

Life-threatening conditions insurance conditions



TPA-CIS-20131

IF P&C INSURANCE AS. COMMERCIAL REGISTRY CODE 10100168

NB! This is an unofficial text. In case of the dispute the Estonian wording shall prevail.

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Application of the conditions

1. These conditions apply with “General Terms and Conditions of Insurance” of If P&C Insurance AS (hereinafter *If*). This means that the rights and obligations set out in these conditions apply in addition to the rights and obligations of the “General Terms and Conditions of Insurance”.
2. Conditions of the insurance of life-threatening conditions are part of the accident insurance contract. The emergence of a life-threatening condition is considered an accident for which indemnity is paid to the extent and in the cases specified in the insurance conditions.
3. The “General Terms and Conditions for Accident Insurance” in case of life-threatening conditions insurance are not applicable.
4. The rights and obligations arising from the insurance contract are determined based on the conditions of the insurance period during which the insured event occurred.
5. **The insurance cover includes only those life-threatening conditions as described in the insured events chapter, provided that this condition is unexpected and unforeseen.**
6. NB! Please read also the exclusions!

Indemnity

7. Indemnity types are the initial indemnity and the basic indemnity.
 8. Firstly, the indemnity is paid in accordance with the conditions set out in the chapter “Insured events”.
 9. The basic indemnity is not paid immediately, the basic indemnity is based on the insured person's state of health one year after payment of the initial indemnity. Conditions of payment of the basic benefit are set out in the chapter “Basic indemnity”.
 10. The calculation of indemnity is based on the limit of life-threatening conditions indemnity. The limit of indemnity is indicated in the policy.
 11. If several insured events occur during the same insurance period, the maximum amount of all indemnities is the limit of indemnity.
- Example. The limit of indemnity is EUR 50,000. An insured person is diagnosed with a malignant tumor, he or she gets chemotherapy. *If* pays an initial indemnity (10%) to 5000 euros. Thereafter the insured person dies as a result of an acute heart attack. Since *If* has already paid an indemnity of EUR 5000, the additional indemnity payable is EUR 45,000 (not EUR 5000 + EUR 50,000).

Insured events

12. **The insurance cover includes only those life-threatening conditions as described in the insured events chapter, provided that this condition is unexpected and unforeseen.**

Malignant tumors

SURGERY, RADIOTHERAPY, CHEMOTHERAPY

13. An insured event is the first diagnosis of a malignant tumor - provided that surgery for tumor removal or radiotherapy or chemotherapy is started within 3 years of the first diagnosis. If surgery is done later or radiotherapy or chemotherapy starts later, no indemnity is paid.
14. *If* pays the initial indemnity within 30 days from the date of submission of documents to *If*, which confirm the occurrence of surgery or the initiation of radiotherapy or chemotherapy.
15. The amount of initial indemnity is 10% of the limit of indemnity indicated in the contract, except for the following cases where the indemnity is 25%:
 - 15.1. full breast amputation;
 - 15.2. genital removal causing infertility;
 - 15.3. removal of one eye;
 - 15.4. full tongue amputation;
16. The initial indemnity is paid for the same tumor once (not repeatedly for each radiotherapy, chemotherapy and surgery separately).

MALIGNANT TUMOR CAUSING DEATH OF THE INSURED PERSON

17. An insured event is the first diagnosis of a tumor - provided that within 3 years of the first diagnosis, doctors have identified a high probability that the insured person will die as a result of the tumor, regardless of surgery, chemotherapy or radiotherapy.
18. *If* pays the full indemnity (100% of the limit of indemnity) within 30 days from the date of submission of documents to *If*, which confirm the circumstances of the previous provision.
19. All indemnities previously paid under the same insurance contract (initial indemnity, basic indemnity) are deducted from the indemnity.
20. No indemnity is paid if there is a high medical probability that an insured person will die due to a tumor detected by doctors later than 3 years after the first diagnosis of the tumor.

Benign brain tumors

21. An insured event is the **first-time diagnosis** of a benign brain tumor - provided that the tumor develops in the brain or cerebral membrane tissues and the unavoidably necessary **surgery** of the tumor takes place **within 3 years** from the first diagnosis. If surgery is done later, no indemnity is paid.
22. *If* pays the initial indemnity (10% of the limit of indemnity) within 30 days from the date of submission of documents to *If*, which confirm the occurrence of the surgery.

Acute myocardial infarction

ACUTE MYOCARDIAL INFARCTION

23. The insured event is an acute myocardial infarction that **occurred** during the insurance period, i.e. a partial infarction of the heart muscle due to insufficient blood supply in the area - provided that the insured person needs hospitalization due to an acute myocardial infarction.
24. Angina pectoris (chest pain) that is not followed by an infarction is not an insured event.
25. An infarction that is diagnosed more than 1 month after the occurrence of the infarction (e.g., unidentified micro-infarction, infarction, at the studies accidentally detected infarction, etc.) is not an insured event.
26. *If* pays the initial indemnity (10% of the limit of indemnity) within 30 days from the date of submission of documents to *If*, which confirm the occurrence of the acute myocardial infarction.

HEART SURGERY PERFORMED TO PREVENT ACUTE MYOCARDIAL INFARCTION

27. An insured event is a heart surgery performed to prevent acute myocardial infarction, provided that underlying cardiac changes in the heart have been diagnosed for the first time in the insurance period and the surgery is performed within 3 years after the first diagnosis.
28. *If* pays the initial indemnity (10% of the limit of indemnity) within 30 days from the date of submission of documents to *If*, which confirm the occurrence of the heart surgery performed to prevent acute myocardial infarction.

Cerebral hemorrhage/cerebral infarction

29. An insured event is a cerebral hemorrhage or cerebral infarction (stroke, cerebral aneurysm) that **occurred during the insurance period**, i.e. bleeding or blood clot in the brain - provided that it has been diagnosed within 1 month of its occurrence. If the diagnosis takes place later, no indemnity is paid (e.g. unidentified micro-stroke, stroke, accidentally detected stroke at the studies, etc.).
30. *If* pays the initial indemnity (10% of the limit of indemnity) within 30 days from the date of submission of documents to *If*, which confirm the occurrence of the insured event.

Aortic extension

- 31. An insured event is the first diagnosis of aortic extension - provided that the open surgery performed to replace the aortic diseased part (aneurysm) takes place within 3 years of the first diagnosis. If surgery is done later, no indemnity is paid.
- 32. Aortic non-open operation is not an insured event.
- 33. *If* pays the initial indemnity (10% of the limit of indemnity) within 30 days from the date of submission of documents to *If*, which confirm the occurrence of the open surgery.

Renal insufficiency

- 34. An insured event is the first diagnosis of kidney function degradation - provided that within 3 years of the first diagnosis:
 - 34.1. constant dialysis becomes necessary in order to avoid a life-threatening condition; or
 - 34.2. there is a need for kidney transplantation.
- 35. If the need for dialysis or the need for kidney transplantation occurred later than 3 years after the first diagnosis of kidney degradation, no compensation is be paid.
- 36. *If* pays the initial indemnity (10% of the limit of indemnity) within 30 days from the date of submission of documents to *If*, which confirm the need for dialysis or the need for kidney transplantation to avoid a life-threatening condition.

Exclusions of renal insufficiency

- 37. In addition to the exclusions below, "General exclusions" apply (see p. 55 - 67).

HEIGHTENED RISK ACTIVITY

- 38. Unless stated otherwise in the insurance contract, *If* has no indemnity obligation if the renal insufficiency was caused or contributed by the insured person's:
 - 38.1. Benji jumps;
 - 38.2. parachute jumps;
 - 38.3. use of non-powered airplanes, delta planes or other non-stationary aircraft;
 - 38.4. scooter driving;
 - 38.5. snowmobile driving;
 - 38.6. ATV (all-terrain vehicle) driving. The ATV exclusion applies regardless of the type of ATV being dealt with (moped, motorcycle, off-road vehicle, tractors, etc.).
- 39. *If* has no indemnity obligation if the renal insufficiency was caused or contributed by the insured person's participation in motor racing, competition, test drive or training.
- 40. *If* has no indemnity obligation if the renal insufficiency was caused or contributed by the insured person's driving a motorcycle or moped outside the road for public traffic of motor vehicles (e.g. quicksand, motorcycle racing, off-road driving, closed traffic areas, etc.).

EXCEEDING THE PERMITTED SPEED

- 41. *If* has no indemnity obligation if the renal insufficiency was caused or contributed by the insured person's exceeding the permitted speed.

DRIVING WITHOUT RIGHT TO DRIVE

- 42. *If* has no indemnity obligation if the accident that caused renal insufficiency occurred at the time when the insured person drove a motor vehicle without right to drive.

MILITARY SERVICE, MILITARY ACTIVITY

- 43. *If* has no indemnity obligation if the insured person was in active military service (incl foreign missions) at the time when the kidney damage or injury occurred.
- 44. *If* has no indemnity obligation if the insured person participated in military exercises at the time when the kidney damage or injury occurred.

Basic indemnity

- 45. The basic indemnity is not paid immediately, the basic indemnity is based on the insured person's state of health one year after payment of the initial indemnity. The further change in the condition of the insured person is not considered in determining the indemnity.
- 46. In determining the basic indemnity, the health status of the insured person is compared with the health status of a healthy person of the same age, considering only the characteristics described in the table below.
- 47. In determining the basic benefit, the individual characteristics of the insured person, such as lifestyle, occupation or hobbies are not considered.

THE AMOUNT OF BASIC INDEMNITY

The amount of basic indemnity is determined based on the following table, based on the consequences of a particular insured event:

THE SEVERITY OF CONSEQUENCE	INDEMNITY RATE	DESCRIPTION
I	25%	A person usually does not need extra help, but his or her ability is reduced: memory deterioration, speech impeded, difficult communication, reduced accuracy of movement, imbalance, tired person, etc.
II	50%	A person can perform only light and short-term activities. His or her capacity has fallen considerably. He or she therefore depends heavily on the assistance of another person in some everyday routines, for example, in eating, washing, dressing, moving at home or outside the home, etc.
III	80%	A person is inevitably in need of help from another person in order to perform all everyday routines (e.g. eating, dressing, moving in a room, washing, etc.).
Death	100%	A person dies as a result of an insured event

CALCULATION OF BASIC INDEMNITY

48. The amount of basic indemnity is calculated from the limit of indemnity for life-threatening conditions.
49. The initial indemnity is paid within 30 days from the date of submission of documents to *If*, which describe the state of health of the insured person after one year of payment of the initial indemnity.
50. If the insured person dies as a result of an insured event within 1 year from payment of the initial indemnity, the indemnity is paid within 30 days after submission of documents necessary for the loss adjustment and making the decision.

REDUCTION OF BASIC INDEMNITY

51. The basic indemnity is reduced by the amount of the initial indemnity paid.
52. *If* is entitled to reduce the basic indemnity accordingly if the insured person's state of health deteriorated before or after the insured event for reasons other than the insured event (e.g. changes in age, deterioration due to other illness or injury, previous illness or disability, existing organ damage, etc.).

EXTENSION OF THE INDEMNITY PAYMENT TERM

53. If the insured person, the policyholder or *If* wishes to confirm the diagnosis by another doctor, the indemnity payment term is extended by the time of the additional assessment (including time for the necessary studies).

SEVERAL INSURED EVENTS

54. If the insured person's state of health is affected by several insured events (e.g. malignant tumor and infarction), the initial indemnity is paid for each insured event separately. At determining the basic indemnity, the combined effect of all insured events on the health of the insured person is taken into account.

Example. The limit of indemnity is EUR 50,000. An insured person is diagnosed with a malignant tumor, he or she gets chemotherapy. *If* pays an initial indemnity (10%) 5000 euros. During the insurance period, the insured person gets infarction. After the heart surgery, *If* pays an initial indemnity (10%) 5000 euros.

After one year of payment of the initial indemnity, the insured person's state of health is assessed for determining the basic indemnity. The health of the insured person has been affected by both chemotherapy and a subsequent infarction.

Indemnity is calculated like this:

- the limit of indemnity is EUR 50,000
- basic indemnity rate is 60%, i.e. EUR 30,000
- the sum of initial indemnities is EUR 10,000 (5,000 for tumor + 5,000 for infarction)
- payable basic indemnity 30,000 – 10,000 = 20,000 EUR.
- **initial indemnities and basic indemnity in total: 20,000 + 10,000 = 30,000 EUR.**

General exclusions

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55. The following exclusions apply to all insured events.
56. **NB! Life-threatening conditions insurance is not health insurance. *If* is not obliged to indemnify the cost of drugs, care, treatment and rehabilitation procedures, nor loss caused by incapacity for work.**

THIS IS NOT AN INSURED EVENT

57. The insurer does not have an indemnity obligation if the event does not correspond to the characteristics of the insured event.

THE STATE OF HEALTH DIAGNOSED BEFORE THE BEGINNING OF INSURANCE PERIOD

58. *If* does not have an indemnity obligation if the state of health corresponding to the characteristics of an

insured event has been disclosed or has been diagnosed even before the beginning of the insurance period.

Example. An insured person has had hypertension for many years, which is likely to increase the risk of infarction.

59. *If* does not have an indemnity obligation if the state of health directly causing the medical procedure that corresponds to the characteristics of the insured event has been diagnosed even before the beginning of the insurance period.

Example. An insured person has had ischemic illness for many years, due to which it is likely that the insured person should be operated to avoid an infarction.

STATE OF INTOXICATION

60. *If* does not have an indemnity obligation if the insured event was caused or contributed by the insured person or a person entitled to receive indemnity being in the state of alcoholic, narcotic or toxic intoxication.

61. *If* does not have an indemnity obligation if the insured event was caused or contributed by the use of narcotic substances or alcohol, which has led to pathological changes in the body.

D_{OPING}

62. *If* does not have an indemnity obligation if the insured event was caused or contributed by the conscious use of doping without the advice of a doctor, regardless of whether the user of the substance is an athlete or not. Doping is a substance listed in the Council of Europe's Anti-Doping Convention.

VIOLATION OF DOCTOR'S PRESCRIPTIONS

63. If the insured person does not comply with the prescriptions of the doctor (including the consistent use of drugs, rehabilitation, changes in lifestyle, etc.) and, therefore, his or her health is deteriorating, or healing is hindered, *If* is entitled to reduce indemnity.

HIV, AIDS, HEPATITIS

64. *If* does not have an indemnity obligation if the insured event was caused or contributed by HIV, AIDS or hepatitis.

CONSCIOUS ENDANGERMENT OF LIFE AND HEALTH

65. *If* does not have an indemnity obligation if the insured event was caused or contributed by conscious endangerment of his or her life (including a fight initiated by the insured person) by the insured person.

66. *If* does not have an indemnity obligation if damage to health or death was caused or contributed by the insured person's intentional self-harm, deliberate injury to the health, suicide or suicide attempt.

ACTS OF CRIMINAL NATURE

67. *If* has no indemnity obligation if the insured event was caused or contributed by committing an act of criminal nature or its attempt by the insured person (including participation in rioting, etc.).

Activities in the event of loss

68. *If* must be notified promptly of the diagnosis of the state of health as described in policy conditions and/or the performance of medical procedure. The notice must be in writing or in a format that can be reproduced in writing (e-mail, notice via *If*'s homepage).

69. *If* has the right and authority to demand from another person data and documents for checking health data, for identifying the circumstances of an insured event and for assessing the state of health of the insured person.

70. In order to receive indemnity, *If* must be provided with the medical history (epicrisis) prepared by a doctor, together with medical diagnosis, if necessary, basic data or documents of the medical history (X-rays, expert assessments, results of analyzes).

71. After the expiration of **1 year** from the payment of initial indemnity, the insured must contact the doctor or expert approved by *If* to assess the state of health of the insured person.

72. The documents submitted to *If* must show if and to what extent the respective life-threatening condition has affected the insured person's health.

73. Medical documents must be prepared or approved by a specialist who is entitled to provide respective diagnosis.

74. If the examination, studies or other procedures required by *If* are payable to the insured person, they will be indemnified by *If*.

75. *If* does not have indemnity obligation for the costs of studies, consultations, examinations or other procedures if they have been made without the prior approval of *If*.

Insured person

76. The insured person is a person indicated in the insurance contract, whose state of health is insured.

77. The contractor (the policyholder) has to provide the insured person with the policy conditions.

78. An insurance contract can be concluded for people aged 18 - 55.

79. The insured person must have valid health insurance at the time of conclusion of the insurance contract from the Estonian Health Insurance Fund.

80. The insured person is required to take care of his or her health and, if necessary, seek doctor's advice.

81. When concluding into the contract, *If* assumes that the condition described in the conditions is not already established by the insured person or is not foreseen to the insured person. *If* deems a situation to be foreseeable if, prior to the conclusion of the contract, the insured person was discovered or diagnosed with an illness that causes the insured event to occur.

82. If an insured person is assigned a diagnosis under these insurance conditions, the insurance risk is deemed to have increased significantly and the insurance contract will be concluded for the next insurance period only in exceptional cases, subject to a specific agreement between *If* and the policyholder.

HEALTH SURVEY

83. The basis for the conclusion of an insurance contract is a health survey filled in by a person whose health is insured. On this basis, *If* decides on what terms (including insurance premium) a contract can be concluded. The same health survey is also the basis for further contracting and risk assessment. If the health survey data has changed, it must be reported immediately.
84. The health survey must not contain false information or hide the data. If the health survey contains false information or if the insured person has hidden the data, *If* is entitled to reduce indemnity or to refuse from paying it.
85. *If* is entitled to waive the conclusion of an insurance contract based on information collected during the risk assessment.

Example. An insurance contract cannot be concluded if a person has a physical or mental disability that requires him or her to be permanently serviced or supervised.

Example. If a person already has a life-threatening condition indicated in the conditions or has a disease that could result in this condition, *If* may waive the conclusion of the contract.

Beneficiary

86. Indemnity is paid to the insured person. If the insured person is dead, the yet unpaid indemnity is paid to the beneficiary indicated in the contract.
87. The beneficiary is determined by the insured person in a written application. The insured person can change the beneficiary during the validity of the insurance contract by a written application.
88. If the beneficiary dies before the occurrence of an insured event, it is considered that the beneficiary has not been designated.
89. If the beneficiary dies after the occurrence of an insured event, but before the payment of the indemnity, the indemnity is paid to heirs of the beneficiary who have received the succession, in accordance with their part in the estate.
90. If the beneficiary has not been designated, the indemnity is paid to the heirs of the insured who have received the succession, according to their part in the estate.

Insurance contract validity

91. Life-threatening conditions insurance is valid throughout the world around the clock.
92. The insurance cover applies regardless of the country where the state of health is diagnosed, or the medical procedure is performed.
93. *If* has the right to request that the insured person turn to the doctor approved by *If* for confirmation of the diagnosis.

