 60 days.

- 5) **Coronary artery surgery:** an open surgical procedure performed to treat a narrowing or a blockage of two or more coronary arteries confirmed by coronarography by removing the damaged arteries and replacing them with healthy arteries from elsewhere in the patient's body or by bypassing it with healthy arteries.

The date of the insured event: the date of the surgery.

- 6) **Organ transplantation:** the surgical moving of a heart, a heart-lung complex, lungs, a liver or a kidney from one body (donor) to another (recipient). Human cell and tissue transplantation shall not be understood as organ transplantation. Therefore the transplantation of pancreas, skin and bone, or blood transfusion shall not be insured.

The date of the insured event: the date of the surgery.

- 7) **AIDS** is a medical condition, where the CD4+ cell (lymphocyte) count in the blood of the person infected by HIV is permanently under 200/μl, and an illness is caused by an opportunistic infection – an infection by pathogens that are normally present and do not cause illness in a healthy host.

The date of the insured event: the date of the diagnosis of the disease.

- 8) **Benign tumors** mean a cerebral or spinal chord tumor demonstrated as benign by a developed diagnostic method (CT/MR), which results in the total paralysis of one half of the body even after 6 months of treatment completion.

The date of the insured event: the date of the diagnostic procedure confirming the disease.

- 9) **Pacemaker-defibrillator implant surgery** means final pacemaker and defibrillator implant surgery required by reason of an impulse conduction disorder and ventricular fibrillation.

The date of the insured event: the date of final pacemaker and defibrillator implant surgery.

- 10) **Atherosclerosis heart disease (coronaria sclerosis)** means a coronary stenosis affecting three vessels to a degree certified to require revascularization by a cardiac catheter procedure, however, the main coronary supplying the left ventricle of the heart (LAD) is not suitable for any intervention and surgery based on medical documentation.

The date of the insured event: the date of the cardiac catheterization.

- 11) **Coronary bypass surgery** means an open thoracic coronary surgery in the course of which all three main coronary vessels have been simultaneously bypassed by a surgical procedure, and following surgery, at least 50% stenosis is arrested in the main coronary branch supplying the left ventricle of the heart (LAD), and such stenosis, remaining after the surgery, is verified by a cardiac catheter test performed at least 6 months after date of the surgery; and based on the documentation of a special cardiology test performed at least 30 after such cardiac catheter test, no better result than 50% stenosis can be achieved even by further intervention.

The date of the insured event: the date of the surgery.

- 12) **Heart valve surgery** means an open thoracic heart surgery involving extracorporeal ("heart motor") circulatory maintenance, in the course of which valve plastic surgery and / or valve exchange are performed, following which the insured is subject to cardiology control even after the 30th day following such surgery.

The date of the insured event: the date of the surgery.

- 13) **Cardiomyopathy** means a myocardial disease in the course of which cardiac output (EF) fails to exceed 20% on an ongoing basis for at least 6 months, subject to treatment. It shall not be deemed as an insured event if cardiomyopathy is developed due to alcohol and drug consumption.

The date of the insured event: the date of the diagnosis of the disease.

- 14) **Cerebral venous surgery** means the surgery of a cerebral or tentorial vessel involving the opening of the neurocranium due to an illness. It shall not be deemed as an insured event if a surgery is required by reason of an accident or for the sole purpose of cranial cavity pressure reduction.

The date of the insured event: the date of the surgery.

- 15) **Open thoracic and/or abdominal aorta repair** means a surgery involving the opening of the thoracic and / or abdominal cavity due to an illness.

It shall not be deemed as an insured event if a surgery is required by reason of an accident.

The date of the insured event: the date of the surgery.

- 16) **Aortobifemoral bypass surgery** means a bypass surgery performed on both femoral arteries due to vasoconstriction in the course of a single intervention.

It shall not be deemed as an insured event if a surgery is performed due to femoral vasoconstriction caused by arteriosclerosis diagnosed within 6 months of the commencement of coverage, or an intervention is performed by vascular catheter technology.

The date of the insured event: the date of the surgery.

- 17) **Alzheimer's disease (AD)** means a neurological disease of a degree of severity characterized by a gradual deterioration of mental abilities, behavioral disorders, and biological degradation following dementia, the severity of which is qualified in the expert opinion of the National Institute of Medical Experts corresponding to more than 49% of disability only due to this illness.

The date of the insured event: The issue date of the expert opinion of the National Institute of Medical Experts.

- 18) **Parkinson's disease (PD)** means a progressive neurological disease characterized by involuntary movements including shaking, rigidity, slowness of movement and dysequilibrium; and the severity of which is qualified in the expert opinion of the National Institute of Medical Experts corresponding to more than 49% of disability only due to this illness. It shall not be deemed as an insured event if a disease specified as Parkinson's syndrome is diagnosed (caused by e.g. medication, toxic injuries, or arteriosclerosis).

The date of the insured event: The issue date of the expert opinion of the National Institute of Medical Experts.

- 19) **Multiple sclerosis (MS)** is a demyelinating progressive disease causing neurological and psychic symptoms, the severity of which is qualified in the expert opinion of the National Institute of Medical Experts corresponding to more than 49% of disability only due to this illness.

The date of the insured event: The issue date of the expert opinion of the National Institute of Medical Experts.

- 20) **Loss of hearing** means an at least 91 Db hearing impairment on both ears as a consequence of an illness or accident, which is final and cannot be corrected by surgery or aid, and is sustained continuously for at least 6 months.

The date of the insured event: the date of the medical specialist examination document of otorhinolaryngology establishing loss of hearing on both sides, considering their status as final, and recording audiogram test results as well.

- 21) **Loss of vision** occurs when the vision of both eyes has been impaired irreversibly for at least 6 months to such a degree, as a consequence of an illness or accident, with no correction possible for improvement, that the remaining field of vision fails to reach 10% on either eye due to scotoma, and / or only hand movements are perceived by both eyes due to the deterioration of visual acuity, or, as a joint consequence of scotoma and deterioration of visual acuity, the impairment of visual acuity is 100 %, the above being supported by the expert opinion of the National Institute of Medical Experts.

The date of the insured event: the date of the medical specialist examination document of ophthalmology supporting the insured event and describing the state as final.

- 22) **Loss of speech** occurs when the earlier sound speaking ability is impaired completely and finally to such a degree for at least 6 months, and cannot be corrected by applying any aid, that no intelligible words can be uttered due to a lack of sound volume and speech articulation as required for communication, and it is supported by the expert opinion of the National Institute of Medical Experts as well. It shall not be deemed as an insured event if loss of speech occurs due to a psychiatric reason.

The date of the insured event: the issue date of the expert opinion of the National Institute of Medical Experts.

- 23) **Aplastic anaemia** occurs when the illness is supported by an expert opinion of haematology based on a bone marrow examination, and at least 4 units of transfusion (blood substitute) have been administered each month for at least 1 year.

Blood preparations administered by reason of other illnesses or accidents are not included.

The date of the insured event: the date of the first transfusion as specified in the definition of the insured event.

- 24) **Haemophilia** occurs when continuous factor substitution has been required due to haemophilia for at least 1 year, and the missing blood clotting factor is below 1% of the physiological value. It shall not be deemed as an insured event if factor substitution is required by reason of any intervention / surgery or any other illness involving a hazard of bleeding or if it is administered on a non-continuous basis.

The date of the insured event: the date of the first factor substitution as specified in the definition of the insured event.

- 25) **Osler disease** occurs when the illness is supported by expert opinions following medical specialist examination, and due to this disease, at least 4 units of transfusion (blood substitute) on average have been administered each month for at least 1 year. Blood preparations administered by reason of other illnesses or accidents are not included.

The date of the insured event: the date of the first transfusion as specified in the conditions of the insured event.

- 26) **Hepatitis C virus infection** is deemed to be an insured event if, after completion of antiviral or other therapeutic treatment, the treating hepatology institution documentation certifies the continued presence of hepatitis C virus infection and hepatic cirrhosis due to liver injury, associated with oesophageal varicosity and pathological liver function results, and no further causal treatment can be performed.

The date of the insured event: the date of the medical specialist examination document of hepatology supporting the insured event.

- 27) **Severe burns** means third-degree burns affecting at least 20% of the body surface area as a result of heat, and the insured requires medical treatment for more than 30 days after the date of such burn injuries.

The date of the insured event: the date of the accident.

- 28) **Ulcerative colitis** is deemed to be an insured event if the entire colon is removed due to an illness and a final ileostoma is prepared simultaneously.

The date of the insured event: the date of the surgery.

- 29) **Familial adenomatous polyposis (FAP)** is deemed to be an insured event if the entire colon is removed due to an illness and a final ileostoma is prepared simultaneously.

The date of the insured event: the date of the surgery.

- 30) **Crohn's disease** is deemed to be an insured event if intestinal sections have been removed 3 times during the course of the disease or a final stoma has been prepared (with the anus closed and the rectum removed).

The date of the insured event: the date of the 3rd surgery/ of final stoma preparation.

- 31) **Small bowel surgery** is deemed to be an insured event if at least half of the small intestine has been removed for any reason, supported by surgery description and histology records.

The date of the insured event: the date of the surgery.

- 32) **Nephrostomy surgery** is deemed to be an insured event if a final nephrostoma was prepared on both sides at least 6 months ago.

The date of the insured event: the date of the second or simultaneous bilateral nephrostoma preparation.

- 33) **Terminal state pulmonary disease** is deemed to be an insured event if the severity thereof is qualified in the expert opinion of the National Institute of Medical Experts corresponding to more than 79% of disability only due to this illness.

The date of the insured event: The issue date of the expert opinion of the National Institute of Medical Experts.

34) **Rheumatoid arthritis (RA)** is deemed to be an insured event if the severity thereof is qualified in the expert opinion of the National Institute of Medical Experts corresponding to more than 69% of disability only due to this illness.

The date of the insured event: The issue date of the expert opinion of the National Institute of Medical Experts.

35) **Ankylosing spondylitis (Bekhterev's disease)** is deemed to be an insured event if the severity thereof is qualified in the expert opinion of the National Institute of Medical Experts corresponding to more than 69% of disability only due to this spine disease.

The date of the insured event: The issue date of the expert opinion of the National Institute of Medical Experts.

36) **Amputation** means the amputation of two or more limbs during the policy period, for any reason excluding self-mutilation, to at least the upper third of the thigh in case of the lower limb, or above the wrist joint in case of the upper limb.

The date of the insured event: the date of the second or simultaneous amputation affecting two limbs.

37) **Facial nerve paralysis** occurs when Nervus facialis (facial nerve) is paralyzed to such a degree that nutrition is made impossible to a mouth closure disorder, and the intake of food has been accomplished by implanted tube feeding through the abdominal wall to the stomach or the small intestine for at least 6 continuous months.

The date of the insured event: the date of implantation of the stomach or small bowel tube.

38) **Esophageal stricture** occurs when the esophagus is constricted to such a degree due to a disease of non-tumorous origin that the intake of food has been accomplished by surgically implanted tube feeding through the abdominal wall to the stomach or the small intestine for at least 6 continuous months.

The date of the insured event: the date of implantation of the stomach or small bowel tube.

39) **Constrictive pericarditis** is deemed to be an insured event if open thoracic pericardial surgery has been performed for treatment.

The date of the insured event: the date of the surgery.

40) **Chronic acquired skin inflammation** (e.g. allergic or irritative contact skin inflammation, atopic dermatitis, psoriasis) is deemed to be an insured event if such inflammation - in spite of treatment directed by a dermatologist - has been continuously affecting, in an active state, at least 50 % of the surface of the body, both palms and both soles for at least 1 year at the time of the notification of the claim for benefit.

The date of the insured event: the date of the diagnosis of the disease.

II. General provisions on the payment of insurance benefits and cases of limited payment

II.1. Accidental permanent disability to an extent of at least 30%

II.1.1. The insurance benefit is paid out only if the impairment is confirmed to be permanent and of an extent of at least 30% (Clause I.1.3. of these special conditions).

II.1.2. If an insured event occurs, the benefit payout that the insurance company will make shall be the percentage of the sum insured specified in the insurance policy that is in force at the time when the permanent impairment is established, or in the absence thereof the sum insured specified in the insurance policy that was in force at the time when the policy was terminated, identical to the extent of the permanent impairment, provided that the extent of the health impairment is at least 30%.

II.1.3. The extent (degree) of any permanent impairment on which the insurance claim is based, shall be confirmed by the insurance company's medical examiner pursuant to the table in Schedule No 3 which shall form an integral part of the general conditions.

II.1.4. If the degree of the permanent physical or mental impairment cannot be established on the basis of the table, the insurance benefit shall be determined by a medical assessment of the extent of the physical and/or mental impairment. **Organs or body parts injured permanently before the date of the accident shall be excluded from the insurance coverage up to the extent of the former injury.**

The extent of impairment determined in the expert's opinion of the National Institute of Medical Experts (or the body authorized by the effective legislation to determine a degree of disability (physical or mental impairment)) and/or in the resolution of the National Pension Insurance Administration cannot be used as a binding reference for determining the extent of the impairment by the insurance company's medical examiner.

Furthermore, the advice or resolution of any other medical boards shall not be binding for the insurer when determining the permanent nature of the health damage or the extent of the permanent health damage.

II.1.5. The degree of the permanent physical or mental impairment resulting from any one insured event may not be higher than 100%.

II.1.6. If the insured dies before his/her impairment becomes permanent, and the insurance company's medical examiner confirms that on the basis of the documents of the last medical examination the degree of eligible impairment is at least 30%, the insurance company shall pay the sum insured applicable to the particular insured corresponding to the degree of the health impairment effective as of the date of death as a benefit payout.

II.1.7. **No benefit may be claimed on permanent health impairment if the insured dies within 15 days after the accident.**

II.1.8. If it is assumed that the extent of the health impairment is less than 30%, the Insured shall be entitled to request a medical review of the extent of the health impairment with respect to each insured event, during the insured period applicable to such insured for a period of two years after the date of the reported accident, provided that the extent of the accident related health impairment has been permanently deteriorating. The insured may request that his/her condition be reviewed and the extent of permanent injury be determined by submitting a supplementary claim and the medical documents in proof of a deterioration of his/her condition despite appropriate medical treatment.

II.2. Fracture of bones

II.2.1. If an insured event occurs, the insurance pays out the sum insured applicable to the particular insured specified in the insurance policy effective as at the date of the insured event, irrespective of the number of fractures per accident.

II.3. Fixed sum hospitalization benefit, with an 8-day elimination period

II.3.1. The insurance covers

- a) in the event of the insured's illness, the insured's in-patient hospital treatment during the coverage period,
- b) in the event of the insured's accident, the insured's in-patient hospital treatment for the injuries suffered in the accident and its consequences within two years after the date of such accident,

over an elimination period of 8 days in accordance with the conditions of the policy effective as at the date when the treatment is commenced, and pays out the sum insured applicable to the particular insured.

If the insured suffers an accident during the policy term but as a result of such accident receives in-patient hospital care beyond the policy term, the insurance benefit shall be determined pursuant to the sum insured specified in the last effective policy in respect of the particular insured.

II.3.2. **The insurance does not pay out if insured's hospitalization period is shorter than eight days.**

II.3.3. **Within any one policy year, the insurance pays out only once on the same insured event.**

II.4. 40 critical illness coverage

II.4.1. If an insured event occurs, **the insurance pays out the sum insured** applicable to the particular insured specified in the insurance policy effective as at the date of the insured event.

II.4.2. **If the insurance benefit defined in Clause II.4.1 of these special conditions is not claimed and paid out while the insured is alive, and in the opinion of the insurer's medical expert the insured event resulted from any of the illnesses listed in Clause I.4.1 of these special conditions, the insurance company will pay to the insured's heirs the sum insured specified on the certificate of coverage in force at the date of the insured's death.**

II.4.3. Pursuant to these special conditions, the **insurance pays out the sum insured as an insurance benefit only once** with respect to the same insured, even if the insured has **more than one of the illnesses** listed under Clause I.1 of these special conditions **at the same time or one after another.**

II.4.4. **For the purposes of these special conditions, notwithstanding the provisions set out in Clause VI.1.c of the general conditions, the insurance covers HIV infection, save for the case when the insured had already been infected by HIV at the time when the insurance application was submitted.**

III. Conditions for Benefit Payment

III.1. The insurance claim shall be notified to the insurance company in writing **within 15 days** after the insured event occurred.

III.2. Where the **above time limit is not observed**, and as a result material conditions or circumstances cannot be revealed, **the insurance company shall be exempt from payment of the insurance benefit.**

IV. Documents required to be submitted for the benefit payout

IV.1. **When a fixed sum insurance benefit is claimed, the following must always be submitted:**

- a) a duly completed standard insurance claim form made available by the insurance company,
- b) if the accident happened at work, during performing work duties, the written accident & injury report drawn up by the policyholder, which shall contain the place and the exact time of the accident, the personal particulars of the person who is injured in the accident, the detailed circumstances and the consequences of the accident, as well as the personal particulars and contact details of the witnesses,
- c) in the case of a road traffic accident, a copy of the police report, if one was made, and if the insured is injured in the road accident as the operator of a motor vehicle, a copy of the driver's license and the vehicle registration certificate.

IV.2. **In addition to the documents listed in Clause IV.1, a copy of the following documents shall also be submitted:**

IV.2.1. **For a claim on accidental permanent disability to an extent of at least 30%:**

- a) all medical documents produced in connection with the insured event from the occurrence of the accident until filing the insurance claim, in particular the medical documentation of the first medical care,
- b) the accident & injury report, if one was made,
- c) the result of the blood alcohol and/or drug test, if one was administered,
- d) other documents required to clarify the circumstances of the accident.

IV.2.2. **For a bone fracture**

- a) the radiology (x-ray) report or medical certificate confirming the fracture,
- b) all medical documents produced in connection with the insured event from the occurrence of the accident until filing the insurance claim, in particular the medical documentation of the first medical care,
- c) the accident & injury report, if one was made,
- d) the result of the blood alcohol and/or drug test, if one was administered.

IV.2.3. **For a claim on fixed sum hospitalization benefit, with an 8-day elimination period**

- a) the hospital discharge summary,
- b) in the event of inpatient care in a hospital due to an accident, additionally:
 - all medical documents produced in connection with the insured event from the occurrence of the accident until filing the insurance claim, in particular the medical documentation of the first medical care,
 - the accident & injury report, if one was made,
 - the result of the blood alcohol and/or drug test, if one was administered.

IV.2.4. **For a claim on 40 critical illness coverage:**

- a) the hospital discharge summary,
- b) if a surgery was performed, the operative report, if one was made.

IV.2.4.1. **as well as the documents specified in the following:**

- 1) **in the case of myocardial infarction**
 - a) ECG changes indicating a recent myocardial infarction (for the purpose of these special conditions, myocardial infarctions may only be regarded as among the risks borne if, due to a blockage of the coronary artery, the interval of a previously undetected pathological Q-wave in any of the leads of a traditional – 12 lead – ECG graph exceeds 40 ms, and its amplitude exceeds 25% of the amplitude of the R wave), and
 - b) Elevation of cardiac enzymes above the generally accepted laboratory levels of normal - that is: documented and significant elevation of any intracellular enzyme (CPK, CKMB, SGOT, LDH, alfa-HBDH) above the generally accepted laboratory levels of normal shall fulfill this condition.
- 2) **in the case of a malignant tumor**
a copy of the positive histological confirmation (describing the malignant nature of cells and their invasive growth).
- 3) **in the case of a cerebrovascular accident**
a copy of the medical documents confirming the permanent neurological deficit with clinical symptoms persisting even 30 days after the cerebrovascular accident evidenced in an official document.
- 4) **in the case of chronic renal failure**
a copy of the medical documents in proof of the regular dialysis of the insured for at least 60 days, issued by the medical institution that performed the dialysis.
- 5) **in the case of a coronary artery surgery**
a copy of the hospital discharge summary confirming that a bypass surgery was performed pursuant to an appropriate medical opinion based on deviations of a preliminary coronaryography.
- 6) **in the case of an organ transplantation**
a copy of the medical document in proof of the surgical procedure that has been performed in accordance with an appropriate medical advice.
- 7) **in the case of AIDS**
 - a) at least two test results which prove that the CD4+ cell count is under the critical level and
 - b) the document in proof of a relating opportunistic infection.
- 8) **in the case of a benign tumor,**
 - a) the document of the diagnostic procedure diagnosing the disease,
 - b) the results of the neurosurgery or neurology control check to support the insured event, performed at least 6 months after treatment completion.

- 9) **in the case of a pacemaker-defibrillator implant surgery**
all documents produced in relation to the cardiovascular disease,
 - 10) **in the case of an atherosclerosis heart disease (coronaria sclerosis)**
 - a) all documents produced in relation to the cardiovascular disease,
 - b) documentation of cardiac catheterization.
 - 11) **in the case of a coronary bypass surgery**
 - a) all documents produced in relation to the cardiovascular disease,
 - b) results of cardiac catheterization performed at least 6 months after the surgery, and
 - c) results of the cardiology control check performed at least 30 days after cardiac catheterization.
 - 12) **in the case of a heart valve surgery**
 - a) all documents produced in relation to the cardiovascular disease,
 - b) the hospital discharge summary confirming the open thoracic surgery,
 - c) results of the cardiology control check performed at least 30 days after the surgery.
 - 13) **in the case of cardiomyopathy**
the complete cardiological documentation, including documents on the 6 months preceding the notification of the claim for benefit.
 - 14) **in the case of a cerebral venous surgery**
all medical documents produced in relation to the illness which required the undergoing of surgery.
 - 15) **in the case of an open thoracic and/or abdominal aorta repair**
all medical documents produced in relation to the illness which required the undergoing of surgery.
 - 16) **in the case of an aortobifemoral bypass surgery**
all medical documents produced in relation to the illness which required the undergoing of surgery.
 - 17) **in the case of Alzheimer's disease (AD)**
 - a) all medical documents produced in relation to the illness,
 - b) the expert opinion of the National Institute of Medical Experts.
 - 18) **in the case of Parkinson's disease (PD)**
 - a) all medical documents produced in relation to the illness,
 - b) the expert opinion of the National Institute of Medical Experts.
 - 19) **in the case of Multiple sclerosis (MS)**
 - a) all medical documents produced in relation to the illness
 - b) the expert opinion of the National Institute of Medical Experts.
 - 20) **in the case of the loss of hearing**
 - a) all medical documents produced in relation to the loss of hearing,
 - b) the audiograms evidencing the occurrence of the insured event.
 - 21) **in the case of the loss of vision**
 - a) all medical documents produced from the commencement of visual deterioration to the notification of the insurance claim,
 - b) the expert opinion of the National Institute of Medical Experts.
 - 22) **in the case of the loss of speech**
 - a) all medical documents produced from the loss of speech to the notification of the insurance claim,
 - b) the expert opinion of the National Institute of Medical Experts.
 - 23) **in the case of aplastic anaemia**
all medical documents produced in relation to the illness, including documentation on transfusions.
 - 24) **in the case of haemophilia**
all medical documents produced in relation to the illness, including documentation on factor supplementation.
 - 25) **in the case of Osler disease**
all medical documents produced in relation to the illness, including documentation on transfusions.
 - 26) **in the case of Hepatitis C virus infection**
all medical documents produced in relation to the illness.
 - 27) **in case of severe burns**
all medical documents produced in relation with the accident, including any medical documents on treatment from the date of the accident to any date beyond the 30th day after the date of the accident.
 - 28) **In the case of ulcerative colitis**
 - a) all medical documents produced in relation to the illness,
 - b) the surgery discharge summary with the operative report.
 - 29) **in the case of familial adenomatous polyposis (FAP)**
 - a) all medical documents produced in relation to the illness.
 - b) the surgery discharge summary with the operative report.
 - 30) **in the case of Crohn's disease**
 - a) all medical documents produced in relation to the illness.
 - b) the surgery discharge summary with the operative report.
 - 31) **in the case of small bowel surgery**
 - a) all medical documents produced in relation to the illness.
 - b) the surgery discharge summary with the operative report as well as the histological confirmation.
 - 32) **in the case of a nephrostomy surgery**
 - a) all medical documents produced in relation to the illness, including the results of the urology control check performed at least 6 months of surgery,
 - b) the surgery discharge summary with the operative report.
 - 33) **in the case of terminal state pulmonary disease**
 - a) all medical documents produced in relation to the illness.
 - b) the expert opinion of the National Institute of Medical Experts.
 - 34) **in case of rheumatoid arthritis (RA)**
 - a) all medical documents produced in relation to the illness.
 - b) the expert opinion of the National Institute of Medical Experts.
 - 35) **in case of ankylosing spondylitis (Bekhterev's disease)**
 - a) all medical documents produced in relation to the illness.
 - b) the expert opinion of the National Institute of Medical Experts.
 - 36) **in case of amputation**
hospital discharge summary/summaries and operative report/s in relation to the amputations.
 - 37) **in the case of facial nerve paralysis**
all medical documents produced in relation to the illness, including the results of the control check performed at least 6 months of surgery.
 - 38) **in the case of esophageal stricture**
all medical documents produced in relation to the illness, including the results of the control check performed at least 6 months of surgery.
 - 39) **in the case of constrictive pericarditis**
all medical documents produced in relation to the illness, including documentation on the cardiology examination preceding the surgery.
 - 40) **in the case of chronic acquired skin inflammation**
all medical documents produced from the date of diagnosis of the disease to the notification of the claim for benefit, including medical documents of treatments directed by a dermatologist authorized to treat the disease.
- IV.2.4.2. **In the event of death resulting from any of the insured events included in these special conditions, a copy of the following documents shall also be submitted:**
- a) cause of death medical certificate /hospital course summary,
 - b) the insured's certificate of death,
 - c) the medical documents in proof of the date of the first diagnosis and describing the progression of the illness which led to the insured's death or the **primary disease requiring surgery**, as well as any other documents required for clarification of the circumstances of the death (physician's certification, hospital discharge summary, pathology report, etc.),
 - d) **the document certifying the beneficiary's entitlement to the insurance benefit** (a binding grant of probate or a certificate of inheritance, court decision), provided that the beneficiary was not named in the insurance policy.

IV.2.4.3. In addition, **the insurance company may request or obtain further certificates or statements – listed in Section IV.3.2 of the General Conditions** – for the assessment of the insurance claim.

IV.2.4.4. **The insurance company shall be entitled to have the reasonableness of the insured's medical treatment and the insured's medical conditions confirmed by physicians designated by the insurance company, and to approve or deny the insurance claim on the basis of the findings of such review.**

IV.2.4.5. **The insurance company may provide for the payment of the insurance benefit to be subject to a medical examination – in such a case, the insurance benefit shall not be payable until the insured allows for the medical examination to be carried out.**

V. Geographical limit of insurance coverage

Notwithstanding Clause II.7 of the General Conditions, the insurance provides worldwide coverage which means the whole world in respect of the insured events regulated hereby.

VI. Under the present insurance, the insurance company will be relieved of payment of the insurance benefit in the cases defined in Chapter V. of the general conditions, and the insurance will not cover the cases defined in Chapter VI. of the general conditions.

If medical underwriting has been completed before the insured was added to the insurance coverage, and during that the insured informed the insurance company about an existing or diagnosed illness, or his/her accident or medical abnormality, or a confirmed disability (health impairment), and the insurance company has not applied an exclusion to such a case, all events which occur in relation to them shall be regarded as insured events.