

The form on important conditions of the policy Foreigners' individual health insurance (DPO 808)

Information on the insurer

1. **Business name and legal form of the insurer:** Union poisťovňa, a.s. (hereinafter only „insurer“), stock company
2. **Name of the state in which is the insurer's residence:** Slovak Republic
3. **Residence of the insurer:** Bajkalská 29/A, 813 60 Bratislava

Information on the insurance policy

1. **Name of insurance or of an insurance package which can be contracted in the policy (insurance product)**
Foreigner's individual health insurance on the territory of the Slovak Republic (the insurance is regulated by General Terms of Foreigner's Individual Health Insurance on the Territory of the Slovak Republic, hereinafter only „VPP IZPC“).
2. **Description of insurance or insurance package which can be in the policy (insurance product), particularly**
 - a) **Insurance risk:**
Change of the health condition of the insured due to accident, disease or pregnancy which required provision of healthcare or urgent healthcare on the territory of the Slovak Republic.
 - b) **General characteristics of claim payment:**
The insured is entitled to have covered healthcare for health services of healthcare providers, costs for medicines, health aids, and in cases, when necessary due to health condition of the insured, also for transport to the closest healthcare provider.
 - c) **Conditions under which there is no obligation of the insurer to pay claim or the insurer is entitled to reduce the claim payment:**
Insurer will not pay claim in cases included in art. 5 of VPP IZPC.

Insurer is entitled to adequately reduce the claim payment in accord with the article 11 of VPP IZPC.

3. **Information on consequences of unpaid premium**

Premium is paid in a single payment for the whole insurance period at latest on the day of writing a policy. According to §801 item 1 of the Civil Code if the insured does not pay single premium within 3 months from the due date (due date is the day of writing the policy) the insurance is cancelled. Also in cases that the insurance is cancelled for unpaid premium the insurer is entitled to payment of outstanding premium for the period until policy cancellation.

4. **Supplementary administrative services, payment for which is not included in premium, fees connected with them and the way of making available information on their change**

In case that the insured asks for a duplicate of the insurance card to be issued, Insurer is entitled to payment of related costs, minimally Euro 3.00 per one insurance card.

5. **Conditions of withdrawal from the policy and termination of the policy**

In case of intentional breach of obligations included in provisions § 793 the insurer can withdraw from the policy according to § 802 of the Civil Code, if, after questions were answered truthfully and completely, the insurer would not have closed the policy.

This right can be applied by the insurer within three months from the day when such fact was identified; otherwise the right will lapse.

Similarly, in case that only after a claim the insurer finds out that it was caused by the fact, which - due to intentionally untrue and incomplete answers - could not be found at the time of policy closing, and which was substantial for the policy closing, the insurer is entitled to reject the claim payment from the policy; by rejection of the claim payment the insurance is terminated.

6. **The way of settling complaints**

Complaints related to correctness and quality of insurer services are filed in a written form at whatever of its work places. The person filing a complaint will be informed about the result of the complaint settlement by a letter within 30 days after delivery of the complaint. If settlement of the complaint will take longer than mentioned in the previous sentence, the person filing a complaint will be informed about it in a written form.

Information for the policy owner

Information included in this form does not contain the complete scope of rights and obligations following for the insured from closing of a policy and does not replace information obligations set by the generally binding legal regulations for selling or intermediating insurance products.

GENERAL TERMS AND CONDITIONS of Foreigners' individual health insurance on the territory of the Slovak Republic / 1214 (hereinafter "GTC FIHI")

Introductory Provisions

Foreigners' individual health insurance on the territory of the Slovak Republic, concluded by the insurance company Union poisťovňa, a.s., IČO 31 322 051 (hereinafter referred to as „Insurer“) is governed by applicable provisions of the Civil Code, by these General Terms and Conditions of Individual Health Insurance of Foreigners on the Territory of the Slovak Republic GTC FIHI 1214, by Special Stipulations to these GTC FIHI, and by the insurance policy.

Article 1 Definitions

1. **Insured person** is a natural person for whom the right to indemnity arises, or on behalf of whom indemnity is paid by the Insurer to the entitled person. The person subject to compulsory public health insurance pursuant to NR SR Act No. 580/2004 Coll. on health insurance and on amending and supplementing Act No. 95/2002 Coll. on the insurance industry, and on amending and supplementing certain Acts (hereinafter referred to as "Health Insurance Act") is not deemed an insured person.
2. **Policyholder** is a natural person or a legal entity who concluded an insurance policy with the Insurer and from whose insurance the obligation arose to pay insurance premium to Insurer.
3. **Insurance period** is the duration of insurance agreed in the policy.
4. **Accident** – an unexpected, sudden and uninterrupted action of external forces or external influences, except for the effects of microbial poisons and immunotoxic substances, occurring independently on the insured person's will, which caused objectively determinable or visible

impairment of health, physical injury or death.

5. **Disease** – for the purposes of these GTC FIHI, disease is deemed a physical or mental health disorder of the insured person, listed in the International statistical classification of diseases and related health problems, established by the World Health Organisation (WHO).
6. **Health care** is a set of work activities performed by health care personnel, including the dispensation of medicines, health care aids and dietetic food articles, with the objective to prolong the life of the insured person, to improve his/her quality of life and of the healthy development of future generations; it includes prevention, dispensary care, diagnostics, treatment, biomedical research, nursing care and obstetrical care.
7. **Urgent health care** is ambulant and/or institutional health care provided to the insured person at sudden changes in the state of health directly threatening life, in absence of urgent health care potentially seriously endangering health, causing sudden and unbearable pain or causing sudden changes in the behavior and action of the insured person, under the influence of which he/she directly threatens himself/herself or his/her surroundings. Transport, without delay, of the insured person to the health care facility and transport, without delay, between health care facilities is a component of urgent health care. Health care provided due to spontaneous interruption of pregnancy until the 10th week thereof shall also be deemed urgent health care.
8. **Insurance premium** is a financial sum agreed in the policy, payable by the policyholder to the Insurer for risk coverage.
9. **Beneficiary** is the person who, in case of an insured event, is paid the indemnity by the Insurer:
 - a) In case of health care provided to the insured person the exclusive beneficiary is the health care provider, who is in a contractual relationship with the Insurer,

b) In case of urgent health care provided to the insured person the beneficiary is the health care provider who need not be in a contractual relationship with the Insurer, or the insured person, when the latter paid the costs of health treatment, based on an insured event, directly to the health care provider and submitted proof of this fact by the method prescribed by the Insurer in Article 6 Paragraph 2 letter j).

10. **Indemnity** is the sum to the payment of which right has arisen at the occurrence of an insured event, payable to the beneficiary.
11. **Sum insured** is the maximum amount of indemnity for all insured events occurred in the duration of the insurance period. The sum insured is specified in the policy.
12. **Healthcare provider** – for the purpose of these GTC FIHL healthcare providers include general practitioners, specialists, stomatologists, outpatient facilities, polyclinics and hospitals, if they provide healthcare on the territory of the Slovak Republic based on a license for healthcare provision issued by the relevant body in the Slovak Republic.
13. **Health treatment cost** is the cost of health care or of urgent health care provided to the insured person, including health treatment performances of health care providers, the cost of medicines, health care aids and, when required by the state of health of the insured person, then also the expenses of transport to the nearest health care provider (from the health care provider, between health care providers).
14. **Health treatment regimen** is the regimen in support of the insured person's health treatment, determined by the attending physician.

Article 2

Object Insured and Scope of Insurance

1. The object insured of insurance is the cost of health care and/or of urgent health care provided to foreigners on the territory of the Slovak Republic.

2. The scope of insurance depends on the agreed type of insurance; it is defined by Special stipulations to these GTC FIHL.
3. The healthcare provider will provide healthcare up to the limits specified in the insurance contract.

Article 3

Insured Event

The insured event in relation to the individual insurance types is defined in the Special Stipulations.

Article 4

Territorial Validity

1. Insurance applies to events occurred on the territory of the Slovak Republic.
2. Insurance applies also to events occurred outside of the territory of the Slovak Republic, providing simultaneous fulfillment of the following conditions:
 - a) The insured person concluded, with Insurer, an insurance policy covering medical expenses incurred abroad,
 - b) Claim to payment of health treatment costs incurred for transport of the insured person to the territory of the Slovak Republic, which has arisen to the insured person from a contract of insurance of medical expenses incurred abroad,
 - c) The insured person will be provided with health care on the territory of the Slovak Republic by a contractual health care provider, specified by Insurer.

Article 5

Exclusion from Insurance

1. The healthcare provider provides no indemnity for:
 - a) Health care or urgent health care provided at the time when the

- insured person is subject to compulsory public health insurance pursuant to the Health Insurance Act no. 580/2004 Coll.,
- b) Dental treatment and related services, except for costs incurred in connection with simple dental treatments (including extraction or temporary filling) performed in order to eliminate suddenly occurred pain, and for the costs of unavoidable dental treatment consequently to an injury,
 - c) Health care or urgent health care provided inconsistently with the type and degree of the insured person's affliction in compliance with NR SR Act No. 577/2004 Coll. on the scope of health care covered on the basis of public health insurance and on payments for services rendered in link with the provision of health care (hereinafter referred to as „Act on the scope of health care“),
 - d) Health care or urgent health care exceeding the scope defined by the Act on the scope of health care, unless agreed differently in the policy,
 - e) Services rendered in link with the provision of health care or urgent health care pursuant to the Act on the scope of health care.
2. The Insurer provides no indemnity for health treatment costs incurred in connection with:
- a) Disease, accident or change of health condition that took place before commencement of the insurance period, except for diseases or consequences of an injury with which the insured person, after completion of the medical form, was accepted in the insurance,
 - b) Organ transplantation, treatment of hemophilia, treatment by interferon, treatment by growth hormone,
 - c) Treatment of renal insufficiency by dialysis,
 - d) Pregnancy interruption if not indicated due to serious health reasons,
 - e) Treatment of infertility and assisted reproduction,
 - f) Treatment of obesity,

- g) Treatment of venereal diseases and HIV infection,
- h) Examination and treatment of psychological disorders, psychological examination and psychotherapy,
- i) Treatment of addictions, including complications and related diagnoses,
- j) Examination and treatment of congenital development abnormalities from diagnosing except for cases of immediate threat to life – with new born children,
- k) Homeopathy, acupuncture and other alternative medicine,
- l) Cosmetic and aesthetic interventions,
- m) Ingestion of alcohol, drugs, habit-forming or other narcotic substances, or with abuse of medicines,
- n) Attempted suicide or intentional self-infliction of an injury,
- o) Active participation of the insured person in any war, rebellion, insurrection or riot,
- p) Disturbance triggered by the insured, or in connection with criminal activity he/she committed,
- q) Activity when the insured breached legal regulations, orders or bans,
- r) Non-compliance with instructions of the attending physician,
- s) Effects of nuclear energy or radioactive materials,
- t) Performance of high-risk sports, i.e. piloting, parachute jump from an airplane or from heights, hang gliding, paragliding, motorsport disciplines including driving on a water scooter, diving, rafting, canyoning, sport shooting, ski alpinism, ski jumping, skiing outside the marked tracks, speleology, climbing, mountaineering, glacier hiking and tourism carried out the marked and unmarked tracks if there is artificial securing equipment (eg. ropes, chains, steps, ladders) placed on these tracks, or if it is necessary to use any parts of the mountaineering equipment to overcome the track (rope, harness seat, chest harness, helmet, carabiner, clinch).

3. The Insurer will not cover costs for electric wheelchairs and myoelectric prosthesis.
4. Unless agreed within the policy, the Insurer will provide no indemnity for health treatment costs incurred in connection with:
 - a) Training, preparation for competition or participation in competitions in any sport disciplines,
 - b) Performing of work activity or employment of the insured,
 - c) Pregnancy and childbirth, except for costs incurred in connection with spontaneous interruption of pregnancy until its 10th week,
 - d) Intensive care for a neonate.

Article 6

Obligations of the Policyholder and of the Insured Person

1. The policyholder and the insured person (or his/her legal representative) shall:
 - a) Provide, before concluding the insurance contract, truthful and full replies to Insurer's written questions applying to the negotiated insurance. The same applies in case of amendments in the insurance,
 - b) Provide, without undue delay, written notification of any change in the data representing the basis of conclusion of the policy,
 - c) Pay insurance premiums in the sum agreed in the policy,
 - d) Should the policyholder or the insured person knowingly violate the obligation specified in letter a/ of this Article, the Insurer shall be entitled to withdraw from the insurance contract or deny indemnity in full under the conditions specified in Article 802 of the Civil Code [Act No. 40/1964 (Digest), as amended].
2. The insured person shall:
 - a) Be mindful of ensuring, within his/her possibilities, the non-occurrence of an insured event,
 - b) Efficiently cooperate with the attending physician and with the

- Insurer in case of occurrence of an insured event, in order to avoid groundless increase of the costs of indemnity based on the insured event, mainly seek medical examination without undue delay and comply with instructions of the physician,
- c) Submit his/her insurance card to the health care provider at occurrence of the insured event,
- d) Grant consent to the attending physician and/or to the health care facility for the provision, by request of the Insurer, of information about the state of health of the insured person to the Insurer or to the Insurer's contractual physician,
- e) Submit himself/herself, by request of the Insurer, to examination by the Insurer's appointed physician,
- f) Ensure elaboration, without undue delay, of all medical reports and assessments requested by the Insurer,
- g) Provide truthful and full data in reports and during examination of his/her claim to indemnity,
- h) In case of expiry of insurance pursuant to Article 8 Paragraph 4 letters a) through d) before lapse of the insurance period the insured person shall return to the Insurer the insurance card without undue delay but not later than within three days from the expiry of insurance,
- i) Refund indemnity to the Insurer in case of occurrence of a fact specified in Article 8 Paragraph 4 letter c) when the indemnity was disbursed to the health care provider or to the insured person,
- j) When having paid the cost of health treatment, present the following original documents to the Insurer:
 - ja) Medical report, specifying the diagnosis confirmed by the health care provider, in proof of justification of the health treatment cost regarding the performances pursuant to Article 1 Paragraph 12,
 - jb) Document in proof of payment of the health treatment cost, including the itemisation of performances according to the valid

Catalogue of health care performances, issued by SR Government Decree, and/or the items of health treatment and prices thereof,

- jc) Medical prescriptions, when issued in link with the insured event,
- jd) Document in proof of cash payment for medicines, showing the prescription number, type of medicine, number of packages, price and imprint of seal of the pharmacy,
- je) Document in proof of cash payment of transport cost, showing the applicable rate, route and distance driven, including the physician's statement of the necessity of transport of the insured person and information about the urgent treatment.

Payment of the applicable indemnity is conditional upon presentation of the aforesaid documents.

- 3. In case of expiry of insurance pursuant to Article 8 Paragraph 4 letter a) the insurance card of the participant in public health insurance must be presented to the Insurer.

Article 7

Rights and Obligations of the Insurer

The Insurer is obliged:

- a) To maintain confidentiality about facts that became known to it at the time of negotiation of the insurance or while executing its administration, or at loss adjustment in case of an insured event. In the sense of these GTC FHI, the Insurer may use such facts only for insurance purposes, except for cases specified in generally binding regulations,
- b) To issue the insurance card to the insured person serving as written confirmation of conclusion of the policy, without undue delay after signature of the policy by both contracting parties and payment of the insurance premium, unless specified differently in the policy,
- c) To issue, by request of the policyholder, confirmation of insurance for official use,

- d) To issue, by request of the policyholder, a duplicate insurance card; the Insurer is entitled to compensation of its related expenses, minimally in the sum 3 EUR per card,
- e) The Insurer has the right to request information about the state of health of the insured person and to examine his/her health while negotiating insurance, at amendments of the policy and in investigations of the claim from insurance, on the following basis:
 - ea) Medical form,
 - eb) Medical reports, excerpts and copies of health documentation acquired with consent of the insured person from health care facilities having such information available,
 - ec) Medical examination, requested by the Insurer at its own cost, to be performed by the physician appointed by the Insurer.

Article 8

Insurance Period and Expiry of Insurance

- 1. Insurance is accepted from the 0th hour of the day designated as the beginning of insurance in the policy.
- 2. When insurance begins on the day of conclusion of the policy, the hour and minute of the beginning of insurance is identical to the hour and minute of signature of the policy, and is stated accordingly in the policy.
- 3. Insurance expires at lapse of the 24th hour on the day designated as the end of insurance in the policy.
- 4. Insurance shall also terminate:
 - a) on the date preceding the date of the start of public health insurance on the territory of the SR in accordance with the Act on Health Insurance,
 - b) by written agreement of the contracting parties in accordance with the relevant provisions of Civil Code on the date stated in the termination agreement,
 - c) by withdrawal from the insurance agreement or refusal of indem-

- nity in accordance with the relevant provisions of the Civil Code,
- d) by non-payment of premiums. If the single premium is not paid within three months of its due date for payment, the insurance shall expire at the end of this three-month period,
 - e) on the death of the insured person.

Article 9 Insurance Premium

1. The sum of the insurance premium applying to the individual insurance types shall be determined on the basis of the principles of actuarial calculations and according to the personal data of the insured person as shown in the policy.
2. The insurance premium is payable as a lump sum for the entire insurance period on the day of conclusion of the policy at latest, unless specified differently in the policy.
3. The insurance premium is payable in the national currency and is deemed settled when paid in full.
4. The Insurer is entitled to default interest, when the policyholder delays the payment of the premium.
5. The Insurer is entitled to the insurance premium from beginning to the end of insurance.
6. When insurance expires earlier than at lapse of the insurance period pursuant to Article 8, Paragraph 4 letters a) and b), the Insurer shall refund the unused insurance premium to the policyholder on fulfilment of the condition of absence of an insured event during the insurance period and of the policyholder having discharged his/her obligation pursuant to Article 6 Paragraph 2 letter h) and Paragraph 3. The sum of the unused insurance period shall be determined by deducting, from the full sum of the paid insurance premium, the premium applying to the period from beginning of insurance until the date of fulfilment of obligation pursuant to Article 6 Paragraph 2 letter h) and Paragraph 3,

and policy administration expenses in the sum 15 % of the unused insurance premium.

Article 10 Indemnity

1. In case of occurrence of an insured event the Insurer is obliged to provide indemnity to the person entitled to indemnity on the basis of the insurance.
2. The Insurer shall pay indemnity to the entitled person in compliance with the provisions of the policy, these Terms and Conditions, and any applicable Special Stipulations depending on the type of insurance. The sum of indemnity shall be calculated in compliance with the following:
 - a) Act on the scope of health care,
 - b) Measure of the Ministry of Public Health of the Slovak Republic in force at the time of provision of health care or urgent health care, which:
 - ba) established the scope of price regulation in the field of health care,
 - bb) issued the list of medical drugs and medicines fully payable or partially payable on the basis of public health insurance,
 - bc) issued the list of health care aids fully payable or partially payable on the basis of public health insurance,
 - bd) issued the list of dietetic foodstuff fully or partially covered on the base of public health insurance whereby the sum of indemnity from a single insured event must not exceed the sum which, in the given case, would correspond to the sum of health care indemnity from public health insurance.
3. Indemnity is payable in the national currency.
4. In case of the insured person's entitlement to third-party indemnification for loss incurred from the insured event, the entitlement shall transfer to the Insurer up to the sum of indemnity provided by the Insurer.

Article 11

Reduction of Indemnity

Should the insured person knowingly violate the provisions of Article 6 Paragraph 1 letter b), and/or of Paragraph 2 letters a) through g), the Insurer will be entitled to correspondingly reduce indemnity by up to 90 %, depending on the effects of the violation upon the scope of the Insurer's obligation to settle. In case of reduction of indemnity against a health care provider the remaining part of the commitment toward this provider shall be payable by the insured person.

Article 12

Amendment of Insurance

1. The Contracting Parties may agree in writing about amending the conditions of insurance.
2. Amendments of the insurance shall become effective from the calendar day agreed by the Contracting Parties but not earlier than from the day following the conclusion of the written agreement on the amendment in the form of a written supplement to the policy.
3. Applications for any amendment of the policy must be made out in writing.

Article 13

Concluding Provisions

1. Deviation of the policy from the provisions of these GTC FIHI is possible, except for Articles no. 1, 2, 11, 12 and 13.
2. All disputes arising out of the policy shall be resolved by the competent court of the Slovak Republic.
3. In the case of changes in the provisions of laws or of other binding regulations, or in the case of abrogation of laws and other binding regulations quoted within these GTC FIHI, the Insurer shall provide indemnity from insured events occurred after the effective date of the

respective new legal regulations according to the provisions of these new legal regulations.

4. It applies, for the delivery of documents, that the obligation to deliver a document shall be deemed fulfilled on the day of its acceptance or refusal of acceptance by the addressee, or on the day of its returning by the post office as undelivered mail to the dispatching party. Documents shall be delivered to the address last notified in writing.
5. Financial debt of the Contracting Parties discharged by way of a post office or a financial institution shall be deemed fulfilled at the time of crediting the account of the eligible person with the sum in question.
6. The policyholder, the insured person or the authorized person will file complaints regarding correctness and quality of services of the Insurer in a written form at any of its work places. The complainant shall be notified by letter about the results of investigation of the complaint within 30 days from acceptance of the complaint. Should the investigation last longer than specified in the preceding sentence, the complainant shall be informed accordingly in written form.
7. These General Terms and Conditions of Foreigners' Individual health Insurance on the territory of the Slovak republic (GTC FIHI) were approved on 18.11.2014 and become effective as of 1.12.2014.

**SPECIAL STIPULATIONS
to the General Terms and Conditions
of Foreigners' individual health insurance on the territory
of the Slovak Republic (hereinafter „GTC FIHI“)**

**I.
INSURANCE TYPES**

Foreigners' individual health insurance on the SR territory is negotiated in the following insurance types:

1. Comprehensive insurance – Type 1,
2. Work insurance – Type 2A,
Work insurance RISK – Type 2B
3. Tourists' insurance – Type 3,
4. Extended insurance – Type 4,
5. Sports insurance – Type 5,
6. Standard insurance – Type 6,
7. Pregnancy insurance – Type 7.

**II.
INSURED EVENT AND SCOPE OF INSURANCE**

The following insurances are negotiated for the individual insurance types:

1. Comprehensive insurance (Type 1)

Scope of insurance

The Insurer covers the costs of provided health care and urgent health care. Divertly from Article 5 Section 4 letter c) GTC FIHI the Insurer covers also the costs incurred in connection with examination of the insured person which resulted in the confirmation of pregnancy.

Insured event is:

1. Change in the state of health of the insured person in consequence of:
 - a) An accident or disease occurred to the insured person on the SR

- territory during the insurance period,
 - b) An accident or disease occurred to the insured person outside of SR territory during the insurance period, providing fulfillment of the conditions set forth in Article 4 Section 2 GTC FIHI, if the changed state of health pursuant to letters a) and b) requires medical treatment during the insurance period.
2. Provision of health care, linked to prevention of changes in the state of health (prevention).
3. Provision of health care in connection with active and systematic monitoring of the state of health of the insured person whose state of health is expected to deteriorate, including his/her examination and treatment (dispensary care).

2. Work insurance (Type 2A, 2B)

Scope of insurance

The Insurer covers the costs of provided health care and urgent healthcare. Divertly from Article 5 Section 4 letter c) GTC FIHI, the Insurer covers also the costs incurred in connection with examination of the insured person resulting in confirmation of pregnancy.

In the case of concluding Work insurance RISK type 2B, then - divertly from Article 5 Section 4 letter b) of GTC FIHI - the Insurer covers also the costs incurred in link with performing hazardous work.

Insured event is:

1. Change in the state of health of the insured person in consequence of:
 - a) An accident or disease occurred to the insured person on the SR territory during the insurance period,
 - b) An accident or disease occurred to the insured person outside of SR territory during the insurance period, providing fulfillment of the conditions set forth in Article 4 Section 2 GTC FIHI, when the change in the state of health pursuant to letters a) and b) requires medical treatment during the insurance period.

2. Provision of health care linked to prevention of changes in the state of health.
3. Provision of health care in connection with active and systematic monitoring of the state of health of the insured person whose state of health is expected to deteriorate, including his/her examination and treatment (dispensary care).

3. Tourists' insurance (Type 3)

Scope of insurance

The Insurer covers the costs of provided urgent health care.

Insured event is a sudden change in the state of health of the insured person in consequence of an accident or disease occurred to the insured person on the SR territory during the insurance period which represents a direct threat of his/her life, without rapidly provided health care may seriously endanger his/her health, causes sudden and unbearable pain to the insured person or causes sudden changes in his/her behaviour and actions that influences direct threat of the insured person or his/her surroundings.

4. Extended insurance (Type 4)

Scope of insurance

The Insurer covers the costs of provided health care and urgent health care. Diverly from Article 5 Section 3 letter a) and b) GTC FIHI the Insurer covers also the costs incurred in connection with:

- a) Training, preparation for competition or participation in competitions in any sport disciplines,
- b) Performing of work activity or employment of the insured.

Diverly from Article 5 Section 4 letter c) GTC FIHI, the Insurer covers also the costs incurred in connection with examination of the insured person resulting in the confirmation of pregnancy.

Insured event is:

1. Change in the state of health of the insured person in consequence of:

- a) An accident or disease, occurred to the insured person on the SR territory during the insurance period,
 - b) An accident or disease, occurred to the insured person outside of SR territory during the insurance period, providing fulfillment of the condition pursuant to Article 4 Section 2 GTC FIHI,
 - c) Chronic or recurrent disease with which the insured person had been accepted in the insurance, when this change in the state of health occurred to the insured person in SR during the insurance period,
 - d) Chronic or recurrent disease with which the insured person had been accepted in the insurance, when this change in the state of health occurred to the insured person outside of the SR territory during the insurance period and the condition pursuant to Article 4 Section 2 GTC FIHI was fulfilled,
- if the change in the state of health according to letters a), b), c) and d) requires medical treatment during the insurance period.

2. Provision of health care linked to prevention of changes in the state of health (prevention).
3. Provision of health care in connection with active and systematic monitoring of the state of health of the insured person whose state of health is expected to deteriorate, including his/her examination and treatment (dispensary care).

5. Sports insurance (Type 5)

Scope of insurance

The Insurer covers the costs of provided urgent health care.

Insured event is a sudden change in the state of health of the insured person in consequence of an accident or disease occurred to the insured person on the SR territory during the insurance period which represents a direct threat of his/her life, without rapidly provided health care may seriously endanger his/her health, causes sudden and unbearable pain to the insured person or

causes sudden changes in his/her behaviour and actions that influences direct threat of the insured person or his/her surroundings.
Diverly from Article 5 Section 4 letter a) GTC FIHI the Insurer covers also the costs incurred during training, preparation for competition or participation in competitions in any sport disciplines.

6. Standard insurance (Type 6)

Scope of insurance

The Insurer covers the costs of provided urgent health care.

Insured event is a sudden change in the state of health of the insured person in consequence of an accident or disease occurred to the insured person on the SR territory during the insurance period which represents a direct threat of his/her life, without rapidly provided health care may seriously endanger his/her health, causes sudden and unbearable pain to the insured person or causes sudden changes in his/her behavior and actions that influences direct threat of the insured person or his/her surroundings.

7. Pregnancy insurance (Type 7)

Scope of insurance

The Insurer covers the costs of provided health care and urgent health care. Diverly from Article 5 Section 4 letter c) a d) GTC FIHI the Insurer covers also the costs incurred in link with:

- a) Pregnancy and childbirth,
- b) Intensive care of the neonate provided during the insurance period, up to maximally 3.500 EUR.

Insured event is defined as:

1. Change in the state of health of the insured person in consequence of:
 - a) An accident or disease having occurred to the insured person on the SR territory during the insurance period,
 - b) An accident or disease having occurred to the insured person outside of SR territory during the insurance period, providing

fulfillment of the condition pursuant to Article 4 Section 2 GTC FIHI,

- c) Chronic or recurrent disease with which the insured person had been accepted in the insurance, when this change in the state of health occurred to the insured person on the territory of the Slovak Republic during the insurance period,

- d) Chronic or recurrent disease with which the insured person had been accepted in the insurance, when this change in the state of health occurred to the insured person outside of the SR territory during the insurance period and the condition pursuant to Article 4 Section 2 GTC FIHI was fulfilled,

if the change in the state of health according to letters a), b), c) and d) requires medical treatment during the insurance period.

2. Provision of health care linked to prevention of changes in the state of health (prevention).
3. Provision of health care in connection with active and systematic monitoring of the state of health of the insured person whose state of health is expected to deteriorate, including his/her examination and treatment (dispensary care).
4. Provision of health care to the insured person and neonate during physiological pregnancy, childbirth and confinement (obstetrician assistance).

III.

PERSONAL DATA PROTECTION

Information according to § 15 item 1 of the Law no. 122/2013 Coll. on protection of personal data and on amendment and supplementing in the wording of later regulations (hereinafter only "Law on personal data protection"):

1. The operator of the information system is Union poisťovňa, a.s., Bajkalská 29/A, 813 60 Bratislava, Slovak Republic, ID No.: 31322051 (hereinafter only "Insurer") and the intermediary is the person specified in this policy as the acquirer.
2. The purpose of personal data processing is to perform insurance activity

under the Law No. 8/2008 Coll. on insurance and on amendment and supplementing of certain acts in the wording of later regulations (hereinafter referred to as the "Act on Insurance").

3. The list of administered personal data processed without consent of the person concerned is in the scope according to the §47 of the Act on insurance: name, surname, permanent residence, temporary residence, birth ID number, date of birth, citizenship, type and number of identity card, contact telephone number, fax number, e-mail address, and personal data from the identity card. If also other personal data are processed, e.g. within the extent of data related to health, these shall be processed on the basis of a written consent of the person concerned.
4. The persons concerned are particularly: the insured person and the policyholder.
5. Personal data which are not specified as voluntary shall be considered mandatory personal data according to the Law on insurance and the Civil Code and their provision is the condition for closing of the insurance contract.
6. The client's personal data shall not be disclosed to the third parties, except for the cases in which such obligation is imposed by law.
7. Information for the persons concerned regarding third parties to which their personal data can be provided on the base of business contracts concluded between the Insurer and the respective business partner. The Insurer informs the policyholder that data included in the insurance contract can be provided to:
 - a) companies providing services related to correspondence between the Insurer and the persons concerned: Direct Marketing a.s., Vlčie hrdlo 61, 821 07 Bratislava, ID No.: 31377793, Tatra Billing, s.r.o., Hodžovo námestie 3, 811 06 Bratislava, ID No.: 35810572, and OpusCapita, s.r.o. Elektrárenská 4, 831 04 Bratislava, ID No.: 44352557,
 - b) companies acting for and on behalf of the Insurer in connection

with enforcement of the rights in relation to the policyholder arising from the insurance policy: Intrum Justitia Slovakia s.r.o., Karadžičova 8, 821 08 Bratislava, ID No.: 35831154, INKASO Pohľadávok, spol. s r.o., Jiráskova 12, 984 01 Lučenec, ID No.: 36039039, and M.B.A. Financie s.r.o., Vysoká 19, 811 06 Bratislava, ID No.: 36754 404 and EOS KSI Slovensko, s.r.o., Pajštúnska 5, 851 02 Bratislava, ID No.:35724803,

- c) external auditor of the Insurer PricewaterhouseCoopers Slovensko, s.r.o., Námestie 1. mája 18, 815 32 Bratislava, ID No.: 35739347,
 - d) reinsurance company Swiss Re Europe S.A., Dieselstrasse 11, 85773 Unterfohring bei München, Germany,
 - e) tax and other advisors of the Insurer and persons providing services of registry administration and disposal of registry records.
During the term of the insurance policy the above companies may change, and the current list of these companies and the notice on changes shall be published on the website of the Insurer (Union poisťovňa, a.s.).
8. Personal data shall not be published.
 9. Personal data may be subject to transfer to the third countries only if such countries under the decision of the European Commission ensure an adequate level of their protection. The Insurer assumes that the personal data shall be transferred to the countries of European Union, countries which are the contracting party of the Agreement on the European Economic Area, and Switzerland (to persons specified in paragraph 7 of this information).
 10. Rights of persons concerned:
 - 10.1. Upon a written request the data subjects shall be entitled to request from the Insurer:
 - a) a certification about whether his/her personal data are processed or not,
 - b) in generally comprehensible form the information about the state

of processing of personal data in the filing system of the Insurer within the following extent: identification data of the Insurer, identification data of the agent, purpose of personal data processing, the list or extent of processed personal data, other additional information (e.g. instruction on voluntariness or obligation to provide personal data, validity period of the consent if the Insurer processes the personal data on the basis of the data subject's consent, the third parties, the list of recipients, method of disclosure, the third countries), and the method of processing and evaluation of transactions,

- c) in generally comprehensible form the exact information about the source from which it obtained his personal data for their processing,
- d) in generally comprehensible form the list of personal data being processed,
- e) rectification or destruction of his incorrect, incomplete or outdated personal data which constitute the subject of processing,
- f) destruction of his personal data provided that the purpose of their processing has been fulfilled; if any official documents containing personal data constitute the subject of the processing, he may request their returning,
- g) destruction of his personal data which constitute the subject of processing if the law has been breached,
- h) blocking of his personal data due to withdrawal of the consent before expiry of its validity if the Insurer processes personal data on the basis of the data subject's consent.

10.2. The rights of the data subjects under paragraph 6 e) and f) may be restricted only provided that such restriction results from a special act or if exercising of this right would infringe the protection of the data subject or the rights and freedoms of other persons.

10.3. The data subjects shall be entitled to object to the Insurer, anytime

upon a free of charge written application or in person, provided that the matter cannot be postponed, to the processing of personal data for the purposes other than those stipulated in the Act on Insurance and request their destruction.

10.4. The data subjects shall be entitled, anytime upon a written request or in person, provided that the matter cannot be postpone, to object to the Insurer and refuse to submit to the Insurer's decision which would produce legal effects on them or significantly affect them, if such decision is based solely on the acts of the automatic processing of personal data. The data subjects shall have the right to request from the Insurer to examine the issued decision by a method other than the automatic processing, while the Insurer shall be obliged to satisfy the request so that the employees of the Insurer shall play a decisive role in examination of the decision. The Insurer shall inform the data subjects on the method of examination and the findings within 30 days of the date of receipt of the request.

10.5. The data subject may exercise his right:

- a) in writing, while from the contents of his request it must be clear that he exercises his right; the request sent by e-mail or fax must be delivered in writing by the data subject to the Insurer within three days of the date of its dispatch at the latest,
- b) in person, verbally in the form of minutes, from which it must be clear who has exercised the right, what he is claiming for and when and who has drawn up the minutes, signature of the person who has drawn up the minutes, and signature of the data subject; the copy of the minutes must be handed over by the Insurer to the data subject,
- c) with the agent under a) or b).

10.6. If the data subject suspects that his personal data are processed without authorization, he may file a motion with the Office for Personal Data Protection of the Slovak Republic for commencement of

- proceedings with respect to personal data protection.
- 10.7. If the data subject does not have full legal capacity, his rights may be exercised by the legal representative.
 - 10.8. If the data subject is deceased, his rights arising from the Act on Personal Data Protection may be exercised by his close person.
 - 10.9. The data subjects shall have the right to request the person authorized to obtain the personal data to identify himself.

IV. GENERAL PROVISIONS

1. Revenues of the Insurer and income of the insured person from insurance are taxable in the sense of generally binding legal regulations, as in force on the territory of the Slovak Republic. Act No. 595/2003 Coll. on the income tax, as amended by later legislation specifies the settlements based on insurance policies which are exempt from the income tax, along with the items deductible and/or other tax-related particulars applying to insurance.
2. The insured person does not participate in any surplus premiums generated by the Insurer within his management of means of insured persons.
3. Since insurance concluded by this policy is not provisions-creating insurance, this policy establishes no claim for payment of surrender value in case of termination of the insurance.
4. The legal relationships following from this Contract are governed by substantive and procedural law, as in force in the Slovak Republic.