

**GENERAL TERMS AND CONDITIONS
of Foreigners' Health Insurance SAFETY online – GTC FHIO/1020**

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 **Foreigners' Health Insurance SAFETY online GTC FHIO/1020** (hereinafter „GTC FHIO“), by Special Stipulations to these GTC FHIO, and by the insurance contract.

**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. 39/2015 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 the Insurer. The Insured person and the Policyholder may be the same person and, if this is not the case, the Policyholder is obliged to provide the Insured person with terms of insurance and to inform the Insured person about the contents of the insurance contract and the contents of the terms of insurance.
- 3. Insurance period** is the duration of insurance agreed in the insurance contract.
- 4. Accident** is 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 will of the Insured person, occurring during validity of the insurance and causing determinable or visible impairment of health, physical injury or death.
- 5. Disease** is 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 healthcare** is outpatient and/or inpatient healthcare provided to the Insured person in case of sudden changes in his/her health condition directly threatening his/her life, and which in case of absence of urgent healthcare could potentially seriously threaten his/her health, cause sudden and unbearable pain or cause sudden changes in behaviour and action of the Insured person, under the influence of which he/she directly threatens himself/herself or his/her surroundings. The urgent healthcare includes immediate transport of the Insured person to the healthcare facility and between healthcare facilities. Health care provided due to spontaneous

interruption of pregnancy until the 10th week of pregnancy shall also be deemed urgent health care.

8. **Insurance premium** is a financial sum agreed in the insurance contract, 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 k),
 - c) in case of urgent health care in countries within Schengen and in case of repatriation, the beneficiary is also the Partner, who has demonstrably incurred the expenses under Article 2 Paragraph 4.
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 insurance contract.
12. **Healthcare provider** (hereinafter “provider”) is a general practitioner, a specialist, a dentist, an outpatient facility, a pharmacy, a medical aid supply point, a clinic, a one-day surgery facility and a hospital, 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 or in abroad according to applicable legislation of the state concerned.
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.
15. **Partner** is a contractual partner of the Insurer who provides assistance services for the Insured person 24 hours a day, 7 days a week.
16. **Repatriation** is transportation of the Insured person which is from the health point of view necessary and possible, or transportation of bodily remains of the Insured person back to the country, the passport of which the Insured person owns, or to other country in which the Insured person has the stay permission or participates in public health insurance.
17. **Schengen Area** (hereinafter “Schengen”) is for the purpose of these GTC FHI the territory of states where persons may freely cross the borders of the contracting states except for the Slovak Republic.
18. **Acute disease** is a disease which occurred suddenly during validity of the insurance and which, by its nature, directly threatens life or health of the Insured person independently of his/her will and which requires urgent and / or immediate medical treatment.

The following is not considered to be an acute disease:

- a) change in the health condition, treatment of which began already before the beginning (inception) of the insurance or change in the health condition manifested already before beginning (inception) of the insurance, even if it has not been medically examined and/or treated, except for conditions that endanger the life of the Insured,
- b) change in the health condition, treatment of which is elective and may be provided in the territory of the country, the travel document of which the Insured person owns, or in which the Insured person has a stay permit.

Article 2

Subject and Scope of Insurance

1. The subject of insurance on territory of Slovak Republic are:
 - a) healthcare costs for health care,
 - b) healthcare costs for urgent health care,
 - c) repatriation.

Treatment costs for healthcare for emergency care as well as repatriation are covered in connection with the accident or illness incurred by the Insured person during the Insurance period.
2. The subject of insurance on territory of Schengen are:
 - a) healthcare costs for urgent health care, which occur as a result of an accident or acute disease,
 - b) repatriation.
3. The Insurer will cover inevitable healthcare costs, which the Insured is obliged to pay to healthcare providers in the Slovak Republic and within Schengen in accord with Sec. 4 a 5 of this Article.
4. The Insurer will cover healthcare costs in accord with Sec. 1 and 2 of this Article, if they are inevitable from medical point of view, for following:
 - a) outpatient examination and treatment, including prescription of drugs and medical aids,
 - b) hospitalization in a standard room including necessary medical treatment, diagnostic examinations, surgery, medical material, prescribed drugs, health aids and standard hospital meals during hospitalization,
 - c) transport of the Insured person:
 - to the nearest healthcare facility and/or
 - between healthcare facilities and/or
 - from the healthcare facility to the place of stay in the country in which the insured event occurred if it is required by the health condition of the Insured person and if the Insured person is not able to use public means of transport,
 - d) repatriation of Insured person or bodily remains of the Insured person; transport must be agreed in advance by the Partner or the Insurer.
 Repatriation is assessed, organized and approved by the Partner or the Insurer, and the transportation of bodily remains is organized and approved by the Partner or the Insurer. In the case of repatriation outside the Slovak Republic or Schengen, neither the Insurer nor the Partner are required to organize the transportation. The Insurer will cover such cost of repatriation up to the Sum insured and specified in the insurance contract.
 - e) necropsy of the Insured, if required by applicable legislation of the respective country.

5. The Insurer will cover the cost of outpatient dental treatment but only to the extent of necessary and/or urgent treatment to relieve pain. The Sum insured per insured event is specified in the insurance contract, same as the Sum insured for all insured events.
6. The healthcare provider will provide healthcare up to the limits specified in the insurance contract.
7. The scope of insurance depends on the agreed type of insurance; it is defined in the by Special Stipulations to these GTC FHIO.

Article 3 Insured Event

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

Article 4 Territorial Validity

The Insurance applies to events occurred on the territory of the Slovak Republic and Schengen except for the country in which the Insured person has a permanent residence or participates in public health insurance or is entitled to free healthcare.

Article 5 Exclusion from Insurance

1. The Insurer provides no indemnity for:
 - a) 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“), health care exceeding the scope defined by this Act and services rendered in link with the provision of health care or urgent health care pursuant to this Act,
 - b) dental treatment and related services (including dental prostheses), except for costs incurred in connection with 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, max. up to limits of the Sum insured per insured event and the Sum insured for all insured events that are included in the insurance contract,
 - c) transport and repatriation of the Insured person in accord with Art. 2 Sec. 4 Letters c) and d) without the prior consent of the Insurer or the Partner.
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,
 - b) organ transplantation, treatment of haemophilia, treatment by interferon, treatment by growth hormone,
 - c) treatment of renal insufficiency by dialysis,
 - d) artificial interruption of pregnancy except for a medically indicated pregnancy interruption due to threatening the life of the mother, regardless of the pregnancy duration,
 - e) treatment of infertility and assisted reproduction,
 - f) treatment of obesity,

- g) treatment of venereal diseases and HIV infection,
 - h) examination and treatment of mental disorders, mental diseases including treatment of insomnia, depression and psychosis; psychological examination and psychotherapy,
 - i) treatment of addictions, including complications and related diagnoses,
 - j) examination and treatment of congenital development abnormalities and the complications associated with them from diagnosing except for cases of immediate threat to life – with new born children,
 - k) treatment that is not scientifically or medically recognized, chiropractic treatment, acupuncture therapy acupressure, homeopathy, or other type of alternative therapy,
 - l) cosmetic and aesthetic interventions, plastic surgeries,
 - m) ingestion of alcohol, drugs, habit-forming or other narcotic substances, abuse of medicines or with abstinence symptoms in addictions,
 - n) attempted suicide, 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, applicable at the place where the insured event occurred,
 - r) driving a motor vehicle without a driving license,
 - s) handling firearms or explosives by the Insured,
 - t) non-compliance with referrals of the attending physician, failure to use or incorrect use of drugs issued to the Insured on medical prescription,
 - u) effects of nuclear energy or radioactive materials,
 - v) 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 (e.g. 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:
 - a) electric wheelchairs and myoelectric prosthesis,
 - b) any orthopaedic medical devices, if not prescribed in connection with the accident of the Insured,
 - c) genetic diagnostics.
 4. Unless agreed within the insurance contract, 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 manual work activity of the Insured person,
 - c) pregnancy and childbirth, except for costs incurred in connection with spontaneous interruption of pregnancy until its 10th week.
 5. In case of urgent health care besides the exclusions above, the Insurer will also not cover the medical expenses for:

- a) examinations and medical procedures that are not necessary for diagnosing, preventive examinations, vaccinations, over-standard healthcare,
 - b) drugs, unless they are prescribed by the attending physician,
 - c) drugs for treatment of diseases diagnosed to the Insured person before concluding the insurance, not even if prescribed by the attending physician,
 - d) purchase of nutritional supplements including vitamin and probiotic preparations, trace elements, dietetic foods for special medical purposes and cosmetic products, not even if prescribed by the attending physician,
 - e) rehabilitation, physiotherapy, massages, spa treatment, rehabilitation stays, stays in sanatorium and health resorts.
6. The Insurer is not obliged to provide indemnity if:
- a) the Insured person does not inform partner about the occurrence of the event in accord with Art. 6 Sec. 2 Letter c),
 - b) the Insured person does not follow instructions of the Partner or the Insurer and does not effectively cooperate with them, or fails to submit the required documents, or refuses treatment by a doctor appointed by the Partner or the Insurer, or does not allow the Partner or the Insurer to contact the attending physician, or does not release the attending doctor from secrecy towards the Partner or the Insurer,
 - c) the Insured person or the Beneficiary knowingly informed the Partner or the Insurer incorrectly or incompletely about the insured event,
 - d) the Insured person refused to undergo repatriation proposed by the Partner or the Insurer.

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 insurance contract,
 - c) pay insurance premiums in the sum agreed in the insurance contract,
 - 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.
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) on the territory of Schengen and in case of repatriation to inform Partner about the occurrence of the insured event and act in accord with instructions of the Partner; if the Insured person is unable to contact the Partner before healthcare provision due to health reasons, he/she is obliged to do it immediately after the health condition allows him/her to do so,

- d) submit his/her insurance card to the health care provider at occurrence of the insured event on territory of Slovak Republic,
 - e) 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, and thereby waive their confidentiality obligation in respect of the Insurer,
 - f) submit himself/herself, by request of the Insurer, to examination by the Insurer's appointed physician,
 - g) ensure elaboration, without undue delay, of all medical reports and assessments requested by the Insurer,
 - h) provide truthful and full data in reports and during examination of his/her claim to indemnity,
 - i) in case of expiry of insurance pursuant to Article 8 Paragraph 3 letters a) through c) before lapse of the insurance period the Insured person shall return to the Insurer original of the insurance card without undue delay but not later than within three days from the expiry of insurance,
 - j) refund indemnity to the Insurer in case of occurrence of a fact specified in Article 8 Paragraph 3 letters b) and c) when the indemnity was disbursed to the health care provider or to the Insured person,
 - k) when having paid the cost of health treatment, present the following documents to the Insurer:
 - ka) medical report, specifying the diagnosis, date of treatment and health anamnesis confirmed by the health care provider,
 - kb) an accounting document issued by a healthcare provider for reimbursement of healthcare items and their prices, in the case of reimbursement of healthcare expenses in the territory of the Slovak Republic, or proof of payment of healthcare expenses in the case of Schengen,
 - kc) medical prescriptions, when issued in link with the insured event,
 - kd) document in proof of payment for medicines, showing the prescription number, type of medicine, number of packages, price and imprint of seal of the pharmacy, or an invoice for prescribed drugs,
 - ke) document in proof of cash payment of transport cost, a doctor's statement on the necessity of transferring the Insured, indicating an urgent treatment,
 - kf) other documents clearly proving the occurrence of the insured event or other documents necessary for the liquidation of the insured event as requested by the Insurer.

Payment of the applicable indemnity is conditional upon presentation of the documents listed in Letters ka) to ke). If the Insured fails to submit the original documents to the Insurer, he/she is required to keep original documents for a minimum of one year after reporting the insured event and during this period allow the Insurer to inspect such documents.
 - l) in case that reports, testimonials or other documents relating to the insured event are in a language other than Slovak or English, and if the Insurer requests so, to ensure at their own expense the official translation of these documents into the Slovak language.
 - m) on the proposal of the Partner or the Insurer to undergo repatriation if his/her health condition allows it. Otherwise, the Insurer has the right not to provide indemnity.
- 3.** In case of expiry of insurance pursuant to Article 8 Paragraph 3 letter c) the Insured person is obliged to submit to the Insurer without delay the insurance card of the

participant in public health insurance or other relevant document if he/she is obliged to have public health insurance on territory of Slovak Republic according to Act on Health Insurance.

Article 7

Rights and Obligations of the Insurer

1. 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 FHIO, 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 insurance contract, without undue delay after signature of the insurance contract by both contracting parties and payment of the insurance premium, unless specified differently in the insurance contract,
 - 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.
2. 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 insurance contract and in investigations of the claim from insurance, on the following basis:
 - a) medical form,
 - b) medical reports, excerpts and copies of health documentation acquired with consent of the Insured person from health care facilities having such information available,
 - c) 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 incepted from the 0th hour of the day designated as the beginning of insurance in the insurance contract.
2. Insurance expires at lapse of the 24th hour on the day designated as the end of insurance in the insurance contract. If urgent healthcare cannot be finished before expiration of the insurance and has to continue even after the end of insurance, the Insurer will provide indemnity until the end of urgent healthcare provision, however, no longer than until the 28th day from the day agreed as the end of insurance.
3. Insurance shall also terminate:
 - a) by expiry of eight-day notice period, if the Insured or the Insurer terminates the insurance contract in writing within two months of its conclusion. The notice period begins on the first day following the receipt of the notice by the other party,
 - 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 accepting the request of the Insured for early termination of insurance due to the origin of public health insurance,

- d) by withdrawal from the insurance agreement or refusal of indemnity in accordance with the relevant provisions of the Civil Code,
- e) by non-payment of premium in accordance with the relevant provisions of the Civil Code,
- f) 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 insurance contract.
2. The insurance premium is payable as a lump sum for the entire insurance period on the day of conclusion of the insurance contract at latest, unless specified differently in the insurance contract.
The Insurance premium is deemed to have been paid on the day of crediting the insurance premium, i.e. on the day when the insurance premium was debited from the Policyholder's account in favour of the Insurer's account in case of a cashless payment of the insurance premium when concluding insurance using a means of remote communication.
3. The insurance premium is payable in the currency valid in the territory of the Slovak Republic 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 3 letters a) or 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. 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 submission of the application to terminate the insurance to Insurer and total policy administration expenses in the sum of 20 EUR.
7. When insurance expires earlier than at lapse of the insurance period pursuant to Article 8, Paragraph 3 letter c), 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. 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 the obligation under Art. 6 Sec. 3 and total policy administration expenses in the sum of 20 EUR.

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. In case of indemnity for insured events the Insurer shall provide indemnity to the Beneficiary on the base of submitted documents clearly demonstrating that the

Insured event occurred, and other documents required by the Insurer in accord with Article 6 Sec. 2 Letter k).

3. In case of occurrence of insured event on territory of Slovak Republic, the Insurer shall pay indemnity to the Beneficiary in compliance with the provisions of the insurance contract, 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,whereby the amount of indemnity for one insured event must not be higher than the payment for health care would be in the given case from public health insurance.
4. If the insured event occurred within Schengen, the Insurer will provide indemnity at the rate usual in the country where the insured event occurred in cases when the Insured did not use the services of health care provider recommended by the Partner of the Insurer.
5. Indemnity is payable in the currency of the Slovak Republic. In the case of conversion from foreign currencies, the Insurer applies the exchange rate of the European Central Bank valid on the day when the insured event occurred.
6. 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 violate the provisions of Article 6 Paragraph 1 letter a) and b), and/or of Paragraph 2 letters a) through h) and such violation had a material impact on the occurrence of the insured event or on the indemnity amount, or has made it difficult to identify the reason for indemnity, the extent or amount of the damage, or if the compensation of damage could not be paid in time or if such violation contributed to the occurrence of the insured event or extension of its consequences, 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

Change of Insurance

1. The Contracting Parties may agree in writing about changing the conditions of insurance.

2. Changes 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 insurance contract.
3. Applications for any changes of the insurance contract must be in a written form.

Article 13

Assistance services

1. The Insured person is entitled for provision of immediate telephone assistance and help if he/she finds himself/herself in a difficult situation threatening his/her life due to an accident or an acute illness.
2. In such a case, the Insured person
 - 2.1. on territory of Schengen shall be entitled to the following assistance services:
If required by the health condition of the Insured person:
 - a) informing on the healthcare facility to be contacted
 - b) ensuring provision of healthcare by a physician,
 - c) informing the healthcare facility about the way of covering cost for the provided healthcare.In case that the health condition of the Insured person requires hospitalization:
 - d) choosing the healthcare facility appropriate to the health condition of the Insured person,
 - e) continual informing about the health condition of the Insured person and controlling the method and course of treatment by the medical facility,
 - f) ensuring transport of the Insured person back to the country, the travel document of which the Insured person owns, or to the other country in which the Insured person has a stay permission, if it is transport to the Slovak Republic or other country within Schengen,
 - g) informing the healthcare facility about the method of costs payment for the provided healthcare.In case of death of the Insured person:
 - h) ensuring transport of the bodily remains of the Insured person back to the country, the travel document of which the Insured person owns, or to the other country in which the Insured person has a stay permission if it is transport to the Slovak Republic or other country within Schengen.
 - 2.2. on territory of Slovak republic shall be entitled to the following assistance services:
In case that the health condition of the Insured person requires hospitalization:
 - i) ensuring transport of the Insured person back to the country, the travel document of which the Insured person owns, or to the other country in which the Insured person has a stay permission, if it is transport to the country within Schengen.In case of death of the Insured person:
 - j) ensuring transport of the bodily remains of the Insured person back to the country, the travel document of which the Insured person owns, or to the other country in which the Insured person has a stay permission if it is transport to the country within Schengen.
3. The Insurer shall provide assistance services (indemnity) based on verbal or written request of the Insured person.
4. In case that the Insured person uses the Partner for provision of assistance services, the Insurer is obliged to cover costs for services provided to the Insured person.

Article 14
Method of concluding an Insurance policy in the case of insurance concluded using a means of remote communication

1. Insurance according to these insurance terms and conditions is concluded by using a means of remote communication.
2. The Policyholder will notify the Insurer of the request to conclude an insurance policy by filling in a form available on the Insurer's website or the website of the Insurer's contractual partner.
3. The Insurer presents the insurance policy proposal for Foreigners' Health Insurers SATEFY online to the Policyholder using the form available on the Insurer's website or the website of the Insurer's contractual partner in the case where the Policyholder has made a notice of the request to conclude an insurance policy pursuant to point 2 of this Article.
4. The Insurance policy is concluded at the moment of payment of the insurance premium to the Insurer's account by using the payment gateway displayed at the end of the form completion process on the Insurer's website. If the insurance premium is not be paid, the Insurance policy shall not be validly concluded.

Article 15
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. The Act No. 595/2003 Coll. on the income tax, as amended by later legislation, specifies settlements from the 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 a provision-creating insurance, this policy establishes no claim for payment of surrender value in case of termination of the insurance.
4. Insurance is subject to insurance tax pursuant to Act No. 213/2018 Coll. on Insurance Tax and Amendments and Supplements to Certain Acts. The insurance premium is subject to insurance tax in the amount of the applicable legislation.

Article 16
Final Provisions

1. Deviation of the policy from the provisions of these GTC FHIO is possible, except for Articles No. 1, 2, 11, 12, 13, 15 and 16.
2. The contracting parties agreed that the legal and procedural law applicable in the Slovak Republic will be applied to legal relationships governed by this agreement. All disputes arising out of the insurance contract shall be resolved by the competent court of the Slovak Republic. The contractual documentation is prepared in the Slovak language, if it is also prepared in other language versions, the Slovak version is legally binding.
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

FHIO, 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. Complaints on correctness and quality of the Insurer's services are submitted in written form via mail or in person at any of its workplaces or electronically (staznosti-up@union.sk or via a contract form placed on www.union.sk). The complainant will be informed about the outcome of the complaint settlement within 30 days from receipt of the complaint. In justified cases, the time limit for investigating and handling the complaint may be extended, but not for more than 60 calendar days; the complainant shall be informed in writing of the reasons for the delay in later handling of the complaint. For more information about how complaints are handled see www.union.sk. If a policyholder, insured or beneficiary is not satisfied with settlement of his/her complaint from the side of the Insurer or if he/she has not received any response within 30 days from filing, he/she has the right to submit an alternative dispute resolution to an ADR entity. Also the Slovak Insurance Association (www.poistovaciombudsman.sk, email: ombudsma@poistovaciombudsman.sk) is the subject of Alternative Dispute Resolution. A complete list of ADR entities is available on the website of the Ministry of Economy of the Slovak Republic www.mhsr.sk.
7. These General Terms and Conditions of Foreigners' Health Insurance SAFETY online GTC FHIO/1020 were approved on 7.9.2020 and become effective as of 1.10.2020.

**SPECIAL STIPULATIONS to the General Terms and Conditions
of Foreigners' Health Insurance SAFETY online
(hereinafter "GTC FHIO")**

**I.
INSURANCE TYPES**

Foreigners' health insurance SAFETY online is negotiated in the following insurance types:

1. Comprehensive insurance - Type 1,
2. Work insurance RISK -Type 2

**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:

1. provided health care and urgent health care on territory of the Slovak Republic,
2. provided urgent health care on territory of Schengen,
3. repatriation.

Diverly from Article 5 Section 4 letter c) GTC FHIO the Insurer covers also the costs incurred in connection with examination of the insured person which resulted in the confirmation of pregnancy on territory of the Slovak Republic.

Insured event is:

1. change in the state of health of the insured person in consequence of an accident or disease occurred to the insured person during the insurance period, if the changed state of health requires medical treatment during the insurance period or repatriation.
2. provision of health care, linked to prevention of changes in the state of health (prevention) on territory of the Slovak Republic, if the condition is met that the Insured has agreed Type 1 or 2 insurance for at least 6 continuous months,
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) on territory of the Slovak Republic, in connection with the accident or illness incurred during the Insurance period,
4. death of the Insured person during the insurance period.

2. Work insurance RISK (Type 2)

Scope of insurance

The Insurer covers the costs of:

1. provided health care and urgent health care on territory of the Slovak Republic,
2. provided urgent health care on territory of Schengen,
3. repatriation.

Diverly from Article 5 Section 4 letter c) GTC FHIO the Insurer covers also the costs incurred in connection with examination of the insured person which resulted in the confirmation of pregnancy on territory of the Slovak Republic.

Diverly from Article 5 Section 4 letter b) of GTC FHIO the Insurer covers also the costs incurred in link with performing manual work.

Insured event is:

1. change in the state of health of the insured person in consequence of an accident or disease occurred to the insured person during the insurance period, if the changed state of health requires medical treatment during the insurance period or repatriation,
2. provision of health care, linked to prevention of changes in the state of health (prevention) on territory of the Slovak Republic, if the condition is met that the Insured has agreed Type 1 or 2 insurance for at least 6 continuous months,
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) on territory of the Slovak Republic, in connection with the accident or illness incurred during the Insurance period.
4. death of the Insured person during the insurance period.

III.

GENERAL PROVISIONS

1. The insured person does not participate in any surplus premiums generated by the Insurer within his management of means of insured persons.
2. 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.
3. The legal relationship following from this Contract are governed by substantive and procedural law, as in force in the Slovak Republic.
4. These Special Stipulation to General Terms and Conditions of Foreigners' Health Insurance SAFETY online were approved on 7.9.2020 and become effective as of 1.10.2020.