

Offer No.3 of 01.10.2021 for the conclusion of the Agreement of voluntary insurance of medical expenses related to COVID-19 disease for foreigners and stateless persons

This Offer contains the "Proposal and procedure for concluding in electronic form" the Agreement of comprehensive insurance of travelers outside Ukraine", here in after referred to as the Agreement, and proposed by the Private Joint Stock Company "INSURANCE COMPANY "INTER-PLUS" (hereinafter - the Insurer, PJSC "IC " INTER-PLUS ") "General Conditions of Insurance", which constitute Part B of the Agreement (if the latter is concluded), hereinafter - the General Conditions.

This Offer concerns the conclusion of the Agreement in electronic form. The Offer is valid from 01.10.2021.

In case the Insured accepts the Offer, the insurance is carried out in accordance with the terms of the Agreement

1. Proposal and procedure for concluding the Agreement in electronic form

1.1. The Client (potential Policyholder), when filling out an electronic Agreement form received on the Insurer's website <https://www.inter-plus.com.ua>, or using the "cloud" Internet service, provides the Insurer with the information necessary to identify the Policyholder, calculate the amount of Insurance Premium and form Part A of the Agreement " Conditions of Insurance", hereinafter - the Conditions of Insurance. An Agreement filled out in this way, if properly executed, is equivalent to a written Agreement of the Client (potential Policyholder) to conclude the Agreement.

1.2. On the basis of the filled out Agreement, in the system calculates the Insurance Premium and generates the file " Conditions of Insurance " - Part A of the Agreement, which is offered to the Client (potential Policyholder) by sending the corresponding file to the Client's email address or any messenger convenient for the Client,

1.3. The unconditional acceptance by the Client of the terms of the Offer and consent to conclude the Agreement is the provision of the Client's response to the Insurer on the acceptance of the Offer confirmation by the Client in the system of agreement with the Terms of Insurance. After the Client agrees with the Terms of Insurance, the system automatically assigns the appropriate number to this Agreement.

1.4. Acceptance of the terms of the Offer is the Client's consent to pay the insurance payment on the terms stipulated by the Agreement, in non-cash form to the current account of the Insurer through the payment system Interkassa.

After paying the insurance payment, the system assigns an electronic signature with a one-time IDP (One Time Password) - alphanumeric sequence.

Confirmation of payment of the insurance payment is a letter to the e-mail of PJSC "IC" INTER-PLUS "about the payment and a letter to the e-mail of the Client, which contains the Agreement signed by both parties.

1.5. By affixing a signature with a one-time identifier specified in clause 1.4 of this section of the Offer, the Client (Policyholder) confirms that he/she:

1.5.1. prior to the conclusion of the Agreement, is familiar with the content of Part 2 of Article 12 of the Law of Ukraine "On Financial Services and State Regulation of Financial Services Markets";

1.5.2. understands the essence of financial services provided by the Insurer under the Agreement;

1.5.3. gives consent to the Insurer for the processing of his/her personal data, including: those that relate to the state of health, and for transfer of such personal data to counterparties, including non-residents, in order to fulfill the terms of the Agreement;

1.5.4. has read and agree with the insurance terms and conditions set out in Parts A and B of the Agreement;

1.5.5. is familiar with the original signature of the authorized person and the seal of the Insurer specified in clause 1.10 of this section of the Offer, and deliberately agreed to sign the Agreement on his/her part by affixing an electronic signature with a one-time identifier;

1.5.6. agrees to receive the Agreement in electronic form and other commercial electronic messages of the Insurer to his/her personal e-mail specified in the Agreement when entering personal information;

1.6. After the acceptance of the Offer:

1.6.1. After payment of the insurance payment, the Client acquires the status of the Insured and receives at the e-mail address specified when filling out the Application, the Insurer's notification confirming the conclusion of the Agreement in electronic form by sending an electronic document - visual form of Part A of the Agreement.

1.7. The implementation of these actions is the conclusion of the Agreement in electronic form, which, in accordance with paragraph 12 of Article 11 of the Law of Ukraine "On Electronic Commerce", is equivalent to the written form of an agreement.

1.8. The Agreement is considered signed by the Insurer in accordance with Article 12 of the Law of Ukraine "On Electronic Commerce", if on the visual form of Part 1 of the Agreement and in the Offer there is an analogue of the handwritten signature of the authorized person of the Insurer and the seal of the Insurer.

1.9. The Parties to the Agreement undertake the obligation to recreate the Agreement in hard copy, if necessary. At the written request of one of the Parties to conclude the Agreement in writing, such an Agreement is made within 5 (five) working days from the receipt of the relevant request and is subject to signing and affixing a seal (if any) by each of the Parties within 5 (five) working days from the date of its making. If one of the Parties refuses to sign the Agreement, the dispute is subject to judicial review in accordance with the current legislation of Ukraine.

1.10. A sample of the signature of the authorized person of the Insurer and the seal of the Insurer are given below:

**Chairman of the Board
PJSC "IC "INTER-PLUS"**



Chupyrkina O.D.

1.11. The date, time, procedure for accepting the Offer, a message confirming the conclusion of the Agreement in electronic form and making payment, exchange of electronic messages between the Parties, information about the fact of making the Agreement in writing are stored in the electronic database of the Insurer.

1.12. Making changes to the Agreement, as well as its early termination, are carried out on the basis of an application submitted by one Party to another Party in writing or in electronic form, by sending it to email address of the relevant Party.

PJSC "IC " INTER-PLUS ",

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SPECIAL CONDITIONS OF URGENT MEDICAL AND OTHER EXPENSES INSURANCE (INCLUDING EXPENSES ASSOCIATED WITH THE COVID-19 TREATMENT OR OBSERVATION) ON THE TERRITORY OF UKRAINE AND RESPONSIBILITY ATTACHED TO COMPULSORY EXCLUSION FROM UKRAINE
MAIN TERMS AND DEFINITIONS

INSURER is INTER-PLUS Private Joint-Stock Insurance Company.

POLICY HOLDER is a legal entity organizing a trip or tour of individuals (Insured Parties) throughout Ukraine, or a legally capable individual who has entered into an insurance policy for its own benefit or for the benefit of the third parties (Insured Parties).

INSURED PARTY is an individual who travels throughout Ukraine and is under insurance coverage or an individual who comes to the territory of Ukraine and is under insurance coverage.

INSURANCE POLICY is a written agreement between the Policy Holder and the Insurer, based on which the Insurer shall pay the insurance indemnity in case of insured event, and the Policy Holder shall pay the insurance premium in due time and fulfill other conditions of the policy.

INSURED AMOUNT is the amount of money, which shall be paid by the Insurer based on the insurance conditions in case of insured event.

INSURANCE PREMIUM (PAYMENT, CONTRIBUTION) is the insurance fee, which shall be paid by the Policy Holder in favor of the Insurer under the insurance policy.

INSURANCE INDEMNITY is the monetary amount paid by the Insurer under the conditions of the insurance policy in case of insured event, and which may constitute full or part of the insured amount.

INSURED RISK is a certain event covered by the insurance and which has signs of probability and accidental occurrence.

INSURED EVENT is an event covered by the insurance policy, which occurred during the validity period of the insurance policy evidenced by the documents, with the incidence of which occurs the Insurer's obligation to pay insurance indemnity to the Policy Holder, the Insured Party or the third party set forth in the insurance policy.

SUDDEN ACUTE DISEASE is acute, severe health deterioration due to an unexpected disease or acute condition of the Insured Party, which is life- or health-threatening and requires emergency medical care.

THREAT TO LIFE AND HEALTH is a situation or condition of the Insured Party, in which failure to provide emergency medical care may cause significant and prolonged dysfunction of the body or its organs, occurrence of severe complications due to acute disease, or death of the Insured Party.

ACCIDENT is a sudden, unforeseen event that is beyond the Insured Party's control, which occurred during the validity period of the insurance policy and resulted in bodily injuries or death of the Insured Party.

BODILY INJURIES is a trauma, wound, burns that were sustained by the Insured Party due to the accident during the validity period of the insurance policy and require hospital confinement or outpatient care.

ACUTE PAIN is a reaction of the human nervous system to an external or internal irritants, which in case of failure to provide emergency medical care may cause the shock of pain posing a threat to the Insured Party's life.

CLOSE RELATIVES OF THE INSURED PARTY is a husband/wife, children, mother, father or siblings of the Insured Party.

STAY ON THE TERRITORY OF UKRAINE is an entry and temporary residence on the territory of Ukraine of non-resident individuals.

COMPULSORY EXCLUSION is a system of administrative and legal actions intended to compulsion of foreigners who stay in Ukraine illegally, to leave the territory of Ukraine against their will and desire based on court decision.

SERVICE COMPANY is an assistance company acting on behalf of and at the instruction of the Insurer to provide the required assistance to the Insured Parties and coordinates their actions in case of the insured event.

TERRITORY OF THE INSURANCE POLICY is the territory of Ukraine, except for the temporarily occupied territories of Luhansk, Donetsk regions and Autonomous Republic of Crimea as well as territories of armed conflicts, wars and emergency incidents.

1. GENERAL CONDITIONS

Special conditions of voluntary insurance of urgent medical and other expenses (including expenses associated with the COVID-19 treatment and observation) on the territory of Ukraine and responsibility to the third parties attached to compulsory exclusion from Ukraine (hereinafter referred to as the Special Conditions) are completed in accordance with the Law of Ukraine 'On Insurance'.

1.1. Insurer enters into the agreement of voluntary insurance of urgent medical and other expenses (including expenses associated with the COVID-19 treatment and observation) on the territory of Ukraine and responsibility to the third parties attached to compulsory exclusion from Ukraine (hereinafter referred to as the Insurance Policy) based on the 'Rules of Voluntary Insurance of Medical Expenses' as of September 26, 2016, 'Rules of Voluntary Insurance of Responsibility to the Third Persons (excluding civil responsibility of land, air and water transport owners (but including carrier responsibility)) (updated version)' as of February 22, 2012 and 'Rules of Voluntary Insurance of Accidents' as of January 16, 2012.

1.2. Pursuant to the conditions of the Insurance Policy made in accordance with these Special Conditions, the Insurer shall pay to the Service Company or Insured Party the expenses associated with the insured event during the Insured Party's tour throughout Ukraine or stay in Ukraine as well as effects the insurance of the Insured Party responsibility for the expenses repayment attached to compulsory exclusion from Ukraine.

2. SUBJECT OF THE INSURANCE POLICY

2.1. The subject of the insurance policy is property interests that do not contravene the law, associated with the life, health and working capability of the Insured Party, his/her medical expenses as well as extra expenses that are directly associated with the insured event during the Insured Party's trip (tour) or stay on the territory of Ukraine, besides property interests of Policy Holder (Insured Party) connected to the responsibility for expenses repayment attached to compulsory exclusion from Ukraine.

3. INSURED RISK AND INSURED EVENT

3.1. The following sudden and beyond the Insured Party's control events that occurred during the Insured Party's trip or stay on the territory of Ukraine shall be deemed to be the insured risk under these Special Conditions:

3.1.1. sudden acute disease of the Insured Party or health disorder that occurred unexpectedly and poses a threat to the Insured Party's life and health;

3.1.2. health disorder or bodily injuries of the Insured Party due to the accident that pose a threat to the Insured Party's life and health and require emergency medical care;

3.1.3. death of the Insured Party due to a sudden acute disease or accident;

3.1.4. damages in case of an accident, breakdown, or theft of a vehicle owned by the Insured Party and which was used to travel throughout Ukraine;

3.1.5. sudden health disorder of the Insured Party, who drives a vehicle, if such a disorder is caused by an accident or sudden acute disease and requires emergency medical care.

3.1.6. policy Holder's (Insured Party) compulsory exclusion from Ukraine.

3.2. The following events shall be deemed to be the insured event under these Special Conditions:

3.2.1. occurrence during the validity period of the Insurance Policy of the Insured Party's responsibility to pay the cost of emergency medical and other services provided during the tour throughout Ukraine, prescribed by the Insurance Policy, if these services were provided to the Insured Party due to the risks set forth in subparagraphs 3.1.1. - 3.1.2. and subparagraphs 3.1.4. - 3.1.6. of these Special Conditions;

3.2.2. filing a claim by the Service Company for payment of the cost of services prescribed by the Insurance Policy, which were provided due to the death of the Insured Party during the validity period of the Insurance Policy as a result of a sudden acute disease or accident;

3.2.3. occurrence of the Policy Holder's (Insured Party) responsibility for the repayment of state expenses as the result of his/her compulsory exclusion from Ukraine according to the current law of Ukraine.

3.3. The events set forth in paragraph 3.2. of these Special Conditions shall not be deemed the insured event if occur due to:

3.3.1. alcohol, drugs or toxic substances consumption by the Insured Party;

3.3.2. intentional infliction of injuries to the Insured Party's own health;

- 3.3.3. suicide or attempted suicide;
- 3.3.4. participation in offenses or fights (except for self-defense);
- 3.3.5. participation in any kind of hostilities, disturbances, rebellions;
- 3.3.6. acts of terrorism; for the treatment of epidemic and pandemic diseases;
- 3.3.7. direct or indirect exposure to radioactive emission, chemical, or bacteriological contamination;
- 3.3.8. unauthorized driving by the Insured Party of land or water vehicles or transfer of driving to an unauthorized person or a person under the influence of alcohol, drugs, or toxic substances;
- 3.3.9. engagement in any dangerous work, unless otherwise prescribed by the Insurance Policy;
- 3.3.10. engagement in professional sports (including competitions and training), unless additional insurance premium is paid;
- 3.3.11. engagement in dangerous and amateur sports: combat martial arts, mountaineering, quad biking, cycling, horseback riding; bungee jumping, parachute jumping, caves exploring, winter sports, hang gliding, rafting, scuba diving etc., unless additional insurance premium is paid.

4. EXPENSES TO BE INDEMNIFIED BY THE INSURER

In accordance with the Insurance Policy, the Insurer shall indemnify the following expenses, provided that they are agreed with the Service Company or the Insurer:

4.1. Under 'M' program emergency medical care (except for dental) is indemnified as a part of state and departmental clinics:

4.1.1. calling and provision of care by a qualified medical doctor or emergency medical service team, including the provision of medications required to eliminate the Insured Party's acute condition or acute pain, and, if there are medical grounds, transportation of the Insured Party to a healthcare facility;

4.1.2. emergency care in a hospital for a period not exceeding 7 days, surgery, including:

- the cost of medicinal treatment;
- the cost of the necessary diagnostic routine, as well as the use of medical equipment required for treatment;
- consulting services;
- the cost of stay in wards (including intensive-care ward);
- food during the inpatient care based on the standards approved in this healthcare facility;

4.1.3. emergency medical care for pregnant women up to the 7th month of pregnancy in case of sudden complications that pose a threat to the Insured Party's life.

4.2. Emergency medical care + repatriation ('M+' program) additionally to the 'M' program expenses, the following expenses are indemnified:

4.2.1. emergency dental care in the amount of up to UAH 1000 (one thousand);

4.2.2. emergency medical ambulatory care in healthcare facilities or qualified MD care for the amount of up to UAH 2000 (two thousand);

4.2.3. payment for medicines bought on prescription based on the presented original receipt for the amount of up to UAH 1000 (one thousand);

4.2.4. treatment of COVID-19 (U 07.1 MKB-10 code) in state healthcare facilities (in case of hospital confinement for the period of more than 24 hours) and/or observation for the amount of up to UAH 10 000 (ten thousand);

4.2.5. transportation of the body of the resident Insured Party to the place of his/her permanent residence on the territory of Ukraine, in case of death due to a sudden acute disease or accident;

4.2.6. medical evacuation/repatriation of the non-resident Insured Party to the nearest airport of the country of permanent residence or the nearest customs point (means of transport, conditions and time limits of repatriation shall be determined by the Insurer) within the amount of EUR 3000 (three thousand). At that, relatives and/or attorney shall file a statement to the Insurer confirming that they are ready to pick up the Insured Party's body after crossing the border.

4.3. Under 'M' program in case of responsibility for the compulsory exclusion of Policy Holder (Insured Party) from Ukraine, Insurer indemnifies:

4.3.1. value of travel value;

4.3.2. service value of Insured Party keeping in the places of temporary stay of foreigners and stateless persons who stay in Ukraine illegally;

4.3.3. service value of person identification;

4.3.4. service value of documents execution and actions related to compulsory exclusion.

4.4. Emergency medical care + repatriation + Covid ('M+Cov' program) additionally to the 'M' program expenses, the following expenses are indemnified:

4.4.1. emergency dental care in the amount of up to UAH 1000 (one thousand);

4.4.2. emergency medical ambulatory care in healthcare facilities or qualified MD treatment for the amount of up to UAH 3000 (three thousand);

4.4.3. payment for medicines bought on prescription based on the presented original receipt for the amount of up to UAH 1000 (one thousand);

4.4.4. treatment of COVID-19 (U 07.1 MKB-10 code) in state healthcare facilities (in case of hospital confinement for the period of more than 24 hours) and/or observation for the amount of up to UAH 20 000 (twenty thousand);

4.4.5. transportation of the body of the resident Insured Party to the place of his/her permanent residence on the territory of Ukraine, in case of death due to a sudden acute disease or accident;

4.4.6. medical evacuation/repatriation of the non-resident Insured Party to the nearest airport of the country of permanent residence or the nearest customs point (means of transport, conditions and time limits of repatriation shall be determined by the Insurer) within the amount of EUR 3000 (three thousand). At that, relatives and/or attorney shall file a statement to the Insurer confirming that they are ready to pick up the Insured Party's body after crossing the border.

4.5. Emergency medical care + repatriation + Covid ('Cov' program) additionally to the 'M' program expenses, the following expenses are indemnified:

4.5.1. emergency dental care in the amount of up to UAH 1000 (one thousand);

4.5.2. emergency medical ambulatory care in healthcare facilities or qualified MD treatment for the amount of up to UAH 5000 (five thousand);

4.5.3. payment for medicines bought on prescription based on the presented original receipt for the amount of up to UAH 2500 (two thousand and five hundred);

4.5.4. treatment of COVID-19 (U 07.1 MKB-10 code) in state healthcare facilities (in case of hospital confinement for the period of more than 24 hours) and/or observation for the amount of up to UAH 30 000 (thirty thousand);

4.5.5. transportation of the body of the resident Insured Party to the place of his/her permanent residence on the territory of Ukraine, in case of death due to a sudden acute disease or accident;

4.5.6. medical evacuation/repatriation of the non-resident Insured Party to the nearest airport of the country of permanent residence or the nearest customs point (means of transport, conditions and time limits of repatriation shall be determined by the Insurer) within the amount of EUR 3000 (three thousand). At that, relatives and/or attorney shall file a statement to the Insurer confirming that they are ready to pick up the Insured Party's body after crossing the border.

5. EXPENSES THAT ARE NOT INDEMNIFIED BY THE INSURER

The Insurer shall not reimburse the following expenses:

5.1. Associated with chronic diseases (treatment, medicines to be bought) and the consequences of the diseases that existed at the moment of entering into the insurance policy, except for the cases of elimination of acute fatal danger or acute pain targeting elimination techniques.

5.2. For the treatment of sunburns, sun allergy.

5.3. For the treatment of allergic reactions and diseases, except for the cases when they pose a threat to the Insured Party's life, except for the Quincke's edema.

5.4. Expenses associated with convulsive seizures, nervous and mental diseases (disorders); brain and spinal cord tumors; epilepsy; schizophrenia, and their consequences.

5.5. For cardiac and blood vessels surgeries (angiography, coronary artery bypass surgery, stent placing, balloon angioplasty, etc.), even if medical indications so require; cerebrovascular diseases; associated with altitude sickness.

5.6. For the treatment of tuberculosis.

5.7. For the treatment and examination oncology diseases.

5.8. For the treatment and examination of HIV, AIDS and their consequences.

5.9. For the treatment of acute or chronic kidney failure requiring hemodialysis.

5.10. For artificial abortion (except for the abortion for emergency medical reasons).

5.11. Associated with the treatment of sexually transmitted diseases.

5.12. For hydrotherapy, heliotherapy and cosmetic treatment, if it is not caused by an injury caused by an accident during the period of coverage.

- 5.13. For the purchase and repair of supporting aids (glasses, contacts, deaf-aids, crutches, prostheses, wheelchairs, tools for metallic osteosynthesis etc.); purchase and use of different type and purpose prostheses; devices that change or modify function of damaged organs; surgical treatment related to the tools for metallic osteosynthesis use, even in case of indicated medical conditions. For the treatment of complications that occurred due to and after surgical or conservative treatment in case of occurrence of the insured event.
- 5.14. For dental prosthetics and dental care that exceeds the necessity to eliminate acute pain, the cost of treatment of artificial teeth.
- 5.15. For self-treatment and (or) treatment of a disease or injury caused by the Insured Party's intentional actions.
- 5.16. For the provision of services by an unauthorized healthcare facility or a person.
- 5.17. For the indemnification of the cost of medicines bought without a medical prescription, and the cost of preventive remedies, vitamins and general tonics.
- 5.18. Associated with a medical error, incorrect or insufficient medical procedures that caused deterioration of the Insured Party's health during treatment (including if the health deterioration occurred during the stay in a health-improving as a result of procedures applied).
- 5.19. For alternative therapies.
- 5.20. For rehabilitation and physiotherapy.;
- 5.21. For the services exceeding those required for the provision of emergency medical care.;
- 5.22. For medical evacuation (repatriation) in cases when the Insured Party's health has improved so much that he or she, independently or accompanied by another person, can return to the country of permanent residence.
- 5.23. For the transportation of the Insured Party from one healthcare facility to another without prior consent of the Insurer.
- 5.24. For the treatment of the non-resident Insured Party on the territory of Ukraine upon the expiry of the period suitable for medical evacuation (repatriation) based on the doctor's opinion.
- 5.25. Associated with artificial insemination, infertility treatment, costs for the means of contraception.
- 5.26. Associated with the provision of additional comfort, namely: a radio or TV, and the services of a hairdresser or beautician, etc.
- 5.27. Associated with illegal actions (omission) of state bodies.
- 5.28. For outpatient care during the first day after crossing the state border of Ukraine/the effectiveness of the agreement, except for the cases requiring emergency medical care or associated with a solution of continuity of musculoskeletal system (bones, ligaments).
- 5.29. Associated with the treatment of the Insured Party as a result of failure to follow medical prescriptions.
- 5.30. For a consultation (health check and examination), without further prescription of medications.
- 5.31. For the diagnosis and treatment (except for emergencies) of VVS (vegetovascular dystonia), NCD (neurocirculatory dystonia), DEP (dyscirculatory encephalopathy), hypertension (arterial hypertension), IHD (ischemic heart disease), CHF (cardiovascular insufficiency), diagnosis and treatment of asthenoneurotic syndrome.
- 5.32. For the diagnosis and treatment of rheumatism and systemic connective tissue disease (including collagenosis, systemic lupus erythematosus, scleroderma, nodular periarteritis, rheumatoid arthritis, sarcoidosis, mucoviscidosis, multiple sclerosis, idiomatic fibrosing alveolitis, etc.), whatever the clinical form or stage of process and other systemic changes of connective tissue (Sjogren's syndrome, mixed connective tissue disease, Behcet's disease, etc.).
- 5.33. Any expenses for the funeral of the Insured Party (which were incurred/paid on the territory of Ukraine or abroad).
- 5.34. Any expenses incurred/indemnified by persons other than the Policy Holder/Beneficiary/Insured Party and/or not agreed by the Assistance Company and/or the Insurer;
- 5.35. Current vision and hearing examination.
- 5.36. Any expenses if the Insured Party has the right to free medical care.;
- 5.37. Expenses of companions or family members of the Insured Party in case of hospital admission of the Insured Party.
- 5.38. Expenses, which are not prescribed by the Insurance Policy and the chosen Insurance Program.;
- 5.39. Expenses associated with force majeure, which are prescribed by the Insurance Policy.

6. THE PROCEDURE FOR ENTERING INTO AND TERMINATION OF THE INSURANCE POLICY

- 6.1. The Insurance Policy is made for a period of up to one year, including.
- 6.2. The Insurance Policy is made based on a verbal or written application of the Policy Holder.
- 6.3. If the Insurance Policy is made for several persons, a list of Insured Parties shall be annexed hereto and constitute an integral part of this Policy.
- 6.4. ***The Insurance Policy is not made for persons under 6 months of age and older than 75 years of age. In certain cases Insurance Policy regarding such persons can be signed subject to insurance payment at triple rate by consent of Insurer.***
- 6.5. The Insurance Policy shall be valid throughout Ukraine, except for the temporarily occupied territories of Luhansk, Donetsk regions and Autonomous Republic of Crimea as well as territories of armed conflicts, wars and emergency incidents. For persons traveling throughout Ukraine, except for places of permanent residence and permanent employment of the Insured Party.
- 6.6. The Insurance Policy shall take effect from the moment of making the insurance payment, unless otherwise prescribed by the Insurance Policy.
- 6.7. The insurance coverage becomes effective from the moment of the start of the Insured Party's trip, but not earlier than the effective date of the Insurance Policy, and ends on the moment of the Insured Party's return to the place of permanent residence, but not later than the expiration date of the Policy set forth in the Insurance Policy.
- For the Insured Parties temporarily staying on the territory of Ukraine, insurance coverage becomes effective from the date of entering the territory of Ukraine, but not earlier than the date set forth in the Policy and ends at the moment of departure of the Insured Party to the country of permanent residence, but not later than the expiration date of the Policy set forth in the Insurance Policy.
- 6.8. The Insurance Policy shall be terminated with the consent of the parties in the following cases:
- expiration of the Policy or insurance coverage;
 - fulfillment by the Insurer of financial obligations under the Policy in full;
 - failure of the Policy Holder to make insurance payments due under the Policy;
 - liquidation of the Insurer under the applicable statutory procedure of Ukraine;
 - making a court judgment on holding the Insurance Policy invalid;
 - in other cases prescribed by the legislation of Ukraine.
- 6.9. The Insurance Policy may be brought to an early termination at the request of the Policy Holder or the Insurer, if prescribed by the Insurance Policy. Either party shall notify the other of the intention to bring the Insurance Policy to an early termination at least 30 days prior to the date of termination of the Insurance Policy, unless otherwise provided.
- 6.10. In case of early termination of the Insurance Policy at the request of the Policy Holder, the Insurer shall return the insurance payments for the remaining period of the Policy with the deduction of standard expenses for handling the case, determined at calculation of the insurance rate, as well as actual insurance indemnity paid under this Insurance Policy.
- 6.11. In case of early termination of the Insurance Policy at the request of the Insurer, the Insured Party shall be refunded the insurance payments in full. If the Insurer's claim is due to the Insured Party's failure to fulfill obligations of the Insurance Policy, the Insurer shall return to the Insured Party insurance payments with the deduction of expenses for handling the case, determined by the norm of 40% insurance rate of the amount of full insurance payment, as well as insurance indemnity paid under this Insurance Policy.
- 6.12. In all cases of early termination of the Insurance Policy, the Policy Holder (Insured Party) shall return the original of this Policy to the Insurer.

7. INSURED AMOUNT AND INSURANCE PREMIUM

- 7.1. The insured amount shall be set in the Insurance Policy by agreement of the Parties.
- 7.2. The amount of the insurance premium shall be set depending on the size of the insured amount, insurance period and other conditions of the Insurance Policy.
- 7.3. The Policy Holder shall pay the insurance premium once and for the entire period. The Policy Holder shall pay the insurance premium to Insurer or his representative by cash or via bank in accordance with applicable legislation of Ukraine.

8. RIGHTS AND OBLIGATIONS OF THE PARTIES

8.1. The Policy Holder (Insured Party) shall have the right to:

- 8.1.1. indemnification of the expenses set forth in the Insurance Policy under the Special Conditions, for the rendered medical and other services;
- 8.1.2. demand from the Insurer timely payment of the insurance indemnity within the time limits set forth in the Insurance Policy. For the delayed payment of insurance indemnity due to the Insurer's fault, the Policy Holder (Insured Party) shall be paid a fine for each day of delay of payment in the amount set forth in the Insurance Policy.

8.2. The Insurer shall have the right to:

- 8.2.1. check the information provided by the Policy Holder (Insured Party);
- 8.2.2. not to pay insurance indemnity in cases prescribed by the applicable legislation of Ukraine, as well as in case of failure of the Policy Holder (Insured Party) to follow the requirements of paragraph 8.3. of these Special Conditions, if prescribed by the Insurance Policy. The Insurer's decision to refuse payment of the insurance indemnity shall be made within 10 business days after the Policy Holder (Insured Party) provided all the necessary documents.

8.3. The Policy Holder shall:

- 8.3.1. provide the Insurer with all available information necessary for the insurance risk assessment;
- 8.3.2. make insurance payments on time;
- 8.3.3. take measures to prevent and reduce losses due to the occurrence of emergencies;
- 8.3.4. in case of occurrence of the insured event follow the conditions and requirements set forth in section 9 'Actions of the Parties in case of occurrence of the insured event' of these Special Conditions;
- 8.3.5. agree with the Insurer or the Service Company, whose telephone numbers are set forth in the Insurance Policy, all actions associated with treatment and other services in case of sudden acute disease, accident, and other emergencies prescribed by the insurance policy;
- 8.3.6. follow the instructions and/or recommendations of the Service Company or the Insurer;
- 8.3.7. grant access to medical experts and authorized representatives of the Insurer to all medical, financial and other documentation associated with the insured event.

8.4. The Insurer shall:

- 8.4.1. provide the Policy Holder with these Special Conditions and Rules of Insurance for familiarization;
- 8.4.2. within two business days, once it becomes known about the occurrence of the insured event, take measures to complete all the necessary documents for the timely payment of the insurance payment or insurance indemnity to the Policy Holder;
- 8.4.3. in case of occurrence of the insured event, make the insurance payment or pay the insurance indemnity within the period set forth in the Policy. The Insurer shall bear property responsibility for the delayed insurance payment (insurance indemnity) by paying in favor of the Policy Holder a fee (fine, penalty), the amount of which shall be determined in accordance with the applicable legislation of Ukraine;
- 8.4.4. indemnify the expenses incurred by the Policy Holder in case of occurrence of the insured event to prevent or reduce losses, if prescribed by the Policy;
- 8.4.5. keep information on the Policy Holder and his financial situation confidential, unless otherwise prescribed by the legislation of Ukraine;
- 8.4.6. the Insurer may have additional obligations under the Insurance Policy.

9. ACTIONS OF THE PARTIES IN CASE OF OCCURRENCE OF THE INSURED EVENT

9.1. In case of occurrence of the emergency prescribed by the Insurance Policy, the Insured Party or his/her attorneys shall contact the Service Company within 24 hours using telephone numbers set forth in the Policy and provide the following information:

- Insurance Policy number;
- name of the Insured Party;
- location, telephone number;
- detailed description of the circumstances of the emergency and the nature of the assistance required.

10. THE PROCEDURE FOR PAYMENT OF THE INSURANCE INDEMNITY

10.1. The procedure for payment of the insurance indemnity for urgent medical expenses and in case of accident:

10.1.1. the cost of emergency services rendered to the Insured Party if the Insured Party has received assistance through the Service Company, at that the facility that rendered assistance to the Insured Party shall send the bill and tear-off coupon of the Insurance Policy directly to the Service Company. Settlements between the Insurer and the Service Company for the services rendered to the Insured Party during the tour throughout Ukraine shall be made in the manner prescribed by the agreement between the Insurer and the Service Company;

10.1.2. if the Insured Party paid the cost of emergency services during the tour throughout Ukraine, but agreed these costs with the Insurer or the Service Company, the Insurer shall indemnify these expenses once the Insured Party is back from the trip in an amount not exceeding the insured amount set forth in the Insurance Policy, provided that these expenses are evidenced by the documents and confirmed;

10.1.3. if the Insured Party paid the cost of emergency services during the tour throughout Ukraine or stay in Ukraine, and without reasonable excuse failed to agree it with the Insurer or the Service Company, the Insurer shall have the right to refuse to pay the insurance indemnity or indemnify these expenses once the Insured Party is back from the trip, but in the amount not exceeding UAH 500, provided that these expenses are evidenced by the documents and confirmed;

10.1.4. to receive insurance indemnity during the period of 15 (fifteen) calendar days from the date of insured event, Policy Holder (Insured Party) shall provide the Insurer with:

- 10.1.4.1. written application for expenses indemnification duly to Insurer;
- 10.1.4.2. the original of the Insurance Policy;
- 10.1.4.3. copies of Insured Party passport (child passport, Birth Certificate if Insured Party is under the age of 14 years), internal passport and an identification number;
- 10.1.4.4. originals of acquisition of prescribed medicaments receipts specifying a doctor's name, prescribed medication sealed by a hospital or a doctor as well as their cost;
- 10.1.4.5. originals of the medical opinion, bills (detailed calculation of invoices) for treatment rendered specifying a patient's name and surname, diagnosis, anamnesis and information on individual treatment procedures and dates of these procedures;
- 10.1.4.6. originals of the checks confirming payment of the above bills and medicines bought on prescription;
- 10.1.4.7. certificate of accident or documents from the healthcare facility with the confirmed injuries;
- 10.1.4.8. certificate of examination regarding virus infection of coronavirus group including Covid-19 (U 07.1 MKB-10 code) with positive PCR test issued by the healthcare facility according to the order of Ministry of Health of Ukraine order;
- 10.1.4.9. certificates of healthcare facilities, medical and other documents confirming accident occurrence, work incapacity certificate or certificate with date of application to the healthcare facility specifying period of temporary disability and period of treatment signed by the authorized person and sealed by the healthcare facility;
- 10.1.5. to receive the insurance payment in case of Insured Party death, his/her successors, additionally to the documents indicated in paragraph 10.1.4. of these Special Conditions, shall provide the Insurer with the following documents:

- Insured Party Death Certificate;
- document of legal succession (in case of Insured Party death);
- originals of the checks confirming payment of the above bills (detailed calculation of invoices);
- copies of the documents certifying the identity of loss payee.

10.2. Order and conditions of insurance payment in case of Policy Holder (Insured Party) responsibility for compulsory exclusion from Ukraine.

10.2.1. confirmation of accident in case of Policy Holder (Insured Party) responsibility for compulsory exclusion from Ukraine, identified as insured is a Certificate of Expenses to the Insured Party exclusion made by the central executive body carrying out state policy of state boundary protection or court decision imposing responsibility on Insured Party and binding over to pay caused state damages;

10.2.2. to receive insurance payment in case of responsibility for compulsory exclusion from Ukraine, Policy Holder (Insured Party) shall provide Insurer with the following documents:

10.2.2.1. written application for expenses indemnification duly by Insurer;

10.2.2.2. the original of the Insurance Policy;

10.2.2.3. copy of Policy Holder (Insured Party) passport;

10.2.2.4. copy of Policy Holder (Insured Party) Certificate of Taxpayer Identification Number;

10.2.2.5. other documents or other information concerning written request of Insurer taking into account details of concrete insurance event;

10.2.2.6. original or duly certified copy of Policy Holder (Insured Party) passport with compulsory exclusion mark of relevant public authorities;

10.2.2.7. duly certified copy of court decision on Policy Holder (Insured Party) compulsory exclusion from Ukraine and liability to indemnify all caused damages;

10.2.2.8. duly certified copy of Certificate of Expenses required for court decision on Policy Holder (Insured Party) exclusion as requested by the Ministry of the Interior or Border Control State Committee (hereinafter 'Certificate of Expenses');

10.2.2.9. original of payment documents confirming actual damages indemnification on compulsory exclusion paid by the Policy Holder (Insured Party).

10.3. Failure to present all documents indicated in Insurance Policy subparagraphs 10.1.4. of paragraph 10.1 and/or subparagraph 10.2.2. of paragraph 10.2. of the Article 10 authorizes Insurer to hold the payment of insurance indemnity till necessary documents submission.

10.4. Indicated documents should be presented to the Insurer as the originals or copies certified by the issuing authority or uncertified copies subject to their verification by the Insurer. In case of failure to present all documents to the Insurer properly or they are executed with violation, damages indemnification is blocked till all documents submission.

10.5. The Insurer shall decide whether to pay or refuse the insurance indemnity within 10 business days of submission by the Insured Party of the originals of all necessary documents confirming the occurrence of the insured event.

10.6. In case of denial of damages indemnification Insurer shall inform Policy Holder of denial reasons in written within 15 (fifteen) days after decision making.

10.7. The Insurer shall pay the insurance indemnity within 10 business days of the decision to make payment with the deduction of franchise set forth in the Insurance Policy.

10.8. The Insured Party shall have the right to appeal Insurer's refusal to make the insurance payment.

10.9. After payment of insurance indemnity, Insurance Policy concerning third party liability is terminated. Insurer shall not consider any repeated claims and insurance indemnity on such claims shall not be payable.

11. DISPUTES RESOLUTION

11.1. The disputes arising between the Parties shall be resolved by negotiation.

11.2. In cases not settled by the Insurance Policy, Parties are guided by the Rules of Insurance. In case Insurance Policy provisions are not in compliance with each other or interpreted in another way than Rules of Insurance provisions, Insurance Policy provisions shall prevail. Relations of the Parties that are not governed by the Insurance Policy and Rules of Insurance shall be subject to current law of Ukraine.

11.3. Policy Holder gives consent to the Insurer to his/her personal data collection, processing and use in order to sign and execute Insurance Policy as well as carrying out other actions provided by the Law of Ukraine 'On Protection of Personal Data' and confirms that he/she is informed of his/her rights, location of personal database, aim of collection and possibility to present personal data to the third persons with this intent.

11.4. Policy Holder gives a consent and does not object to identification and financial activity examination done by the Insurer according to the demands of the Law of Ukraine 'On Preventing and Counteracting to legalization (Laundering) of the Proceeds of Crime, Terrorist Financing and Financing Proliferation of Weapons of Mass Destruction' as of October 14, 2014 No. 1702-vii and State Board Directive On Regulation of Financial Services Markets of Ukraine 'On Amending Regulation on Financial Monitoring by Banks' as of February 24, 2011 No. 102 registered in the Ministry of Justice under No. 600/19338 on May 18, 2011.

11.5. Policy Holder confirms that he/she is informed of the Article 12 of the Law of Ukraine 'On Financial Services and State Regulation of Financial Services Markets'.

11.6. Consumer rights protection is realized according to the Legislative Act On Consumer Rights Protection and Legislative Act On Financial Services Markets. Details of State Control Authority and details of Consumer Rights Protection Authority:

The National Bank of Ukraine.

Address: 9, Instytutska Str., Kyiv, 01601. Phone: 0 800 505 240, website: www.bank.gov.ua

State Inspection of Ukraine on Consumer Rights Protection.

Address: 174, Horkoho Str., Kyiv, 03150. Phone: (044) 528- 84-74. E-mail: dsiu@dsiu.gov.ua, website: www.dsiu.gov.ua.

Inspection on Consumer Rights Protection in the city of Kyiv.

Address: 8-A, Teriokhina Str., Kyiv, 04070. Phone/fax: (044) 482- 40-00, 463-79-73. E-mail: mkyiv_zah@ukr.net.

11.7. Not agreed issues are settled in accordance with legislation in force.

PLEASE NOTE! Persons having accident insurance based on the 'Rules of voluntary accident insurance' as of October 11, 2011, shall have the right to insurance payment in case of occurrence of the accident.

Person shall be insured if there are insured amount, insurance rate and insurance payment on accident in certain paragraphs of Insurance Policy. If such paragraphs contain "0", lines indicating absence or crossings, accident insurance is not effected.

To receive the insurance payment, the Insured Party or his/her successors shall provide the Insurer with the following documents:

- insurance policy;
- accident report;
- opinion of a medical facility about the diagnosis established;
- certificate of disability;
- copy of a passport of the person receiving insurance payment.

The insurance payment shall be made by the Insurer within 10 banking days of confirmation of the authenticity of the submitted documents.

Insurance payment shall be made in the amount of a certain percentage of the insured amount, depending on the nature and damage area (Annex No. 1 to the Insurance Rules)