

ERGO Insurance SE Lithuanian branch

Rules of Accident Insurance for Business No. 102



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I. Definitions

- 1.1. **Policyholder** (hereinafter – You) shall mean a person who has applied to the insurer for the conclusion of an insurance contract or whom the Insurer has offered to conclude an insurance contract, or who has concluded an insurance contract with the Insurer.
- 1.2. **Insurer** (hereinafter – We) shall mean ERGO Insurance SE Lithuanian branch.
- 1.3. **Beneficiary** shall mean a person specified in the insurance contract or a person appointed by the Policyholder or, in the cases specified in the insurance contract, – also appointed by the insured, who is entitled to receive an insurance benefit.
- 1.4. **Insured** shall mean a natural person specified in the health insurance contract upon the occurrence of an insured event in the life of whom the Insurer shall pay an insurance benefit; also a member of a certain group specified in the insurance contract.
- 1.5. **Suffered Third Party** shall mean a person to whom You or the Insured has caused damage.
- 1.6. **Insurance Rules** shall mean our standard insurance contract terms and conditions, which form an integral part of the insurance contract.
- 1.7. **Insurance Coverage** shall mean our obligation to pay an insurance benefit in case of an insured event.
- 1.8. **Insurance Contract** shall mean a contract concluded between You and Us. We undertake under the Insurance Contract to pay You, the Insured or a third party for the benefit of whom the Contract was concluded the insurance benefit specified in the Insurance Contract calculated in accordance with the procedure laid down in the Insurance Contract, upon the occurrence of an insured event specified in the Insurance Contract. The Insurance Contract consists of these Insurance Rules, the insurance certificate and other documents, if they have been submitted or issued (such as Your written request to conclude an Insurance Contract, supplements or amendments to the Insurance Certificate, etc.).
- 1.9. **Insurance Certificate** shall mean a printed or electronic document confirming the conclusion of an Insurance Contract.
- 1.10. **Insurance Contract Period** shall mean the period of time specified in the Insurance Certificate. If You have duly discharged Your obligation to pay the full, first and / or deferred insurance premium, the period of the Insurance Contract shall coincide with the Insurance Coverage period, unless the Insurance Contract establishes otherwise.
- 1.11. **Insurance Risk** shall mean a likely danger threatening the object of insurance.
- 1.12. **Insured Event** shall mean an event indicated in the Insurance Contract upon the occurrence of which We shall be obliged to pay an insurance benefit.
- 1.13. **Sum Insured** shall mean the amount of money specified in the Insurance Contract or calculated in accordance with the procedure established in the Insurance Contract, which the insurance benefit amount may not exceed, unless otherwise agreed in the Insurance Contract.
- 1.14. **Deductible** shall mean the amount reducing the insurance benefit amount payable in case of an Insured Event.
- 1.15. **Non-Insured Event** shall mean an event provided for in the Insurance Contract upon the presence or the occurrence of which We shall not pay an insurance benefit.
- 1.16. **Employee** shall mean a natural person working in accordance with the Labour Code of the Republic of Lithuania under an employment contract for a salary or providing agricultural and / or forestry services for a remuneration in accordance with the procedure established by legal acts of the Republic of Lithuania, also a natural person who has the legal status of a civil servant, a public official, a judge or a state politician.
- 1.17. **Insurance Benefit** shall mean the amount of money specified in the Insurance Contract or the amount of money calculated in accordance with the procedure established in the Insurance Contract, which You, the Insured or the Beneficiary shall be paid in case of an Insured Event.
- 1.18. **Increase in Insurance Risk** shall mean at least one of the following events having occurred after the conclusion of the Insurance Contract:
 - 1.18.1. an increase in the number of specific persons or job positions specified in the Insurance Contract;
 - 1.18.2. a material change in the job functions assigned to the specific position or person specified in the Insurance Contract;
 - 1.18.3. a transfer of the place of performance of work functions assigned to the specific position or person specified in the Insurance Contract abroad for a period longer than 30 consecutive days.
- 1.19. **Medical Records** shall mean information about disorders of bodily functions of the Insured, the tests performed, incapacity for work, applied treatment, rehabilitation, prescribed medicines and / or other measures approved by a personal health care institution and submitted in writing.
- 1.20. **Insobriety** shall mean the Insured being under the influence of alcohol. If Medical Records confirm that the alcohol concentration in biological membranes was below 0.40 per mille at the time of an event, the Insured shall be considered sober within the meaning of these Insurance Rules.

- 1.21. **Accident** shall mean a sudden and unexpected event during which the Insured suffers an injury specified in these Insurance Rules due to an external impact on his / her body against his / her will.
- 1.22. **Uninterrupted Insurance Coverage Validity Period** shall mean a consecutive sequence of insurance contracts when the expiry of one insurance contract coincides with the beginning of another one, insuring the same insured persons against the same insurance risks, when the insurance coverage has not been suspended and / or none of these insurance contracts was terminated. If the insured persons and / or the insurance risks do not match in part, the insurance coverage validity period shall be deemed uninterrupted in respect of the matching part, if it meets all the conditions for the Uninterrupted Insurance Coverage Validity Period provided for in this clause.
- 1.23. **Official Sports Competitions and Trainings** shall mean sports events and activities organized by sports organizations, sports clubs, sports schools, sports centers, sports facilities, sports federations, associations, societies and other organizations and institutions engaged in physical education and sports activities having rights of a legal entity, which create conditions for practicing physical education and sports, training athletes, organising sports competitions and other physical education and sports events. We shall consider sports competitions that are held in accordance with competition regulations to be Official Sports Competitions.
- 1.24. **Technical Orthopedic Measures** shall mean special technical measures for restoring and treating impaired functions of movement and support.
- 1.25. **Extreme Sports (Activities)** shall mean activities or sports associated with a higher than usual risk of injury, also those that require special physical abilities and preparation. Special equipment is often used in such activities or sports, while accidents suffered in practicing these activities are affected by forces of nature and the environment where the activities are practiced. These activities include:
 - 1.25.1. martial and contact sports (e.g. boxing, Thai boxing, kickboxing, wrestling, judo and similar sports);
 - 1.25.2. flying air vehicles (e.g. gliding, aerobatics, paragliding, hot air ballooning or flying other light aircrafts);
 - 1.25.3. air sports (e.g. parachuting, power kiting);
 - 1.25.4. water sports (e.g. deep diving with equipment, sailing, mountain river sailing, windsurfing, water skiing);
 - 1.25.5. car and motorcycle sports, jet skiing, snowmobiling, four-wheeler riding, go-karting;
 - 1.25.6. cycling (e.g. mountain (MTB), BMX cycling, cross-country cycling);
 - 1.25.7. speleology, expeditions to mountains, jungles, deserts or other uninhabited places;
 - 1.25.8. mountaineering, rock climbing, wall climbing;
 - 1.25.9. horse riding and equestrian sports;
 - 1.25.10. bungee jumping.
- 1.26. **Injury** shall mean an impairment of bodily functions of the Insured.
- 1.27. **Partial Injury** shall mean a case when bodily functions of the Insured are partially impaired.
- 1.28. **Terrorist Acts (Terrorism)** shall mean a threat to the life, health property or infrastructure of many people, when a person or a group of persons uses or threatens to use force (e.g. by exploding, setting fire, releasing radioactive, biological or chemical harmful substances, preparations or microorganisms, etc.) in pursuit of political, religious, ideological or ethnic purposes, including those aimed at influencing or intimidating the government and / or the society or its part.
- 1.29. **Damage** shall mean a consequence (risk) of an accident and / or illness specified in the Insurance Contract. Damage within the meaning of these Insurance Rules shall not include non-pecuniary damage, damage done to the Insured's belongings and expenses that have not been provided for in these Insurance Rules.
- 1.30. **Gross Negligence** shall mean a person's behaviour manifesting by an act or omission, which does not meet the minimum care and / or attentiveness requirements.

II. Terms and Conditions of Accident Insurance for Business

1. Object of Insurance

- 1.1. We insure Your property interests related to Accidents and other incidents listed in clauses 3.1.–3.6. hereof, which the Insured suffers during the Insurance Contract Period.

2. Insured Events

- 2.1. Accidents suffered by the Insured in the insurance territory and during the Insurance Contract Period shall be considered Insured Events.

3. Insurance Risks. Procedure for Identifying an Insured Event, Calculating and Paying Insurance Benefits

The Insurance Risks which You have chosen and which were agreed upon shall be specified in the Insurance Certificate. Below is a list of Insurance Risks and benefits, conditions and procedure for calculating and paying Insurance Benefits:

- 3.1. **Death** shall mean the death of the Insured as a result of a bodily injury sustained in an Accident within one year from the Accident date:

- 3.1.1. in case of death of the Insured, We shall pay the full Sum Insured specified in the Insurance Certificate;
- 3.1.2. if other Insurance Benefits provided for in the Insurance Contract have already been paid for the same Accident which led to the death of the Insured, they shall be deducted from the Sum Insured payable for the death of the Insured;
- 3.1.3. if a court declared the Insured dead, an Insurance Benefit in the event of death shall only be paid in cases where a judgment states that the Insured went missing under such circumstances, which allow believing that the Insured died as a result of an external impact on his/ her body during the period of validity of the Insurance Contract.

- 3.2. **Disability** shall mean a serious injury suffered by the Insured, which has persisted for 12 months after the Accident date at the least and which has been confirmed by Medical Records issued no later than within 3 months after the end of the 12-month period from the Accident date:

- 3.2.1. the Insurance Benefit amount is expressed as a percentage of the Sum Insured specified in the Insurance Certificate in case of disability and calculated applying a percentage share set for the injury in Table No. 1 presented in Annex No. 1 to the Insurance Rules (Injuries Leading to Disability);
- 3.2.2. reduction or loss of the Insured's working capacity, when the Disability and Working Capacity Assessment Office under the Ministry of Social Security and Labour or another institution having respective rights conferred a degree of disability on the suffered person for a limited period of time or permanently, may not be considered a basis for calculating the Insurance Benefit;
- 3.2.3. if the Insured suffers a partial injury in case of disability, We shall have the right to re-determine the severity of an injury once a year, for 36 months after the date of the Accident, based on the data on the effectiveness of the Insured's rehabilitation and other relevant information on the Insured's state of health provided in Medical Records. In such cases, an Insurance Benefit shall be paid in instalments each calendar year. The first and the second parts of the Insurance Benefit shall be 30% each, and the third shall account for 40% of the calculated Insurance Benefit amount;

- 3.2.4. if the disability caused by an Accident recognized to be an Insured Event raises no doubt, an Insurance Benefit may be calculated and paid earlier, i. e. without waiting for the expiry of the period of time specified in clause 3.2. hereof;
 - 3.2.5. if the Insured dies within one year after the Accident date, but for causes other than the Accident, or dies in more than one year regardless of the cause, and there was a claim filed regarding the payment of an Insurance Benefit for a risk of disability, We shall pay an Insurance Benefit according to the level of disability determined on the basis of data of the last medical check-up.
- 3.3. **Traumas** shall mean bone fractures and other injuries to the body of the Insured caused by external influences, specified in Table No. 2 presented in Annex No.1 to the Insurance Rules (Injuries Leading to Traumas):
- 3.3.1. the Insurance Benefit amount is expressed as a percentage of the Sum Insured for the risk of trauma specified in the Insurance Certificate and calculated according to the percentage share set for that injury specified in Table No. 2 presented in Annex No. 1 to the Insurance Rules (Injuries Leading to Traumas);
 - 3.3.2. bone fractures shall be based on X-ray, computed tomography or magnetic resonance imaging findings and / or photographs;
 - 3.3.3. the number of Insurance Benefits for traumas shall be unlimited, but the amount of Insurance Benefits payable during the period of validity of the Insurance Contract may not exceed the Sum Insured for traumas for one Insured set in the Insurance Contract.
- 3.4. **Critical Illness** shall mean an illness, which the Insured was diagnosed with for the first time in his / her life and this happened during the Insurance Coverage validity period, the illness is included in Table No. 3 in Annex No. 1 (Critical Illness) and meets all the set critical illness conditions:
- 3.4.1. in case of a critical illness of the Insured, We shall pay the full Sum Insured specified in the Insurance Certificate for his / her critical illness;
 - 3.4.2. We shall pay an Insurance Benefit for a critical illness to the same Insured only once during the validity period of the Insurance Contract, regardless of how many critical illnesses have been diagnosed;
 - 3.4.3. the day when the Insured referred to a medical institution for the first symptoms, for which the diagnosis of a critical illness has been confirmed by tests, shall be considered the date of the onset of a critical illness;
 - 3.4.4. daily allowances and / or sickness benefits shall not be paid for a critical illness;
 - 3.4.5. Insurance Coverage shall not cover critical illnesses that have been suspected, diagnosed or for the symptoms of which the Insured has applied to a personal health care institution before the start of the Uninterrupted Insurance Coverage Period and during the first 3 months of its validity.
- 3.5. **Illness** shall mean a sickness which the Insured has been diagnosed with during the Insurance Coverage period and which is indicated in Table No. 4 (Illnesses) presented in Annex No. 1 to these Insurance Rules and meets all the established conditions of that illness:
- 3.5.1. in case of an Insured Event, We shall pay the full Sum Insured specified in the Insurance Certificate for that illness;
 - 3.5.2. We shall pay an Insurance Benefit for an illness to the same Insured only once during the validity period of the Insurance Contract;
 - 3.5.3. daily allowances and / or sickness benefits shall not be paid for an illness;
 - 3.5.4. having paid an Insurance Benefit for an illness specified in Table No. 4 (Illnesses) presented in Annex No. 1 to these Insurance Rules, an Insurance Benefit for the same illness specified in Table No. 2 (Injuries Leading to Traumas) presented in Annex No. 1 to these Insurance Rules shall not be paid;

- 3.5.5. an Insurance Benefit for Lyme disease under the illness risk may be paid to the same Insured only once, regardless of the number of recurrences according to all Insurance Contracts concluded with us;
 - 3.5.6. Insurance Coverage shall not apply for illnesses which the Insured has been diagnosed with before the start of the Uninterrupted Insurance Coverage Period and during the first 30 days of its validity.
- 3.6. **Loss of Working Capacity** shall mean a decrease in the level of working capacity of the Insured due to an Accident which occurred during the Insurance Coverage Period and which is recognized an Insured Event according to conditions of these Insurance Rules:
- 3.6.1. loss of working capacity has been determined and approved by the first commission of a competent state authority within one year from the Accident date;
 - 3.6.2. an Insurance Benefit shall be paid if loss of working capacity has been confirmed by a competent state authority twice in a row and the second commission determines the loss of working capacity of 50% at the least;
 - 3.6.3. the Insurance Benefit amount shall be calculated in observance of the percentage of the level of lost working capacity determined by a competent state authority multiplied by the Sum Insured planned for the loss of working capacity risk specified in the Insurance Certificate;
 - 3.6.4. if the Insured already had a determined level of loss of working capacity before the Accident, and it increased as a result of consequences of the Accident, an Insurance Benefit shall be calculated by multiplying the percentage of the difference between the level of lost working capacity before the Accident and that after the Accident by the Sum Insured for the lost working capacity risk specified in the Insurance Certificate;
 - 3.6.5. if the level of lost working capacity has been determined for the Insured not only for consequences of an Insured Event, but due to other illnesses as well, the Insurance Benefit amount shall be calculated taking into account the loss of working capacity caused by injuries sustained during the Insured Event only.
- 3.7. **Hospitalization Allowance** shall mean the amount of money paid for the period of time when the Insured was hospitalized and treated in a hospital due to an Accident recognized as an Insured Event in accordance with these Insurance Rules:
- 3.7.1. an Insurance Benefit shall be calculated by multiplying the number of days spent in the hospital by the Insurance Benefit amount specified in the Insurance Certificate for each day spent in the hospital;
 - 3.7.2. We shall pay hospitalization allowance from the first day of hospital stay. The first and the last day of hospitalization shall be considered one day;
 - 3.7.3. We shall pay hospitalization allowance for one Accident to a specific Insured for a maximum of 45 calendar days, and for all accidents that occurred during the validity period of the Insurance Contract – for no more than 180 calendar days;
 - 3.7.4. hospitalization allowance shall not be paid, if the Insured is treated at a day clinic, sanatorium or rehabilitation center.
- 3.8. **Daily Allowance** shall mean the amount of money paid for the period when the Insured was temporarily incapacitated for work due to an Accident recognized as an Insured Event in accordance with these Insurance Rules and thus was unable to come to work and perform his / her usual work functions as per the employment relations:
- 3.8.1. an Insurance Benefit shall be calculated by multiplying the number of days of temporary incapacity for work by the Insurance Benefit amount specified in the Insurance Certificate for each day of incapacity for work;

- 3.8.2. We shall pay daily allowance from the first day of incapacity for work. The first and last day of incapacity for work shall be considered one day;
 - 3.8.3. We shall pay daily allowance for temporary incapacity for work to a specific Insured for a maximum of 45 calendar days, and for all Accidents that occurred during the validity period of the Insurance Contract for a maximum of 180 calendar days;
 - 3.8.4. We shall pay daily allowance for temporary incapacity for work caused by the Injury that has not been included in Annex No. 1 to the Insurance Rules for the maximum of 10 calendar days;
 - 3.8.5. a certificate of incapacity for work issued by a medical institution of the Republic of Lithuania and an employment contract of the Insured shall form the basis for paying daily allowance;
 - 3.8.6. when concluding a contract with the daily allowance risk for the first time or in cases where the Insurance Coverage was suspended and resumed after a certain period of time, daily allowance shall be paid only for Insured Events that occurred after 00:00 of the 7th day of validity of Insurance Coverage.
- 3.9. **Medical Expenses** shall mean costs of medical services provided to the Insured referred to in this clause for consequences of an Accident which has been recognized as an Insured Event according to these Insurance Rules:
- 3.9.1. costs of psychological assistance: We shall reimburse costs of consultations of a psychologist, psychiatrist and psychotherapist, if these consultations were provided to the Insured due to a disability based on a doctor's referral for psychological assistance of up to EUR 300;
 - 3.9.2. costs of rehabilitation, prosthetics of limbs, joints, organs, and technical orthopaedic measures in case of a disability of the Insured:
 - 3.9.2.1. We shall reimburse costs incurred for rehabilitation at a treatment institution, prosthetics of limbs, joints, organs, acquisition of prosthetics and technical orthopaedic measures, if these costs are not to be indemnified from the compulsory health insurance fund budget or from voluntary health insurance funds, or are reimbursed only in part;
 - 3.9.2.2. rehabilitation costs consist of the amounts of money paid by the Insured for the following medical services: physiotherapy procedures, kinesitherapy sessions and 10 massage sessions;
 - 3.9.2.3. an Insurance Benefit for the costs listed in this clause may not exceed EUR 6 000;
 - 3.9.3. costs of renting or purchasing a wheelchair – in case of disability of the Insured, We shall indemnify costs of renting or purchasing a wheelchair up to EUR 300;
 - 3.9.4. costs of renting or purchasing crutches – We shall reimburse costs of renting or purchasing crutches, not exceeding EUR 50, if the Insured has suffered a trauma and as a result of which the Insured needs crutches, and when the Trauma has been recognized as an Insured Event in accordance with these Insurance Rules;
 - 3.9.5. costs of cosmetic plastic surgery anywhere on the body:
 - 3.9.5.1. We shall indemnify costs incurred by the Insured for cosmetic plastic surgery aimed at correcting cosmetic defects or disfigurement in any part of the Insured's body, if this surgery was necessary due to an Accident;
 - 3.9.5.2. when the surgery was performed one year after the Accident date, except for cases where it was determined that it was needed earlier for medical reasons;
 - 3.9.5.3. an Insurance Benefit may not exceed EUR 3 000;
 - 3.9.5.4. after We have paid the Insurance Benefit referred to in this clause, Insurance Benefits for cosmetic plastic surgeries provided for in clauses 43.1.–43.6. of Table No. 1 presented in Annex No. 1 (Injuries Leading to Disability) shall not be paid.
 - 3.9.6. We pay an Insurance Benefit based on the submitted medical and financial documents, not exceeding the sum insured, if the insured person received these medical services no later than 24 months from the date of the accident and they were not compensated under compulsory or voluntary health insurance.

3.10. General provisions for determining the Insurance Benefit amount and paying it:

- 3.10.1. Our medical experts shall determine the Insurance Benefit amount pursuant to these Insurance Rules, Tables on Disabilities, Traumas, Critical Illnesses and Diseases presented in Annex No. 1 hereto, medical records of the Insured, also in light of findings of doctors having treated him / her, their consultations, recommendations and the effectiveness of rehabilitation of the Insured;
- 3.10.2. an Insurance Benefit under each insurance risk may not exceed the Sum Insured established in the Insurance Contract;
- 3.10.3. if more than one injury was suffered on the same body part of the Insured due to external influences, We shall pay one maximum Insurance Benefit for the most serious injury only;
- 3.10.4. if more than one injury was caused by external influences and they are all provided for in the same Table presented in Annex No. 1 to these Insurance Rules, an Insurance Benefit shall be calculated by summing up Insurance Benefits for each injury, but not exceeding the Sum Insured set for a specific Insurance Risk;
- 3.10.5. We shall pay an Insurance Benefit to the Insured. If the beneficiary, who is not the Insured, has been indicated in the Insurance Contract, We shall pay an Insurance Benefit only having received a written consent of the Insured obtained before the occurrence of the Insured Event;
- 3.10.6. We shall pay Insurance Benefits for daily allowance, loss of working capacity and medical expense insurance risks according to Medical Records and / or financial documents issued in the Republic of Lithuania.

4. Insurance Coverage Conditions

The Insurance Coverage conditions which your Insurance Contract is subject to have been listed in the Insurance Certificate.

4.1. **Insurance of all employees:**

- 4.1.1. under this condition, all employees of Your company employed under employment contracts shall be covered under the Insurance Coverage;
- 4.1.2. by concluding the Insurance Contract, You shall insure all employees holding job positions indicated in the Insurance Contract on the Contract conclusion day, or according to a specific list of names;
- 4.1.3. in case of an Insured Event, You undertake to provide data on the actual number of job positions and employees holding those job positions on the date of Contract conclusion and the Insured Event;
- 4.1.4. Insurance Coverage shall take effect for all employees newly hired for the positions specified in the Insurance Contract automatically, without a separate notice, on the first official day of their employment in Your company, if there is an employment contract concluded and registered in accordance with the procedure established by laws, and the State Social Insurance Fund Board has been notified of the conclusion of the employment contract. Insurance Coverage for employees with whom employment relations have been terminated shall automatically end at the end of the dismissal day;
- 4.1.5. employees hired to newly created positions that were not specified in the Insurance Contract shall be considered insured without separately notifying Us thereof only if all employees of the company were insured at the time of concluding the Insurance Contract. If individual positions have been insured under different conditions in the Insurance Contract, new positions not included in the Insurance Contract shall be subject to the narrowest Insurance Coverage, i.e. such, which provides for the smallest Sums Insured and / or validity during working hours;
- 4.1.6. upon the expiry of the Insurance Contract, You shall provide us with data on changes in the number of employees during the validity period of the Insurance Contract.

4.2. Financial loss insurance:

4.2.1. according to this insurance clause, You as the beneficiary in case of an Accident of the Insured shall become entitled to the Insurance Benefit in the amount of the financial loss You have suffered if all the following conditions have been met:

- 4.2.1.1. prior to the occurrence of an Insured Event, You had received a written consent of the Insured to paying You an Insurance Benefit in the amount of the financial losses which You have suffered in case of the Insured Event;
- 4.2.1.2. You have suffered a financial loss as a result of an Accident sustained by the Insured which has been recognized as an Insured Event;
- 4.2.1.3. Your suffered financial losses have been substantiated with written documents.

4.2.2. Procedure for calculating an paying an Insurance Benefit:

- 4.2.2.1. Your suffered financial losses shall be indemnified without exceeding the Sum Insured calculated for an Accident of the Insured in accordance with the procedure laid down in these Insurance Rules;
- 4.2.2.2. if an Insurance Benefit calculated for an Accident of the Insured in accordance with the procedure laid down in the Insurance Contract exceeds the amount of financial loss You have suffered, the difference shall be paid to the Insured.

4.2.3. The following shall be considered Your financial losses suffered as a result of an Accident of an insured employee within the meaning of these Insurance Rules:

- 4.2.3.1. the benefits and compensations which You paid to the Insured,
- 4.2.3.2. costs of recruiting and training of a new employee to replace the Insured,
- 4.2.3.3. employee rental costs, if You have entered into an employee rental agreement with a staff rental company and the rented employee performed the work functions of the employee covered under accident insurance for the period of time when the latter was incapable for work,
- 4.2.3.4. Your expenses incurred for fines imposed, if these fines were imposed for violation of occupational safety legislation,
- 4.2.3.5. Your expenses for vocational rehabilitation and / or retraining of the Insured after an Accident, if the employee was unable to perform his / her work functions as a result of the suffered Accident,
- 4.2.3.6. Your costs of investigation, if the investigation was aimed at investigating the circumstances and causes of the Accident at work,
- 4.2.3.7. Your expenses incurred before the Accident for the services that were planned to be provided to the suffered employee.

4.3. Temporary employment abroad:

4.3.1. temporary employment abroad shall mean the transfer of the place of work or performance of job functions assigned to a specific employee specified in the Insurance Contract to a foreign country for a period of more than 30 consecutive days;

4.3.2. according to this clause, You and / or the Insured undertake to provide us, at Your own expense, with Our requested documents and information on the circumstances and consequences of the Insured Event necessary for determining the Insurance Benefit amount if the event occurred outside the territory of the Republic of Lithuania.

4.4. Being under the influence of alcohol:

4.4.1. being under the influence of alcohol means a condition when alcohol concentration in the body of the Insured is below 0.60 per mille;

4.4.2. according to this clause, the Insured shall be covered under the Insurance Coverage for the risks of death and / or disability, when the cause of an event is the Insured being under the influence of alcohol up to 0.6 per mille and this is confirmed by documents;

4.4.3. this condition shall not apply if the Insured drove a vehicle under the influence of alcohol.

4.5. Limitation of the number of benefits:

- 4.5.1. According to this condition, Insurance Coverage for risks of death and / or disability shall apply for the number of Insured Events indicated in the Insurance Certificate only;
- 4.5.2. We shall pay Insurance Benefits in chronological order by event date;
- 4.5.3. if more employees died or were injured in the same event than the number of events that were insured, the Insurance Benefit shall be divided in proportion to the number of suffered persons;
- 4.5.4. after We have paid the number of Insurance Benefits specified in the Insurance Certificate, Our obligation to pay Insurance Benefits under this Insurance Contract shall terminate.

4.6. Passenger insurance:

- 4.6.1. according to this clause, all seats (for passengers and the driver) installed in the vehicles indicated in the Insurance Certificate shall be covered under the Insurance Coverage, and each of them shall be insured for the Sums Insured specified in the Insurance Certificate;
- 4.6.2. if at the time of an Insured Event there were more people in the vehicle than provided for in the factory manufacturer's regulations, an Insurance Benefit per one suffered person shall be reduced in proportion to the ratio between the number of seats installed by the factory manufacturer and the number of passengers that actually were in the vehicle;
- 4.6.3. in case of an Accident, You shall provide Us with written documents (tickets, etc.) confirming the Accident and the presence of the suffered Insured in the vehicle at the time of the Accident. In case of a failure to provide these documents or if these documents do not objectively confirm the above-mentioned circumstances, an Insurance Benefit shall not be paid;
- 4.6.4. We shall not be obliged to pay Insurance Benefits for Accidents that have occurred:
 - 4.6.4.1. when a vehicle was used for purposes that are not in line with its intended purpose rather than for carrying passengers;
 - 4.6.4.2. when a vehicle was used in violation of the rules of its operation, when the company or a driver did not have a license to carry passengers required by laws;
 - 4.6.4.3. when a vehicle was in technically disorderly condition, also in presence of a causal relationship between the technical condition of the vehicle and the consequences of the Insured Event enshrined in these Insurance Rules. Within the meaning of this clause, a vehicle shall be considered technically disorderly when operating it is prohibited in accordance with the road traffic regulations (requirements for the technical condition of motor vehicles laid down in the Road Traffic Regulations of the Republic of Lithuania);
 - 4.6.4.4. due to a fire, when an open fire source and other devices were used in the vehicle;
 - 4.6.4.5. when a vehicle was operated by an unlawful driver and / or a person, who does not have a qualification to drive a vehicle carrying passengers, who are insured under this Insurance Contract, conferred in accordance with the procedure prescribed by laws;
 - 4.6.4.6. when using a vehicle in violation of its operating mode and / or work safety requirements established in the legal acts of the Republic of Lithuania;
 - 4.6.4.7. when using a vehicle in territories that are not intended for road traffic;
 - 4.6.4.8. when a vehicle was operated by a driver under the influence of drugs, narcotic or other intoxicant substances, also when he / she used alcohol or other intoxicating substances after the accident before determining the circumstances or testing for intoxication. For the purposes of this clause, insobriety and intoxication shall be understood in accordance with the procedure established by the Government of the Republic of Lithuania;
 - 4.6.4.9. when a vehicle was engaged in any type of driving aiming at higher speeds, overcoming obstacles and / or requiring special driving skills, or when the vehicle was used to learn to drive;

- 4.6.4.10. when the operator of a vehicle did not comply with the requirements of officers of the road traffic police or other competent authorities while using the vehicle;
 - 4.6.4.11. due to gross negligence of the owner and / or the operator of the vehicle;
 - 4.6.4.12. when using a vehicle as a tool or instrument in a criminal offense;
 - 4.6.4.13. due to a committed criminal offense that caused damage to the health or life of the Insured;
 - 4.6.4.14. during a trip going on which was against the will of the Insured.
- 4.6.5. According to this clause, the Insurance Benefits referred to in items 14, 17, 18 and 19 of Table No. 2 (Injuries Leading to Traumas) presented in Annex No. 1 shall not be paid.

5. Non-Insured Events

- 5.1. Events that have occurred due to the following shall be considered Non-Insured Events:
 - 5.1.1. use of chemical and / or biological substances;
 - 5.1.2. war, aggression, hostile acts of foreign forces, acts of a military nature (regardless of whether or not war has been declared), state of war (emergency), civil war, insurrection, revolution, riot, mass unrest, internal unrest having reached the scale of an uprising, use of military or unlawful force, strikes of dismissed employees, lock-outs and other acts, also detentions and arrests by public authorities and officers, regardless of whether the damage (loss) was directly or indirectly caused by or related to those events;
 - 5.1.3. terrorist acts of any kind;
 - 5.1.4. exposure to radiation (radioactive, electromagnetic, heat, light, sound, etc.);
 - 5.1.5. effects of nuclear reaction or energy, nuclear radiation, radiation and / or radioactive contamination;
 - 5.1.6. influence of electromagnetic fields and / or electromagnetic radiation, use of a laser or a mazer;
 - 5.1.7. removal of osteosynthetic structures, their fracture and / or dislocation; fracture and / or dislocation of joint prostheses;
 - 5.1.8. recurrent joint dislocations or subluxations, when the first joint dislocation or subluxation happened before the day of conclusion of the Insurance Contract starting the Uninterrupted Insurance Coverage Validity period;
 - 5.1.9. infectious agents that were sexually transmitted into the Insured's body for reasons other than external impact on the body of the Insured or through minor wounds in the skin or mucous membranes (abrasions, scratches), except for rabies, tetanus, Lyme disease, tick-borne encephalitis, tick-borne myelitis, tick-borne encephalomyelitis and cases when infectious agents were transmitted during a surgery performed due to an Accident or during treatment;
 - 5.1.10. the death or disability of the Insured caused by Lyme disease, tick-borne encephalitis, tick-borne myelitis or tick-borne encephalomyelitis, also cases where the same Insured repeatedly caught at least one of these illnesses during the Insurance Contract period;
 - 5.1.11. hernias of the abdomen and / or abdominal cavity;
 - 5.1.12. pathological bone fractures, damage or herniation of intervertebral discs, degenerative changes in joints;
 - 5.1.13. suicide, attempted suicide or intentional injury;
 - 5.1.14. mental disorders or disorders of consciousness, apoplexy, epilepsy or other convulsive seizures occurring in the entire body of the Insured, if these seizures occurred for reasons other than external impact on the Insured's body;

- 5.1.15. mental reactions (in the state of affect) regardless of the cause of their occurrence;
- 5.1.16. for chronic, congenital or degenerative diseases;
- 5.1.17. illnesses (traumas) of the Insured, for which state institutions had determined a level of working capacity (disability) for the Insured, or due to the impact of a mental illness;
- 5.1.18. treatment or surgeries which the Insured performed directly on himself / herself or allowed other persons to perform them, if the treatment or surgery was not necessary for the Accident;
- 5.1.19. events that have occurred when committing or preparing to commit criminal offenses enshrined in the criminal law;
- 5.1.20. driving a motor vehicle when the Insured did not have the right to drive that type of vehicle;
- 5.1.21. use of any motor or motor-less aeroplanes, light aircrafts, space vehicles and other gliding or flying air vehicles, except for the cases where the Insured used an air vehicle classified as public transport for travelling from one place to another, and was not a member of crew of the vehicle;
- 5.1.22. use of alcohol, toxic or psychotropic substances used as drugs or for the purpose of intoxication, also use of potent drugs. We shall not pay an Insurance Benefit if the Insured used alcohol or other intoxicants after the Accident before being examined by a doctor or avoided an insobriety or intoxication test. Provisions of this clause shall not apply in cases of traumas, except for events when the Insured violated the requirements established in legal acts of the Republic of Lithuania (e.g. operated a vehicle under the influence of alcohol or drugs, violated public order, was involved in fights, etc.);
- 5.1.23. while the Insured serves in military, a voluntary mission in the army or another similar formation, also participates in war, military actions or peacekeeping missions;
- 5.1.24. while the Insured serves a sentence in places of detention, provisional arrest, or is under the supervision of a special educational institution;
- 5.1.25. when the Insured has been declared missing by a court decision;
- 5.1.26. participation in any officially organized sports competitions and trainings, unless individual terms and conditions of the Insurance Contract establish otherwise. Provisions of this clause shall not apply to sports activities which are not organized by sports organizations and are a form of leisure of the Insured;
- 5.1.27. when the Insured is engaged in life-threatening and / or extreme sports (activities), unless individual terms and conditions of the Insurance Contract establish otherwise;
- 5.1.28. analogous (similar) or recurrent critical illnesses;
- 5.1.29. bursitis, elbow, carpal tunnel syndrome, shoulder tightness syndrome (rotator cuff syndrome);
- 5.1.30. retinal detachment, if the retina detached for other reasons, e.g. an illness (severe myopia, hypertension, or other illnesses) rather than direct eye injury (ocular bruising, injury, fracture of the orbit) when lifting a heavy object, making a sudden or unusual movement, or having hit some other part of the body.

6. Grounds for Reducing an Insurance Benefit and Non-Payment thereof

- 6.1. We shall have the right to reduce an Insurance Benefit:
 - 6.1.1. in proportion to the part of the insurance premium which We did not receive, if You (the Insured) failed to report a material change of the work function assigned to the Insured within the period of time specified in the Insurance Contract;

- 6.1.2. by 50%, if the occurrence of an Insured Event was caused by injuries prior to the Accident date, consequences of improper medical care, reconstructive plastic-surgeries performed, illnesses, except for illnesses (traumas) for which state authorities had determined a level of working capacity (disability) for the Insured, or a mental illness.
- 6.2. Having diagnosed a partial injury in case of disability, We shall not pay the second and / or the third part of the Insurance Benefit, if data provided in Medical Records regarding the effectiveness of the Insured's rehabilitation and other relevant information allow determining that bodily functions of the Insured have been restored or the Insured has not properly followed the instructions prescribed by doctors.
- 6.3. We shall have the right to refuse to pay an Insurance Benefit for employees hired to the position covered under the Insurance Contract after the conclusion of the Insurance Contract, if the number of employees specified in the Insurance Contract has increased and You have failed to notify us thereof within the period of time laid down in the Insurance Contract.

7. Insurance Territory. Insurance Coverage Validity Options

- 7.1. Insurance Territory shall mean the whole world, unless terms and conditions of the Insurance Contract establish otherwise.
- 7.2. Insurance Coverage Validity options:
 - 7.2.1. 24/7 – Insurance Coverage shall be valid 24/7, unless terms and conditions of the Insurance Contract establish otherwise;
 - 7.2.2. during working hours – Insurance Coverage shall only be valid when the Insured performs work functions assigned to him / her during the working hours set by the employer, and travels directly to or from the workplace on working days. An Accident shall be recorded in the statement on accidents at work, to or from work.

8. Sum Insured

- 8.1. Sums Insured for risks of death, disability, traumas, critical illnesses, diseases, loss of working capacity of the Insured, also sickness benefit, daily allowance and medical expense Sums Insured shall be set in the Insurance Contract by an agreement between You and Us.

9. Rights and duties of the Parties

In addition to Your rights and duties provided for in the General Part, You shall also have the following duties:

- 9.1. Your duties before contract conclusion:
 - 9.1.1. to provide Us with data on the number of insured employees, their job positions, type of work they do, the state of occupational safety of the company, Accident statistics, Insurance Coverage Validity options, sports or extreme leisure activities of the insured and other circumstances that may have a material impact on the Insurance Risk.
- 9.2. Your duties during the validity period of the Insurance Contract:
 - 9.2.1. to create conditions for Us to assess the Insurance Risk directly;
 - 9.2.2. to furnish written evidence confirming the job positions specified in the Insurance Contract, the number of natural persons by each position and changes in their number;
 - 9.2.3. to inform us about an increase in the number of employees working in the insured position in accordance with the procedure laid down in the Insurance Contract;

- 9.2.4. to notify Us of a material change in the job function assigned to the Insured.
- 9.3. Your and / or the Insured's duties in case of an event:
 - 9.3.1. to refer to a medical institution immediately, but not later than within 48 hours;
 - 9.3.2. to immediately, but not later than within 30 calendar days, notify Us about each Insured Event;
 - 9.3.3. if an Accident resulted in death, be sure to notify Us of the fact of death within 5 calendar days, even if the Accident itself was already reported;
 - 9.3.4. to provide Us with complete and correct information about the Accident or illness;
 - 9.3.5. to agree with Us on medical expense amounts in writing before receiving services;
 - 9.3.6. to give a written consent granting Us the right to access Your (Insured's) Medical Records;
 - 9.3.7. to undergo Our prescribed medical examination performed, if the medical data are insufficient and cannot be used to accurately determine the degree of damage to health done by the Accident. We shall cover the necessary costs of such examinations.

10. Procedure for Calculating Insurance Benefit Amounts

- 10.1. We shall calculate an insurance premium given the number of the Insured persons and its changes during the validity period of the Insurance Contract, Your selected Insurance Risks specified in the Insurance Certificate, the Sums Insured, the work functions performed by the Insured and his / her leisure activities, Insurance Coverage Validity options, the insurance period and other characteristics characterizing the specific Insurance Risk.

11. Procedure for Determining Damage

- 11.1. Having received an initial information about damage, We shall investigate the event, interrogating witnesses of the event, sending inquiries to respective judicial, law enforcement, personal health care, social security, medical examination authorities, also institutions, which provide lists of psychoneurological, toxicological and narcological records. To capture circumstances of an Accident, We shall have the right to take photos and make video (audio) recordings.
- 11.2. We may hire institutions, experts, specialists or researchers in the respective field to investigate an event.

III. General Part

1. Concluding an Insurance Contract

- 1.1. An Insurance Contract shall be concluded upon Your submission of an application for concluding an Insurance Contract and provision of Our requested information. An application for concluding an Insurance Contract may be oral or, in cases where We so require, – written. You shall be liable for the accuracy of the information provided in the application for concluding an Insurance Contract.
- 1.2. An Insurance Contract shall be concluded by Us providing You with the insurance rules and signing an Insurance Certificate with You, and / or by You paying the full or the first insurance premium within the period of time specified in the Insurance Certificate.
- 1.3. The Insurance Contract shall be concluded using standard Insurance Rules. However, We may agree with You on individual terms and conditions of the Insurance Contract, which shall precede over standard Insurance Rules. Individual insurance conditions shall be listed in the Insurance Certificate or annexes thereto.

2. Rights and Duties of the Parties

2.1. Your and Our rights and duties before Contract conclusion

2.1.1. You shall have the right to:

- 2.1.1.1. get acquainted with the Insurance Rules and to receive a copy thereof;
- 2.1.1.2. apply to Us with an application for concluding an Insurance Contract.

2.1.2. You shall have the duty to:

- 2.1.2.1. provide Us with all Our requested information and to allow Us to perform all the requested actions necessary to assess the Insurance Risk;
- 2.1.2.2. provide Us with all information about the circumstances known to You that may have a material impact on the likelihood of the Insured Event and / or the amount of losses;
- 2.1.2.3. inform Us about all Insurance Contracts concluded with other insurers for the same risks and the same object, indicating another insurer, terms of validity of the insurance contract, sums insured, objects insured and insured events;
- 2.1.2.4. before concluding an insurance contract for the benefit of a third party, inform the insured persons about such a contract, also informing them that the insurer will process their personal data for the purpose of concluding and performing the contract.

2.1.3. We shall have the right to:

- 2.1.3.1. ask You for information necessary for the assessment of the Insurance Risk and the conclusion of an Insurance Contract;
- 2.1.3.2. refuse to submit an insurance offer and conclude an Insurance Contract without giving reasons therefor.

2.1.4. We shall create conditions for You to get familiar with these Insurance Rules.

2.2. Your and Our rights and during the validity period of the Insurance Contract

2.2.1. You shall have the right to request to amend or to terminate the Insurance Contract.

2.2.2. You shall have the duty to:

- 2.2.2.1. pay insurance premiums and / or parts thereof within the periods of time provided for in the Insurance Contract;

- 2.2.2.2. take all possible measures, at Your own initiative or Our request, to prevent or reduce potential damage, and to comply with Our instructions in this regard, if any;
- 2.2.2.3. notify the Insured about the concluded Insurance Contract, to acquaint him / her with all the terms and conditions of the Insurance Contract;
- 2.2.2.4. immediately, but not later than within 7 days, after You become aware of a specific case of an increase in the Insurance Risk, report it to Us. Cases of increase in the Insurance Risk are laid down in the conditions of the type of insurance, additional conditions and other documents comprising the Insurance Contract;
- 2.2.2.5. inform Us about changes in Your contact details.

2.2.3. We shall have the right to:

- 2.2.3.1. claim the amounts of the Insurance Benefits paid from the person responsible for the damage (subrogation), if this is not in conflict with the mandatory legal norms;
- 2.2.3.2. in case of an increase in the Insurance Risk, ask to change terms and conditions of the Insurance Contract and / or recalculate the insurance premium.

2.2.4. We shall issue copies of the Insurance Contract at Your request.

2.3. **Your and Our rights upon the occurrence of an event**

2.3.1. You shall have the right to be informed about the course of the investigation of the event in accordance with the procedure established by laws.

2.3.2. You shall have the duty to:

- 2.3.2.1. take reasonable measures to prevent or reduce potential damage and comply with Our instructions in this regard, if any;
- 2.3.2.2. inform Us about an event and / or a received claim for indemnification of damages online at www.ergo.lt/zalos or by calling 1887 (from abroad - +370 5 268 3222) and to provide Us with all known information on the circumstances of the event;
- 2.3.2.3. provide Us with all Our requested documents necessary for investigating the circumstances of the event, determining damage and benefit amount, and to comply with Our other requirements related to the investigation of the event;
- 2.3.2.4. provide Us with information on concluded insurance contracts for the same object of insurance;
- 2.3.2.5. not to recognize and / or fulfil third party claims for the indemnification of damages and not to take any other action related to the recognition or indemnification of damage without Our written consent;
- 2.3.2.6. authorize Us in writing at Our request to make all statements related to upholding or rejecting claims of third parties;
- 2.3.2.7. provide Us with all the information and documents We need in order to be able to properly exercise Our right to claim paid insurance benefit amounts from persons responsible for the damage caused;
- 2.3.2.8. in the event of third parties bringing an action for damages in court, to grant powers to Our appointed attorney at Our request and to provide explanations and documents that We or the appointed attorney believes to be necessary.

2.3.3. It is our duty to pay Insurance Benefits within the time limits specified in the Insurance Rules in the event of an Insured Event.

2.3.4. The Beneficiary, the Insured or the suffered Third Party shall be entitled to:

- 2.3.4.1. receive information on the course of an investigation;
- 2.3.4.2. request the payment of an Insurance Benefit in accordance with the procedure laid down in legislation and the Insurance Contract.

2.3.5. The Beneficiary, the Insured and the suffered Third Party shall provide Us with all Our requested documents and information on the circumstances and consequences of the event.

- 2.4. If after the conclusion of the Insurance Contract it is determined that You have provided Us with incorrect information about the circumstances that may have a material impact on the assessment of the Insurance Risk, We shall have the right to demand to declare the Insurance Contract invalid in accordance with the conditions of legislation, to offer to amend the Insurance Contract or to demand its termination, also to reduce or to refuse to pay an Insurance Benefit.
- 2.5. Applicable legislation governs additional rights and obligations of Ours and Yours.

3. *Validity of the Insurance Contract. Application of the Insurance Coverage*

- 3.1. In all cases, the entry into force of the Insurance Contract shall be associated with the payment of the full or a partial amount of the insurance premium, i.e. the Insurance Contract shall enter into force only after You have paid the full or the first insurance premium, regardless of whether the Insurance Contract stipulates that the full or the first insurance premium must be paid on the day of concluding the Insurance Contract, or the Contract provides for a later deadline for paying the full or the first insurance premium:
 - 3.1.1. if the Insurance Contract establishes that the full or the first insurance premium shall be paid on the day of concluding the Insurance Contract and You pay it on time, the Insurance Contract shall take effect on the day and time of the start of the Insurance Contract period specified in the Contract, and the Insurance Coverage shall only apply to Insured Events having occurred after the entry into force of the Insurance Contract;
 - 3.1.2. if the Insurance Contract establishes that the full or the first insurance premium shall be paid after the day of conclusion of the Insurance Contract and You pay it on time, the Insurance Contract shall take effect from the moment of payment of the insurance premium, while the Insurance Coverage shall also apply for Insured Events which the Parties were not aware of when concluding the Insurance Contract, which occurred during the period of time from the day and time of the start of the Insurance Contract period specified in the Contract till the moment of entry into force of the Contract (i.e. the Insurance Coverage shall apply retroactively);
 - 3.1.3. if You pay the full or the first insurance premium having missed the deadline for paying the premium provided for in the Insurance Contract, the Insurance Contract shall take effect on 00:00 of the day following the payment of the insurance premium, and the Insurance Coverage shall apply only to Insured Events that occurred after the entry into force of the Insurance Contract regardless of whether the insurance premium had to be paid on the Contract conclusion day or the Contract provided for a later deadline for its payment;
 - 3.1.4. in all the cases provided for in clauses 3.1., 3.1.1. to 3.1.3. hereof, the application of Insurance Coverage shall commence not earlier than the start date of the Insurance Contract period specified in the Insurance Contract.
- 3.2. If an insurance premium is paid in instalments, all other insurance premiums after the first insurance premium shall be considered deferred insurance premiums, and their payment deadline shall be deferred until the payment date specified in the Contract.
- 3.3. If You do not pay the deferred instalment of the insurance premium within the time limit specified in the Insurance Contract or pay it only in part, We shall notify You in writing that Your Insurance Coverage shall be suspended after 15 calendar days from the day of sending You a notice on an unpaid insurance premium and that the Insurance Contract shall terminate without a separate notice after 30 calendar days from the day of sending a notice.
- 3.4. If You pay an insurance premium during the period of time from the suspension of the Insurance Coverage before its termination specified in clause 3.3. hereof, the Insurance Coverage shall take effect on 00:00 on the 3rd (third) calendar day following the payment day.

- 3.5. Our issued Insurance Certificate, an insurance premium invoice or an equivalent document shall form the basis for paying an insurance premium.
- 3.6. The Insurance Contract shall be concluded for the period of time specified in the Insurance Certificate.

4. Conditions of double insurance, additional insurance and incomplete insurance

- 4.1. Conditions of double insurance shall apply if the same Insured Event leads to a duty of more than one insurer to pay an insurance benefit for the same losses (expenses) which You incurred in accordance with insurance contracts concluded with You. We would pay an Insurance Benefit together with other insurance companies in proportion to the sums insured, so that the total insurance benefit paid under all the contracts does not exceed the amount of the losses.
- 4.2. If only a part of the value of property or insurance risk is insured, You can additionally insure the property or the insurance risk by concluding an additional insurance contract with Us or another insurance company (additional insurance). In such a case, the total sum insured under all insurance contracts may not exceed the insurance value.
- 4.3. If the Sum Insured set in the Insurance Contract is lower than the insurance value, We shall indemnify the share of the losses incurred proportionate to the ratio between the Sum Insured and the insurance value in case of an Insured Event.

5. Conditions of amending, supplementing and termination of the Insurance Contract

- 5.1. The Insurance Contract may be amended, if We so agree with You in writing. If when making amendments to the Contract their effective date is not specified, the amendments shall take effect on the amendment date.
- 5.2. The Insurance Contract may be terminated by an agreement between You and Us or unilaterally in presence of the grounds laid down in this Section of the Rules. The party to the Insurance Contract shall notify the other Party about the termination of the Insurance Contract not later than 30 days in advance, unless the Insurance Contract provides for a different notification time limit. Termination of the Insurance Contract shall not release from obligations having formed before the date of termination. If the Insurance Contract has been concluded for the benefit of the Beneficiary, You shall, at Our request, provide a written consent of the Beneficiary to the termination of the Insurance Contract.
- 5.3. You may terminate the Insurance Contract if the possibility of an Insured Event taking place has disappeared after the entry into force of the Insurance Contract, or the insured risk has disappeared for circumstances unrelated to the Insured Event (the object of insurance perished for reasons unrelated to the Insured Event, etc.). In such a case, We shall be entitled to the insurance premium part proportionate to the term of validity of the Insurance Contract.
- 5.4. If the Insurance Contract is terminated at Your initiative for reasons other than those referred to in clause 5.3. hereof, the insurance premium paid shall not be refunded. We shall have the right to refund You a part of the insurance premium in proportion to the remaining unused period of validity of the Insurance Contract, after deducting the costs of concluding and performing the Insurance Contract and the insurance benefits paid under the Contract. The costs of conclusion and performance of the Insurance Contract account for 10% of the insurance premium amount, but shall be not less than EUR 10.00.
- 5.5. We shall have the right to terminate the Insurance Contract due to a material breach of conditions of the Insurance Contract on Your part. In such a case, We shall be entitled to a part of the insurance premium in proportion to the period of time before the date of termination of the Insurance Contract. A failure to notify Us of an increase in the Insurance Risk (change of data indicated in the application for concluding an Insurance Contract and in the Insurance Certificate) shall be considered a material breach of the Insurance Contract.

- 5.6. Having received a notification of a case of an increase in the Insurance Risk, We shall become entitled to ask to amend conditions of the Insurance Contract or to increase the insurance premium amount. If You do not agree with amendments to the insurance conditions, We shall have the right to demand termination of the Insurance Contract and indemnification of losses to the extent they are not covered by the received insurance premium, if You have not reported a case of an increase in the Insurance Risk within 7 calendar days.
- 5.7. Notwithstanding other provisions of the Insurance Contract, the Insurance Coverage shall only apply as long as it is not in conflict with any trade and economic sanctions, prohibitions or restrictions in accordance with United Nations resolutions, any laws or regulations of the European Union, the United Kingdom or the United States. If the said sanctions, prohibitions or restrictions directly or indirectly prevent Us from providing services under this Contract, We shall have the right to terminate the Contract unilaterally having notified You thereof in writing.

6. **Currency of the Insurance Contract**

- 6.1. Insurance premiums and Benefits may be paid in the national and / or foreign currency, if this is not in conflict with laws of the Republic of Lithuania.
- 6.2. If insurance premiums are paid in a currency other than that specified in the Insurance Certificate, the amount of the paid insurance premium shall be set given the official exchange rate on the day of conclusion of the Insurance Contract.

7. **Procedure and terms of payment of Insurance Benefits**

- 7.1. An Insurance Benefit shall be paid without exceeding the Sum Insured.
- 7.2. We shall reduce the calculated benefit amount by the amount of the Deductible specified in the Insurance Certificate (if applicable). The Insurance Benefit for the same Insured Event shall be paid applying one – the largest – Deductible.
- 7.3. We shall reimburse You for reasonable and necessary expenses incurred to reduce the amount of damage following Our instructions, if any.
- 7.4. We shall have the right to deduct the unpaid insurance premiums from the Insurance Benefit amount the due date of which had expired before the date of payment of the Benefit.
- 7.5. If the Insurance Contract terminates having paid an Insurance Benefit (after the full Sum Insured has been paid), all insurance premiums unpaid under the Insurance Contract shall be deducted from the Insurance Benefit amount.
- 7.6. We shall have the right to defer the payment of an Insurance Benefit, if civil, administrative or criminal proceedings for investigating circumstances important for deciding on the coverage of the event and / or its consequences are pending before court. In such a case, the payment of an Insurance Benefit may be deferred until the court judgment takes effect.
- 7.7. We shall pay an Insurance Benefit or, if damage is indemnified in instalments, – the first instalment thereof, not later than within 30 days from the date when We receive all the information necessary to determine the fact, circumstances, consequences of the Insured Event and the Insurance Benefit amount.
- 7.8. If an Insurance Benefit has not been paid, We shall notify You (the Beneficiary or the suffered Third Party) in detail in writing about the course of the investigation of the Insured Event every 30 days from the date of receipt of a notice of an Insured Event, except for cases when there is missing information on Your (the Beneficiary's or the suffered Third Party's) part only, and You (the Beneficiary or the suffered Third Party) have already been informed about the documents or information which You must submit for the investigation of an Insured Event.
- 7.9. If an event is declared to be an Insured Event, but You and / or the suffered Third Party and We do not agree on the Insurance Benefit amount, while a precise determination of damage takes longer than 3 months, We shall, at Your written request, pay an amount which is equal to the undisputed Insurance Benefit amount.

- 7.10. In case of refusing to pay an Insurance Benefit or reducing it, We shall indicate reasons for having made such a decision in writing to You and the persons entitled to the Insurance Benefit.
- 7.11. An Insurance Benefit shall not be paid if:
 - 7.11.1. an event has been recognized to be a Non-Insured Event;
 - 7.11.2. You or the suffered Third Party have attempted to mislead Us by falsifying facts that affect the identification of causes of the Insured Event, and have provided incorrect data;
 - 7.11.3. the Insured Event occurred at malicious intent of Yours, the Insured's or the Beneficiary's, except in cases when intentional actions or omissions are of social value (necessary defence, serving a civic duty, etc.);
 - 7.11.4. the payment of a Benefit would result in any violation of trade and economic sanctions, prohibitions or restrictions under United Nations resolutions, laws and / or regulations of the European Union, the United Kingdom or the United States;
 - 7.11.5. in other cases provided for in the Insurance Contract and / or legal acts.
- 7.12. We shall have the right to reduce the Insurance Benefit amount or not to pay it altogether:
 - 7.12.1. if You have improperly performed the obligations set forth in the Insurance Contract, and We thus were not able to check if the Insured Event occurred, to determine the amount of losses incurred and / or to exercise the right of subrogation to the person responsible for the damage. If an Insurance Benefit has been paid, but Your actions specified in this clause have made it impossible for Us to exercise the right of subrogation to the person responsible for the damage, We shall have the right to request You to repay the received Insurance Benefit amount or a respective part thereof;
 - 7.12.2. if damage was done by Your deliberate failure to take reasonable steps available to prevent or reduce it and / or by failing to follow Our instructions to prevent or reduce the damage;
 - 7.12.3. if You have recognized the reasonability of a claim submitted to You, assumed property obligations for indemnification of losses or indemnified losses Yourself without Our consent thereto, unless the amount of losses does not exceed the Deductible amount;
 - 7.12.4. in other cases provided for in the Insurance Contract and / or legal acts.
- 7.13. Insurance Benefits shall be paid in the national currency. If the Sums Insured, Deductibles, insurance premiums or other amounts have been indicated in the Insurance Contract in a currency other than the national currency, payments under the Insurance Contract shall be made in the national currency according to the official exchange rate set by the Bank of Lithuania.

8. Information on the Processing of Personal Data

- 8.1. We process personal data received from You, the persons insured under the Insurance Contract, members of Your family, other persons that are equivalent to You under the Insurance Contract or other parties to the Insurance Contract with the aim to provide insurance services to You and to carry out actions related thereto.
- 8.2. In order to assess the Insurance Risk, to submit an insurance offer or to conclude an Insurance Contract, to assess circumstances of the Insured Events and to determine the Insurance Benefit amount, We may provide personal data to and collect them from state registers, banks, law enforcement authorities, fire services, emergency services, multi-apartment building administrators, multi-apartment building communities, independent experts, health care institutions, other natural and legal persons.
- 8.3. Personal data may be disclosed to third parties (law enforcement and other authorities, reinsurers, companies providing Us with customer service and other services, other natural or legal persons), if this is necessary for concluding or executing the Insurance Contract, or in presence of other legal grounds.

- 8.4. You or another person whose personal data We process shall have the right to contact our Data Protection Officer (by e-mail asmensduomenys@ergo.lt or by calling 1887) regarding all matters related to the processing of personal data and the exercise of one's rights.
- 8.5. Believing that Your or another person's rights relating to the processing and protection of personal data have been violated, You or another person whose data We process shall have the right to file a complaint with the State Data Protection Inspectorate.
- 8.6. For more detailed information on Our processing of personal data, refer to the ERGO Privacy Policy posted on our website www.ergo.lt.

9. Procedure for Assigning Insurer's Rights and Duties under the Insurance Contract to Another Insurer

- 9.1. We shall have the right to assign Our rights and duties under insurance contracts to another insurer in accordance with the procedure established by legal acts of the Republic of Lithuania.
- 9.2. If You disagree with a change of the insurer, You shall have the right to terminate the Insurance Contract and shall be entitled to the unused insurance premium amount proportionate to the remaining period of validity of the Insurance Contract.

10. Dispute settlement procedure

- 10.1. All disputes regarding the conclusion, performance or termination of the Insurance Contract shall be settled by mutual negotiation, and in case of a failure to reach an agreement, disputes may be settled in an out-of-court or judicial procedure in accordance with laws of the Republic of Lithuania.
- 10.2. You shall have the right to refer to the supervisory authority of financial market participants the Bank of Lithuania (address: Totorių g. 4, LT-01121 Vilnius) for out-of-court settlement of disputes. Information on the procedure for settling disputes between consumers and financial market participants is available here: http://www.lb.lt/gincu_nagrinejimas.
- 10.3. The law of the Republic of Lithuania governs the Insurance Contract.

Annex No. 1 Insurance Benefit Tables to the Rules of Accident Insurance for Business No. 102

Table No. 1 Injuries Leading to Disability

Item (clause) No.	Injury	Percentage share (%)
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Central nervous system

1.	Consequences after a head and spinal cord trauma:	
1.1.	Paralysis of the upper and lower limbs (tetraplegia); highly pronounced lesions in brain cortex, cerebral dysfunction; dementia; impaired consciousness; dysfunction of pelvic organs	100
1.2.	Paralysis of the lower limbs with a dysfunction of pelvic organs	70
1.3.	Paralysis of one side of the body; severe decrease in movement, sensations and strength of two limbs; severe impairment of coordination; severe increase in limb muscle tone; severe cognitive impairment (of 10 points or less); dementia; epileptic seizures at least once a month	50
1.4.	Strong decrease in movement, sensations and strength of two limbs; severe damage to the brain nerves; impaired coordination; strong increase in limb muscle tone; pelvic organ dysfunction; severe cognitive impairment (of 20 points or less); epileptic seizures at least once a month	40
1.5.	Paralysis of one of the limbs (monoplegia); speech impairment; severe impairment of coordination; increase in limb muscle tone and decrease in strength and sensations; epileptic seizures of moderate frequency (5 to 10 times a year); Parkinson's syndrome	30
1.6.	Impaired coordination and movement; speech impairment; slight cognitive impairment; slight increase in limb muscle tone and decrease in strength; rare (3-4 times per year) epileptic seizures	15
1.7.	Prominent facial asymmetry; autonomic (vegetative) symptoms; cerebral cortex and speech impairment; vasomotor disorders; rare (1-2 times per year) epileptic seizures	7

Notes to item 1:

- 1) consequences are classified under a certain group, when at least two characteristics typical of that group are identified;
- 2) if the Insured has suffered at least one injury provided for in clauses 1.1.-1.7. of this Table as a result of the same external impact and at least one injury to bones of the torso and / or limbs provided for in items 44 to 87 of this Table and their clauses, an Insurance Benefit for injuries provided for in items 44 to 87 of this Table and their clauses shall not be paid.

Cranial and peripheral nerves

2.	Traumatic injuries to the cranial nerves:	
	Note: an Insurance Benefit shall be paid in case of neuropathy regardless of the number of affected nerves	
2.1.	One-sided	5
2.2.	Two-sided	10

Item (clause) No.	Injury	Percentage share (%)
3.	Damage to the cervical plexus, lumbar and sacral or their nerves Note: an Insurance Benefit shall be paid in case of impaired movement, strength, sensation, muscle loss and a skin trophic disorder.	10
4.	Impairment of peripheral nerve integrity: Note: an Insurance Benefit shall be paid in case of neuropathy. If several nerves are injured in the same limb, the Insurance Benefit shall be paid for one nerve injury only. If the left hand of the left-handed Insured or the right hand of the right-handed Insured is injured, an Insurance Benefit shall be increased by 10%.	
4.1.	Pinched nerve in the forearm, wrist, tibia or ankle	5
4.2.	Pinched nerve in the arm, elbow, thigh or knee	10
Eyes		
5.	Paralysis of accommodation of one eye	10
6.	Significant decrease in visual acuity; concentric narrowing of the field of view. The Insurance Benefit amount shall depend on the reduction of area of the field of view	10-20
7.	Impaired vision when an artificial lens was implanted due to an injury (in both eyes): 0.4 0.3-0.1 Less than 0.1	10 20 25
8.	Droopy eyelid, eye muscle paralysis, eyelid defect that prevents eyes from closing. The Insurance Benefit amount shall depend on the degree of the droopy eyelid	5-10
9.	Pulsating exophthalmus	20
10.	Consequences of eye injury: lens dislocation, tear duct injury, cataract, retinal detachment (due to a direct eye injury)	10
11.	Post-traumatic eye problems (except conjunctivitis); iris defects; change in the shape of the pupil; lens dislocation Note: if the Insured has suffered at least one of the injuries provided for in items 10 and 11 of this Table due to an external impact on his / her body, an Insurance Benefit for the injuries provided for in item 11 of this Table shall not be paid.	5
12.	Complete loss of vision in the only or both eyes	100
13.	Complete loss of vision in one eye	45
14.	Decreased visual acuity after an eye injury Note: visual acuity shall be calculated separately for each eye according to the Table below.	

Visual acuity			Visual acuity		
Before trauma	After trauma	Percent (%)	Before trauma	After trauma	Percent (%)
1.0	0.7	1	0.6	0.4	1
	0.6	3		0.3	3
	0.5	5		0.2	10
	0.4	7		0.1	15
	0.3	10		<0.1	20
	0.2	15		0.0	30
	0.1	20			
	<0.1	30			
	0.0	45			
0.9	0.7–0.6	1	0.5	0.4–0.3	1
	0.5	3		0.2	5
	0.4	5		0.1	10
	0.3	10		<0.1	15
	0.2	15		0.0	25
	0.1	20			
	<0.1	30	0.4	0.3–0.2	2
	0.0	45		0.1	7
				<0.1	10
				0.0	20
0.8	0.6–0.5	2	0.3	0.1	5
	0.4–0.3	7		<0.1	10
	0.2	15		0.0	20
	0.1	20			
	<0.1	30	0.2	0.1	5
	0.0	45		<0.1	10
				0.0	20
0.7	0.5–0.4	2	0.1	<0.1	10
	0.3	7		0.0	20
	0.2	15			
	0.1	20			
	<0.1	25	<0.1	0.0	10
	0.0	40			

Notes to item 14:

- 1) complete blindness means visual acuity of less than 0.01 before the perception of light (unable to count fingers at a distance of 2 meters);
- 2) if the visual acuity of the injured eye prior to the accident date is not known, it shall be considered to be the same as that of the uninjured eye;
- 3) in case of a lower visual acuity of both eyes, each eye shall be evaluated separately.

Item (clause) No.	Injury	Percentage share (%)
Ears		
15.	Severe vestibular dysfunction: recurrent, persistent dizziness with vegetative reactions, timid gait	30
16.	Loss of the entire earlobe	20
17.	Impaired hearing in one ear Note: evaluation of audiograms, impedansometry data, speech audibility.	
17.1.	Hears words at the distance of up to one meter when whispering and 1 to 3 meters when talking (hearing loss in the audiogram up to 30–50 db)	5
17.2.	Hears words at the auricle lobule when whispering, and at the distance of up to 1 meter when talking (hearing loss in the audiogram up to 60–80 db)	10
18.	Complete deafness in one ear (absolutely cannot hear the speaking person, less than 91 db in the audiogram)	15
19.	Complete deafness in both ears	60
Respiratory system		
20.	Loss of nasal bones, cartilage and soft tissues	30
21.	Loss of the nasal wing and tip	15
22.	Loss of nasal tip or wing (s)	10
23.	Nasal breathing disorder The Insurance Benefit amount shall depend on the degree of the disorder and sides (diagnosed using a rinimonometer, exhalation and inhalation norm at 380–400 ml/sec): a) strong one-sided (less than 100 ml/sec) or significant two-sided (less than 200 ml/sec); b) complete, of both sides (0 ml/sec)	5 10
24.	Loss of smell and taste	15
25.	Loss of smell	10
26.	Post-traumatic chronic inflammation of the facial lobes	2
27.	Impaired laryngeal or tracheal function:	
27.1.	Permanently inserted tracheostomy tube	40
27.2	Dysphonia	10
27.3	Aphonia	30
27.4.	Articulation disorder	15

Item (clause) No.	Injury	Percentage share (%)
28.	Injury of the respiratory system resulting in:	
28.1.	Type I respiratory failure	10
28.2.	Type II respiratory failure	40
28.3.	Type III respiratory failure	60
29.	Thoracic deformities after fractures of ribs or sternum in presence of a severe restriction of respiratory movements	10

Note to items 28 and 29: if the Insured has suffered at least one of the injuries provided for in clauses 28.1., 28.2. and 28.3. of this Table due to an external impact on his / her body and at least one of the injuries provided for in item 29 of this Table, an Insurance Benefit for the injury provided for in item 29 of this Table shall not be paid.

Cardiovascular system

30.	Cardiovascular failure due to an injury to the heart or main blood vessels: (evaluation of signs of cardiovascular failure according to NYHA classification, ECG, physical activity samples, ultrasound, long-term ECG and EQS monitoring)	
30.1.	Class I heart failure with the following minor objectively identifiable signs: increased heart rate, shortness of breath after exercise, swelling	15
30.2.	Class II heart failure with the following significant objectively identifiable signs: severe shortness of breath during exercise, arrhythmias, stasis in the lungs and liver, persistent swelling, ascites, jugular vein distention	40
30.3.	Class III heart failure with the following severe objectively detectable signs: respiratory arrhythmia, arrhythmia, pulmonary stasis, coughing up blood, fluid in the thoracic or pericardial cavities, ascites, persistent swelling	70
31.	Circulatory system disorders due to an injury to large peripheral blood vessels:	
31.1.	Minor – swelling, decreased heart rate	5
31.2.	Significant – swelling, cyanosis, significantly decreased heart rate	10
31.3.	Severe – swelling, cyanosis, lymphostasis, trophic disorders	15

Note to items 30 and 31: classification of consequences of cardiovascular system injury is possible when at least 2 signs characteristic of that group are identified.

Gastrointestinal system

32.	Chewing disorder due to a fracture of the facial bones or injuries of the lower jaw:	
32.1.	Significant impairment of occlusion and chewing	7
32.2.	Severe impairment of occlusion and mouth opening, jaw deformity	25

Item (clause) No.	Injury	Percentage share (%)
33.	Loss of the lower jaw: Note: in the event of a loss of the jaw, an Insurance Benefit for injuries provided for in clauses 32.1. and 32.2. of this Table shall not be paid.	
33.1.	Part of the jaw	15
33.2.	Complete jaw loss	50
34.	Loss of the tongue:	
34.1.	Up to the middle third	15
34.2.	From the middle third and more	30
34.3.	Complete loss	50
35.	Significant narrowing of the oral cavity, formation of a salivary fistula	15
36.	Narrowing of the esophagus or pharynx due to a burn or injury: Note: The narrowing shall be confirmed by objective tests.	
36.1.	Soft food is difficult to swallow	10
36.2.	Liquid food is difficult to swallow	30
36.3.	Complete obstruction (gastrostomy)	80
37.	Consequences after a traumatic gastrointestinal system injury:	
37.1.	Fecal incontinence	40
37.2.	Adhesive disease, partial intestinal obstruction	15
37.3.	Artificial sphincter	30
37.4.	Pancreatic endocrine dysfunction	30
37.5.	Pancreatic exocrine dysfunction	5
37.6.	Stage II liver failure	45
37.7.	Stage III liver failure	80
38.	Traumatic gastrointestinal injury resulting in resection of:	
38.1.	Part of the liver or gallbladder	15
38.2.	Spleen	15
38.3.	Part of the stomach or part of the pancreas, or part of the intestine	25
38.4.	Whole stomach	40

Item (clause) No.	Injury	Percentage share (%)
Notes to items 37 and 38:		
1) if the Insured has suffered a traumatic injury of internal organs due to an external impact on his / her body in case of a temporary disability, when the injured organ had to be operated on, and at least one of the injuries provided for in items 38.1.–38.4. of this Table, an Insurance Benefit for a traumatic injury of internal organs when the injured organ had to be operated on shall not be paid;		
2) if the Insured has suffered at least one of the injuries provided for in clauses 38.1.–38.4. of this Table and at least one of the injuries provided for in clauses 37.1.–37.7. hereof due to an external impact on his / her body, an Insurance Benefit shall not be paid for the injuries provided for in clauses 37.1.–37.7. of the Table.		
Urinary and genital system		
39.	Resection of kidney	25
	Note: if the Insured has suffered an injury referred to in item 39 of the Table due to an external impact on his / her body, and a traumatic injury to internal organs in case of a temporary disability when the injured organ had to be operated on, an Insurance Benefit for traumatic injury to internal organs when the injured organ had to be operated on shall not be paid.	
40.	Disorders of urinary system functions:	
40.1.	Impaired kidney function: a) Grade II deficiency; b) Grade III deficiency	40 80
	Note: having suffered an injury provided for in item 39 of this Table, and at least one of the injuries provided for in clause 40.1. hereof, an Insurance Benefit provided for in item 39 of this Table shall not be paid.	
40.2.	Significant narrowing of the ureter or the urethra, a decrease in bladder volume	10–25
40.3.	Complete ureter or urethral obstruction, fistula in the genitals	30
41.	Consequences of genital injury:	
41.1.	Resection of the ovary, Fallopian tube or testicle	15
41.2.	Resection of a part of penis	25
41.3.	Resection of the entire penis	40
41.4.	Resection of both ovaries, both Fallopian tubes or uterus: a) for females up to 50 years of age; b) for females above 50 years old.	40 20
Soft tissue injuries		
42.	Apparent scars on the front or sides of the face and neck disturbing facial expressions (remaining after a plastic surgery) from burns, frostbite or injury	10
43.	Hypertrophic, keloid scars of the torso and limbs deforming soft tissues, interfering with the wearing of apparel or footwear:	
43.1.	Covering less than 1% of the area	1
43.2.	Covering 1–2% of the area	2
43.3.	Covering 3–4% of the area	4
43.4.	Covering 5–10% of the area	5

Item (clause) No.	Injury	Percentage share (%)
43.5.	Covering more than 10% of the area	8
43.6.	Covering more than 15% of the area	10

Notes to items 42 and 43:

- 1) 1% of the body surface area is equal to the size of a person's palm;
- 2) scars shall be assessed in at least one year after the accident date;
- 3) after the Insurer pays at least one of the insurance benefits referred to in items 43.1–43.6 of the Table, the Insured shall lose his / her right of claim to plastic surgery costs, with the exception of compensation of costs of a plastic surgery for fixing cosmetic defects or disfigurement of the face or neck area.

Injury to torso and limb bones

Spine

44. Impaired spinal function after a spinal cord injury:

44.1. Injuries and their percentage shares are presented in items 1 and 3 of this Table

Shoulder arch, shoulder joint

45. Immobility of the shoulder joint after resection of the humeral head

40

46. Immobility of the shoulder joint

30

47. Limited mobility of the shoulder joint

10

Note: when the right hand of a right-handed person or the left hand of a left-handed person is injured, an Insurance Benefit shall be increased by 10%. Functions of the shoulder arch and shoulder joint shall be assessed according to the modified Keitel index.

Arm

48. Loss of arm and shoulder (or its part)

75

49. Loss of arm after exarticulation in the shoulder joint or a stump in the middle part of the brachium

70

50. Loss of arm – a stump in the lower third of the arm

65

51. Loss of the forearm due to exarticulation in the elbow joint

65

52. Loss of the forearm below the elbow joint

60

Note: when the right hand of a right-handed person or the left hand of a left-handed person is injured, an Insurance Benefit shall be increased by 10%. Arm functions shall be assessed according to the modified Keitel index.

Elbow joint

53. Immobility of the elbow joint

20

54. Limited mobility of the elbow joint

7

Note: when the right hand of a right-handed person or the left hand of a left-handed person is injured, an Insurance Benefit shall be increased by 10%. Functions of the elbow joint shall be assessed according to the modified Keitel index.

Item (clause) No.	Injury	Percentage share (%)
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Wrist joint, hand

55.	Loss of the hand from the wrist or the metacarpal bones	55
56.	Immobility of the wrist joint	20
57.	Limited mobility of the wrist joint	5
58.	Hand dysfunction Note: if the Insured has suffered at least one of the injuries provided for in clauses 4.1. and 4.2. of this Table due to external impact on his / her body, and the injury provided for in clause 58 hereof, Insurance Benefits provided for clauses 4.1. and 4.2. of this Table shall not be paid.	10

Note: when the right hand of a right-handed person or the left hand of a left-handed person is injured, an Insurance Benefit shall be increased by 10%. Functions of the wrist joint and hand shall be assessed according to the modified Keitel index.

Fingers

59.	The first finger (thumb):	
59.1.	Partially amputated distal phalanx	5
59.2.	Fully amputated distal phalanx	8
59.3.	Partially amputated proximal phalanx	15
59.4.	Loss of the finger	20
59.5.	Loss of the finger with a metacarpal bone or its part	25
60.	Immobility of the thumb joint	5
61.	Immobility of the carpal thumb joint	10

Note: when the right hand of a right-handed person or the left hand of a left-handed person is injured, an Insurance Benefit shall be increased by 10%.

62.	Second (index) finger:	
62.1.	Fully amputated distal phalanx	4
62.2.	Fully amputated middle phalanx	8
62.3.	Amputation of proximal phalanx	10
62.4.	Loss of the finger	12
62.5.	Loss of the finger with a metacarpal bone or its part	15
62.6.	Dupuytren's contracture; ankylosis of the proximal finger joint or carpal finger joint	4
62.7.	Finger contracture when fully bent or stretched; ankylosis of two own finger joints	8

Note: when the right hand of a right-handed person or the left hand of a left-handed person is injured, an Insurance Benefit shall be increased by 10%.

Item (clause) No.	Injury	Percentage share (%)
63.	Third (tall), fourth (ring) and fifth (little) finger:	
63.1.	Partially amputated distal phalanx	2
63.2.	Stump in the middle and proximal phalanx	5
63.3.	Loss of the finger with a metacarpal bone or its part	15
63.4.	Dupuytren's contracture; ankylosis of the first own finger joint or palm -finger joint	1
63.5.	Finger contracture when fully bent or stretched; ankylosis of two or three finger joints	3
64.	Loss of two fingers of one hand:	
64.1.	The first and the second finger	35
64.2.	The first and the third, the first and the fourth or the first and the fifth finger (1+3), (1+4), (1+5)	25
64.3.	The second and the third, the second and the fourth or the fifth finger (2+3), (2+4), (2+5)	15
64.4.	The third and the fourth or the third and the fifth finger (3+4), (3+5)	10
65.	Loss of three fingers of one hand:	
65.1.	The first, the second and the third, the fourth or the fifth finger (1+2+3), (1+2+4), (1+2+5)	40
65.2.	The first, the third and the fourth or the fifth finger (1+ 3+4), (1+3+5)	35
65.3.	The second, the third and the fourth or the fifth finger (2+3+4), (2+3+5)	30
65.4.	The third, the fourth and the fifth finger (3 + 4 + 5)	25
66.	Loss of four fingers of one hand:	40
Note: in other cases of loss of fingers or their function, an Insurance Benefit shall be calculated by summing up the benefits provided for in the case of loss of the function of individual fingers.		
67.	Loss of all fingers of one hand	45
Note: when the right hand of a right-handed person or the left hand of a left-handed person is injured, an Insurance Benefit shall be increased by 10%. Functions of the fingers shall be assessed according to the modified Keitel index.		
Leg		
68.	Loss of the leg due to exarticulation in the hip joint or a stump in the upper third:	70
68.1.	Loss of the leg due to exarticulation in the hip joint or a stump in the upper third when this was the only leg before the injury	90
69.	Femoral stump in the middle or lower third	60

Item (clause) No.	Injury	Percentage share (%)
70.	Impaired leg function due to the shortening of the leg by more than 2.5 cm	5
71.	Loss of the shin due to exarticulation of the knee joint or a stump in the upper third:	50
71.1.	Loss of the shin of the only leg	80
72.	A stump in the middle or lower third of the leg	45

Note: leg functions shall be assessed according to the modified Keitel index.

Hip joint

73.	Immobility of the hip joint	35
74.	Limited mobility of the hip joint	8

Note: functions of the hip joint shall be assessed according to the modified Keitel index.

Knee joint

75.	Joint immobility	30
76.	Limited knee joint movements	5

Note: functions of the knee joint shall be assessed according to the modified Keitel index.

Ankle joint, foot

77.	Immobility of the ankle joint	20
78.	Limited ankle joint movements	5
79.	Loss of foot due to exarticulation of ankle joint or amputation of foot at ankle bones	40
80.	Loss of the distal part of the foot due to amputation at the metatarsal level	30
81.	Foot dysfunction due to deformity, nonunion Note: if the Insured has suffered at least one of the injuries provided for in clauses 4.1 and 4.2. of the Table due to external impact on his / her body, and the injury provided for in clause 81 hereof, Insurance Benefits for injuries provided for in clauses 4.1. and 4.2. of the Table shall not be paid.	15

Note: functions of the ankle joint and feet shall be assessed according to the modified Keitel index.

Toes

82.	Loss of all toes due to exarticulation of the toe joints or amputation at the proximal phalanges	20
83.	Loss of the first toe along with a metatarsus or a part of it	15
84.	Loss of the first toe due to exarticulation of the toe joint or a stump at the proximal phalanx level	5

Item (clause) No.	Injury	Percentage share (%)
85.	Loss of the distal phalanx of the first toe	2
86.	Loss of the second, third, fourth or fifth toes:	
86.1.	Due to exarticulation in the toe joint of the foot or a stump at the proximal phalanx	2
86.2.	Loss with a metatarsus or a part of it	5
86.3.	Toe dysfunction due to joint immobility	1

Note: in the cases of loss of toes or their function provided for in items 82.–86. of this Table and their clauses, an Insurance Benefit shall be calculated by summing up benefits provided for in case of the loss of function of individual fingers. Toe functions shall be assessed according to the modified Keitel index.

Other dysfunctions

87.	Loss of speech	50
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Table No. 2 Injuries Leading to Traumas

Item (clause) No.	Injury	Percentage share (%)
Bone fractures		
1.	Cranium:	
1.1.	Cranial vault bones	10
1.2.	Cranial base bones	15
1.3.	Cranial vault and base bones	20
2.	Facial bones:	
2.1.	Cheekbone, upper jaw, orbital bone fractures	7
2.2.	Lower jaw	6
2.3.	Nasal bones	3
2.4.	Laryngeal, cartilage, hyoid bone	4
Notes to item 2:		
1) alveolar fracture of a tooth shall not be considered a jaw fracture;		
2) an Insurance Benefit shall not be paid for a recurrent jaw fracture on both sides during the validity period of the Insurance Contract;		
3) in case of multiple fractures of the cranium and facial bones, an Insurance Benefit may not exceed 20% of the Sum Insured set for traumas.		
3.	Traumatic damage to teeth (loss of the entire permanent tooth crown and / or the root):	
3.1.	Having lost 1 tooth	4
3.2.	Having lost 2–3 teeth	8
3.3.	Having lost 4–5 teeth	10
3.4.	Having lost 6 and more teeth	12
Notes to item 3:		
1) in case of a fracture of implants, prostheses or crowns, an Insurance Benefit shall not be paid, except in the case of loss of supporting teeth;		
2) in case of loss of a tooth affected by periodontitis, caries or another dental pathology, an Insurance Benefit for an affected tooth shall be reduced by 50%;		
3) in cases of a tooth dislocation, an Insurance Benefit shall be 2% regardless of the number of dislocated teeth;		
4) when it comes to milk teeth, an Insurance Benefit shall be paid only in case of their traumatic loss, and it shall be 2% regardless of the number of lost teeth, if a traumatic injury was suffered by a child under 5 years of age;		
5) in other cases of permanent traumatic damage to the teeth (fracture of a tooth or its root, alveolar fracture, removal of 1/4 of the tooth crown at the least) unprovided for in items 3.1.–3.4. of this Table, the percentage share of 2% for one traumatized tooth shall apply in calculating an Insurance Benefit;		
6) in case of a fracture of impacted (unerupted) wisdom teeth and their loss, an Insurance Benefit shall not be paid.		
4.	Spine:	
4.1.	Cervical, thoracic, lumbar vertebral body or arch	12
Note: in case of fractures of 3 or more vertebrae, an Insurance Benefit may not exceed 25% of the Sum Insured set for traumas; in case of compression fractures of the vertebrae of the 1st degree, an Insurance Benefit shall be reduced by 50%.		

Item (clause) No.	Injury	Percentage share (%)
4.2.	Transverse, lumbar, spinous process of vertebra Note: in case of fractures of 3 or more processes of vertebra, an Insurance Benefit may not exceed 8% of the Sum Insured set for traumas	3
4.3.	Sacral	10
4.4.	Coccyx	3
5. Sternum and rib:		
5.1.	Sternum	5
5.2.	Ribs (up to 2)	3
5.3.	Ribs (3 and more)	4
5.4.	Rib fracture (3 and more) on both sides of the chest	6
6. Arm:		
6.1.	Scapula, clavicle, humeral tubercle	5
6.2.	Fracture of the humerus, except for the tubercle	9
6.3.	One bone of the forearm	5
6.4.	Distal end of one bone of the forearm and styloid of another bone	7
6.5.	Fractures of two bones of the forearm	10
6.6.	Fracture of the forearm styloid	2
6.7.	Carpal bones (except from the scaphoid)	3
6.8.	Scaphoid	5
6.9.	Palm bones Note: an Insurance Benefit shall be calculated for each bone fracture, but it may not be more than 6% of the Sum Insured set for traumas	3
6.10.	Thumb (proximal phalanx)	3
6.11.	Thumb (distal phalanx)	2
6.12.	Fingers (proximal phalanx, intermediate phalanx) Note: an Insurance Benefit shall be calculated for each bone fracture, but it may not be more than 6% of the Sum Insured set for traumas	2
6.13.	Fingers (distal phalanx) Note: an Insurance Benefit shall be calculated for each bone fracture, but it may not be more than 2% of the Sum Insured set for traumas	1
Note to item 6: A fracture of several phalanges of one finger shall be treated as a single fracture, and an Insurance Benefit shall be paid under the item (clause) providing for the highest percentage share.		

Item (clause) No.	Injury	Percentage share (%)
7.	Pelvic bones (pelvic bone, hip bone, sciatic bone, pubic bone):	
7.1.	Fracture of the acetabulum	12
7.2.	Rupture of the ligament and bone fracture	13
7.3.	Fracture of two and more bones	8
7.4.	Rupture of one ligament	7
7.5.	Fracture of one bone	5
8.	Leg:	
8.1.	Trochanters of the femur	8
8.2.	Femoral head and / or neck	14
8.3.	Body of the femur	10
8.4.	Intra-articular fractures of the femur or the tibia (excluding impact, impression, compression fractures)	10
8.5.	Patella	8
8.6.	Tibia (except for facies posterior and medial malleolus)	8
8.7.	Facies posterior and medial malleolus of the tibia	5
8.8.	Fibula, lateral malleolus	5
8.9.	Tibia and fibula	10
8.10.	Tibia and fibula with a syndesmosis rupture	12
8.11.	Calcaneus, talus	7
8.12.	Other ankle and foot bones Note: an Insurance Benefit shall be calculated for each bone fracture, but it may not exceed 8% of the Sum Insured set for traumas	4
8.13.	Phalanges of the 2nd to 5th toes Note: an Insurance Benefit shall be calculated for each bone fracture, but it may not exceed 3% of the Sum Insured set for traumas	1
8.14.	Big toe	2
8.15.	Sesamoid bones	1
Notes to item 8:		
1) A fracture of several phalanges of one toe shall be treated as one fracture;		
2) having paid an Insurance Benefit for a bone fracture, an Insurance Benefit for a fracture of cartilage of the same bone shall not be paid.		
9.	Other injuries:	
9.1.	Bone cartilage, avulsion, impression, stress fractures	1

Item (clause) No.	Injury	Percentage share (%)
9.2.	In the case of open bone fractures or if an osteosynthesis surgery (reinforcement with a metal plate, nails, wire or external fixation device) has been performed to support fractures, an Insurance Benefit shall be increased by 30% for that bone fracture. In case of a recurrent open fracture of the same bone, an Insurance Benefit shall not be increased, and an Insurance Benefit shall not be paid for a repeated osteosynthesis performed on the same bone fracture. In the case of an open bone fracture, an Insurance Benefit shall not be paid for the wound having formed in the place of the fracture.	
9.3.	If an artificial joint had to be implanted during an acute trauma period due to a joint fracture, an Insurance Benefit shall be increased by 15%	

General notes to Table No. 2 Injuries Leading to Trauma, Fractures:

- 1) a fracture of one bone at several places due to the same external impact shall be treated as one fracture;
- 2) in the event of a recurrent fracture of the same bone at the bone thumb or the place of reinforcement of a metal structure, an Insurance Benefit shall be reduced by 50% for that bone fracture;
- 3) in case of a bone rupture, an Insurance Benefit of 50% of the calculated Insurance Benefit for that bone fracture shall be paid;
- 4) an Insurance Benefit for detachment (tearing) of bone fragments, surface lesions of bones shall not be paid.

Other traumas

10.	Brain and spinal cord traumas:	
10.1.	Cerebral hemorrhage (hematoma)	10
10.2.	Cerebral hemorrhage with opening of the cranial cavity	18
10.3.	Concussion (commotion) treated for at least 3 days in an inpatient clinic and then in an outpatient facility, if the total duration of treatment (inpatient and outpatient) and incapacity for work was 14 consecutive days at the least	3
10.4.	Concussion (commotion) treated in an outpatient facility for at least 14 days and in an inpatient clinic for up to 2 days, receiving outpatient treatment after that, if the total duration of treatment (inpatient and outpatient) and incapacity for work in both cases referred to in this clause was 14 consecutive days at the least	2
10.5.	Cerebral contusion	8
10.6.	Commotion of the spinal cord treated in an inpatient clinic	5
10.7.	Commotion of the spinal cord treated in an outpatient clinic	4
10.8.	Contusion of the spinal cord	7
10.9.	Compression of the brain and the spinal cord	15

Notes to item 10:

- 1) trauma to the brain and / or the spinal cord shall be confirmed by a diagnosis made by a specialising doctor (neurologist or neurosurgeon), outpatient treatment lasting for 14 consecutive calendar days at the least, when the Insured was incapable for work, or inpatient treatment for at least one day followed by outpatient treatment when the Insured was incapable for work due to a trauma referred to in this clause for 14 consecutive calendar days at the least;
- 2) if the Insured has suffered several brain and / or spinal cord injuries due to an external impact on his / her body, an Insurance Benefit shall be paid under the clause providing for the highest percentage;
- 3) the first and last day of inpatient treatment shall be considered to be one day.

Item (clause) No.	Injury	Percentage share (%)
11.	Dislocation of joints:	
11.1.	Dislocation of joints of the shoulder, elbow, lower jaw, acromial extremity of the clavicle, sternal extremity of the clavicle	5
11.2.	Dislocation of joints of the shoulder, elbow, lower jaw, acromial extremity of the clavicle, sternal extremity of the clavicle, if the condition requires surgical treatment	7
11.3.	Dislocation of wrist and ankle joints	3
11.4.	Dislocation of wrist and ankle joints, if the condition required surgical treatment	5
11.5.	Dislocation of phalanges	1
11.6.	Dislocation of phalanges with damage to tendons / ligaments or capsule	2
11.7.	Dislocation of the patella (rupture of the patella ligaments)	2
11.8.	Partial dislocation of cervical vertebrae	5
11.9.	Partial dislocation of two or more cervical vertebrae	7
Notes to item 11:		
1) a dislocation or partial dislocation of joints shall be restored in a medical institution based on a radiological examination and with the treatment period being 14 consecutive days at the least;		
2) dislocation of several phalanges of one finger shall be considered to be one dislocation;		
3) in case of a partial dislocation of joints, an Insurance Benefit shall be reduced by 50%;		
4) when limbs suffered the injuries referred to in clauses 11.1.-11.9. of this Table with degenerative changes, an Insurance Benefit shall be reduced by 50%;		
5) an Insurance Benefit shall be reduced by 50% for a recurrent joint dislocation or a partial dislocation, when the first dislocation or a partial dislocation occurred after the date of conclusion of the Insurance Contract which starts the period of validity of an uninterrupted insurance coverage;		
6) an Insurance Benefit for a recurrent joint dislocation or a partial dislocation shall be paid once during the validity of the uninterrupted insurance coverage period, when the initial dislocation or partial dislocation occurred during the period of validity of the uninterrupted insurance coverage.		
12.	Rupture of ligaments, muscles, tendons, menisci:	
12.1.	Rupture of the menisci of the knee joint	2
12.2.	Rupture of the menisci of the knee joint and lateral and / or cruciate ligaments	3
12.3.	Rupture of tendons / ligaments / muscles of hands, toes	1
12.4.	Rupture of tendons / ligaments / muscles of hands, toes, if the condition required surgical treatment	2
12.5.	Rupture of hand, wrist, foot, ankle, tendons / ligaments / muscles	2
12.6.	Rupture of hand, wrist, foot, ankle, tendons / ligaments / muscles if the condition required surgical treatment	3
12.7.	Rupture of tendons / ligaments / muscles of the shoulder, elbow, hip or thigh	3
12.8.	Achilles tendon rupture	4
12.9.	Achilles tendon rupture, if the condition required surgical treatment	7

Item (clause) No.	Injury	Percentage share (%)
Notes to item 12:		
1) if the insured has suffered a rupture of both menisci of the same knee due to an external impact on his / her body, an Insurance Benefit shall be paid for a rupture of one meniscus only;		
2) the amount of an Insurance Benefit for the injury referred to in clause 12.1. of this Table may not exceed the basic social allowance (BSA), except for cases when the injury referred to in clause 12.1. hereof occurred in the course of the second or subsequent consecutive insurance contract, forming an uninterrupted period of validity of insurance coverage;		
3) a rupture (tear) of the menisci shall be confirmed by an applied surgical treatment or magnetic resonance imaging;		
4) a rupture (tear) of ligaments or tendons of the shoulder, elbow, hip and knee joint shall be confirmed by a magnetic resonance imaging or surgical treatment;		
5) muscle rupture (tear) shall be confirmed by an ultrasound examination;		
6) rupture (tear) of ligaments of the wrist and ankle joints shall be confirmed by objective radiological examinations and the period of treatment having lasted for at least 14 consecutive days with immobilization, or by surgical treatment;		
7) in cases of a partial rupture of ligaments, tendons or muscles and in cases where the injuries referred to in clauses 12.1.-12.9. of this Table occurred in the limbs with degenerative changes, an Insurance Benefit shall be reduced by 50%;		
8) in case of a rupture of the internal structure (meniscus, ligament, tendon and / or muscle) of the same joint having happened in the life of a natural person for the second time, an Insurance Benefit for a rupture of the meniscus, ligament, tendon or muscle shall be reduced by 50%, and an Insurance Benefit shall not be paid altogether for each subsequent rupture.		
13. Traumatic injuries of internal organs and soft tissues:		
13.1.	Traumatic injury of internal organs when the injured organ required a surgery	6
13.2.	Chest injury causing pneumothorax, hemothorax, exudative pleurisy or subcutaneous emphysema	2
13.3.	Chest injury causing pneumothorax, hemothorax or exudative pleurisy (when the treatment of the condition required a surgical intervention)	4
13.4.	Ocular perforating injuries	8
13.5.	Perforating injury of the cornea	2
13.6.	Conjunctival, corneal erosions with foreign bodies, hemorrhage in the conjunctiva, when the Insured received outpatient treatment for more than 6 days	1
13.7.	Traumatic rupture of one eardrum without impaired hearing	3
13.8.	Soft tissue wounds of 3 cm or more, which required sutures, facial and neck wounds of 1 cm or more	2
13.9.	Soft tissue wounds smaller than 3 cm, which required sutures	1
13.10.	Finger wound with nail torn off due to a direct impact of an external force at the time of the accident	1
13.11.	Puncture wounds when skin, subcutaneous tissue and muscle layers are affected in one injury	1
13.12.	Multiple bite wounds with soft tissue defects when more than one area of the body is injured and one injury covers 0.25% or more of the body surface	5
13.13.	Soft tissue injuries having caused multiple hematomas (hemorrhage), post-traumatic osteomyelitis, phlegmon, abscess (which must be opened or punctured), haemarthrosis (if the joint had to be punctured) Note: In case of multiple hematomas (hemorrhage), an Insurance Benefit shall be paid if the unabsorbed bruises persist after more than 3 weeks after the trauma, when the area of each of them covers more than 5 cm ² and there are at least 3 of them).	3

Item (clause) No.	Injury	Percentage share (%)
13.14.	Deep abrasions of the skin (reaching papillary layer and deeper) in different parts of the body Note: an Insurance Benefit shall be paid if skin abrasions reach the papillary layer and deeper that are localized in different anatomical structures, the area of at least one of which covers at least 2% of the body surface, due to which the person was incapacitated for work for more than 6 days.	2
13.15.	Traumatic, post-hemorrhagic, anaphylactic shock, fat embolism	6
14.	Poisoning when the Insured was treated at the hospital:	
14.1.	3 to 6 days	2
14.2.	7 to 15 days	4
14.3.	More than 15 days	7
Note to item 14: Poisoning shall mean accidental acute moderate to severe poisoning with food, medicinal products, chemicals, gases, vapours, poisonous plants or fungi, with the exception of poisoning with alcohol, drugs or the use of toxic, psychotropic and other psychoactive substances as well as potent drugs used for the purpose of intoxication, also poisonings related to intentional injury, suicide, or suicide attempt.		
15.	Thermal and chemical burns, frostbite:	
15.1.	Second-degree burns covering 1% of the body surface at the least	3
15.2.	Second-degree burns covering 5% of the body surface at the least	5
15.3.	Third-degree burns covering up to 2% of the body surface	4
15.4.	Third-degree burns covering 2% of the body surface at the least	6
15.5.	Second- and third-degree eye burns	4
15.6.	Extensive first-degree burn causing burning disease	5
15.7.	Third-degree frostbite covering 2% of the body surface at the least	5
Note to item 15: 1% of the body surface area shall be equal to the area of the palm of the Insured (palm and fingers together).		
16.	Miscarriage	
16.1.	An Insurance Benefit shall be paid, if miscarriage was caused by an external impact and pregnancy was more than 22 weeks	20
17.	Tick-borne encephalitis, tick-borne myelitis, tick-borne encephalomyelitis, when the Insured was treated in a hospital, except for rehabilitation treatment:	
17.1.	3 to 7 days	2
17.2.	8 to 15 days	4
17.3.	More than 15 days	7

Item (clause) No.	Injury	Percentage share (%)
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Note to item 17:

tick-borne encephalitis, tick-borne myelitis and tick-borne encephalomyelitis shall be confirmed by serological tests conducted for diagnosing that the Insured has caught the disease as a result of a tick bite and the onset of the first signs of the disease after at least 30 days from the start date of the insurance coverage. This provision shall not apply if the contract is continued and conditions of validity of the uninterrupted insurance coverage period are met.

18. Lyme disease (when the Insured has been diagnosed with the disease)

Note to item 18:

Lyme disease shall be confirmed by a bite of a tick infested with Borrelia, the onset of the first signs of the disease after at least 30 days from the start date of the insurance coverage, conducted serological tests confirming the disease and symptoms typical of the disease. This provision shall not apply if the contract is continued and conditions of validity of the uninterrupted insurance coverage period are met.

19. Rabies, tetanus, insect or animal bites, electrical injuries when the Insured was treated in a hospital:

19.1.	3 to 7 days	2
19.2.	8 to 15 days	4
19.3.	More than 15 days	7

Note to item 19:

an Insurance Benefit under this item shall be paid if Insurance Benefits have not been paid under other provisions of Table No. 2 Injuries Leading to Traumas.

20. Ligament sprains:

20.1.	Sprains of ligaments of the neck, elbow, wrist, knee and ankle joints	1
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Note to Article 20:

Ligament sprains shall be confirmed by an objective, medically justified incapacity for work and immobilization lasting for 10 consecutive days at the least.

General note to clauses 11, 12, 13 and 20 of Table No. 2 Injuries Leading to Traumas:

if the Insured has suffered a bone dislocation, injuries of soft tissues, muscles, tendons or ligament in the same limb due to an external impact on his / her body, an Insurance Benefit shall be paid under the item (clause) providing for the highest percentage share.

General note to clauses 17, 18 and 19 of Table No. 2 Injuries Leading to Traumas:

having paid an Insurance Benefit for the diseases referred to in these clauses, an Insurance Benefit for the same diseases provided for in Table No. 4 Diseases shall not be paid.

Table No. 3 Critical Illnesses

Item (clause) No.	Critical illness	Description of the critical illness	Conditions necessary to declare a critical illness an Insured Event
1.	Myocardial infarction	Irreversible damage to the heart muscle (necrosis) due to an acute heart failure.	<ol style="list-style-type: none"> 1. Symptoms of ischemia (e.g. prolonged chest pain). 2. New changes in the electrocardiogram showing myocardial ischemia. 3. Increased concentration of enzymes typical of myocardial infarction (troponin or CK-MB) in the blood serum. 4. Diagnosis confirmed by a cardiologist while getting treatment at a hospital
2.	Stroke	Damage to the brain caused by intracranial thrombosis, hemorrhage, or extracranial embolism.	<ol style="list-style-type: none"> 1. Acute onset of neurological symptoms. 2. Diagnosed new stroke-specific neurological conditions persisting for more than 3 months after their onset. 3. Diagnosis confirmed by a neurologist and objective tests (such as magnetic resonance imaging or computed tomography).
3.	Coronary bypass surgery	Cardiac surgery for adjusting the narrowing or occlusion of coronary arteries using shunts.	<ol style="list-style-type: none"> 1. Open-heart surgery. 2. Two or more coronary arteries shunted. 3. Diagnosis confirmed by a cardiologist or a cardiac surgeon and an angiography examination.
<p>Note to item 3: an Insurance Benefit shall not be paid for coronary angioplasty or stent implantation.</p>			
4.	Aortic aneurysm	Enlarged aorta which can rupture and cause severe bleeding.	<ol style="list-style-type: none"> 1. Aortic endovascular stenting surgery. 2. The necessity of a surgery confirmed by a medical surgeon and results of objective instrumental examinations (ultrasound, aortography, computed tomography, magnetic resonance imaging, etc.)
5.	Cerebral aneurysm	Dilation of a blood vessel in the brain, which can rupture and cause heavy bleeding	<ol style="list-style-type: none"> 1. Cerebral aneurysm surgery. 2. The necessity of a surgery confirmed by a neurosurgeon and results of objective instrumental examinations (computed tomography, magnetic resonance imaging, cerebral angiography, etc.).
<p>Note to clause 5: an Insurance Benefit shall not be paid for asymptomatic aortic and cerebral aneurysms, which are periodically monitored.</p>			
6.	Malignant tumor	Uncontrolled proliferation of malignant cells and invasion of tissues	<ol style="list-style-type: none"> 1. Conducted histological examination diagnosing malignant process. 2. Diagnosis confirmed by a doctor oncologist, hematologist or pathologist. 3. The assigned diagnosis code according to ICD-10-AM – C00 to C96. 4. Chemotherapy, radiation or immunotherapy prescribed

Item (clause) No.	Critical illness	Description of the critical illness	Conditions necessary to declare a critical illness an Insured Event
7.	Benign tumors of the brain and spinal cord	Accumulation of cells characterized by uncontrolled proliferation in the brain or the spinal cord.	<ol style="list-style-type: none"> 1. Diagnosis confirmed by objective examinations (computed tomography, magnetic resonance imaging, brain biopsy, etc.). 2. The tumour must be treated (surgical, radiosurgical or radiological treatment) or neurological symptoms persist for more than 3 months after diagnosis. 3. Diagnosis confirmed by a doctor oncologist or a neurosurgeon.
<p>Note to clause 7: an Insurance Benefit shall not be paid having diagnosed pituitary tumors, except for those treated surgically.</p>			
8.	Multiple sclerosis	An autoimmune disease of the central nervous system when nerve fibers demyelinate.	<ol style="list-style-type: none"> 1. Magnetic resonance imaging detects at least two foci of demyelination. 2. Increased IgG index and oligoclonal bands found in cerebrospinal fluid. 3. Diagnosis confirmed by a neurologist.
9.	Chronic renal failure	Chronic and irreversible failure of both kidneys which requires continuous hemodialysis.	<ol style="list-style-type: none"> 1. Continuous hemodialysis for 6 months at the least. 2. Diagnosis and the need for dialysis confirmed by a nephrologist.
10.	Bekhterev disease	Complete immobility of the spine caused by ossification of the joints due to a chronic inflammatory disease	<ol style="list-style-type: none"> 1. Radiologically confirmed disease-specific lesions of the spine (when the vertebrae have grown together fusing the spine). 2. HLA B27 Ag human leukocyte antigen found in the blood. 3. Diagnosis confirmed by a rheumatologist.
11.	Muscular dystrophy	Genetically inherited muscle diseases characterized by muscle weakness and thinning (atrophy).	<ol style="list-style-type: none"> 1. Disease confirmed by a morphological test of the muscle and / or electromyography, and by a specific muscle enzyme (creatine phosphokinase) test. 2. Diagnosis confirmed by a neurologist and geneticist.
12.	Heart, lung, liver, pancreas transplantation	Transplantation of organs taken from one person to another for treatment.	<ol style="list-style-type: none"> 1. The insured is the recipient (of the organ). 2. Transplant surgery performed.
13.	Blindness	Complete irreversible loss of vision due to an acute illness.	<ol style="list-style-type: none"> 1. Loss of vision confirmed by objective tests (skiascopy, refractometry, spectral compensation, etc.). 2. Complete irreversible loss of vision confirmed by an ophthalmologist 3 months after the diagnosed illness or injury.
<p>Note to clause 13: A half of the planned Insurance Benefit shall be paid for the loss of vision in one eye</p>			
14.	Deafness	Permanent and irreversible deafness due to an acute illness.	<ol style="list-style-type: none"> 1. Deafness confirmed by a hearing threshold of 90 db at the least. 2. Diagnosis confirmed by an otorhinolaryngologist.
<p>Note to clause 14: A half of the planned Insurance Benefit shall be paid for hearing loss in one ear</p>			

Table No. 4 Diseases

Item (clause) No.	Disease	Description of the disease	Conditions necessary to declare a disease an Insured Event
1.	Acute appendicitis	Acute inflammation of the nematode	1. Urgent surgery to remove the nematode (appendectomy).
2.	Meningitis	Infectious disease caused by Gram-negative bacterium <i>Neisseria meningitidis</i> transmitted through the respiratory tract or saliva	1. Diagnosed and treated in a hospital. 2. Diagnosed form of meningococcal meningitis, meningoencephalitis, meningococcal sepsis (meningococcemia) or meningococcal disease.
3.	Tick-borne encephalitis, tick-borne myelitis, tick-borne encephalomyelitis	An infectious disease caused by a tick infected with a neurotropic virus	1. Disease treated in a hospital. 2. Diagnosis substantiated by serological test results.
4.	Lyme disease	An infectious disease transmitted through the bite of ticks infected with <i>Borrelia</i>	1. <i>Borrelia</i> -specific immunoglobulin M found in the blood. 2. Data from the second enzyme-linked immunosorbent assay confirm the increase in <i>Borrelia</i> -specific immunoglobulin M titre. 3. Diagnosis of Lyme disease confirmed by an infectologist.
5.	Tetanus	Infection transmitted by <i>Clostridium tetani</i> bacteria transmitted through wounds	1. Diagnosis confirmed and disease treated in a hospital. 2. Diagnosis confirmed by microbiological tests.
6.	Rabies	Viral disease of the nervous system caused by neurotropic <i>Rhabdoviridae</i> virus transmitted through the bite of an animal	1. Diagnosis confirmed and disease treated in a hospital. 2. Diagnosis confirmed by microbiological tests.
7.	Diphtheria	Infectious disease caused by <i>Corynebacterium diphtheriae</i> and <i>Corynebacterium ulcerans</i> bacteria transmitted by respiratory tract or saliva	1. Diagnosis confirmed and disease treated in a hospital. 2. Diagnosis confirmed by microbiological tests.
8.	Botulism	Infectious disease of the nervous system caused by a strong neurotoxin, usually produced by <i>Clostridium botulinum</i> bacteria ingested with food.	1. Diagnosis confirmed and disease treated in a hospital. 2. Diagnosis confirmed by microbiological tests.
9.	Gas gangrene	Infectious disease (wound complication) caused by <i>Clostridium</i> bacteria and their spores transmitted through wounds	1. Diagnosis confirmed and disease treated in a hospital. 2. Diagnosis confirmed by microbiological tests.

Item (clause) No.	Disease	Description of the disease	Conditions necessary to declare a disease an Insured Event
10.	Perforated (split) stomach (duodenal) ulcer	A complication of gastric (duodenal) ulcer when it burns through the mucosal wall allowing gastric contents to leak into the abdominal cavity, causing inflammation of the peritoneum (peritonitis).	<ol style="list-style-type: none"> 1. Diagnosis confirmed and disease treated in a hospital. 2. Urgent surgery performed.
11.	Measles	Acute, contagious viral infection transmitted by air droplets, which manifests by fever, rash, respiratory inflammation and conjunctivitis.	<ol style="list-style-type: none"> 1. Diagnosis confirmed having identified characteristic clinical symptoms and / or by laboratory tests.

What to do in case of an accident?

If an accident occurs:

- visit a medical institution immediately, not later than within 48 hours;
- obtain medical documents confirming the diagnosis and treatment prescribed;
- follow the doctor's instructions and try to minimize the consequences of the accident or disease;
- report the incident on the self-service portal <https://mano.ergo.lt> or by phone 1887 not later than within 30 days.

You should submit the following documents (in the official language) along with your report:

- consent to personal data processing;
- medical documents issued by a medical institution confirming the established diagnosis;
- descriptions of tests performed and treatment applied;
- copy of the death certificate and a document confirming the family relationship, if a close relative has died;
- police report, if the accident was investigated by the police.