

Information Paper-Offer

1. **Insurer:** Joint Stock Company-JSC Insurance Company Aldagi
2. **Type of Insurance** – Life & Critical Illness
3. **Insured Risk Description/Insurance Coverage Terms:**

I Life - Cover is provided for Your life.

II Critical Illness - Cover is provided for Your critical illness, initial diagnosis of which was made during the period of insurance of this Insurance Agreement, namely:

- Cancers (Presence of one or of more malignant tumors, including: leukemia, lymphoma, disease of Hodgkin, characterized by: uncontrollable growth, introduction into the healthy tissues);

Decision as to the Limit payment shall be approved on the basis of the oncologist's medical statement together with the histological examination results.

- Myocardial infarction, acute necrosis of the heart muscle due to absolute or relative insufficiency of coronary blood flow. The diagnosis should be substantiated by the presence of all three symptoms: long bout of typical chest pain; new typical ECG changes, such as: ST segment changes and T wave with the characteristic dynamics, Formation of the pathological, to persist Q wave; typical increase in activity of enzymes cardio specific blood.

The diagnosis and the survey data must be confirmed by a qualified physician (cardiologist).

- Insult, any cerebrovascular changes that can cause permanent neurologic symptoms and include the site of brain tissue necrosis, hemorrhage and embolism.

The diagnosis must be confirmed by the presence of typical clinical symptoms and computer data or magnetic resonance imaging of the brain. The duration of neurologic symptoms should be at least 3 months.

- Alzheimer's disease - resulting in permanent symptoms. A definite diagnosis of Alzheimer's disease by a Neurologist, Psychiatrist or Geriatrician. There must be permanent clinical loss of the ability to do all of the following: remember; reason; perceive, understand, express and give effect to ideas.

- Surgical treatment of diseases of the aorta. Confirmed by a specialist surgical intervention to treat chronic diseases of the aorta by resection and replacement of defective aortic graft. The term of the aorta in this particular case, it is commonly understood as thoracic and abdominal part.

- Transplantation of heart valve. Confirmed by a specialist surgical replacement of one or more diseased heart valves by artificial valve/s. Definition includes the replacement of the aortic, mitral, tricuspid, or pulmonary (pulmonary valve) valves of the heart by their artificial counterparts due to the development of stenosis / insufficiency or a combination of these states.

- Bacterial meningitis. Inflammation of the membranes of the brain and spinal cord, confirmed by a specialist, as well as by results of specific investigations (blood and cerebrospinal fluid, CT scan or MRI of the brain). In addition, the disease should have the effect of continuing failure to independently perform three or more basic household actions: wash (the ability to wash in the shower or bath), dressing (removing or putting on his/her clothes, buttoned or come unfastened), personal hygiene (use the toilet maintain an acceptable level of hygiene), mobility (ability to move around the house or within the floor), to regulate excretory functions, hungry / thirsty (but not cooking). The result of this disease may also be a complete bedridden state and unable to climb out of bed on their own without assistance.

The above conditions must be confirmed by medical records, at least for 3 months.

- Parkinson's disease -resulting in permanent symptoms. A definite diagnosis of Parkinson's disease by a Neurologist or Geriatrician. There must be permanent clinical impairment of motor function with associated tremor and muscle rigidity.

- Extensive burns. Extensive burns of the third degree, an area of at least 20% of the body of the Insured and above. The diagnosis must be confirmed by a specialist, as well as the results of measuring the area of burn on the table, the Lund-Browder, or using similar tools.

- Traumatic brain injury - resulting in permanent symptoms. Death of brain tissue due to traumatic injury resulting in permanent neurological deficit with persisting clinical symptoms.

- Renal failure, irreversible end-stage chronic dysfunction of both kidneys, leading to: Increased serum creatinine in the blood to 7-10 mg%; violation of introduction of products of nitrogen metabolism; violation of a water-salt, osmotic, acid-base balance; hypertension, that requires: permanent hemodialysis conducting, peritoneal dialysis, or a kidney transplant.

The diagnosis must be confirmed by a qualified physician (nephrologist).

- Transplantation of vital organs. Confirmed by a specialist transfer of: heart, lung, liver, kidney, pancreas (excluding transplant only the islets of Langerhans), bone marrow, small intestine.

The need for transplantation must be confirmed by a qualified physician.

- Encephalitis, inflammation of the brain (cerebral hemispheres, brainstem or cerebellum), bacterial and viral etiology, diagnosis must be confirmed by a specialist, as well as results of special studies (e.g., blood and cerebrospinal fluid, CT scan or MRI of the brain). In addition, the disease should have the effect of continuing failure to independently perform three or more basic household actions: wash (the ability to wash in the shower or bath), dressing (removing or putting on his/her clothes, buttoned or come unfastened), personal hygiene (use the toilet maintain an acceptable level of hygiene), mobility (ability to move around the house or within the floor), to regulate excretory functions, hungry / thirsty (but not cooking). The result of this disease may also be a complete bedridden state to bed and unable to climb out of bed on their own without assistance.

The above conditions must be confirmed by medical records, at least for 3 months.

- Polio, Acute infection with the polio virus has the consequence of the development of paralytic poliomyelitis, involving violations of motor functions and respiratory failure.

The final diagnosis must be confirmed by a specialist, as well as by results of special investigations, proving the presence of polio virus.

- Total permanent disability. Sharply or considerably expressed disability due to an accident. Degree of disability should be qualified as sharply or considerably expressed limitation of abilities by such medical center, which is selected by the respective competent governmental body and is authorized to determine status of person(s) ability.

- Coma (with associated permanent symptoms). A state of unconsciousness with no reaction to external stimuli or internal needs.

III Combined-Cover is provided for Your life and critical illness according to the terms and conditions indicated in the first and second sub-points of the same article.

4. Preconditions, amounts and rules of reimbursement of other financial expenses other than payment of insurance premium by the insured-not applicable

5. Type of deductible, amount and preconditions of use:

Deductible is the amount of sum which to be deducted from the total indemnity and which is not subject of **Insurer's** liability;

Deductible-if applicable-is determined in the **Insurance Policy**.

Deductibles may be:

Conditional- a certain threshold expressed in monetary terms. If the loss is below or equals such threshold, the **Insurer** shall not indemnify the loss or damage. However, once the loss exceeds this threshold, the **Insurer** shall indemnify the total amount of loss;

Ordinary- the minimum amount which shall be always deducted from the total loss amount;

If the **Insurance Policy** does not provide exact type of **Deductible**, **ordinary Deductible** shall apply.

Deductible can be determined both for all kinds of loss or each and every loss basis in different amounts.

6. Exclusions under the Insurance Agreement

6.1. General Exclusions:

Exclusions given below shall apply to each insurance coverage set out above (sections I, II, III), and, therefore We will not pay in respect of events directly or indirectly caused by:

- 6.1.1. Taking of narcotic, psychotropic or toxic substances.
- 6.1.2. Self – destructive behavior being in a state of alcoholic intoxication (ethanol in blood > 0.3 Per mille).
- 6.1.3. Suicide, attempt of suicide or self-injury.
- 6.1.4. Willful venture in dangerous (harmful or potentially harmful) situations (except for saving life).
- 6.1.5. Deliberate actions of Your heir or Beneficiary, directed to murder You or attempt thereof or giving bodily/health injury to You;
- 6.1.6. Taking part in a criminal act or attempt thereof.
- 6.1.7. HIV or AIDS
- 6.1.8. War; civil commotion/hostilities; rebellion; strike; riot; terrorism.
- 6.1.9. Taking part in operations organized by Emergency Management Service (Fire-fighting, army, police, Ministry of Internal Affairs).
- 6.1.10. Taking part in an underground works.
- 6.1.11. Taking part in risky competition or sport, such as: boxing or other combat sport, climbing, speleology, alpinism, horse-racing, diving, flights on hang-gliders, jumps with parachutes, rally, off-piste skiing, competition with snowmobile, motorboat, motoryacht or water scooter.
- 6.1.12. Such illness or medical issue (including progress or complications thereof), which You were aware of (should be aware of), at the time of Insurance Agreement signing, and We were not.

6.1.13. Living/being outside Georgia for more than 13 consecutive weeks in any 12 months.

6.1.14. Unreasonable failure to seek or follow medical advice.

6.2. Exclusions given below shall apply to the Sections I and III together with General Exclusions:

6.2.1. Neither reimbursement shall be provided in case of death, when death occurs during 90 days from the inception of the Insurance Agreement (Waiting Period).

6.3. Exclusions given below shall apply to the Sections II and III together with General Exclusions:

6.3.1. Neither reimbursement shall be provided for any event which occurs during the specific period (Waiting Period) from the inception of insurance (the Waiting Period is set per each critical illness separately and is described in detail in the Article 6.3.3 of this information paper).

6.3.2. There is Survival Period per each critical illness, which is set to be from 0 (null) to 30 (thirty) days. Survival Period commences after the date of first diagnosis of critical illness (The Survival Period is set per each critical illness separately and is described in detail in the Article 6.3.3 of this information paper). If You die during this period, the payment by the event of "Critical Illness" is not made. Limit is neither paid, if it is claimed by your heir(s) after Your death.

6.3.3. The critical condition resulting from the following illnesses are not covered:

– Cancers:

Excluded from coverage: Tumours with malignant changes in the carcinomas in situ, without invasive growth potential (preinvasive cancer, Intraepithelial cancer) (including dysplasia of the uterine cervix of 1,2,3 stage) or histologically described as precancer, all hyperkeratoses, Kaposi's sarcoma and other tumors, associated with the HIV- infection or AIDS, all tumours that histologically described as benign, chronic lymphocytic leukemia.

Event occurred during:

Waiting period: 6 month.

Survival period: 14 days.

- Myocardial infarction.

Excluded from coverage: myocardial infarction without ST-segment changes and with increased troponin I or T in the blood, other acute coronary syndromes (such as stable / unstable angina). Also, Silent myocardial infarction.

Event occurred during:

Waiting period: 6 month.

Survival period: 14 days.

- Insult

Excluded from coverage: neurological symptoms, migraine; cerebral disorders due to injury; vascular diseases affecting the eye or optic nerve; transient ischemic attacks, lasting less than 24 hours; attacks of vertebrobasilar ischemia; lacunar stroke without neurological symptoms.

Event occurred during:

Waiting period: 6 month.

Survival period: 30 days.

- Alzheimer's disease - resulting in permanent symptoms

Excluded from coverage: Other types of dementia.

Event occurred during:

Waiting period: 6 month.

Survival period: not applicable

- Surgical treatment of diseases of the aorta

Excluded from coverage: Damage of aorta caused by injury; any other type of surgical interference, e.g. stent insertion and endovascular therapy.

Event occurred during:

Waiting period: 6 month.

Survival period: 30 days.

- Transplantation of heart valve

Excluded from coverage: valvotomy, valvuloplasty, and other types of treatment carried out without transplantation (replacement) valves.

Event occurred during:
Waiting period: 6 month.
Survival period: 30 days.

- Bacterial meningitis
Event occurred during:
Waiting period: not applicable
Survival period: not applicable

- Parkinson's disease -resulting in permanent symptoms.
Excluded from coverage: Parkinsonian syndromes/Parkinsonism.

Event occurred during:
Waiting period: 6 month.
Survival period: not applicable.

- Extensive burns
Event occurred during:
Waiting period: not applicable
Survival period: 30 days.

- Traumatic brain injury - resulting in permanent symptoms
Event occurred during:
Waiting period: not applicable
Survival period: not applicable

- Renal failure
Event occurred during:
Waiting period: 6 month.
Survival period: 30 days.

- Transplantation of vital organs
Excluded from coverage: organ donation, transplantation of other organs, parts of the body or any tissue.

Event occurred during:
Waiting period: 6 month.
Survival period: 30 days

- Encephalitis

Event occurred during:

Waiting period: not applicable.

Survival period: 30 days.

- Polio

Excluded from coverage: Cases of any other form of polio, which excludes the development of paralysis. Other causes of paralysis constitute a special exception.

Event occurred during:

Waiting period: not applicable

Survival period: 30 days

- Total permanent disability

Event occurred during:

Waiting period: not applicable

Survival period: not applicable

- Coma (with associated permanent symptoms)

Excluded from coverage: Medically induced coma, Coma resulted from alcohol or drug abuse.

Event occurred during:

Waiting period: not applicable

Survival period: 30 days

6.3.4. In the case Your children aged between 30 days and 18 years are covered, additional conditions apply, namely, We will not pay reimbursement if:

6.3.4.1. The child's condition was present at birth.

6.3.4.2. The symptoms or illness, which may give rise to critical illness, first arose before the child was covered (before the period of insurance).

6.3.4.3. Limit is already paid for You or Your two children (Limit is neither paid twice for the same child).

7. Refusal of Payment of Insurance Reimbursement

7.1. We are entitled to refuse the Payment of reimbursement in case of following events, if You or Your representative (Exclusions given below shall apply to each insurance coverage set out above (Sections I, II, III):

7.1.1. have not made claim within 72 hours (or when it is impossible to make a claim for objective reasons, immediately, when reasonably possible) upon becoming aware of critical illness diagnosis or Your death;

7.1.2. Provided false/fraudulent information, document or notice in the Application or during the period of insurance;

7.1.3. Failed to cooperate with Us during Your claim management, inter alia, failed to fulfill Our instructions.

7.1.4. Neither reimbursement shall be provided for any event which occurs before making the first or single premium payment by You, as well as before the first premium payment or first/single insurance premium payment per each following year in case of multi-year policy.

7.1.5. In case of non-payment of the Premium on time, We shall set the additional two-week deadline and inform You thereof. If the claim is made after the expiration of the aforementioned deadline, We shall be released from the obligation to pay any claim.

7.1.6. You have declined participation of our company representative in the investigation/research of the causes of Insured Event, or other details connected with the Insured Event;

7.1.7. You have failed to present any document requested by Us as specified by these Terms and Conditions.

7.1.8. You or Your heir are obliged to authorize Us to acquire/process Your personal data (including data of special category) from any institution in any form. Furthermore, We have the right to send You to medical examination (including exhumation) to doctor/expert/institution authorized by Us, or request conduction of an alternative medical expertise (including crosschecking the diagnosis). Not fulfillment by You or Your heir of obligations imposed represents the bases for rejection of claim by Us.

8. Rules for notifying Us (Insurer) in case of an insured event, submission of claim, claim settlement and insurance reimbursement procedures

8.1. For Cover I and III

8.1.1. The authorized person is obliged to submit to Us following documents:

8.1.2. Death certificate issued by the relevant body with indication of the date and place of death, date of birth and other relevant information determined by the law;

- 8.1.3. Form 106, Medical certificate on death (which should include an undisputable and specified reason of death); If such certificate is not submitted, or there is missing a specific reason for death (or there is indicated indefinite reason), an expertise conclusion on the reason of death should be submitted;
- 8.1.4. The documents issued by corresponding authorized bodies regarding the event; If there is an legal proceeding on the case - all the investigation documents concerning the case (i.e. case-file);
- 8.1.5. Identification document of the beneficiary;
- 8.1.6. If there is no beneficiary in the Policy Schedule, Your heir(s) must provide the inheritance right certificate, which determines his/her share in Your inheritance.
- 8.1.7. We have the right to request the documents issued by corresponding authorized bodies, which permit to determine the definite cause of the death.
- 8.1.8. Based on the case, We have the right to request additional documents concerning the claim.
- 8.1.9. Limit is paid in GEL in 10 (ten) calendar days after receiving all the above mentioned documents, confirmation of the covered event and signing the Act by both parties.
- 8.2. For Cover II and III
 - 8.2.1. There is written a list of relevant documents per each critical illness in Critical Illness Conditions. In addition to that, You are obliged to submit to Us the following:
 - 8.2.1.1. Your (Your authorized representative- if You are unconscious) statement on making a claim for the Limit.
 - 8.2.1.2. Your identification document.
 - 8.2.1.3. Medical documents confirming the rendered medical services to You (including Form 100 - with indication of diagnosis, prescription and the survey results, certified by a seal and signature of the authorized person/doctor);
 - 8.2.2. Based on the case, We have the right to request additional documents concerning the claim.
 - 8.2.3. Limit is paid in GEL in 10 (ten) calendar days after receiving all the above mentioned documents, confirmation of the covered event and signing the Act by both parties.
- 8.3. For Cover III
 - 8.3.1. Payment of Limit depends on the sequence of events. Upon critical illness diagnosis, the very part of the Limit is paid, which we have agreed and indicated in the Policy Schedule, the remaining part of the Limit is used in case of death. Whereas in case of death (without critical illness diagnosis), Limit is paid to

beneficiary (indicated in the Policy Schedule) in full, upon which this insurance ceases.

8.4. General Conditions for I, II and III insurance cover:

8.4.1. Despite any currency indicated in the Policy Schedule, all Payments are made in GEL as per National Bank of Georgia's official exchange rate set at the date of payment. Based on Insurance act, signed by Insurer and you or your representative.

Given offer represents the non-exhaustive information about the terms and conditions of insurance and this document has no identical legal force as the insurance contract. Introducing this offer to You and explanations about our offer from Our side does not arise legal consequences and requirement between You and Us.