

Critical Illness Insurance

Insurance Product Information Document

Insurance Company: Compensa Vienna Insurance Group ADB Latvian Branch

Product: Critical Illness Insurance

Full information on the insured risks is provided in the Critical Illness Insurance Policy and in the Critical Illness Insurance Terms and Conditions No. KS14, available on the website of Compensa Vienna Insurance Group ADB Latvian Branch at www.compensa.lv. This information document does not reflect individually agreed risks or additional terms and conditions agreed with the customer.

What is this type of insurance?

Critical Illness Insurance (see explanation at the bottom of page 2 regarding differences between types of insurance).



What is insured?

Critical Illness Insurance provides for the payment of a lump sum benefit if the Insured Person is diagnosed with one of the specified life-threatening illnesses. This insurance protects the Insured Person and their family members against unforeseen expenses necessary to commence treatment and to adapt to the circumstances following diagnosis. The sum insured is determined by the Insured Person.

Seesam offers the possibility to choose the most suitable coverage from three coverage combinations:

- ✓ Program A – Alzheimer’s disease, Parkinson’s disease, Poliomyelitis, Loss of speech, Cancer, Crohn’s disease, Hepatitis C, Aplastic anaemia, Coma.
- ✓ Program B – Lyme disease, HIV infection, Organ transplantation, Wilson’s disease, Bacterial meningitis, Chronic kidney failure, Liver failure, Deafness..
- ✓ Program C – Paralysis of limbs, Myocardial infarction (heart attack), Hepatitis C, Stroke, Type 1 diabetes mellitus, Primary pulmonary hypertension, Multiple sclerosis, Blindness, Burns.

The Insured Person is covered against the illnesses specified in the insurance policy.



What is not insured?

The Insurer shall have no obligation to pay insurance benefit for an insured event if the loss has arisen as a result of exclusions provided for in the laws and regulations of the Republic of Latvia or in the insurance contract.

The Insurer will not pay the insurance benefit if:

- X the terms, conditions and instructions set out in the insurance terms and in the selected programme have not been complied with;
- X the critical illness specified in the insurance programme has not been diagnosed in accordance with the defined medical criteria;
- X the Insured has misled the Insurer by providing false or incomplete information regarding their state of health;
- X the Insured fails to comply with the instructions given by a medical practitioner;
- X in respect of an insured child, the critical illness arises as a result of intentional or unintentional actions caused by the parents, guardians or the Policyholder / beneficiary indicated in the policy;
- X the Insured has received medical advice and/or treatment for, or was aware of, the diagnosed critical illness prior to the start date of the insurance period.
- X The insurance benefit will also not be paid if the illness results from:
 - the use of alcohol, narcotic drugs or other toxic substances;
 - intentional self-inflicted injury, suicide or attempted suicide;
 - unlawful acts committed by the Insured or while serving a custodial sentence;
 - the use of medicinal products or similar substances, or participation in clinical drug trials;
 - Human Immunodeficiency Virus (HIV), except where contracted as a result of a blood transfusion, or Acquired Immune Deficiency Syndrome (AIDS) and any related conditions or diseases arising from HIV infection;
 - mental or psychological disorders resulting in stroke, seizures, epilepsy or other convulsive disorders;
 - long-term chronic diseases.

* Detailed exclusions for each illness are set out in the insurance contract terms and conditions and in the programme descriptions. For example, in the case of a malignant tumour (cancer), exclusions include all cancers that are pre-cancerous, at Stage 1, non-invasive, borderline malignant, or of low malignant potential.



Are there any restrictions on cover?

- ! Waiting period – the first 90 (ninety) days from the effective date of the insurance contract. If, during this period, the Insured receives a positive initial or final diagnosis of any of the specified critical illnesses, the insurance benefit will not be paid. The above waiting period shall not apply if the insurance contract is renewed without interruption for the next insurance period and no changes are made to the terms and conditions of the contract.
- ! Survival period – a period of 30 (thirty) days from the date of the insured event. If the Insured dies during the survival period, the insurance benefit will not be paid.
- ! If the Insured has previously been diagnosed with any of the specified critical illnesses, the risk relating to that illness is not covered.



Where am I covered?

- ✓ Cover applies worldwide, 24 hours a day



What are my obligations?

- Provide the Insurer with complete and truthful information before entering into the insurance contract and during its term. If necessary, the Insurer may request that you complete a health declaration and/or undergo additional medical examinations at a medical institution designated by the Insurer for further assessment of the insurable risk.
- Notify the Insurer during the term of the contract of any circumstances that may significantly increase the likelihood of the insured risk occurring.
- Policyholder's obligation inform you that you are insured under a specific insurance contract, the terms and conditions of which have been agreed between the Policyholder and the Insurer.
- Policyholder's and/or your obligation familiarise yourself with, comply with and fulfil all requirements of the insurance contract.
- Take reasonable care of your health and undergo mandatory and recommended medical examinations in accordance with the laws and regulations of the Republic of Latvia.
- In the event of an insured event, comply with all instructions given by the treating medical practitioner.
- Beneficiary's obligation prove the occurrence and consequences of the insured event, enable the Insurer to ascertain and assess the circumstances of the event, and submit all information and documents requested by the Insurer.
- Notify the Insurer within 30 days from the date of the initial or final diagnosis of a critical illness by submitting a claim form via the Insurer's website at www.compensa.lv.
- If, for objective reasons, you are unable to submit a written claim personally, ensure that it is submitted by your authorised representative.



When and how do I pay?

You must pay the insurance premium in the amount, manner and by the due dates specified in the insurance contract.



When does the cover start and end?

- Cover starts on the date specified in the insurance contract, provided that the insurance premium has been paid in accordance with the terms and conditions of the contract.
- Cover ends on the date specified in the insurance contract or upon payment of the full sum insured as specified in the contract.



How can I cancel the contract?

You may cancel (terminate) the contract by giving the Insurer 15 days' prior written notice.

Important!

Health insurance provides coverage for unforeseen medical expenses incurred by the Insured Persons when receiving healthcare services. The Insurer shall pay the insurance benefit in accordance with the insurance programme specified in the insurance policy, without exceeding the sum insured and/or the limits of liability stated in the policy.

Critical Illness Insurance is a type of personal insurance that provides for a one-off payment of the sum insured specified in the insurance contract if, during the period of insurance, the Insured Person is diagnosed with one of the critical illnesses covered under the contract and the waiting period provided for in the contract has elapsed. The insurance benefit may be used by the Insured Person to cover expenses related to the treatment of the critical illness or everyday living expenses.

Accident Insurance provides for the payment of compensation if the Insured Person sustains an injury or physical bodily harm as a result of unforeseen and external events. The amount of the insurance benefit is determined in accordance with the risks covered under the policy and the applicable benefit calculation tables.

Life Insurance is a type of insurance - life insurance with a possible savings component - whereby, through regular premium payments, it is possible to accumulate savings for future financial security while simultaneously providing financial protection for the family in the event of the Insured Person's death.