

Special Conditions of Malignant Tumour Coverage of Generali Private Care Health Insurance (GPC-RDB/2017_EN)



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These special conditions set out the standard terms and conditions for the **malignant tumour coverage available under Generali Private Care health insurance policies** offered by Generali Biztosító Zrt. (hereinafter: insurance company), provided that the policy has been concluded by reference to these special conditions.

In the case of matters **not regulated by these special conditions, the insurance shall be governed by the General Terms and Conditions of Generali Private Care Health Insurance (GPC-ÁSZF/2017_EN)** (hereinafter: general conditions).

I. Insured event

- I.1. The insured event is a **sudden, unexpected onset of a malignant tumour any time during the coverage period, without precedent conditions prior to the commencement of the insurance coverage.**

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

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

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

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

- I.2. The **date of the insured event** is the **date** of the positive diagnosis of a malignant tumour of the insured person.

II. Insurance benefit

- II.1. If an insured event occurs, the **insurance pays out the sum insured specified in the certificate of coverage** effective as at the date of the insured event.
- II.2. If **the insurance benefit** defined in Clause II.1. of these special conditions is not claimed and paid out **while the insured is alive**, the insurance company will **pay to the heir(s) the sum insured specified on the certificate of coverage effective at the date of the insured's death.**
- II.3. Pursuant to these special conditions, the **insurance company shall pay 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**, and irrespective of the fact whether the illness(es) listed under Clause I.1. of these special conditions has (have) been diagnosed in the life of the insured, or the causal link between the illness(es) and the death has been established after the insured's death.

III. Conditions for payment of the insurance benefit

- III.1. The insurance claim shall be filed 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 observed**, and as a result material conditions or circumstances cannot be revealed, **the insurance company shall be exempt from payment of the insurance benefit.**
- 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) if a surgery was performed, the operative report, if one was made.
 - c) a copy of the positive histological confirmation (describing the malignant nature of cells and their invasive growth).
- III.4. **In the event of death from a malignant tumour, 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, 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).
- III.5. In addition to the above, the insurance company may request or obtain additional certifications or statements – **listed in Clause IV.3.2. and IV.3.3. of the general conditions – for the assessment of the insurance claim.**
- III.6. **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.7. **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. Geographical limit of the insurance coverage

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

V. Exemption of the insurance company from payment of benefits, events excluded from the insurance coverage

Under this insurance, the insurance company will be relieved from the payment of the malignant tumour benefit in the cases described in Chapter V. of the General Conditions, and the insurance does not cover the cases listed in Chapter VI. of the General Conditions.