



INFORMATION PAPER

Life and Critical Illnesses

Information Paper-Offer

1. **Insurer** – “Insurance Company Aldagi” JSC;
2. **Type of Insurance** – Life and Critical Illnesses;
3. **Insured Risk Description and Insurance Coverage Terms:**

I. **Life** – Cover is provided for **Your** life;

II. **Critical Illnesses** – Cover is provided for the **Your** critical illness, initial diagnosis of which was made during the validity period of this insurance agreement, in accordance with the same 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 and Morphological 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, intense bout of typical chest pain, newly manifested ECG changes, such as: ST segment changes and T wave with the characteristic dynamics, formation of the pathological Q wave, increase in activity of enzymes cardiospecific blood.

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

- Stroke, 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 data of computer or magnetic resonance imaging/scan of the brain. The duration of neurologic symptoms should be at least of 3 months.

- Alzheimer's disease - Resulting in permanent symptoms. A definite diagnosis of Alzheimer's disease by a Neurologist, Psychiatrist or Geriatrician. A disease-induced and clinically confirmed permanent loss of the following abilities must be observed: Memory; 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.

In this particular case, the term 'aorta' refers to both its thoracic and abdominal sections.

- 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 independently), dressing (removing or putting on his/her clothes independently, Fastening or unfastening buttons), personal hygiene (using the toilet in compliance with the acceptable level of hygiene), mobility (ability to move around the house or within the floor independently), as well as loss of regulation in excretory functions, loss of the feeling of hunger and thirst. 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 supported by medical records from at least the past 3 months.

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

- Extensive Burns - Extensive third-degree burns involving an area of at least 20% of the body, or more. The diagnosis must be confirmed by a specialist, along with the results of measuring the burn area using the Lund-Browder chart or 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%, impairment in the excretion of nitrogen metabolism products, 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. Transplantation of the organs listed below must be confirmed by a specialist: heart, lung, liver, kidney, pancreas (Excluding transplantation of 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 independently), dressing (removing or putting on his/her clothes independently, Fastening or unfastening buttons), personal hygiene (using the toilet in compliance with the acceptable level of hygiene), mobility (ability to move around the house or within the floor independently), as well as loss of regulation in excretory functions, loss of the feeling of hunger and thirst. 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 supported by medical records from at least the past 3 months.

- Polio, acute infection with the polio virus resulting in the development of paralytic poliomyelitis, which involves motor function impairment 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 (e.g., the study of excrement or cerebrospinal fluid, blood test for antibodies).

- Total Permanent Disability: Sharply or considerably expressed disability due to an accident. Degree of disability directly caused by an accident, 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 (on external irritants) or internal needs which: requires the use of life support systems for a continuous period of at least 96 hours; and takes place with associated permanent neurological deficit with persisting clinical symptoms.

III. Cover is provided for **Your** life and critical illness according to the terms and conditions specified in the I and II Covers.

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 is not subject of the indemnification by the Insurer, which shall always 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 or Insurance Terms and

Conditions;

Deductible 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.

The deductible may be defined for both all and individual damages with a different amount and specified in the policy.

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), therefore, the Insurer will not pay any Limit 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 when the purpose of Your actions are to save human life).

6.1.5 Actions of the Your heir (of all five lines) or Beneficiary of this Insurance, directed to murder You or attempt thereof or giving bodily/health injury to You;

6.1.6 Committing a criminal act by You or attempt thereof.

6.1.7 Your immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS).

6.1.8 War; civil commotion/hostilities; rebellion; strike; riot; terrorism.

6.1.9 Taking part in operations organized by various services used to manage emergency situations (Fire-fighting/rescue, army, police, Ministry of Internal Affairs).

6.1.10 Taking part in underground works.

6.1.11 Taking part in risky competition or sport, such as: boxing or other combat sports, 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 or progress or complications thereof, which You were aware of (should have been aware of), at the time of Insurance Agreement signing, and the Insurer was not.

6.1.13 Unreasonable failure to seek or follow medical advice.

6.2 For the purposes of I and III coverages the following exclusions are valid together with General Exclusions:

6.2.1 The Limit payable for death is not paid, if death occurred during a 90-day waiting period;

6.3 The following exclusions together with General Exclusions are valid for Covers II and III:

6.3.1 The Limit is not payable for events occurring during a certain period from the inception of Insurance Agreement (waiting period). (Waiting period is specified for each Critical Illness individually and is mentioned in the clause 6.3.3 of this Information Paper).

6.3.2 There is a Survival Period per each critical illness, which is set to be from 0 (null) to 30 (thirty) days ((Survival period is specified for each Critical Illness individually and is described in the clause 6.3.3 of this Informational Paper). Survival Period commences immediately after the date of first diagnosis of critical illness. If You die during this period, the limit of "Critical Illness" will not be paid.

Please further note that, Limit is neither paid, if it is claimed by Your heir(s) after his/her death.

6.3.3 Cover isn't provided and, therefore, indemnification isn't paid for the critical condition resulting from the following illnesses:

- **Cancers:**

Excluded from coverage: Tumours with malignant changes, 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 types of hyperkeratosis; kaposi's sarcoma and other tumors, associated with the HIV- infection or AIDS; all tumours that histologically described as benign, chronic lymphocytic leukemia.

If the event occurred within the waiting period: 6 months;

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), silent myocardial infarction.

If the event occurred within the waiting period: 6 months;

Survival period: 14 days.

- **Stroke**

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.

If the event occurred within the waiting period: 6 months;

Survival period: 30 days.

- **Alzheimer's disease - Resulting in permanent symptoms**

Excluded from coverage: Other types of dementia.

If the event occurred within the waiting period: 6 months;

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 or endovascular therapy.

If the event occurred within the waiting period: 6 months;

Survival period: 30 days.

- **Transplantation of heart valve**

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

If the event occurred within the waiting period: 6 months;

Survival period: 30 days.

- **Bacterial Meningitis**

Cover isn't provided if the event that occurred within the waiting period: not applicable;

Survival period: not applicable.

- **Parkinson's disease – Resulting in permanent symptoms**

Excluded from coverage: parkinsonian syndromes/Parkinsonism.

Cover isn't provided if the event occurred within the waiting period: 6 months;

Survival period: not applicable.

- **Extensive Burns**

Cover isn't provided if the event occurred within the waiting period: not applicable;

Survival period: 30 days.

- **Traumatic Brain Injury – Resulting in permanent symptoms**

Cover isn't provided if the event occurred within the waiting period: not applicable;

Survival period: not applicable.

- **Renal Failure**

Cover isn't provided if the event occurred within the waiting period: 6 months;

Survival period: 30 days.

- **Transplantation of vital organs:**

Excluded from coverage: Organ donation, transplantation of other organs, parts of the body or any tissue.

Cover isn't provided if the event occurred within the waiting period: 6 months;

Survival period: 30 days.

- **Encephalitis**

Cover isn't provided if the event occurred within the 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, paralysis resulted from causes other than polio virus.

Cover isn't provided if the event occurred within the waiting period: not applicable;



Survival period: 30 Days.

- Total Permanent Disability

**Cover isn't provided if the event occurred within the waiting period: not applicable;
Survival period: not applicable.**

- Coma (with associated permanent symptoms)

Excluded from coverage: medically induced coma, coma resulting from the excessive intake of alcohol or drugs.

**Cover isn't provided if the event occurred within the waiting period: not applicable;
Survival period: 30 days.**

6.3.4 In case Your children, aged between 30 days to 18 years, are covered under the policy, additional conditions apply. Specifically, Insurance Indemnification will not be provided in the following circumstances:

6.3.4.1 The child's critical illness 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 beginning of period of insurance/Policy enforcement).

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

7. Refusal of Payment of Insurance Reimbursement

7.1 The Insurer is entitled to refuse the payment of Insurance Reimbursement in the following cases (Exclusions given below shall apply to each insurance coverage set out above (Sections I, II, III)):

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

7.1.2 You (or Your representative): Provided false/fraudulent information, document or notice in the Application or anytime during the period of Insurance agreement;

7.1.3 You (or Your representative): Failed to cooperate with the Insurer in the process of managing Your claim, inter alia, failed to follow/fulfill the Insurer's instructions);

7.1.4 The Insurer will not indemnify the losses resulted from those Insured Events which will occur before the payment of single premium or the first installment by You, and in case of multiyear policy - before the payment of single premium or the first installment for the first and each subsequent year;

7.1.5 If the Insurance Premium is not paid on time within the terms specified in the Insurance Policy, We will set an additional two-week term and inform You thereof. If the the claim is made after the expiration of the aforementioned term and the payment

still has not been made, We shall be released from Our obligation to pay out Insurance Indemnity.

7.1.6 You have declined participation of the Insurer's representative in the investigation/research of the causes of the Insured Event and other details connected with the Insured Event;

7.1.7 You have failed to present any document requested by the Insurer or any other document mentioned in these Terms and Conditions;

7.1.8 For the purposes of exercising the Insurer's authority, You or Your heir must, upon request by the Insurer, provide the insurer with the necessary authorization, in the form specified by the insurer, to acquire/process the Your personal data, including special category data, from any institutions. Furthermore, the Insurer has the right to send You to medical examination (including Medical examination of the corpse) to doctor/expert/institution authorized by the Insurer, or request conduction of an alternative medical expertise (including crosschecking the diagnosis). Failure by You or Your heir to fulfill this obligation may result in the insurer's refusal to pay insurance reimbursement

8. Rules for notifying the Insurer in case of an insured event, submission of insurance claim, claim regulation and insurance reimbursement procedures:

8.1 For the purposes of I and III Insurance covers:

8.1.1 The authorized person is obliged to submit to the Insurer the following documents:

8.1.1.1 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;

8.1.1.2 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 an indefinite reason), an expertise conclusion on the reason of death should be submitted;

8.1.1.3 The documents and reports issued by law enforcement authorities regarding the event; If a criminal case has been initiated in connection with the case - all the investigation documents concerning the case (i.e. case-file);

8.1.1.4 Identification document of the beneficiary;

8.1.1.5 If there is no beneficiary in the Policy Schedule, the **Your** heir(s) must provide the inheritance right certificate, which determines his/her share in **Your** inheritance;

8.1.1.6 The documents issued by corresponding authorized bodies, which permit to determine the definite cause of the death;

8.1.1.7 Based on the specifications of a case, the Insurer has the right to request additional documents concerning the claim.

8.1.1.8 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 the purposes of II and III Insurance Covers:

8.2.1 A list of relevant documents per each critical illness is provided in the Critical Illness Conditions section. In addition to that, for all types of claims, **You** are obliged to



submit to the Insurer 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 Detailed Medical documents confirming the rendered medical services to **You** (including Form 100 - with indication of diagnosis, prescription and the examination results, certified by a seal and signature of the authorized person/doctor);

8.2.2 Based on the specifications of a case, the Insurer has 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 documents specified herein and signing the Insurance Act by both parties.

8.3 For the purpose of Ill Insurance Cover:

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 the parties have agreed on 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 indicated in the Policy Schedule is paid in full, in accordance with the terms and conditions.

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

8.4.1 Despite any currency indicated in the Policy Schedule, all Payments of Insurance Indemnification 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 the insurance and this document has no identical legal force as the insurance contract.

Introducing this offer to You and explanations about this offer from Our side does not arise legal consequences and requirement between You and Us.