

# CONDITIONS OF ADDITIONAL INSURANCE OF HOSPITAL DAILY ALLOWANCE

## TI.0097.11

The conditions of additional insurance of hospital daily allowance shall apply together with the general conditions of life insurance contracts of ERGO Life Insurance SE Eesti filiaal. In case of any differences between the general conditions of life insurance contracts and the conditions of additional insurance, the conditions of additional insurance shall apply.

### 1. Insurance cover. Waiting time

- 1.1. The additional insurance of hospital daily allowance complements the main insurance with the payment of insurance benefit in case of hospitalisation of the insured person.
- 1.2. The waiting time is a time period calculated from the beginning of the insurance period where no insurance benefit shall be paid for an insurance event that occurred during that time period, except when the insurance event is caused by an accident that happened to the insured person. The waiting period shall be 60 days as of the beginning of the insurance period.

### 2. Insurance event

- 2.1. The insurance event is hospitalisation of the insured person caused by illness of the insured person or an accident happened to the insured person.
- 2.2. The hospitalisation is the stay of the insured person in a hospital continuously for at least 24 hours for medically justified treatment required by the illness or physical injury resulting from the accident.
- 2.3. The illness is a physical or mental condition whereupon medically justified hospitalisation is required.
- 2.4. The accident is an unexpected and unforeseeable event that took place against the free will of the insured person, the resultant external and/or violent force of which causes a health damage to the insured person.
- 2.5. For the purposes of these conditions, the hospital is a medical institution that provides active health services 24 hours a day on the basis of a corresponding activity licence and which has at least 50 beds.

### 3. Insurance benefit

- 3.1. The insurance benefit is a hospital daily allowance. The hospital daily allowance is the amount of money that the insurer shall pay for one day of hospitalisation (hereinafter: hospitalisation day). The amount of hospital daily allowance shall be indicated in the insurance policy.
- 3.2. The amount of insurance benefit shall be arrived at by multiplying the hospital daily allowance with the number of hospitalisation days, less the excess period. At a maximum 182 hospitalisation days a year shall be compensated, irrespective of the number of insurance events.
- 3.3. The excess period is a time period calculated from the first hospitalisation day, for which no benefit shall be paid. The excess period shall be one day unless otherwise specified in the insurance policy.

### 4. Circumstances excluding insurance cover

The circumstances excluding the insurance cover are listed in the general conditions of life insurance contracts. The circumstances specified in the general conditions of life insurance contracts exclude insurance cover also in case of hospitalisation caused by an accident or illness. In addition, the insurance cover shall not extend to insurance events caused by the following circumstances.

- 4.1. **Previous health condition.**  
Health condition and/or any circumstances that existed or could

be foreseen before conclusion of the contract and, as a result of which, the insured person was advised or treated, or of which the insured person was or should have been aware of before conclusion of the contract.

- 4.2. **Dental treatment.**  
Hospitalisation caused by dental diseases, except for traumas in the facial area.
- 4.3. **Pregnancy.**  
Hospitalisation caused by pregnancy, delivery, abortion, miscarriage, infertility or other obstetrical care.
- 4.4. **Prophylaxis.**  
Hospitalisation caused by periodic prophylactic or other medical examinations, which are not related to a physical injury or extraordinary or scheduled hospitalisation, also treatment in sanatoriums and/or holiday home.
- 4.5. **Epilepsy, Parkinson's disease, Alzheimer's disease, mental diseases.**  
Hospitalisation caused by bouts of epilepsy, Parkinson's disease, Alzheimer's disease, nervous diseases, psychiatric or mental diseases or their bouts, or treatment in a mental hospital or care home or children's care centre.
- 4.6. **Cosmetic treatment or plastic surgery.**  
Hospitalisation caused by cosmetic treatment or plastic surgery.
- 4.7. **AIDS.**  
Hospitalisation that directly or indirectly arises from or is related to infection that is accompanied by HIV seropositivity or AIDS or any other condition or syndrome that is similar or related to them; or arises from or is related to a health condition or illness that is directly or indirectly caused by the aforementioned infection, condition or syndrome.
- 4.8. **Alcohol, driving under intoxication.**  
Hospitalisation caused by alcohol dependence syndrome and/or a condition following it, also treatment of such health condition that is in causal or direct relationship with alcohol dependence syndrome.  
Hospitalisation following accidents caused by driving a vehicle while intoxicated.
- 4.9. **Drug dependence and misuse of drugs or medicaments.**  
Hospitalisation that is caused by drug dependence or misuse of drugs or medicaments, or which follows drug dependence or misuse of drugs or medicaments, including treatment of health condition that is in causal or direct relationship with drug dependence or misuse of drugs.
- 4.10. **Aggressive behaviour towards oneself, venereal diseases, epidemics.**  
Hospitalisation that is caused by aggressive behaviour towards oneself, including intoxication and venereal diseases, also officially declared epidemics.
- 4.11. **Physical disabilities.**  
Hospitalisation that is caused by congenital disability, anomaly or birth trauma.
- 4.12. **Accidents happened to aircrafts.**  
Hospitalisation that is caused by accidents that happened when the insured person was flying on an aircraft without an engine; also accidents that happened during professional flights when the insured person was acting as a pilot of the aircraft or any other member of the crew.
- 4.13. **Operations of armed forces.**  
The service in the armed organisations or participation in operations against bandits, terrorists, etc which are planned or directed by civil or defence force structures.
- 4.14. **Nuclear risk, natural disasters.**  
Radioactive (nuclear reactions, radiation) or chemical contamination, avalanche, earthquake, volcanic eruption or other natural disasters.
- 4.15. **Accidents resulting from risky operations.**  
Hospitalisation that is caused by participation of the insured person in risky operations: mountain or rock climbing for which the use of guides or ropes is required, driving by hang-glider,

parachute jumps, sports competitions and trainings, race, speed tests, cave trips, alpine skiing, underwater activities requiring the use of breathing apparatus.

**4.16. Occupational accidents.**

Hospitalisation that is caused by occupational accidents with the insured persons who work in a slaughterhouse, foundry, shipbuilding, quarry, on oil platforms, underground, on docks, on higher floors than on the second floor of a scaffold, deal with blast furnaces, use explosive substances.

**5. Exemption of insurer from obligation to perform contract**

The insurer shall be partially or fully exempted from the obligation to perform the insurance contract if:

- 5.1. The policyholder, insured person or beneficiary has consciously submitted incorrect or incomplete data upon conclusion of the insurance contract or handling of damage;
- 5.2. The insurance event has occurred due to gross negligence or intent of the policyholder or the insured person. Gross negligence is understood as a situation where the person foresaw or should have foreseen the consequences of his (her) activity or inactivity, but frivolously expected that the consequences will not arise due to his (her) own behaviour or any other circumstances.
- 5.3. The insurance event has occurred in relation to commitment of a crime by the insured person or an attempt thereof.

**6. Significant circumstances influencing insurance risk**

- 6.1. The policyholder and/or insured person is required to immediately notify the insurer of any increase in the probability of insurance risk, for example, when the occupation or area of activity of the insured person changes, the insured person starts pursuing hobbies and/or interests involving a risk, or if the insured person enters active defence service, etc.
- 6.2. If the insured person starts serving in the defence forces, border guard or other similar forces, the insurance cover arising from this additional insurance shall be interrupted. The insurance cover shall resume from the time when the policyholder notifies the insurer of the end of the aforementioned service of the insured person. The policyholder is not required to pay premiums of additional insurance for the time period when the insurance cover was interrupted.

**7. Insurance premium. Change of amount of insurance premium**

- 7.1. The amount of the insurance premium shall be specified in the insurance policy.
- 7.2. The insurer shall be entitled to change the conditions of this additional insurance and the principles for determination of insurance premiums as of the next insurance year, notifying the policyholder thereof at least three months before the change.

**8. Application for insurance benefit**

- 8.1. The insurance benefit can be applied for by the insured person and it shall be paid to the insured person.
- 8.2. In addition to the documents specified in the general conditions of life insurance contracts, the following records shall be submitted to apply for insurance benefit:
  - 8.2.1. certificate or certificates for incapacity for work;
  - 8.2.2. medical certificate (treatment card) on reasons for incapacity for work;
  - 8.2.3. extract of the disease file.
- 8.3. After the receipt of an indemnity application, the insurer shall notify within ten days of the additional documents required for payment of insurance indemnity.
- 8.4. In order to decide on payment of insurance indemnity, the insurer shall be entitled to demand from the policyholder additional medical examinations by physicians determined by the insurer and at the expense of the insurer. Besides, the insurer may additional inquiries at its own expense.

**9. Procedure for payment of insurance benefit**

After checking the documents submitted to the insurer and the documents additionally procured by the insurer, the latter shall make a decision on payment of the benefit. Insurance benefit shall be paid within ten working days after submission of all necessary documents and identification of the basis for payment.

**10. Expiry of insurance contract. Cancellation of insurance contract. Withdrawal from insurance contract.**

- 10.1. The policyholder shall be entitled to cancel the additional insurance irrespective of the main insurance. The additional insurance does not have any surrender value; neither can the refund of insurance premiums be requested.
- 10.2. The sum insured of the additional insurance can be reduced only at the end of each insurance year.
- 10.3. The insurance contract shall expire upon expiry of the insurance period or cancellation of the contract.

**11. Relation to main insurance**

- 11.1. The additional insurance and main insurance form one whole. If the insurance cover arising from the main insurance expires, the additional insurance shall also expire. If annuity (pension) insurance is the main insurance, the additional insurance shall end with the beginning of annuity payment.
- 11.2. Additional insurance cannot be changed to premium-exempted insurance.
- 11.3. If the main insurance that has expired for any reason or has been changed to tax-exempted, the additional insurance that re-entered into force cannot serve as a basis to submit claims that have arisen at a time when the insurance cover of additional insurance was not in force.
- 11.4. No separate profit share shall be calculated for additional insurance.