

ERGO

Terms and conditions of ERGO cancer insurance

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Dear customer, the following terms and conditions of ERGO cancer insurance explain what we are guided by in insuring your health risk.

Based on the terms and conditions of cancer insurance, you can insure yourself for cases when you might be diagnosed with malignant neoplasms.

In addition to these terms and conditions, the relationship between us and you is also governed by the general terms and conditions and ERGO life insurance contracts or the general terms and conditions of ERGO health insurance contracts if so agreed between us in the insurance contract. In the case of any conflicts between these terms and conditions, on one side, and the general terms and conditions, on the other side, these terms and conditions will prevail. All insurance terms and conditions can always be found on our website: www.ergo.ee. Please take your time and read through the insurance terms and conditions carefully. Should you have any questions, please do not hesitate to contact us (elukindlustus@ergo.ee). We are pleased to help you.

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1. Who is the insurer?

The insurer is ERGO Life Insurance SE who provides services in Estonia through **ERGO Life Insurance SE Eesti filiaal** (hereinafter also referred to as we).

2. Who is the policyholder?

The policyholder is the legal or natural person (hereinafter you) who has an insurable interest and who has entered into a cancer insurance contract with us.

3. Who is the insured person?

The insured person is the natural person specified or not specified by their name in the insurance contract and the insured events related to whom we insure. The insured person may be a person who has attained at least 18 years of age upon entry into the insurance contract. The insurance cover also extends automatically to the insured person's biological and adopted children (incl. the children who are borne/adopted during the term of the contract) of 0-17 years of age.

4. Who is the beneficiary?

The beneficiary, i.e. the recipient of the insurance indemnity, is the insured person or their successors. In the case of an insured child, the beneficiary is the insured person.

5. Where is the insurance contract valid?

The insurance cover is valid worldwide.

6. Sum insured and waiting period

- 6.1. The sum insured is the amount indicated in the policy, which serves as a basis for the calculation of the insurance indemnity payable by us to the beneficiary in the case of an insured event. We do not reduce the sum insured by the indemnity paid out on the basis of clauses 7.2-7.3. If the sum insured is paid out on the basis of clause 7.1 in full as a lump-sum payment, the cancer insurance contract will end.
- 6.2. The amount automatically applicable to a child is 50% of the sum insured as indicated in the policy, but no more than €25,000 per child.
- 6.3. **The waiting period is six months** of entry into force of the insurance contract. If the sum insured is increased, we will apply the waiting period to the increased sum insured. The insurance cover is not valid during the waiting period, i.e. if the insured person is diagnosed with a malignant neoplasm in the period from entry into force of the insurance contract to the end of the waiting period, we will not pay the insurance indemnity.

7. Insured event and insurance indemnity

The insured event is a malignant neoplasm that the insured person is diagnosed with in the insurance period during the term of the insurance cover and which has been identified by examinations and confirmed by a council of doctors.

Based on the specific diagnosis of the disease, we pay insurance indemnity as a percentage of the sum insured as follows:

- 7.1. In the case of **malignant invasive neoplasms**, we indemnify 100% of the sum insured.

(Explanation: the diagnoses of the diseases in version 10 of the International Classification of Diseases (ICD-10, available at <https://rhk.sm.ee/>) are with the codes C00-C97. This disease group also comprises haematopoietic malignancies such as leukaemia and lymphoma, and, as an exception, D46 myelodysplastic syndrome.)

In the event of the following cases, **we do not pay** insurance indemnity at the rate of 100% of the sum insured:

- preinvasive and in situ forms of malignant neoplasms;
 - non-melanoma skin neoplasms;
 - early stages of prostate cancer in men;
 - early stages of papillary and follicular thyroid cancer;
 - malignant neoplasms diagnosed only based on malignant cells in body fluids.
- 7.2. In the event of **early cancer cases, i.e. preinvasive malignant neoplasms**, we indemnify 20% of the sum insured:
 - all forms of malignant neoplastic diseases that have not spread from their primary sites further;
 - in situ diseases, D01-D09 based on ICD-10. Melanoma in situ also belongs here;

- primary prostate cancer in men at the stage of T1aN0M0, T1bN0M0, T2aN0M0, which has been treated only with a radical surgery;
- papillary and follicular thyroid cancer at the stage of T1aN0M0 and T1bN0M0.

(Explanation: early cases are evaluated based on the TNM classification of AJCC (American Joint Committee on Cancer VII).)

In the event of the following cases, **we do not pay** insurance indemnity at the rate of 20% of the sum insured:

- benign neoplasms;
- tissue changes or dysplasias and monitoring thereof if malignancy is suspected;
- neoplasms of uncertain or unknown behaviour;
- cases of skin neoplasms other than melanoma.

7.3. In the event of **invasive non-melanoma skin neoplasms**, we indemnify 10% of the sum insured.

(Explanation: skin neoplasms such as basal cell carcinoma and squamous cell carcinoma of the skin, dermatofibrosarcoma protuberans.)

8. What are the obligations of the insured person and the policyholder?

Upon the occurrence of an insured event:

- 8.1. you must notify us of the diagnosis given to the insured person in a format that can be reproduced in writing as soon as possible. If the insured person cannot communicate the notice themselves, it may be done by another person (e.g. a family member);
- 8.2. we must be provided with an application for the indemnification for the loss event;
- 8.3. we must be provided with an excerpt from the case history;
- 8.4. we must be provided with another document or other information requested by us and necessary for the establishment of the occurrence of the insured event.

9. Payment of insurance indemnity

We pay out the insurance indemnity within 10 (ten) days of the date when you provided us with all the necessary information on the occurrence of the insured event and on the circumstances and consequences thereof (including additional information provided by health care institutions, etc.). The decision on whether the information provided is sufficient for the establishment of the occurrence of the insured event and the decision on payment of the sum insured are made by us.

Upon the occurrence of an insured event, we pay out the insurance indemnity to the beneficiary as a lump-sum payment.