

Life, Accident, Health Insurance and Waiver of Premium on Death Riders available with Unit-Linked Life Insurance Policies

Effective from: November 25, 2016

Special Conditions of Death Insurance Rider (H04/2016)

These special conditions set out the standard terms and conditions of the **Death Insurance Rider of unit-linked life insurance policies as main 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 these special conditions, the insurance **shall be governed by the General Terms and Conditions of Unit-linked Life Insurance Policies** (hereinafter: general conditions) and the **Special Conditions of Unit-linked Life Insurance Policies** (hereinafter: special conditions of the main policy) of Generali Biztosító Zrt, by reference to which the insurance policy has been concluded. In other matters, the provisions of the **Hungarian Civil Code** and other **effective Hungarian legal acts** shall apply mutatis mutandis to the policy.

I. Insured Event

I.1. The insured event is the insured's death during the coverage period.

I.2. The date of the insured event is the date of the death.

II. Insurance Benefit

II.1. **If an insured event occurs, the insurance company pays out to the beneficiary of the death benefit the sum insured specified on the certificate of coverage in force at the time of the death.**

II.2. The insurance company will account for the life insurance sum insured in the currency set out in the special conditions of the main policy, and will deduct the policy's risk premium from the policyholder's account in the same currency. Insurance benefits and proceeds are paid out in forints.

II.3. If the insured event specified in Clause I of these special conditions occurs before the end of the waiting period defined in Clause II.3.2 of the general conditions and the event is not related to an accident, the insurance company will refund the risks premiums previously deducted in accordance with these special conditions to the policyholder's account.

When the risk premium is refunded, the insurance rider governed under these special conditions terminates with retroactive effect as of the commencement date of the coverage period.

III. Payment of Claims – Payment Conditions

III.1. The insurance claim shall be notified to the insurance company **in writing within 15 days** after the occurrence of the death.

III.2. Where the **above time limit is not respected** and as a result material conditions or circumstances cannot be revealed, the **insurance company may be released from its obligation to pay the claim.**

III.3. **The documents listed in Clause X.4. of the general conditions are required to be attached to the insurance claim and submitted to the insurance company.**

IV. Exemption of the Insurance Company from Claims Payment, Exclusions

In respect of claims made on this insurance rider, the insurance company will be released from its obligation to pay the death benefit claim in the cases listed in Chapter XI of the general conditions, and the insurance does not cover the events listed in Chapter XII of the general conditions.

V. Termination of the Insurance

This **insurance rider will terminate at the time when the main policy terminates**, or at the latest on the last day of the policy year in which year the **insured turns 75 years old.**

VI. Risk Premium

VI.1. Base rates of the annual risk premium of a sum insured of HUF 1 000 000/€ of this insurance rider are shown in the following table:

Age	Base Premium Rate (HUF/€)
15	846.7
16	846.7
17	846.7
18	846.7
19	846.7
20	846.7
21	922.9
22	1005.9
23	1096.5
24	1195.2
25	1302.7
26	1420.0
27	1547.8
28	1687.1
29	1838.9
30	2004.4
31	2184.8
32	2381.4
33	2595.8
34	2829.4
35	3084.0
36	3361.6
37	3664.1
38	3993.9
39	4353.4
40	4745.2
41	5172.2
42	5637.7
43	6145.1
44	6698.2
45	7301.0
46	7958.1
47	8674.3
48	9455.0
49	10306.0
50	11233.5
51	12244.5
52	13346.5
53	14547.7
54	15857
55	17284.1
56	18839.7
57	20535.3
58	22383.5
59	24398

Age	Base Premium Rate (HUF/€)
60	26593.8
61	28987.2
62	31596.1
63	34439.7
64	37539.3
65	40917.9
66	44600.5
67	48614.5
68	52989.8
69	57758.9
70	62957.2
71	68623.4
72	74799.5
73	81531.4
74	88869.2
75	96867.5

The base premium rate is of the same currency as that of the sum insured.

VI.2. The insurance company is entitled to modify the base rates of annual risk premiums of this **insurance rider** once a year with effect from the next renewal date of the policy, in accordance with the provisions in Clauses V.3.1. and IV.3.3. of the general conditions.

The effective date of these special conditions shall be: November 25, 2016

Special Conditions of Accidental Death Insurance Rider (BH04/2016)

These special conditions set out the standard terms and conditions of the **accidental death insurance rider available under unit-linked life insurance policies as main 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 these special conditions, the insurance **shall be governed by the General Terms and Conditions of Unit-linked Life Insurance Policies** (hereinafter: general conditions) and the **Special Conditions of Unit-linked Life Insurance Policies** (hereinafter: special conditions of the main policy) of Generali Biztosító Zrt, by reference to which the insurance policy has been concluded. In other matters, the provisions of the **Hungarian Civil Code** and other **effective Hungarian legal acts** shall apply mutatis mutandis to the policy.

I. Insured Event

I.1. The insured event is an **accident** (within the meaning of Clause XIV.2.1. of the general conditions) which **occurs during the coverage period, as a result of which the insured dies within one year** after such accident.

I.2. The date of the insured event is the **date of the accident**.

II. Insurance Benefit

II.1. **If an insured event occurs, the insurance company pays out** to the beneficiary of the death benefit **the sum insured specified on the certificate of coverage in force at the time of the death**.

II.2. **If the insured dies after the termination of this insurance policy as a result of an accident** which occurred while the insurance policy was in force, but the insured's death is within one year after the date of the accident specified as the insured event, the insurance benefit payout will be determined on the basis of the **sum insured specified on the last certificate of coverage in force**.

II.3. The insurance company will account for the sum insured in the currency set out in the special conditions of the master policy, and will deduct the policy's risk premium from the policyholder's account in the same currency. Insurance benefits and proceeds are paid out in forints.

III. Payment of Claims – Payment Conditions

III.1. The insurance claim shall be notified to the insurance company **in writing within 15 days** after the occurrence of the death.

III.2. Where the **above time limit is not respected** and as a result material conditions or circumstances cannot be revealed, the **insurance company may be released from its obligation to pay the claim**.

III.3. **The documents listed in Clause X.4. of the general conditions are required to be attached to the insurance claim and submitted to the insurance company**.

IV. Exemption of the Insurance Company from Claims Payment, Exclusions

In respect of claims made on this insurance rider, the insurance company will be released from its obligation to pay the accidental death benefit claim in the cases listed in Chapter XI of the general conditions, and the insurance does not cover the events listed in Chapter XII of the general conditions.

V. Termination of the Insurance Rider

This **insurance rider will terminate at the same time when the main policy terminates**, or at the latest on the last day of the policy year in which year the **insured turns 75 years old**.

VI. Risk Premium

VI.1. **The base rate of the annual risk premium of a sum insured of HUF 1 000 000/€ of this insurance rider is: HUF 1190/€.**

The base premium rate is of the same currency as that of the sum insured.

VI.2. The insurance company is entitled to modify the base rates of annual risk premiums of this **insurance rider** once a year with effect from the next renewal date of the policy, in accordance with the provisions in Clauses V.3.2. and V.3.3. of the general conditions.

The effective date of these special conditions shall be: November 25, 2016

Special Conditions of Permanent Disability Insurance Rider (Accidents Only) (BE04/2016)

These special conditions set out the standard terms and conditions of the **permanent disability (accidents) rider of unit-linked life insurance policies as master 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 these special conditions, the insurance **shall be governed by the General Terms and Conditions of Unit-linked Life Insurance Policies** (hereinafter: general conditions) and the **Special Conditions of Unit-linked Life Insurance Policies** (hereinafter: special conditions of the main policy) of Generali Biztosító Zrt, by reference to which the insurance policy has been concluded. In other matters, the provisions of the **Hungarian Civil Code** and other **effective Hungarian legal acts** shall apply mutatis mutandis to the policy.

I. Insured Event

I.1. The insured event is a **road accident** (within the meaning of Clause XIV.2.1 of the general conditions) which occurs during the coverage period and **as a result of which the insured suffers permanent health impairment.**

I.2. **Physical or mental impairment** means **a loss of a physical and/or mental function which impede normal life.**

I.3. **Impairment 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. **A change in the insured's earning capacity and/or the need to terminate his/her sports activity cannot be used as a binding reference** for establishing permanent impairment. **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.4. The date of the insured event is the **date of the accident.**

II. Insurance Benefit

II.1. **The insurance benefit is paid out only if the health impairment is confirmed to be permanent** (within the meaning of Clause I.3.).

II.2. **If an insured event occurs, the benefit payout** by the insurance company shall be the **percentage of the sum insured specified in the certificate of coverage** that is in force at the time when the permanent impairment is determined, or in the absence thereof the sum insured specified in the certificate of coverage that was in force at the time when the insurance policy was terminated, **identical to the degree of the permanent health impairment,** also taking into account Clause II.10. of these special conditions.

II.3. The insurance company will account for the sum insured in the currency set out in the special conditions of the master policy, and will deduct the policy's risk premium from the policyholder's account in the same currency. Insurance benefits and proceeds are paid out in forints.

II.4. The **extent (degree) of any permanent physical or mental impairment** on which the insurance claim is based **shall be confirmed by the insurance company's medical examiner pursuant to the table in 'Schedule A' which shall form an integral part of these special conditions.**

II.5. If the extent of the impairment **cannot be established on the basis of the table,** the insurance benefit shall be determined by a **medical assessment of any loss or abnormality of physiological, psychological, or anatomical structure or function.** **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, or for specifying the benefit amount payable by the insurance company. **Furthermore, no expert opinion or resolution of any other medical expert board may be used as a reference binding the insurance company in determining the permanent nature of the physical or mental impairment or the extent thereof.**

II.6. The **extent of the permanent health impairment** resulting from any one insured event **may not be higher than 100%.**

II.7. **If the insured dies before his/her impairments could become permanent, the benefit shall be determined on the basis of the extent of impairments confirmed by the insurance company's medical examiner on the basis of the documents of the last medical examination.**

II.8. **No permanent health impairment benefit** may be claimed **if the insured dies within 15 days after the accident.**

II.9. If the **insurance company has already established that the claim for an insurance benefit is grounded** but the **benefit amount cannot be determined yet,** the **insured may require** that the insurance company would pay the **minimum benefit amount** due under the given coverage.

II.10. **If the insurance company has already made an insurance benefit payout and subsequently the condition of the insured continues to deteriorate as a result of the same insured event, the insured may file supplementary insurance**

claims, supported by all the necessary medical documents in proof of the deterioration of the insured's condition despite appropriate medical treatment, **once a year, for a maximum of 4 years for each insured event after the date of the accident which was reported in the first insurance claim**, and may request that **his/her condition be reassessed** and the **degree of the permanent physical or mental impairment be determined again**. Based on the findings of the medical review, the insurance company shall pay the insurance benefit in accordance with Clause II.2 of these Special Conditions, on the understanding that any **benefit payouts made earlier on the insured event specified above shall be deducted from any later benefit payout**.

Even in such a case, the extent of the permanent health impairment resulting from the same insured event **may not be higher than 100%**.

III. Payment of Claims – Payment Conditions

III.1. The insurance claim is required to be filed to the insurance company in writing within 15 days after the occurrence of the accident.

III.2. Where the **above time limit is not respected** and as a result material conditions or circumstances cannot be revealed, the **insurance company may be released from its obligation to pay the claim**.

III.3. **The following documents must be attached to the notice of claim:**

III.3.1. a **duly completed standard insurance claim form** supplied by the insurance company,

III.3.2. **and a copy of the following documents:**

a) all medical documents produced in connection with the insured event from the occurrence of the accident until notifying the insurance claim, in particular the medical documentation of the first medical care,

– the accident & injury report, or the workplace accident & injury report, if one was made,

c) the result of the blood alcohol and/or drug test, if one was administered,

d) in the case of a road accident, in addition to the above:

– the police report, if one was prepared,

– if the insured was injured in a road accident as the **driver of a vehicle**, a copy of the insured's driver's license and the vehicle registration certificate.

e) other documents required for the full clarification of the circumstances of the accident.

III.4. In addition to the above, **the insurance company may request or obtain additional certifications or statements – listed in Clause X.4. of the general conditions** – for the settlement of the insurance claim.

III.5. **The insurance company shall be entitled to have 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.**

III.6. **The insurance company may require that a medical examination should be performed as a condition for the payment of the claim. In such a case, the claim shall not be payable until the insured allows for the medical examination to be carried out.**

III.7. **The insurance company shall settle the insurance claim within the following deadlines:**

a) if the insurance benefit is claimed on a **permanent impairment which has been medically confirmed**, the insurance company shall make the payout **within 15 days upon receipt of the last document** required for the assessment of the insurance claim,

b) in other cases, the insurance company shall make the payout **within 15 days after the impairment is confirmed to be permanent**, or **within 15 days after the expiry of 4 years following the accident**.

IV. Exemption of the Insurance Company from Claims Payment, Exclusions

In respect of claims made on this insurance rider, the insurance company will be released from its obligation to pay the accidental permanent disability claim in the cases listed in Chapter XI of the general conditions, and the insurance does not cover the events listed in Chapter XII of the general conditions.

V. Termination of the Insurance Rider

The risk coverage offered under this insurance will **terminate at the time when the main policy terminates**, or at the latest on the last day of the policy year in which year the **insured turns 75 years old**.

VI. Risk Premium

VI.1. **The base rate of the annual risk premium of a sum insured of HUF 1 000 000/€ of this insurance rider is HUF 2 170/€.**

The base premium rate is of the same currency as that of the sum insured.

VI.2. The insurance company is entitled to modify the base rates of annual risk premiums of this **insurance rider** once a year with effect from the next renewal date of the policy, in accordance with the provisions in Clauses V.3.2. and V.3.3. of the general conditions.

The effective date of these special conditions shall be: November 25, 2016

Special Conditions of Hospital Daily Allowance Insurance Rider (Road Accidents Only) (BKNT04/2016)

These special conditions set out the standard terms and conditions for the **hospital daily allowance (accidents) rider of unit-linked life insurance policies as main 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 these special conditions, the insurance **shall be governed by the General Terms and Conditions of Unit-linked Life Insurance Policies** (hereinafter: general conditions) and the **Special Conditions of Unit-linked Life Insurance Policies** (hereinafter: special conditions of the main policy) of Generali Biztosító Zrt, by reference to which the insurance policy has been concluded. In other matters, the provisions of the **Hungarian Civil Code** and other **effective Hungarian legal acts** shall apply mutatis mutandis to the policy.

I. Insured Event

I.1. The insured event is **an accident** (Clause XIV.2.1. of the general conditions) **which occurs during the coverage period**, as a result of which the **insured receives continuous inpatient hospital care** (Clause XIV.2.4. of the general conditions) provided that such hospital care is medically required.

I.2. For the purposes of this insurance, **inpatient care** is provided when a person is hospitalized in a medical facility for several days to receive medical care, and the person **spends every night during his hospitalization, between admission and discharge, in the hospital 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 event of hospitalization, for the purpose of determining the benefit payable (Chapter II of these Special Conditions), 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. The date of the insured event is the **date of the accident**.

II. Insurance Benefit

II.1. The insurance company will pay an insurance benefit for **each day of the insured's inpatient hospital care** (Clause I.2. of the special conditions) required to treat the medical consequences of the accident **within 2 (two) years after the date of the insured's accident**.

II.2. The **amount of the benefit payable** for the insured's inpatient hospital care is the **sum insured specified in the certificate of coverage** in force during the hospitalization **multiplied by the number of hospitalization days**.

If the insured suffers an accident while the insurance policy is in force but **receives inpatient hospital care** due to such accident **only after the termination of this insurance policy**, the benefit payout will be determined on the basis of the **sum insured specified in the last certificate of coverage in force**.

II.3. **If the insured hospital treatment is provided at the medical facility's intensive care unit (ICU), the insurance pays out 200% of the sum insured for each day of hospital treatment at the intensive care unit.**

For the purposes of these policy conditions intensive care unit means only such a hospital department which is authorized to provide intensive care pursuant to its name, operations and operating licence.

For the purposes of these policy conditions, treatment provided in a sub-intensive care unit or in a post-anesthesia care unit does not mean treatment in an intensive care unit.

II.4. **If the insurance policy's renewal date is during a period when the insured receives inpatient hospital care, and the insurance policy is subject to annual indexation** (within the meaning of Clause IV.4. of the general conditions), the insurance company **shall apply the increased sum insured** to determine the benefit payout **after the renewal date** of the insurance policy, in accordance with the rules of annual indexation.

II.5. The insurance company will account for the sum insured in the currency set out in the special conditions of the master policy, and will deduct the policy's risk premium from the policyholder's account in the same currency. Insurance benefits and proceeds are paid out in forints.

III. Payment of Claims – Payment Conditions

III.1. The insurance claim is required to be filed to the insurance company **in writing within 15 days** after the insured's discharge from the hospital.

III.2. Where the **above time limit is not respected** and as a result material conditions or circumstances cannot be revealed, the **insurance company may be released from its obligation to pay the claim**.

III.3. **The following documents must be attached to the insurance claim:**

III.1. a **duly completed standard insurance claim form** supplied by the insurance company,

III.2. **and a copy of the following documents:**

- a) the hospital discharge summary,
- b) the discharge summary issued by the intensive care unit, if such treatment was provided,
- c) all medical documents produced in connection with the insured event from the date of the accident until notifying the insurance claim, in particular the medical documentation of the first medical care,
- d) the accident & injury report, or in the case of a workplace accident, the workplace accident & injury report, if one was made,

e) the result of the blood alcohol and/or drug test, if one was administered,

f) in the case of a road accident, in addition to the above:

– the police report, if one was prepared,

– if the insured **was injured** in a road accident as a **driver of a vehicle**, a copy of the insured's driver's license and the vehicle registration certificate.

g) other documents required to clarify the circumstances of the accident

III.4. In addition to the above, **the insurance company may request or obtain additional certifications or statements – listed in Clause X.4. of the general conditions** – for the settlement of the insurance claim.

III.5. **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.**

III.6. **The insurance company may stipulate that a medical examination is required for the benefit payment– in such a case, the insurance benefit shall not be payable until the insured allows for the medical examination to be carried out.**

IV. Exemption of the Insurance Company from Claims Payment, Exclusions

In respect of claims made on this insurance, the insurance company will be released from its obligation to pay the hospital daily allowance claim arising from an accident in the cases listed in Chapter XI of the general conditions, and the insurance does not cover the events listed in Chapter XII of the general conditions.

V. Termination of the Insurance Rider

This **insurance rider** will **terminate at the same time when the main policy terminates**, or at the latest on the last day of the policy year in which year the **insured turns 75 years old**.

VI. Risk Premium

VI.1. **The base rate of the annual risk premium of a sum insured of HUF 1000/€ of this insurance rider is HUF 415/€.**

The base premium rate is of the same currency as that of the sum insured.

VI.2. The insurance company is entitled to modify the base rates of annual risk premiums of this **insurance rider** once a year with effect from the next renewal date of the policy, in accordance with the provisions in Clauses V.3.2. and V.3.3. of the general conditions.

The effective date of these special conditions shall be: November 25, 2016

Special Conditions of Surgery Insurance Rider (Accidents Only) (BMT04/2016)

These special conditions set out the standard terms and conditions of the **surgery (accidents) insurance rider of unit-linked life insurance policies as main 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 these special conditions, the insurance **shall be governed by the General Terms and Conditions of Unit-linked Life Insurance Policies** (hereinafter: general conditions) and the **Special Conditions of Unit-linked Life Insurance Policies** (hereinafter: special conditions of the main policy) of Generali Biztosító Zrt, by reference to which the insurance policy has been concluded. In other matters, the provisions of the **Hungarian Civil Code** and other **effective Hungarian legal acts** shall apply mutatis mutandis to the policy.

I. Insured Event

I.1. The insured event is **an accident** (Clause XIV.2.1. of the general conditions) **which occurs during the coverage period**, and as a result of which the **insured needs a surgery** (Clause XIV.2.5.1. of the general conditions) provided that the surgery is medically required.

I.2. The date of the insured event is the **date of the accident**.

II. Insurance Benefit

II.1. If the insured is injured in an accident, the insurance covers the **surgeries of the insured required to treat the medical consequences of the accident within two (2) years after the occurrence of such accident**.

II.2. The insurance benefit is a **percentage of the sum insured specified in the certificate of coverage** effective as of the date of the surgery, **corresponding to the category of the surgical procedure performed**. If the surgery is performed **after the termination of this insurance policy but within two years after the date of the accident specified as the insured event**, the insurance benefit payout will be determined on the basis of the **sum insured specified in the last certificate of coverage in force**.

II.3. The abstracted list of surgeries (Clause XIV.2.5.4. of the general conditions) is a short version of the **list of surgeries and their classification** (Clause XIV.2.5.3. of the general conditions) attached to these special conditions as **Schedule B, an integral part of the policy conditions. The abstracted list also indicates the % rates of benefits**.

II.4. **If several surgeries are performed** on the same day or during the same procedure, the insurance company shall **determine the benefit on the basis of the surgery with the lowest category number (that is with the highest percentage of benefit payment)**.

II.5. The insurance company will account for the sum insured in the currency set out in the special conditions of the master policy, and will deduct the policy's risk premium from the policyholder's account in the same currency. Insurance benefits and proceeds are paid out in forints.

III. Payment of Claims – Payment Conditions

III.1. The insurance claim is required to be filed to the insurance company **in writing within 15 days** after the date of the surgery.

III.2. Where the **above time limit is not respected** and as a result material conditions or circumstances cannot be revealed, the **insurance company may be released from its obligation to pay the claim**.

III.3. **The following documents must be attached to the notice of claim:**

III. 3.1. a **duly completed standard insurance claim form** provided by the insurance company,

III. 3.2. **and a copy of the following documents:**

- a) the hospital discharge summary,
- b) the operative report, if any was made,
- c) all medical documents produced in connection with the insured event from the date of the accident until notifying the insurance claim, in particular the medical documentation of the first medical care,
- d) the accident & injury report, or in the case of a workplace accident, the workplace accident & injury report, if one was made,
- e) the result of the blood alcohol and/or drug test, if one was administered,
- f) in the case of a road accident, in addition to the above:
 - the police report, if one was prepared,
 - if the insured **was injured** in a road accident as a **driver of a vehicle**, a copy of the insured's driver's license and the vehicle registration certificate.
- g) other documents required to clarify the circumstances of the accident

III.4. In addition to the above, **the insurance company may request or obtain additional certifications or statements – listed in Clause X.4. of the general conditions –** for the settlement of the insurance claim.

III.5. **The insurance company shall be entitled to have the reasonableness of the insured's surgery 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.**

III.6. The insurance company may stipulate that a medical examination is required for the payment of the claim – in such a case, the insurance benefit shall not be payable until the insured allows for the medical examination to be carried out.

IV. Exemption of the Insurance Company from Claims Payment, Exclusions

In respect of claims made on this insurance rider, the insurance company will be released from its obligation to pay the surgery benefit claim arising from an accident in the cases listed in Chapter XI of the general conditions, and the insurance does not cover the events listed in Chapter XII of the general conditions.

V. Termination of the Insurance Rider

This **insurance rider** will **terminate at the same time when the main policy terminates**, or at the latest on the last day of the policy year in which year the **insured turns 75 years old**.

VI. Risk Premium

VI.1. The **base rate of the annual risk premium of a sum insured of HUF 1000/€ of this insurance rider is HUF 12.5/€.**

The base premium rate is of the same currency as that of the sum insured.

VI.2. The insurance company is entitled to modify the base rates of annual risk premiums of this **insurance rider** once a year with effect from the next renewal date of the policy, in accordance with the provisions in Clauses V.3.2. and V.3.3. of the general conditions.

The effective date of these special conditions shall be: November 25, 2016

Special Conditions of Bone Fracture Insurance Rider (CST04/2016)

These special conditions set out the standard terms and conditions of the **bone fracture insurance rider of unit-linked life insurance policies as main 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 these special conditions, the insurance **shall be governed by the General Terms and Conditions of Unit-linked Life Insurance Policies** (hereinafter: general conditions) and the **Special Conditions of Unit-linked Life Insurance Policies** (hereinafter: special conditions of the main policy) of Generali Biztosító Zrt, by reference to which the insurance policy has been concluded. In other matters, the provisions of the **Hungarian Civil Code** and other **effective Hungarian legal acts** shall apply mutatis mutandis to the policy.

I. Insured Event

I.1. The insured event is an **accident** (within the meaning of Clause XIV.2.1 of the general conditions) which occurs during the coverage period and **as a result of which the insured suffers a bone fracture, including incomplete fractures**. For the purposes of these special conditions, **a tooth fracture does not qualify as fracture of the bone**.

I.2. The date of the insured event is the **date of the accident**.

II. Insurance Benefit

II.1. If an insured event specified in the insurance policy occurs, the insurance company shall pay out the respective **sum insured specified in the certificate of coverage** effective as at the date of the insured event, **irrespective of the number of fractures per accident**.

II.2. The insurance company will account for the sum insured in the currency set out in the special conditions of the master policy, and will deduct the policy's risk premium from the policyholder's account in the same currency. Insurance benefits and proceeds are paid out in forints.

III. Payment of Claims – Payment Conditions

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

III.2. Where the **above time limit is not respected** and as a result material conditions or circumstances cannot be revealed, the **insurance company may be released from its obligation to pay the claim**.

III.3. **The following documents must be attached to the notice of claim:**

III.3.1. a **duly completed standard insurance claim form** supplied by the insurance company,

III.3.2. **and a copy of the following documents:**

- a) a 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, or the workplace accident & injury report, if one was made,
- d) the result of the blood alcohol and/or drug test, if one was administered,
- e) in the case of a road accident, in addition to the above:
 - the police report, if one was prepared,
 - if the insured **was injured** in a road accident as the **driver of a vehicle**, a copy of the insured's driver's license and the vehicle registration certificate.
- f) other documents required to clarify the circumstances of the accident.

III.4. In addition to the above, **the insurance company may request or obtain additional certifications or statements – listed in Clause X.4. of the general conditions –** for the settlement of the insurance claim.

III.5. **The insurance company shall be entitled to have 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.**

III.6. **The insurance company may stipulate that a medical examination is required for the benefit payment– in such a case, the insurance benefit shall not be payable until the insured allows for the medical examination to be carried out.**

IV. Exemption of the Insurance Company from Claims Payment, Exclusions

In respect of claims made on this insurance rider, the insurance company will be released from its obligation to pay the bone fracture claim in the cases listed in Chapter XI of the general conditions, and the insurance does not cover the events listed in Chapter XII of the general conditions.

V. Termination of the Insurance Rider

This **insurance rider** will terminate at the same time when the main policy terminates, or at the latest on the last day of the policy year in which year the **insured turns 75 years old**.

VI. Risk Premium

VI.1. **The base rate of the annual risk premium of a sum insured of HUF 1000/€ of this insurance rider is HUF 96/€.**

The base premium rate is of the same currency as that of the sum insured.

VI.2. The insurance company is entitled to modify the base rates of annual risk premiums of this **insurance rider** once a year with effect from the next renewal date of the policy, in accordance with the provisions in Clauses V.3.2. and V.3.3. of the general conditions.

The effective date of these special conditions shall be: November 25, 2016

Special Conditions of Burn Injuries Insurance Rider (ES04/2016)

These special conditions set out the standard terms and conditions of the **burn injuries insurance rider of unit-linked life insurance policies as main 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 these special conditions, the insurance **shall be governed by the General Terms and Conditions of Unit-linked Life Insurance Policies** (hereinafter: general conditions) and the **Special Conditions of Unit-linked Life Insurance Policies** (hereinafter: special conditions of the main policy) of Generali Biztosító Zrt, by reference to which the insurance policy has been concluded. In other matters, the provisions of the **Hungarian Civil Code** and other **effective Hungarian legal acts** shall apply *mutatis mutandis* to the policy.

I. Insured Event

- I.1. The insured event is an **accident** (Clause XIV.2.1 of the general conditions) which occurs during the coverage period, and **as a result of which the insured suffers burn injuries.**
- I.2. The date of the insured event is the **date of the accident.**

II. Insurance Benefit

- II.1. The **insurance company shall pay the % of the sum insured** specified in the **certificate of coverage effective as at the date of the insured event** defined in the insurance policy, **corresponding to the severity of the burns.**
- II.2. **The benefit is determined as a % of the sum insured depending on the degree of the burns and the affected body surface area as specified in the following table:**

Depth	Body surface area			
	10–19%	20–49%	50–79%	over 80%
First degree	–	–	–	–
Second degree	–	10%	25%	40%
Third degree	20%	40%	100%	160%
Fourth degree	40%	80%	200%	200%

II.3. **If the insured suffers multiple burns with different degrees and/or affecting different % of the body surface as a result of a single insured event, the insurance company determines the benefit payout by adding up the % values applicable to the different burns, and by taking into account the burn of highest severity.**

II. 4. **If the insured is confirmed to have sustained at least third-degree burns on his face (facial skeleton and the neurocranium, including the ears and the neck areas below the chin) covering at least 2% of his/her body surface as a direct result of the burn injuries, the insurance pays out 200% of the sum insured specified in the certificate of coverage effective at the time of the insured event for the burn injuries.**

II.5. If evidence supports that the **insured dies directly of the burns**, the insurance company shall pay to the **death beneficiary 200% of the sum insured**, irrespective of the severity of the burns.

II.6. The insurance company will account for the sum insured in the currency set out in the special conditions of the master policy, and will deduct the policy's risk premium from the policyholder's account in the same currency. Insurance benefits and proceeds are paid out in HUF.

III. Payment of Claims – Payment Conditions

- III.1. The insurance claim is required to be filed to the insurance company **in writing within 15 days** after the insured event occurred.
- III.2. Where the **above time limit is not respected** and as a result material conditions or circumstances cannot be revealed, the **insurance company may be released from its obligation to pay the claim.**

III.3. The following documents must be attached to the notice of claim:

III.3.1. a **duly completed standard insurance claim form** supplied by the insurance company,

III.3.2. and a copy of the following documents:

- a copy of the hospital discharge summary or the outpatient records, if as a result of the burns the insured requires in-patient hospital care or outpatient care,
- all medical documents produced in connection with the insured event from the date of the accident until notifying the insurance claim, in particular the medical documentation of the first medical care,
- the accident & injury report, or the workplace accident & injury report, if one was made,
- the result of the blood alcohol and/or drug test, if one was administered,
- in the case of a road accident, in addition to the above:
 - the police report, if one was prepared,
 - if the insured was injured in a road traffic accident as the **driver of a vehicle**, a copy of the driver's license and the vehicle registration certificate.
- other documents required to clarify the circumstances of the accident.

III.4. In addition to the above, the insurance company may request or obtain additional certifications or statements – **listed in Section X.4.5. of the general conditions – for the settlement of the insurance claim.**

III.5. **The insurance company shall be entitled to have 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.**

III.6. **The insurance company may stipulate that a medical examination is required for the benefit payment– in such a case, the insurance benefit shall not be payable until the insured allows for the medical examination to be carried out.**

IV. Exemption of the Insurance Company from Claims Payment, Exclusions

In respect of claims made on this insurance rider, the insurance company will be released from its obligation to pay the burn injury benefit claim in the cases listed in Chapter XI of the general conditions, and the insurance does not cover the events listed in Chapter XII of the general conditions.

V. Termination of the Insurance Rider

This **insurance rider** will **terminate at the same time when the main policy terminates**, or at the latest on the last day of the policy year in which year the **insured turns 75 years old**.

VI. Risk Premium

VI.1. **The base rate of the annual risk premium of a sum insured of HUF 1000/€ of this insurance rider is HUF 2.52/€.**

The base premium rate is of the same currency as that of the sum insured.

VI.2. The insurance company is entitled to modify the base rates of annual risk premiums of this **insurance rider** once a year with effect from the next renewal date of the policy, in accordance with the provisions in Clauses V.3.2. and V.3.3. of the general conditions.

The effective date of these special conditions shall be: October 28, 2016.

Special Conditions of Accidental Death Insurance Rider (Road Accidents Only) (KBH04/2016)

These special conditions set out the standard terms and conditions of the **accidental death (road accidents) insurance rider of unit-linked life insurance policies as main 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 these special conditions, the insurance **shall be governed by the General Terms and Conditions of Unit-linked Life Insurance Policies** (hereinafter: general conditions) and the **Special Conditions of Unit-linked Life Insurance Policies** (hereinafter: special conditions of the main policy) of Generali Biztosító Zrt, by reference to which the insurance policy has been concluded. In other matters, the provisions of the **Hungarian Civil Code** and other **effective Hungarian legal acts** shall apply mutatis mutandis to the policy.

I. Insured Event

I.1. The insured event is a **road accident** (within the meaning of Clause XIV.2.2 of the general conditions) which **occurs during the coverage period** and **as a result of which the insured dies within one year** after such accident.

I.2. The date of the insured event is the **date of the road accident**.

II. Insurance Benefit

II.1. If the **insured dies as a result of a road accident while this insurance policy is in force**, the insurance company **pays to the beneficiary of the death benefit the sum insured specified on the certificate of coverage** in force at the time of the death.

If the **insured dies after the termination of this insurance policy as a result of a road accident** which occurred while the insurance policy was in force, but the insured's death is within one year after the date of the road accident specified as the insured event, the insurance benefit payout will be determined on the basis of the **sum insured specified on the last certificate of coverage in force**.

II.2. The insurance company will account for the sum insured in the currency set out in the special conditions of the master policy, and will deduct the policy's risk premium from the policyholder's account in the same currency. Insurance benefits and proceeds are paid out in forints.

III. Payment of Claims – Payment Conditions

III.1. The insurance claim shall be notified to the insurance company **in writing within 15 days** after the occurrence of the death.

III.2. Where the **above time limit is not respected** and as a result material conditions or circumstances cannot be revealed, the **insurance company may be released from its obligation to pay the claim**.

III.3. The documents listed in Clause X.4. of the general conditions are required to be attached to the insurance claim and submitted to the insurance company.

IV. Exemption of the Insurance Company from Claims Payment, Exclusions

In respect of claims made on this insurance rider, the insurance company will be released from its obligation to pay the death benefit claim arising from a road accident in the cases listed in Chapter XI of the general conditions, and the insurance does not cover the events listed in Chapter XII of the general conditions.

V. Termination of the Insurance Rider

This **insurance rider** will **terminate at the same time when the main policy terminates**, or at the latest on the last day of the policy year in which year the **insured turns 75 years old**.

VI. Risk Premium

VI.1. The base rate of the annual risk premium of a sum insured of HUF 1 000 000/€ of this insurance rider is HUF 640/€.

The base premium rate is of the same currency as that of the sum insured.

VI.2. The insurance company is entitled to modify the base rates of annual risk premiums of this **insurance rider** once a year with effect from the next renewal date of the policy, in accordance with the provisions in Clauses V.3.2. and V.3.3. of the general conditions.

The effective date of these special conditions shall be: November 25, 2016

Special Conditions of Permanent Disability Insurance Rider (Road Accidents) (KBE04/2016)

These special conditions set out the standard terms and conditions of the **permanent disability (road accidents) insurance rider of unit-linked life insurance policies as main 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 these special conditions, the insurance **shall be governed by the General Terms and Conditions of Unit-linked Life Insurance Policies** (hereinafter: general conditions) and the **Special Conditions of Unit-linked Life Insurance Policies** (hereinafter: special conditions of the main policy) of Generali Biztosító Zrt, by reference to which the insurance policy has been concluded. In other matters, the provisions of the **Hungarian Civil Code** and other **effective Hungarian legal acts** shall apply mutatis mutandis to the policy.

I. Insured Event

I.1. The insured event is a **road accident** (within the meaning of Clause XIV.2.2 of the general conditions) which occurs during the coverage period and **as a result of which the insured suffers permanent health impairment.**

I.2. **Physical or mental impairment** means **a loss of a physical and/or mental function which impede normal life.**

I.3. **Impairment shall be permanent** if the **medical condition** of the insured is **unchanging, stable. If the degree of the impairment is continuously changing, but 2 years have passed since the date of the accident, then after the expiry of the 2 years, the insurance company's medical examiner shall be entitled to determine the degree of the confirmed 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. **A change in the insured's earning capacity and/or the need to terminate his/her sports activity cannot be used as a binding reference for establishing permanent impairment. 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.4. The date of the insured event is the **date of the road accident.**

II. Insurance Benefit

II.1. **The insurance benefit is paid out only if the impairment is confirmed to be permanent** (Clause I.3. of these special conditions).

II.2. **If an insured event occurs, the benefit payout** by the insurance company shall be the **percentage of the sum insured specified in the certificate of coverage** that is in force at the time when the permanent impairment is determined, or in the absence thereof the sum insured specified in the certificate of coverage that was in force at the time when the insurance policy was terminated, **identical to the degree of the permanent impairment,** also taking into account Clause II.10. of these special conditions.

II.3. The insurance company will account for the sum insured in the currency set out in the special conditions of the master policy, and will deduct the policy's risk premium from the policyholder's account in the same currency. Insurance benefits and proceeds are paid out in forints.

II.4. The **extent (degree) of any permanent physical or mental impairment** on which the insurance claim is based **shall be confirmed by the insurance company's medical examiner pursuant to the table in 'Schedule A' which shall form an integral part of these special conditions.**

II.5. If the extent of the impairment **cannot be established on the basis of the table,** it shall be determined by a **medical assessment of any loss or abnormality of physiological, psychological, or anatomical structure or function. 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 health impairment determined in the expert 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, or for specifying the benefit amount payable by the insurance company. **Furthermore, the advice or resolution of any other medical board shall not be binding on the insurance company when determining the permanent nature of the health impairment or the extent of any permanent impairment.**

II.6. The **extent of the permanent health impairment** resulting from any one insured event **may not be higher than 100%.**

II.7. **If the insured dies before his/her health impairment could become permanent, the benefit shall be determined on the basis of the extent of the impairment confirmed by the insurance company's medical examiner on the basis of the documents of the last medical examination.**

II.8. **No permanent health impairment benefit may be claimed if the insured dies within 15 days after the accident.**

II.9. If the **insurance company has already established that the claim for an insurance benefit is grounded** but the **benefit amount cannot be determined yet,** the insured may require that the insurance company would pay the **minimum benefit amount** due under the given coverage.

II.10. If the insurance company has already made an insurance benefit payout and subsequently the condition of the insured continues to deteriorate as a result of the same insured event, the insured may file supplementary insurance claims, supported by all the necessary medical documents in proof of the deterioration of the insured's condition despite appropriate medical treatment, **once a year, for a maximum of 4 years for each insured event after the date of the accident which was reported in the first insurance claim**, and may request that **his/her condition be reassessed and the degree of the permanent physical or mental impairment be determined again**. Based on the findings of the medical review, the insurance company shall settle the claim in accordance with Clause II.2 of these policy conditions, on the understanding that **any benefit payouts made earlier on the same insured event shall be deducted from any later benefit payout**.

Even in such a case, the extent of the permanent health impairment resulting from the same insured event **may not be higher than 100%**.

III. Payment of Claims – Payment Conditions

III.1. The insurance claim is required to be filed to the insurance company **in writing within 15 days** after the occurrence of the road accident.

III.2. Where the **above time limit is not respected** and as a result material conditions or circumstances cannot be revealed, the **insurance company may be released from its obligation to pay the claim**.

III.3. **The following documents must be attached to the notice of claim:**

III.3.1. a **duly completed standard insurance claim form** supplied by the insurance company,

III.3.2. **and a copy of the following documents:**

- a) all medical documents produced in connection with the insured event from the date of the accident until notifying the insurance claim, in particular the medical documentation of the first medical care,
- b) a copy of the police report, if one was made,
- c) the official on-site report of the passenger carrier company, if one was made,
- d) the result of the blood alcohol and/or drug test, if one was administered,
- e) if the insured **was injured** in a road accident as the **driver of a vehicle**, a copy of the insured's driver's license and the vehicle registration certificate,
- f) other documents required to clarify the circumstances of the accident.

III.4. In addition to the above, **the insurance company may request or obtain additional certifications or statements – listed in Clause X.4. of the general conditions** – for the settlement of the insurance claim.

III.5. **The insurance company shall be entitled to have 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.**

III.6. **The insurance company may stipulate that a medical examination is required for the benefit payment– in such a case, the insurance benefit shall not be payable until the insured allows for the medical examination to be carried out.**

III.7. **The insurance company shall settle the insurance claim within the following deadlines:**

- a) if the insurance benefit is payable for a **permanent physical or mental impairment which has been medically confirmed**, the insurance company shall make the payout **within 15 days upon receipt of the last document**,
- b) in other cases, the insurance company shall make the payout **within 15 days after the health impairment is confirmed to be permanent**, or **within 15 days after the expiry of 4 years following the accident**.

IV. Exemption of the Insurance Company from Claims Payment, Exclusions

In respect of claims made on this insurance rider, the insurance company will be released from its obligation to pay the permanent disability claim arising from a road accident in the cases listed in Chapter XI of the general conditions, and the insurance does not cover the events listed in Chapter XII of the general conditions.

V. Termination of the Insurance Rider

This **insurance rider** will **terminate at the same time when the main policy terminates**, or at the latest on the last day of the policy year in which year the **insured turns 75 years old**.

VI. Risk Premium

VI.1. **The base rate of the annual risk premium of a sum insured of HUF 1 000 000/€ of this insurance rider is HUF 720/€.**

The base premium rate is of the same currency as that of the sum insured.

VI.2. The insurance company is entitled to modify the base rates of annual risk premiums of this **insurance rider** once a year with effect from the next renewal date of the policy, in accordance with the provisions in Clauses V.3.2. and V.3.3. of the general conditions.

The effective date of these special conditions shall be: November 25, 2016

Special Conditions of 40 Critical Illnesses Insurance Rider (KKB04/2016)

These special conditions set out the standard terms and conditions for the **40 critical illnesses insurance rider of unit-linked life insurance policies as main 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 these special conditions, the insurance **shall be governed by the General Terms and Conditions of Unit-linked Life Insurance Policies** (hereinafter: general conditions) and the **Special Conditions of Unit-linked Life Insurance Policies** (hereinafter: special conditions of the main policy) of Generali Biztosító Zrt, by reference to which the insurance policy has been concluded. In other matters, the provisions of the **Hungarian Civil Code** and other **effective Hungarian legal acts** shall apply mutatis mutandis to the policy.

I. The insured event, the date of the insured event

I.1. The insured event is a **sudden, unexpected onset of any one of the illnesses listed below** and defined in Clause I.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.2. For the purposes of these special conditions, the **medical conditions listed in Clause I.1. shall have the following definition:**

- 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 conditions shall be regarded as 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 positive 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 does not cover a cerebrovascular accident where there is a causal link to an accident** within the meaning of Clauses IX.1. and IX.2. 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 insurance does not cover the transplantation of pancreas, skin and bone, or blood transfusion.**
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 **diagnosing 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 on-going basis for at least 6 months, subject to treatment.

- The insurance does not cover cardiomyopathy if it 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 permanent impairment arising only from this illness.
The insurance does not cover a disease diagnosed as Parkinson's syndrome (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** mean 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 covered under this insurance if the severity thereof is qualified in the expert opinion of the National Institute of Medical Experts corresponding to more than 79% of permanent impairment arising only from 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 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 permanent impairment arising only from 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. Insurance Benefit

II.1. If an insured event occurs, **the insurance company will pay the sum insured specified on the certificate of coverage effective as at the date of the insured event, and at the same time the critical illness coverage of the insurance policy will terminate.**

II.2. The insurance company will account for the sum insured in the currency set out in the special conditions of the master policy, and will deduct the policy's risk premium from the policyholder's account in the same currency. Insurance benefits and proceeds are paid out in forints.

II.3. If **the insurance benefit** defined in Clause II.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.1. of these special conditions,** the insurance company will **pay to the beneficiary the death sum insured stated on the certificate of coverage effective as at the date of the insured's death.**

II.4. 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.5. If the insured event specified in Clause I of these special conditions occurs before the end of the waiting period defined in Clause II.3.2 of the general conditions and the event is not related to an accident, the insurance company will refund the risks premiums previously deducted in accordance with these special conditions to the policyholder's account.

When the risk premium is refunded, the insurance rider governed under these special conditions terminates with retroactive effect as of the commencement date of the coverage period.

III. Payment of Claims – Payment Conditions

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

III.2. Where the **above time limit is not respected** and as a result material conditions or circumstances cannot be revealed, the **insurance company may be released from its obligation to pay the claim.**

III.3. **The following documents must be attached to the notice of claim:**

III.3.1. a **duly completed standard insurance claim** form supplied by the insurance company,

III.3.2. **and a copy of the following documents:**

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

III.3.3. 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 coronarography.
6. **in the case of 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 confirming 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 total hearing loss**
 - 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 total vision loss**
 - 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 the 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 the 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. **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 the 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.

III.11. 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,

III.12. In addition to the above, the insurance company may request or obtain additional certifications or statements – listed in Clause X.4. of the general conditions – for the settlement of the insurance claim.

III.13. 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.

14. The insurance company may stipulate that a medical examination is required for the benefit payment– in such a case, the insurance benefit shall not be payable until the insured allows for the medical examination to be carried out.

IV. Exemption of the Insurance Company from Claims Payment, Exclusions

IV.1. In respect of claims made on this insurance rider, the insurance company will be released from its obligation to pay the critical illness benefit claim in the cases listed in Chapter XI of the general conditions, and the insurance does not cover the events listed in Chapter XII of the general conditions.

IV.2. For the purposes of these special conditions, notwithstanding the provisions set out in Clause XII.1.1. c) of the general conditions, the insurance covers HIV infection, save for the case when the insured had demonstrably been infected by HIV at the time when the insurance application was submitted.

V. Termination of the Insurance Rider

The critical illness coverage will **terminate at the time when the main policy terminates**, or at the latest on the last day of the policy year in which year the **insured turns 65 years old**, or when the insurance pays out on the occurrence of an insured event.

VI. Risk Premium

VI.1. Base rates of the annual risk premium of a sum insured of HUF 1000/€ of this insurance rider are shown in the following table:

Age	Base Premium Rate (HUF/€)
15	7.4237
16	7.4237
17	7.4237
18	7.4237
19	7.4237
20	7.4237
21	7.8692
22	8.3413
23	8.8418
24	9.3723
25	9.9347
26	10.5307
27	11.1626
28	11.8323
29	12.5423
30	13.2948
31	14.0925
32	14.9380
33	15.8343
34	16.7844
35	17.7914

36	18.8589
37	19.9905
38	21.1899
39	22.4613
40	23.8090
41	25.2375
42	26.7518
43	28.3569
44	30.0583
45	31.8618
46	33.7735
47	35.7999
48	37.9479
49	40.2248
50	42.6382
51	45.1965
52	47.9083
53	50.7828
54	53.8298
55	57.0596
56	60.4832
57	64.1121
58	67.9589
59	72.0364
60	76.3586
61	80.9401
62	85.7965
63	90.9443
64	96.4010
65	102.1850

The base premium rate is of the same currency as that of the sum insured.

VI.2. The insurance company is entitled to modify the base rates of annual risk premiums of this **insurance rider** once a year with effect from the next renewal date of the policy, in accordance with the provisions in Clauses V.3.2. and V.3.3. of the general conditions.

The effective date of these special conditions shall be: November 25, 2016

Special Conditions of Surgery Insurance Rider (MT04/2016)

These special conditions set out the standard terms and conditions of the **surgery insurance rider of unit-linked life insurance policies as main 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 these special conditions, the insurance **shall be governed by the General Terms and Conditions of Unit-linked Life Insurance Policies** (hereinafter: general conditions) and the **Special Conditions of Unit-linked Life Insurance Policies** (hereinafter: special conditions of the main policy) of Generali Biztosító Zrt, by reference to which the insurance policy has been concluded. In other matters, the provisions of the **Hungarian Civil Code** and other **effective Hungarian legal acts** shall apply mutatis mutandis to the policy.

I. Insured Event

I.1. The insured event is **the insured's sudden illness** (Clause XIV.2.3. of the general conditions) **which is unprecedented relative to the commencement of the insurance coverage, or an accident** (Clause XIV.2.1. of the general conditions) **during the coverage period**, as a result of which the **insured needs surgery** (Clause XIV.2.5.1. of the general conditions), provided that the surgery is medically required.

I.2. The **date** of the insured event is the **date of the surgery** if such **surgery is required to treat the insured's illness**, or the **date of the accident**, if a **surgery is required because of an accident of the insured**.

II. Insurance Benefit

II.1. **If the insured becomes ill**, the insurance covers **the insured's surgeries while the insurance policy is in force**, and if the insured is **injured in an accident**, the insurance covers the **surgeries of the insured required to treat the medical consequences of the accident within two (2) years after the occurrence of such accident**.

II.2. The insurance benefit is a **percentage of the sum insured specified in the certificate of coverage** effective as of the date of the surgery, **corresponding to the category of the surgical procedure performed**. If the **surgery** which is required **due to the insured's accident** is performed **after the termination of this insurance policy** but within two (2) years after the date of the accident specified as the insured event, the insurance benefit payout will be determined on the basis of the **sum insured specified in the last certificate of coverage in force**.

II.3. The insurance company will account for the sum insured in the currency set out in the special conditions of the master policy, and will deduct the policy's risk premium from the policyholder's account in the same currency. Insurance benefits and proceeds are paid out in forints.

II.4. The abstracted list of surgeries (Clause XIV.2.5.4. of the general conditions) is a short version of the **list of surgeries and their classification** (Clause XIV.2.5.3. of the general conditions) attached to these special conditions as **Schedule B, an integral part of the policy conditions**. **The abstracted list shall also indicate the % rates of benefits**.

II.5. **If several surgeries are performed** on the same day or during the same procedure, the insurance company shall **determine the benefit on the basis of the surgery with the lowest category number (that is with the highest percentage of benefit payment)**.

II.6. **If the insured event specified in Clause I of these special conditions occurs before the end of the waiting period defined in Clause II.3.2 of the general conditions, and the event is not related to an accident, the insurance company will be released from the payment of the claim.**

III. Payment of Claims – Payment Conditions

III.1. The insurance claim is required to be filed to the insurance company **in writing within 15 days** after the date of the surgery.

III.2. Where the **above time limit is not respected** and as a result material conditions or circumstances cannot be revealed, the **insurance company may be released from its obligation to pay the claim**.

The following documents must be attached to the notice of claim:

III.3.1. a **duly completed standard insurance claim form** supplied by the insurance company,

III.3.2. and a copy of the following documents:

- a) the hospital discharge summary,
- b) the operative report, if any was made,
- c) additionally, if the insured event is the result of an accident:
 - 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, or the workplace accident & injury report, if one was made,
 - the result of the blood alcohol and/or drug test, if one was administered,
- d) **in the case of a road accident**, in addition to the above:
 - the police report, if one was prepared,
 - if the insured is injured in a road accident as the **driver of a motor vehicle**, a copy of the driver's license and the vehicle registration certificate.

III.4. In addition to the above, **the insurance company may request or obtain additional certifications or statements – listed in Clause X.4. of the general conditions –** for the settlement of the insurance claim.

III.5. **The insurance company shall be entitled to have the reasonableness of the insured's surgery 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.**

III.6. **The insurance company may stipulate that a medical examination is required for the benefit payment– in such a case, the insurance benefit shall not be payable until the insured allows for the medical examination to be carried out.**

IV. Exemption of the Insurance Company from Claims Payment, Exclusions

In respect of claims made on this insurance rider, the insurance company will be released from its obligation to pay the surgery benefit claim in the cases listed in Chapter XI of the general conditions, and the insurance does not cover the events listed in Chapter XII of the general conditions.

V. Termination of the Insurance Rider

This surgery insurance rider will **terminate at the time when the main policy terminates**, or at the latest on the last day of the policy year in which year the **insured turns 65 years old**.

VI. Risk Premium

VI.1. **Base rates of the annual risk premium of a sum insured of HUF 1000/€ of this insurance rider are shown in the following table:**

Age	Base Premium Rate (HUF/€)
15	16.4369
16	16.4369
17	16.4369
18	16.4369
19	16.4369
20	16.4369
21	16.9300
22	17.4379
23	17.9611
24	18.4999
25	19.0549
26	19.6265
27	20.2153
28	20.8218
29	21.4465
30	22.0899
31	22.7525
32	23.4351
33	24.1382
34	24.8623
35	25.6082
36	26.3764
37	27.1677
38	27.9828
39	28.8222
40	29.6869
41	30.5775
42	31.4948
43	32.4397
44	33.4129
45	34.4153
46	35.4477
47	36.5112
48	37.6065
49	38.7347
50	39.8967

51	41.0936
52	42.3264
53	43.5962
54	44.9041
55	46.2512
56	47.6388
57	49.0679
58	50.5400
59	52.0562
60	53.6179
61	55.2264
62	56.8832
63	58.5897
64	60.3474
65	62.1578

The base premium rate is of the same currency as that of the sum insured.

VI.2. The insurance company is entitled to modify the base rates of annual risk premiums of this **insurance rider** once a year with effect from the next renewal date of the policy, in accordance with the provisions in Clauses V.3.2. and V.3.3. of the general conditions.

The effective date of these special conditions shall be: November 25, 2016

Special Conditions of Hospital Daily Allowance Insurance Rider (KNT04/2016)

These special conditions set out the standard terms and conditions of the **hospital daily allowance insurance rider of unit-linked life insurance policies as main 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 these special conditions, the insurance **shall be governed by the General Terms and Conditions of Unit-linked Life Insurance Policies** (hereinafter: general conditions) and the **Special Conditions of Unit-linked Life Insurance Policies** (hereinafter: special conditions of the main policy) of Generali Biztosító Zrt, by reference to which the insurance policy has been concluded. In other matters, the provisions of the **Hungarian Civil Code** and other **effective Hungarian legal acts** shall apply mutatis mutandis to the policy.

I. Insured Event

I.1. The insured event is the insured's sudden illness (Clause XIV.2.3. of the general conditions) which is unprecedented relative to the commencement of the insurance coverage, or an accident (Clause XIV.2.1. of the general conditions) during the coverage period, as a result of which **the insured receives continuous inpatient hospital care** (Clause XIV.2.4. of the general conditions), provided that it is medically required.

I.2. For the purposes of this insurance, **inpatient care is provided** when a person is hospitalized in a medical facility for several days to receive medical care, and the person **spends every night during his hospitalization, between admission and discharge, in the hospital 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 payout (Clause II.2. of these special conditions), 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. If the **insured is admitted to hospital because of illness**, the **date of the insured event** is the first day of the inpatient hospital care (hospitalization); if the insured is admitted to hospital because of an **accident**, the date of the insured event shall be the **date of the accident**.

II. Insurance Benefit

II.1. In the event of the **insured's illness**, the insurance company shall pay the insurance benefit for **each day of the insured's inpatient hospital care** (Clause I.2. of the special conditions) **during the coverage period.** If the insured **is injured in an accident** during the coverage period, the insurance company will pay an insurance benefit for **each day of the insured's inpatient hospital care** (Clause I.2. of the special conditions) required to treat the medical consequences of the accident **within 2 (two) years after the date of the insured's accident.**

II.2. The **amount of the benefit payable** for the insured's inpatient hospital care is the **sum insured specified in the certificate of coverage** in force during the hospitalization **multiplied by the number of hospitalization days.** If the insured suffers an accident while the insurance policy is in force but **receives inpatient hospital care** due to such accident **only after the termination of this insurance policy**, the benefit payout will be determined on the basis of the **sum insured specified in the last certificate of coverage in force.**

II.3. **If the insured hospital treatment is provided at the medical facility's intensive care unit (ICU), the insurance pays out 200% of the sum insured for each day of hospital treatment at the intensive care unit.**
For the purposes of these policy conditions intensive care unit means only such a hospital department which is authorized to provide intensive care pursuant to its name, operations and operating licence.
For the purposes of these policy conditions, treatment provided in a sub-intensive care unit or in a post-anesthesia care unit does not mean treatment in an intensive care unit.

II.34. The insurance company will account for the sum insured in the currency set out in the special conditions of the master policy, and will deduct the policy's risk premium from the policyholder's account in the same currency. Insurance benefits and proceeds are paid out in forints.

II.5. If the insurance policy's renewal date is during a period when the insured receives inpatient hospital care, and the **insurance policy is subject to annual indexation** (within the meaning of Clause IV.3.4. of the general conditions), the insurance company **shall apply the increased sum insured** to determine the benefit payout **after the renewal date** of the insurance policy, in accordance with the rules of annual indexation.

II.6. **The insurance company shall pay the insurance benefit for a maximum of 120 days of hospitalization within any one policy year.**

II.7. **If the insured event specified in Clause I of these special conditions occurs before the end of the waiting period defined in Clause II.3.2 of the general conditions, and the event is not related to an accident, the insurance company will be released from the payment of the claim.**

III. Payment of Claims – Payment Conditions

III.1. The insurance claim is required to be filed to the insurance company **in writing within 15 days** after the insured's discharge from the hospital.

III.2. Where the **above time limit is not respected** and as a result material conditions or circumstances cannot be revealed, the **insurance company may be released from its obligation to pay the claim.**

III.3. The following documents must be attached to the insurance claim:

III.3.1. a **duly completed standard insurance claim form** supplied by the insurance company,

III.3.2. **and a copy of the following documents:**

- a) the hospital discharge summary,
- b) the discharge summary issued by the intensive care unit, if such treatment was provided,
- c) **in the event of hospitalization due to an accident**, additionally:
 - all medical documents produced in connection with the insured event from the date of the accident until filing the insurance claim, in particular the medical documentation of the first medical care,
 - the accident & injury report, or the workplace accident & injury report, if one was made,
 - the result of the blood alcohol and/or drug test, if one was administered,
- c) **in the case of a road accident**, in addition to the above:
 - the police report, if one was prepared,
 - if the insured is injured in a road accident as the **driver of a motor vehicle**, a copy of the driver's license and the vehicle registration certificate.
- d) other documents required to clarify the circumstances of the accident.

III.4. In addition to the above, **the insurance company may request or obtain additional certifications or statements – listed in Clause X.4. of the general conditions** – for the settlement of the insurance claim.

III.5. **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.**

III.6. **The insurance company may stipulate that a medical examination is required for the benefit payment– in such a case, the insurance benefit shall not be payable until the insured allows for the medical examination to be carried out.**

IV. Exemption of the Insurance Company from Claims Payment, Exclusions

In respect of claims made on this insurance rider, the insurance company will be released from its obligation to pay the hospital daily allowance claim in the cases listed in Chapter XI of the general conditions, and the insurance does not cover the events listed in Chapter XII of the general conditions.

V. Termination of the Insurance Rider

This **insurance rider** will **terminate at the same time when the main policy terminates**, or at the latest on the last day of the policy year in which year the **insured turns 65 years old**.

VI. Risk Premium

VI.1. **Base rates of the annual risk premium of a sum insured of HUF 1000/€ of this insurance rider are shown in the following table:**

Age	Base Premium Rate (HUF/€)
15	2015.5734
16	2015.5734
17	2015.5734
18	2015.5734
19	2015.5734
20	2015.5734
21	2076.0406
22	2138.3219
23	2202.4715
24	2268.5457
25	2336.6020
26	2406.7001
27	2478.9011
28	2553.2681
29	2629.8662
30	2708.7622
31	2790.0250
32	2873.7258
33	2959.9375
34	3048.7357
35	3140.1977
36	3234.4037
37	3331.4358
38	3431.3789

39	3534.3202
40	3640.3498
41	3749.5603
42	3862.0471
43	3977.9085
44	4097.2458
45	4220.1632
46	4346.7681
47	4477.1711
48	4611.4862
49	4749.8308
50	4892.3258
51	5039.0955
52	5190.2684
53	5345.9764
54	5506.3557
55	5671.5464
56	5841.6928
57	6016.9436
58	6197.4519
59	6383.3755
60	6574.8767
61	6772.1230
62	6975.2867
63	7184.5453
64	7400.0817
65	7622.0841

The base premium rate is of the same currency as that of the sum insured.

VI.2. The insurance company is entitled to modify the base rates of annual risk premiums of this **insurance rider** once a year with effect from the next renewal date of the policy, in accordance with the provisions in Clauses V.3.2. and V.3.3. of the general conditions.

The effective date of these special conditions shall be: November 25, 2016

Special Conditions of Partial (over 39%) Disability Insurance Rider (EK104/2016)

These special conditions set out the standard terms and conditions of the **permanent partial (over 39%) disability insurance rider of unit-linked life insurance policies as main 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 these special conditions, the insurance **shall be governed by the General Terms and Conditions of Unit-linked Life Insurance Policies** (hereinafter: general conditions) and the **Special Conditions of Unit-linked Life Insurance Policies** (hereinafter: special conditions of the main policy) of Generali Biztosító Zrt, by reference to which the insurance policy has been concluded. In other matters, the provisions of the **Hungarian Civil Code** and other **effective Hungarian legal acts** shall apply mutatis mutandis to the policy.

For the purposes of these special conditions, the term 'National Institute of Medical Experts' means any official body authorized under effective legislation to determine a degree of disability (physical or mental impairment).

I. Insured

Pursuant to these special conditions, the insurance policy **is not available** to natural persons, who – **prior to the conclusion of the insurance policy (signing the insurance application)**

- a) have been granted **pension benefits on their own right, or any other benefit/allowance** (e.g.: disability, accident) for physical or mental impairment or impaired earning capacity pursuant to the expert opinion of the National Institute of Medical Experts, or
- b) **have already applied** for the assessment/determination of the extent of an impairment or loss of earning capacity **with the competent authority.**

II. Insured Event

II.1. The insured event is a sudden, unexpected development of an **illness** without precedent conditions prior to the commencement of the insurance coverage, or an **accident** during the coverage period, **as a result of which the National Institute of Medical Experts determines in its expert's opinion that the insured has suffered physical or mental impairment to an extent exceeding 39 percent (39%), provided that the insured submits the application for the determination of the impairment (disability) while the insurance policy is in force (coverage period).**

II.2. The **date** of the insured event is the **issue date of the expert opinion of the National Institute of Medical Experts.**

III. Insurance Benefit

III.1. If an insured event occurs, the insurance company shall pay the **sum insured specified in the certificate of coverage** in force as at the date when the expert opinion of the National Board of Medical Experts is issued, and at the same time the insurance coverage governed by these special conditions shall terminate.

If the execution date of expert opinion of the National Institute of Medical Experts is a later date than the cancellation date of the insurance, the insurance company will determine the benefit payout on the basis of the sum insured specified in the last effective certificate of coverage.

III.2. The insurance company will account for the sum insured in the currency set out in the special conditions of the master policy, and will deduct the policy's risk premium from the policyholder's account in the same currency. Insurance benefits and proceeds are paid out in forints.

III.3. If the insured event, an illness arising from an event other than an accident and resulting in a permanent disability (health impairment) exceeding 39% specified in Clause II of these special conditions occurs before the end of the waiting period defined in Clause II.3.2 of the general conditions, and the expert opinion of the National Institute of Medical Experts is issued within 18 months of the commencement of the insurance coverage, the insurance company will refund the risks premiums previously deducted in accordance with these special conditions to the policyholder's account.

When the risk premium is refunded, the insurance rider governed under these special conditions terminates with retroactive effect as of the commencement date of the coverage period.

IV. Payment of Claims – Payment Conditions

IV.1. The insurance claim is required to be submitted to the insurance company **in writing within 15 days** upon receipt of the expert opinion of the National Institute of Medical Experts.

IV.2. Where the **above time limit is not respected** and as a result material conditions or circumstances cannot be revealed, the **insurance company may be released from its obligation to pay the claim.**

IV.3. **The following documents must be attached to the notice of claim:**

IV.3.1. a **duly completed standard insurance claim form** supplied by the insurance company,

IV.3.2. and a copy of the following documents:

- a) the **expert opinion of the National Institute of Medical Experts,**

- b) if the expert opinion of the National Institute of Medical Experts is issued after the termination of the insurance, a **document evidencing the date when the application** for the determination of the insured's impairment (disability) of a degree exceeding 39 percent (39%) **was submitted**,
- c) **a certification from the treating physician or the general practitioner describing the primary medical cause(s) of the insured event, as well as the exact date of the first diagnosis**,
- d) additionally, if the insured's impairment of a degree exceeding 39% is the result of an **accident**:
 - **all medical documents** produced in connection with the insured event **from the date of the accident until notifying the insurance claim**, in particular the medical documentation of the first medical care,
 - the accident & injury report, or in the case of a workplace accident, the workplace accident & injury report, if one was made,
 - the result of the blood alcohol and/or drug test, if one was administered,
- e) **in the case of a road accident**, in addition to the above:
 - the police report, if one was prepared,
 - if the insured is injured in a road accident as the **operator of a motor vehicle**, a copy of the driver's license and the vehicle registration certificate.
- f) other documents required to clarify the circumstances of the accident.

IV.4. In addition to the above, the insurance company may **request or obtain additional certifications or statements – listed in Clause X.4. of the general conditions** – for the assessment of the insurance claim.

IV.5. The insurance company shall be entitled to have 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.6. The insurance company may stipulate that a medical examination is required for the benefit payment– in such a case, the insurance benefit shall not be payable until the insured allows for the medical examination to be carried out.

V. Exemption of the Insurance Company from Claims Payment, Exclusions

In respect of claims made on this insurance rider, the insurance company will be released from its obligation to pay the **permanent partial (over 39%) disability claim in the cases listed in Chapter XI of the general conditions, and the insurance does not cover the events listed in Chapter XII of the general conditions.**

VI. Termination of the Insurance Rider

The part of the insurance policy offering the insurance coverage governed by these special conditions shall terminate if any one of the following conditions occurs:

- a) at the time when the main policy terminates, or
- b) after the insurance company's **claim payment** under these special conditions, or
- c) if the insured becomes **eligible for old-age state pension**, or
- d) if the insured **reaches the retirement age** applicable to him/her, or
- e) or at the latest on the last day of the policy year in which year the **insured turns 65 years old**.

If any one of the conditions listed in subsections c) and d) of this chapter occurs, **the policyholder and/or the insured is required to communicate it in writing to the insurance company within 15 days after the condition has occurred.**

VII. Risk Premium

VII.1. Base rates of the annual risk premium of a sum insured of HUF 1 000/€ of this insurance rider are shown in the following table:

Age	Base Premium Rate (HUF/€)
17	2.0867
18	2.0867
19	2.0867
20	2.0867
21	2.2745
22	2.4792
23	2.7023
24	2.9455
25	3.2106
26	3.4995
27	3.8145
28	4.1578
29	4.5320
30	4.9399
31	5.3845
32	5.8691

33	6.3973
34	6.9730
35	7.6006
36	8.2847
37	9.0303
38	9.8430
39	10.7289
40	11.6945
41	12.7470
42	13.8942
43	15.1447
44	16.5077
45	17.9934
46	19.6128
47	21.3779
48	23.3020
49	25.3991
50	27.6851
51	30.1767
52	32.8926
53	35.8530
54	39.0797
55	42.5969
56	46.4306
57	50.6094
58	55.1642
59	60.1290
60	65.5406
61	71.4393
62	77.8688
63	84.8770
64	92.5159
65	100.8423

The base premium rate is of the same currency as that of the sum insured.

VII.2. The insurance company is entitled to modify the base rates of annual risk premiums of this **insurance rider** once a year with effect from the next renewal date of the policy, in accordance with the provisions in Clauses V.3.2. and V.3.3. of the general conditions.

The effective date of these special conditions shall be: **November 25, 2016**

Special Conditions of Partial (over 69%) Disability Insurance Rider (EK204/2016)

These special conditions set out the standard terms and conditions of the **permanent partial (over 69%) disability insurance rider of unit-linked life insurance policies as main 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 these special conditions, the insurance **shall be governed by the General Terms and Conditions of Unit-linked Life Insurance Policies** (hereinafter: general conditions) and the **Special Conditions of Unit-linked Life Insurance Policies** (hereinafter: special conditions of the main policy) of Generali Biztosító Zrt, by reference to which the insurance policy has been concluded. In other matters, the provisions of the **Hungarian Civil Code** and other **effective Hungarian legal acts** shall apply mutatis mutandis to the policy.

For the purposes of these special conditions, the term 'National Institute of Medical Experts' means any official body authorized under effective legislation to determine a degree of disability (physical or mental impairment).

I. Insured

Pursuant to these special conditions, the insurance policy **is not available** to natural persons, who – **prior to the conclusion of the insurance policy (signing the insurance application)**

- a) have been granted **pension benefits on their own right, or any other benefit/allowance** (e.g.: disability, accident) for physical or mental impairment or impaired earning capacity pursuant to the expert opinion of the National Institute of Medical Experts, or
- b) **have already applied** for the assessment/determination of the extent of an impairment or loss of earning capacity **with the competent authority.**

II. Insured Event

II.1. The insured event is a sudden, unexpected development of an **illness** without precedent conditions prior to the commencement of the insurance coverage, or an **accident** during the coverage period, **as a result of which the National Institute of Medical Experts determines in its expert's opinion that the insured has suffered physical or mental impairment to an extent exceeding 69 percent (69%), provided that the insured submits the application for the determination of the impairment (disability) while the insurance policy is in force (coverage period).**

II.2. The **date** of the insured event is the **issue date of the expert opinion of the National Institute of Medical Experts.**

III. Insurance Benefit

III.1. If an insured event occurs, the insurance company shall pay the **sum insured specified in the certificate of coverage** in force as at the date when the expert opinion of the National Board of Medical Experts is issued, and at the same time the insurance coverage governed by these special conditions shall terminate.

If the execution date of expert opinion of the National Institute of Medical Experts is a later date than the cancellation date of the insurance, the insurance company will determine the benefit payout on the basis of the sum insured specified in the last effective certificate of coverage.

III.2. The insurance company will account for the sum insured in the currency set out in the special conditions of the master policy, and will deduct the policy's risk premium from the policyholder's account in the same currency. Insurance benefits and proceeds are paid out in forints.

III.3. **If the insured event, an illness arising from an event other than an accident and resulting in a permanent disability (health impairment) exceeding 69% specified in Clause II of these special conditions occurs before the end of the waiting period defined in Clause II.3.2 of the general conditions, and the expert opinion of the National Institute of Medical Experts is issued within 18 months of the commencement of the insurance coverage, the insurance company will refund the risks premiums previously deducted in accordance with these special conditions to the policyholder's account.**

When the risk premium is refunded, the insurance rider governed under these special conditions terminates with retroactive effect as of the commencement date of the coverage period.

IV. Payment of Claims – Payment Conditions

IV.1. The insurance claim is required to be submitted to the insurance company **in writing within 15 days** upon receipt of the expert opinion of the National Institute of Medical Experts.

IV.2. Where the **above time limit is not respected** and as a result material conditions or circumstances cannot be revealed, the **insurance company may be released from its obligation to pay the claim.**

IV.3. **The following documents must be attached to the notice of claim:**

IV.3.1. a **duly completed standard insurance claim form** supplied by the insurance company,

IV.3.2. and a copy of the following documents:

- a) the **expert opinion of the National Institute of Medical Experts,**

- b) if the expert opinion of the National Institute of Medical Experts is issued after the termination of the insurance, a **document evidencing the date when the application** for the determination of the insured's impairment (disability) of a degree exceeding 69 percent (69%) **was submitted**,
- c) **a certification from the treating physician or the general practitioner describing the primary medical cause(s) of the insured event, as well as the exact date of the first diagnosis**,
- d) additionally, if the insured's health impairment of a degree exceeding 69% is the result of an **accident**:
 - **all medical documents** produced in connection with the insured event **from the date of the accident until notifying the insurance claim**, in particular the medical documentation of the first medical care,
 - the accident & injury report, or in the case of a workplace accident, the workplace accident & injury report, if one was made,
 - the result of the blood alcohol and/or drug test, if one was administered,
- e) **in the case of a road accident**, in addition to the above:
 - a copy of the police report, if one was prepared,
 - if the insured is injured in a road accident as the **driver of a motor vehicle, a copy of the driver's license and the vehicle registration certificate**.
- f) other documents required to clarify the circumstances of the accident.

IV.4. In addition to the above, the insurance company may **request or obtain additional certifications or statements – listed in Clause X.4. of the general conditions** – for the assessment of the insurance claim.

IV.5. The insurance company shall be entitled to have 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.6. The insurance company may stipulate that a medical examination is required for the benefit payment– in such a case, the insurance benefit shall not be payable until the insured allows for the medical examination to be carried out.

V. Exemption of the Insurance Company from Claims Payment, Exclusions

In respect of claims made on this insurance rider, the insurance company will be released from its obligation to pay the permanent partial (over 69%) disability claim in the cases listed in Chapter XI of the general conditions, and the insurance does not cover the events listed in Chapter XII of the general conditions.

VI. Termination of the Insurance Rider

The part of the insurance policy offering the insurance coverage governed by these special conditions shall terminate if any one of the following conditions occurs:

- a) at the time when the main policy terminates, or
- b) after the insurance company's **claim payment** under these special conditions, or
- c) if the insured becomes **eligible for old-age state pension**, or
- d) if the insured **reaches the retirement age** applicable to him/her, or
- e) or at the latest on the last day of the policy year in which year the **insured turns 65 years old**.

If any one of the conditions listed in subsections c) and d) of this chapter occurs, **the policyholder and/or the insured is required to communicate it in writing to the insurance company within 15 days after the condition has occurred.**

VII. Risk Premium

VII.1. Base rates of the annual risk premium of a sum insured of HUF 1000/€ of this insurance rider are shown in the following table:

Age	Base Premium Rate (HUF/€)
17	0.5135
18	0.5135
19	0.5135
20	0.5135
21	0.5597
22	0.6101
23	0.6650
24	0.7249
25	0.7901
26	0.8612
27	0.9387
28	1.0232
29	1.1153
30	1.2157
31	1.3251
32	1.4444

33	1.5744
34	1.7160
35	1.8705
36	2.0388
37	2.2223
38	2.4223
39	2.6404
40	2.8780
41	3.1370
42	3.4193
43	3.7271
44	4.0625
45	4.4281
46	4.8267
47	5.2611
48	5.7346
49	6.2507
50	6.8132
51	7.4264
52	8.0948
53	8.8233
54	9.6174
55	10.4830
56	11.4265
57	12.4549
58	13.5758
59	14.7976
60	16.1294
61	17.5811
62	19.1633
63	20.8880
64	22.7680
65	24.8171

The base premium rate is of the same currency as that of the sum insured.

VII.2. The insurance company is entitled to modify the base rates of annual risk premiums of this **insurance rider** once a year with effect from the next renewal date of the policy, in accordance with the provisions in Clauses V.3.2. and V.3.3. of the general conditions.

The effective date of these special conditions shall be: **November 25, 2016**

Schedule A

The table referred to in the special conditions of Accident Insurance with Permanent Disability Benefit and Road Accident Insurance with Permanent Disability Benefit for the determination of insurance benefits.

The purpose of this table is to illustrate the concept of how insurance benefits are determined.

The extent of the permanent impairment shall be determined by a physician assigned by the insurance company, in accordance with the following:

Body parts, sensory organs	% degree of permanent impairment
– amputation of an arm at shoulder joint, or its permanent loss of function	70%
– amputation of an arm above elbow joint, or its permanent loss of function	65%
– amputation of an arm below elbow joint, or amputation of a hand, or its permanent loss of function	60%
– amputation of a thumb or its permanent loss of function	20%
– amputation of an index finger or its permanent loss of function	10%
– amputation of any other finger or its permanent loss of function	5%
– amputation of a leg through the hip joint or the permanent loss of function of the hip joint	70%
– partial amputation of one leg above knee joint or the permanent loss of function of the knee joint	60%
– partial amputation of a leg below knee joint	50%
– ankle disarticulation or the permanent loss of function of the ankle joint	30%
– amputation of a great toe or its permanent loss of function	5%
– amputation of any other toe or its permanent loss of function	2%
– total vision loss in both eyes	100%
– total vision loss in one eye	35%
– total vision loss in one eye, if the insured has already lost vision in the other eye prior to the occurrence of the insured event	65%
– total hearing loss in both ears	60%
total hearing loss in one ear	15%
total hearing loss in one ear, if the insured has already lost hearing in the other ear prior to the occurrence of the insured event	45%
– complete loss of smell	10%
– complete loss of tasting	5%

Schedule to Life, Accident, Health Insurance and Waiver of Premium on Death Riders available with Unit-Linked Life Insurance Policies

Life, Accident, Health Insurance and Waiver of Premium on Death Riders available with Unit-Linked Life Insurance Policies

Effective from: October 28, 2016

Schedule B

Abridged List of Surgeries Applicable to the Special Conditions of Surgery and Accidental Surgery Insurance.

If an insured event occurs, the insurance company shall pay out the following insurance benefits under the surgery insurance - accidents coverage and the surgery Insurance coverage.

for surgeries in Category 1, 100% of the sum insured,

for surgeries in Category 2, 50% of the sum insured,

for surgeries in Category 3, 25% of the sum insured,

for surgeries in Category 4, 15% of the sum insured.

surgeries in Category 5 are not covered.

If the insured has a surgery which belongs to Category 5, the insurance company shall not pay any benefit.

An abstracted list of surgeries by categories:

Category 1

WHO code Surgery

5014F Resection of intracranial tumor
50151 Resection of skull tumor
50200 Elevation of depressed skull fracture
50303 Surgical spinal decompression
50311 Surgery of the spinal nerve root in the spinal canal
50337 Recession of spinal tumor
53240 Lung lobectomy
53340 Pulmonary transplantation
53522 Replacement of mitral valve with mechanical artificial valve
53531 Plastic repair of mitral valve
53734 Resection of ventricular tumor
53743 Ventricular repair, cardiorrhaphy
53750 Cardiac transplantation
55040 Hepatic transplantation
58151 Total hip replacement
5814L Total knee arthroplasty

Category 2

WHO code Surgery

54560 Total colectomy
53611 Coronary artery bypass graft surgery
53502 Closed incision on the mitral valve
5382L Removal of abdominal aortic aneurysm
53836 Blood vessel replacement
51358 Iridectomy
51570 Vitrectomy
51630 Enucleation
52070 Resection of semicircular canals
53030 Total laryngectomy
53163 Neoglottis formation

Category 3

WHO code Surgery

53777 Pacemaker implantation
53807 Femoral embolectomy
54130 Splenectomy
54361 Partial gastrectomy
54430 Appendicectomy
55110 Cholecystectomy
55300 Surgical correction of inguinal hernia
56011 Transurethral reduction of prostate
56520 Unilateral oophorectomy
56830 Abdominal hysterectomy
50630 Thyroidectomy
51150 Conjunctiva suture
57902 Pinning the femoral neck
57922 Stretching loop fixing of the bone
57924 Screwing
58351 Tendon repair
58480 Amputation of femur
58610 Mastectomy

Category 4

WHO code Surgery

51440 Crystalline lens removal
51470 Lens transplantation

51950 Tympanoplasty
53844 Removal of varicose veins
56741 Cervix surgery
56518 Laparoscopic oophorectomy
57400 Ceasarian section
57670 Open restoration of facial fractures
57829 Bunion surgery
57900 Closed reduction of fracture with internal fixation
58130 Suture of the ligament on the outer ankle
5837H Restoration of torn Achilles' tendon
58400 Amputation of finger
58600 Lumpectomy

Category 5

WHO code Surgery

12794 Catheterization of the systemic circulation for diagnostic purposes
14410 Biopsy taken during gastroscopy for histopathology testing
14820 Percutaneous biopsy from breast for histopathology testing
16200 Bronchoscopy
16970 Diagnostic reflection of joint
33121 Coronary angiographia
39430 Extracorporeal shock wave lithotripsy for kidney stones
52160 Reconstruction of nose fracture
52310 Surgical removal of a tooth
52374 Dental osteoplasty
52000 Myringotomy
52100 Control of epistaxis by hardening substance
52810 Tonsillectomy
57100 Episiotomy
57520 Termination of pregnancy (abortion)
57880 Removal of internal steel pins (wires or pins)
58750 Plastic surgery of breast
58900 Skin suture
58840 Surgical removal of achrochordon
59801 Female surgical sterilization
81010 Removal of foreign body from cornea
81700 Lacrimal sac washout
81840 Removal of tattoo
81900 Wound cleaning, dressing
82032 Closed reduction of fracture of wrist
82090 Closed fixing of luxation
84712 Stretching with wiring drilled into femur
85840 Injection administered into a joint
88050 Blood transfusion
88530 Dialysis

Special Conditions of the Waiver of Premium Rider for Death (DH04/2016)

These special conditions set out the standard terms and conditions for the **waiver of premium rider for death available under unit-linked life insurance policies as main policies** (hereinafter: policy) 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 these special conditions, the insurance shall be governed by the General Terms and Conditions of Unit-linked Life Insurance Policies (hereinafter: general conditions) and the Special Conditions of Unit-linked Life Insurance Policies (hereinafter: special conditions of the main policy) of Generali Biztosító Zrt, by reference to which the insurance policy has been concluded. In other matters, the provisions of the Hungarian Civil Code and other effective Hungarian legal acts shall apply *mutatis mutandis* to the policy.

I. Insured Event

For the purposes of this **'Waiver of Premium for Death' insurance rider** (hereinafter: insurance rider), the insured event is the **insured's death during the coverage period of this insurance rider**.

II. Insurance Benefits

In consideration of the insurance premium payment by the policyholder, the insurance company undertakes to pay the following insurance benefits on insured events in accordance with the provisions set out in these special conditions:

II.1. Waiver of premium

II.1.1. The insurance company will **waive the portion of the annual premium to be invested (hereinafter: portion of the premium waived)** during the period from the first day of the month following the date when the insured event occurs until the end of the benefit term specified in the insurance policy with respect to this insurance rider.

The insurance company determines the portion of the premium waived based on the certificate of coverage effective as of the first day of the month following the date of the insured event.

If the policyholder has requested an annual increase of the portion of the premium invested by the basic annual indexation rate any time prior to the insured event, the insurance company will increase the portion of the premium waived by the basic indexation rate upon each policy renewal date for as long as the premium is waived on the policy.

The insurance company will credit one twelfth of the portion of the premium waived each month on the account associated with policy.

The insurance company will allocate the portion of the premium waived into investment units purchased from regular premiums, and will not charge any distribution costs on the portion of the premium waived.

The insurance company will determine the number of investment units, on the occasion of the first allocation at the price valid on the valuation day following the day when all documents required for the assessment of the insurance claim are received by the insurance company, and on the occasion of all subsequent allocations, at the price valid on the first workday of the respective month. The investment units will be distributed among unit-linked funds **in accordance with the effective premium distribution instruction applicable to regular premium payments**.

II.1.2. While premiums are waived, the main policy as well as the insurance rider will continue to remain in force until the end of the waiver of premium benefit payment period, without the obligation to pay insurance premiums on the policy.

II.1.3. If the policyholder has already paid, in whole or in part, the regular insurance premiums for the waiver of premium period, the insurance company will be refund the policyholder all such paid premiums at the same time when it credits the waiver of premium benefit.

II.2. Maturity benefit:

At the end of the waiver of premium period specified in the insurance policy **the insurance company will pay the encashment value of the investment units** held on the account associated with the policy as a maturity benefit **to the designated beneficiary of the maturity benefit**.

With respect to the maturity benefit, the encashment value of the investment units will be determined on the basis of the unit price valid as of the first day of the month following the last day of the waiver of premium period.

III. Modification of the Death Benefit of the Main Policy

When this insurance rider takes effect, the death benefit payable under the main policy will be modified as follows:

If the insured event specified in these special conditions occurs, the insurance company will proceed as follows:

- The encashment value of investment units will not be paid out as a part of the death benefit; it will continue to be held on the account associated with the policy.
- The insurance company will credit the balance of the loyalty account (if available with the policy) as a top-up premium on the account associated with the policy in accordance with the special conditions of the main policy, and the loyalty account will be closed. Thereafter, the insurance company will not allocate any loyalty funds.

- No excess benefit, determined as a percentage of the encashment value of investment units, will be paid out as a part of the death benefit, but it will be credited by the insurance company as a top-up premium on the account associated with the policy.

IV. Beneficiary of the Maturity Benefit and Wealth Manager

IV.1. Beneficiary of the Maturity Benefit

IV.1.1. The beneficiary of the maturity benefit may be **any person named by the policyholder and the insured to receive the maturity benefit** under the insurance policy.

IV.1.2. If no beneficiary at maturity was named in the insurance policy, or the designation of the beneficiary has been repealed or is invalid, or if the designated beneficiary at maturity dies or the designated beneficiary entity is terminated following the insured event but before the maturity of this insurance rider, the beneficiary of all benefits payable at the maturity of the insurance policy shall be the heir(s) of the insured person, in accordance with the provisions set out herein.

IV.2. Wealth Manager

IV.2.1. Prior to the insured event, the policyholder and the insured may designate a third party wealth manager, other than the policyholder or the insured, in the event of the policyholder's death or the policyholder entity's termination without legal succession.

IV.2.2. The Wealth Manager may be a natural person, who is entitled to make the legal statements referred to in Clause V.3 of these special conditions and to whom the insurance company shall address the legal statements referred to in Clause V.3 while the insurance premium is waived.

IV.2.3. If no wealth manager has been named in the insurance policy, or the designation of the wealth manager has been repealed or is invalid, or if the designated third party wealth manager dies following the insured event but before the maturity of this insurance rider, all right vested upon the wealth manager shall be exercised by the beneficiary of maturity benefits.

If there are several beneficiaries of the maturity benefits, the rights vested upon the wealth manager shall be jointly exercised by them.

V. Change in the Policyholder's Rights, the Rights of the Wealth Manager and the Beneficiary at Maturity in relation to the Main Policy

V.1. The rights of the policyholder in relation to the main policy

If the insured event specified in these special conditions occurs, the policyholder's rights will be limited and shall not be entitled to initiate the following transactions:

- requesting a policy loan,
- regular cash withdrawal,
- partial surrender,
- cash surrender.

V.2. The rights of the beneficiary at maturity in relation to the main policy

V.2.1. If an insured event occurs, the following transactions may only be initiated by the beneficiary of maturity benefits:

- requesting regular cash withdrawal if it is otherwise allowed under the main policy,
- partial surrender,
- cash surrender.

If there are several beneficiaries of the maturity benefits, the above rights shall be jointly exercised by them.

V.2.2. When the total cash surrender value of the insurance policy is paid out, the insurance policy terminates and no further claims may be made thereon.

V.3. The wealth manager's rights related to the main policy

If an insured event occurs and the policyholder dies or the policyholder entity is terminated without legal succession, the wealth manager shall be entitled to initiate the following transactions:

- switch,
- redirection.

VI. Risk Premium of the Insurance Rider

VI.1. The insurance company determines the risk premium of this insurance rider on the basis of the insured's current age, health, occupations (job, work, sports), the remaining duration of the waiver of premium period, the portion of the

premium waived and the rate of annual indexation, as selected by the policyholder, as well as the provisions set out in the effective Premium Rates Regulations.

VI.2. Any risks premiums deducted from the account associated with the policy after the occurrence of an insured event will be refunded by the insurance company at the time when the insurance benefits are paid out.

VI.3 If the insured event specified in Clause I of these special conditions occurs before the end of the waiting period defined in Clause II.3.2 of the general conditions and the event is not related to an accident, the insurance company will refund the risks premiums previously deducted in accordance with these special conditions to the policyholder's account.

When the risk premium is refunded, the insurance rider governed under these special conditions terminates with retroactive effect as of the commencement date of the coverage period.

VI.4. The insurance company will allocate the refunded risk premiums into investment units.

VI.5. Base rates of the annual risk premium of the total portion of the premium waived of HUF 1 000 000/€ (the sum of the portions of the premiums to be invested in the remaining duration of the premiums waiver, taking account of the automatic annual increase applicable to the portions of premium invested) of this insurance rider are shown in the following table:

Age	Base Premium Rate (HUF/€)	Age	Base Premium Rate (HUF/€)
15	846.7	46	7958.1
16	846.7	47	8674.3
17	846.7	48	9455
18	846.7	49	10306
19	846.7	50	11233.5
20	846.7	51	12244.5
21	922.9	52	13346.5
22	1005.9	53	14547.7
23	1096.5	54	15857
24	1195.2	55	17284.1
25	1302.7	56	18839.7
26	1420	57	20535.3
27	1547.8	58	22383.5
28	1687.1	59	24398
29	1838.9	60	26593.8
30	2004.4	61	28987.2
31	2184.8	62	31596.1
32	2381.4	63	34439.7
33	2595.8	64	37539.3
34	2829.4	65	40917.9
35	3084	66	44600.5
36	3361.6	67	48614.5
37	3664.1	68	52989.8
38	3993.9	69	57758.9
39	4353.4	70	62957.2
40	4745.2	71	68623.4
41	5172.2	72	74799.5
42	5637.7	73	81531.4
43	6145.1	74	88869.2
44	6698.2	75	96867.5
45	7301		

The base premium rate is of the same currency as that of the sum insured.

VI.6. The insurance company is entitled to modify the base rates of annual risk premiums of this insurance rider once a year with effect from the next renewal date of the policy, in accordance with the provisions in Clauses V.3.1. and V.3.3. of the general conditions.

VII. Annual Indexation and Changes in the Rules of Annual Indexation of the Insurance Policy

VII.1. When the portion of the premium invested of the main policy is increased within the framework of the annual indexation, the premium portion which the insurance company undertakes to waive under this rider will also be increased by the same selected rate. If the premium portion agreed to be waived by the insurance company is increased, it may entail the increase of the risk premium payable for the coverage defined herein.

VII.2. If the insured event specified in these special conditions occurs, the provisions on annual indexation specified in the main policy and effective as of the time of death may no longer be modified.

VIII. Coverage while a Waiver of Premium is Applied, or while Regular Premium Payment is Suspended on the Main Policy

This insurance rider will remain in force and the coverage shall be continuous while the insurance premiums are waived or regular premium payment is suspended on the policy, and the insurance company will continue to charge the account associated with the policy with the risk premium of the insurance.

IX. Termination of the Insurance Rider

This insurance rider will terminate if any of the following conditions occurs:

- a) at the time when the main policy terminates, save for the case if the insured dies,
- b) if the premium of the insurance is waived by the insurance company, on the last day of the waiver of premium period defined in the insurance policy, and thus the main policy will also terminate,
- c) at the end of the policy year in which the insured reaches 75 years of age,
- d) if the risk premium is refunded in accordance with Clause VI.3.
- e) if this insurance rider is cancelled,
- f) at the time when the regular premium of the main policy is waived by the insurance company pursuant to any other insurance rider until the end of the benefit term of this insurance (as specified in the insurance policy).

X. Exemption of the Insurance Company from Claims Payment

X.1. With respect to this insurance rider, the insurance company will be relieved from the payment of the insurance benefits specified in the special conditions in the cases described in Chapter IX of the general conditions, in addition to the provision set out in Clause X.2. of these special conditions.

X.2. Pursuant to the provisions of the general conditions, the insurance company shall be entitled to carry out medical underwriting for any increase of the portion of the premium invested to be waived by the insurance company under this waiver of premium rider. If the duty of disclosure is infringed in relation to the increase of the portion of the premium invested which the insurance company undertakes to waive, the insurance company will be relieved from benefit payment with respect to the increased portion of the premium invested, and will only undertake to pay the waiver of premium benefit with respect to the previous amount.

XI. Events Excluded from Insurance Coverage

This insurance rider does not cover the cases listed in Chapter XII of the general conditions.

The effective date of these special conditions shall be: **November 25, 2016**