

Additional Permanent Incapacity for Work due to a Critical Condition Insurance Rules No. P09

[Effective since 18 April 2022]

Definitions used in the Additional Permanent Incapacity for Work due to a Critical Condition Insurance Rules No. P09

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 due to a Critical Condition Insurance Rules No. P09. 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 due to a critical condition – the condition of the insured person when, during the insurance coverage period, he or she is diagnosed with one of the critical conditions specified in the list of critical conditions provided in the present insurance rules, which lasts for at least six months from the date of the diagnosis, except for those critical conditions in the list, for which a different duration is specified.
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 due to a critical condition 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 due to a critical condition 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 19, is the Permanent incapacity for work due to a critical condition that is newly diagnosed within the insurance cover validity period, if it meets the diagnostic criteria for the critical conditions provided in present insurance rules.
18. 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 due to a critical condition.

Non-insured events

19. A non-insured event is the Permanent incapacity for work due to a critical condition of the insured person caused by:
 - 19.1. 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 due to a critical condition insurance, or that was diagnosed within the insurance cover suspension period, or within the first 30 days from the insurance cover renewal date;
 - 19.2. intentional or self-inflicted act, including intentional infliction of illness or trauma or other self-harm, including attempted suicide;
 - 19.3. the use of alcohol, drugs, intoxicants, other psychotropic or toxic substances, medication or any other treatment not prescribed by a licenced physician;
 - 19.4. 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;
- 19.5. 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;
 - 19.6. criminal activities of the insured person, if the court has ruled that the criminal offence was committed intentionally;
 - 19.7. 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;
 - 19.8. professional sports activities or attempts to break an official record;
 - 19.9. HIV, AIDS or diseases resulting from the aforementioned infection/disease;
 - 19.10. organic and symptomatic mental disorders (codes F00–F99 in the systematic list of diseases).

Insurance benefit

20. Upon occurrence of an insured event, the total sum insured under the permanent incapacity for work due to a critical condition insurance shall be paid.
21. The maximum amount of benefits payable per insured person under these Additional Permanent Incapacity for Work due to a Critical

Condition Insurance Rules during the period of validity of the insurance contract is equal to the sum insured under the permanent incapacity for work due to a critical condition insurance.

Procedure for the insurance benefit payment

22. The insurer shall be notified of the insured person's Permanent incapacity for work due to a critical condition no later than within 30 (thirty) calendar days of the Permanent incapacity for work due to a critical condition 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.
23. In case of requesting the insurer to disburse the insurance benefit, it shall be necessary to submit:
 - 23.1. filled out notification in the form established by the insurer;
 - 23.2. application in the form established by the insurer to transfer the insurance benefit to the specified bank account of the beneficiary;
 - 23.3. documents from the healthcare institution with a confirmed diagnosis, other documents required for investigation of the insured event (copies, with the insurer reserving the right to request originals from the treatment facility).
 - 23.4. 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.

The List of Critical Conditions

Loss of two limbs
 Loss of the ability to speak
 Blindness
 Hearing loss

Severe burns
 Coma
 Paralysis

Definitions of Critical Conditions and Diagnostic Criteria

Loss of two limbs

The complete and irreversible loss of function of two or more limbs or the complete severance of two or more limbs above (proximally) the wrist joint or ankle.

Loss of the ability to speak

The complete and irreversible loss of the ability to speak must be continuous throughout the 12 (twelve) month period and there must be incontrovertible evidence of this condition continuing for a period of 12 (twelve) months. If, in the opinion of medical professionals, the ability to speak can be partially or completely restored using a device, method of treatment or implant, we will not pay the insurance benefit.

Blindness

The clinically proven irreversible loss of vision in both eyes. Best-corrected visual acuity must not exceed 6/60 or 20/200 when using, for example, Snellen-type tests, or the field of vision of both eyes must be reduced to 20° or less. We will not pay the insurance benefit if, in the opinion of medical professionals, it is possible to partially or completely restore vision using a device or implant.

Hearing loss

The irreversible loss of hearing in both ears when the hearing threshold is greater than 90 decibels. We will not pay the insurance benefit if, in the opinion of medical professionals, it is possible to partially or completely restore hearing using a hearing aid, other device or implant.

Severe burns

Tissue damage caused by thermal, chemical or electrical exposure resulting in third-degree burns covering at least 20 per cent of the body surface area as measured with the Lund and Browder chart.

Coma

An unconscious state, when there is no response to external stimuli or internal needs, that lasts continuously for at least 24 hours, when life-support equipment is required. The coma must result in a neurological deficit manifested by: (a) the permanent and irreversible inability of the insured person to walk 200 metres on a horizontal surface without any auxiliary equipment, or the inability to eat independently when the food is prepared and served, or the inability to communicate by speaking, and (b) the insured person scoring less than 16 on an MMSE. We will also pay benefits if the coma lasts longer than two months.

Paralysis

The permanent and complete loss of function of two or more limbs due to spinal cord injury or spinal disease. A limb is defined as a whole arm or a whole leg.