

## Additional Permanent Incapacity for Work Insurance Rules No. P07

[Effective since 18 April 2022]

### Definitions used in the Additional Permanent Incapacity for Work Insurance Rules No. P07

1. Main insurance means the insurance under the standard terms established in the Life Insurance Rules ('life insurance' definition covers such types of insurance as the risk insurance, endowment and unit-linked life insurance.
2. The additional insurance means the supplementary insurance to the main insurance agreement between the policyholder and the insurer under the standard insurance terms, established in the Additional Permanent Incapacity for Work Insurance Rules No. P07. The policyholder shall familiarise with the additional insurance rules prior to signature of the application to use the additional insurance terms (the additional coverage) and the present rules shall be deemed to be an integral part of the insurance agreement. The additional insurance shall be valid only jointly with the main insurance.
3. Permanent incapacity for work – the condition of the insured person determined and confirmed by the institution established by legislation during the insurance coverage period. The level of incapacity for work must be at least 70 per cent and last for at least one year.
4. Other definitions used in the present rules, which are not specially defined in this part, shall have the same meaning as in the main insurance rules.

### Validity of the additional insurance

5. Terms of the additional insurance shall come into effect after issuance of the insurance policy or an annex hereto, proving the additional insurance coverage for the insured person.
6. The additional insurance shall be valid only jointly with the main insurance.

### Terms of the additional insurance established in the main insurance rules

7. The additional insurance rules shall establish the procedure to be followed when taking the actions related to the additional insurance if necessary to:
  - 7.1. make amendments to the insurance agreement, if amendments are made to the additional insurance terms;
  - 7.2. suspend the additional insurance cover in cases specified in the main insurance rules;
  - 7.3. assign the insurer's /policyholder's rights and obligations under the insurance agreement to another insurer / policyholder;
  - 7.4. send notifications or any other information;
  - 7.5. resolve any dispute.
8. Rights and obligations of the parties to the insurance agreement are established in the main insurance rules.
9. The provisions of the main insurance rules shall be valid for the additional insurance, except for the provisions that provide otherwise in the additional insurance rules.

### Object of insurance

10. The object of insurance under the additional permanent incapacity for work insurance – is the property interest related to the insured person's health.
11. If the additional insurance under the insurance agreement comes into effect, the object of insurance specified in the insurance agreement shall be supplemented with the object of insurance established in the present rules.

12. The insured person on the effective date of the permanent incapacity for work insurance must be at least 18 years old, and the insurance coverage shall only be valid until the insured person reaches the age of 66.

### Sum insured

13. Sum insured under the additional insurance shall be identified by mutual consent between the policyholder and the insurer and shall be specified in the insurance policy or an annex hereto.

### Insurance premium

14. The insurance premiums under the additional insurance shall be paid together with the insurance premiums under the main insurance.
15. The insurance premium to cover the additional insurance risk shall be paid following the procedure established in the main insurance rules. The risk premium under the additional insurance shall be included in the main insurance premium.
16. The policyholder shall be familiarised with the insurance premium prior to signature of the application to use the additional insurance.

### Insured events

17. An insured event, except for the cases listed in Item 20, is the Permanent incapacity for work that is newly diagnosed within the insurance cover validity period, if it meets the criteria set out in the definition of Permanent incapacity for work.
18. Permanent incapacity for work can be established due to both illness and trauma.
19. Any condition due to which the insured person was already diagnosed with a reduced level of working capacity prior to the commencement date of the insurance contract, or due to an illness which was diagnosed or known prior to the commencement date of the insurance contract, shall not be considered newly diagnosed Permanent incapacity for work.

### Non-insured events

20. A non-insured event is the Permanent incapacity for work of the insured person due to:
  - 20.1. illness if the insured person falls ill within the first 30 days from the effective date of his/her insurance agreement, or within the first 30 days from increase in the sum insured under the Permanent incapacity for work insurance, or that was diagnosed within the insurance cover suspension period, or within the first 30 days from the insurance cover renewal date;
  - 20.2. intentional or self-inflicted act, including intentional infliction of illness or trauma or other self-harm, including attempted suicide;
  - 20.3. the use of alcohol, drugs, intoxicants, other psychotropic or toxic substances, medication or any other treatment not prescribed by a licenced physician;
  - 20.4. driving a vehicle while using or under the influence of alcohol, drugs, intoxicants, or other psychotropic or toxic substances, when the concentration of these substances in the body exceeds the maximum permissible levels under the legislation of the country where the accident took place;
  - 20.5. war, military actions (whether war is declared or not), civil war, military take-over, rebellion, military invasion, military actions or occupation, use of military weapons, proclamation of war or

- state of emergency, mass riots, civil unrest, nuclear power, radioactive contamination;
- 20.6. criminal activities of the insured person, if the court has ruled that the criminal offence was committed intentionally;
  - 20.7. extreme sports and activities, leisure events (motorcycle and other motor vehicle racing, aviation and other aviation sports (flying any type of flying machines, hang- gliding, kite flying, gliding parachutes), diving, mountaineering, other extreme sports and activities (rafting, rock gliding, etc.), if specially not agreed otherwise with the insurer;
  - 20.8. professional sports activities or attempts to break an official record;
  - 20.9. HIV, AIDS or diseases resulting from the aforementioned infection/disease;
  - 20.10. organic and symptomatic mental disorders (codes F00–F99 in the systematic list of diseases);
  - 20.11. the following diseases of the nervous system:
    - 20.11.1. migraine (code G43);
    - 20.11.2. other headache syndromes (code G44);
    - 20.11.3. transient cerebral ischaemic attacks and related syndromes (code G45);
    - 20.11.4. sleep disorders (code G47), with the exception of sleep apnoea (code G47.3);
    - 20.11.5. disorders of trigeminal nerve (5th cranial nerve) (code G50);
    - 20.11.6. cranial nerve disorders in diseases classified elsewhere (code G53.0);
    - 20.11.7. chronic fatigue syndrome (code G93.3).

**Insurance benefit**

21. Upon occurrence of an insured event, the total sum insured under the permanent incapacity for work insurance shall be paid.

22. The maximum amount of benefits payable per insured person under these Additional Permanent Incapacity for Work Insurance Rules during the period of validity of the insurance contract is equal to the sum insured under the permanent incapacity for work insurance.

**Procedure for the insurance benefit payment**

23. The insurer shall be notified of the insured person's Permanent incapacity for work no later than within 30 (thirty) calendar days of the Permanent incapacity for work being established. If the insured person undergoes health treatment in the inpatient healthcare institution, it is required to notify the insurer of the insured event no later than within 30 (thirty) days from the last day of the insured person's health treatment in the inpatient healthcare institution.
24. In case of requesting the insurer to disburse the insurance benefit, it shall be necessary to submit:
  - 24.1. filled out notification in the form established by the insurer;
  - 24.2. application in the form established by the insurer to transfer the insurance benefit to the specified bank account of the beneficiary;
  - 24.3. documents from the healthcare institution with a confirmed diagnosis, the decision of the state institution establishing the level of working capacity on establishment of the level of working capacity, and other documents required for investigation of the insured event (copies, with the insurer reserving the right to request originals from the treatment facility).
  - 24.4. The insurer may require that a physician selected by the insurer makes a medical examination or that the medical tests are performed by the medical treatment institution selected by the insurer.