

This standardized document contains minimum basic information concerning the insurance product; the complete pre-contractual and contractual information referring to this product is presented in the Insurance Offer, respectively in the Insurance Policy, the Policy Conditions and any potential addenda to the insurance contract.

What type of insurance is this?

A voluntary private health insurance which covers the illnesses or accidents of the Insured, during the insured period, in accordance with the policy conditions and with the insurance plan selected by the Policyholder.



What is insured?

Insured risks: they are stated in the Schedule of Benefits within the Insurance Conditions. They may be, according to the insurance package selected by the Policyholder:

✓ **coverage within the hospitalization:** hospitalization costs (accommodation, medical assistance, ATI, medical investigations, treatment of acute bursts of chronic affections, procurement of prosthetics etc.);

✓ **ambulatory coverage:** surgical procedures, medical consultations, procurement of medicinal products, medical investigations, medical recovery, complementary consultations and therapies, treatment of chronic affections etc.;

✓ **medical assistance:** ambulance, repatriation in case of death, urgent international medical evacuation;

✓ **medical prevention:** annual screening, vaccinations;

✓ **dental treatment:** preventive/restorative/orthodontic;

✓ **other medical services:** treatment and investigations for cancer, birth monitoring and hospitalization, treatment of newborn babies, dental treatments.

Insured amount: to be determined in accordance with the insurance package selected in the contract.



Where can I benefit from the insurance?

✓ On the territory of Romania, within the ECE (Eastern and Central Europe) or outside the ECE countries, in accordance with the provisions of the insurance conditions and of the insurance package selected by the Policyholder.



What are my obligations?

- declaring any pre-existing medical condition or symptom in the Application Form;
- Full and on-time payment of the premium instalments associated to the Insurance Policy;
- Compliance with the terms and conditions of the insurance policy;
- knowledge of the occurrence of the insured event as soon as it occurred;
- Granting the Insurer access to any documents to the purpose of assessing damages



When and how should I pay?

- the insurance premium is paid in full annually or in monthly, quarterly or semi-annual instalments;
- the payment of the insurance premiums is made in euro, by bank transfer/payment order/ on the Generali Romania portal, into the account indicated by the Insurer in the Contract.



When does the insurance policy start and when does it end?

- it starts after confirmation of the first payment, a date indicated in the insurance certificate, and it is renewed annually, after one year from the activation date;
- if any insurance premiums are not paid before the due date, the Policy shall be suspended and it shall remain so for 30 days. After this grace period, in case of default, the policy shall be terminated.
- it can also be terminated for convenience, rescinded, failure to pay the insurance premium or failure to comply with legal/contractual obligations.



How can I terminate the contract?

- unilateral termination for convenience, with a notice of at least 20 days



What is not insured?

X a pre-existing medical condition which was not declared in the Application Form and/or was not accepted by the Insurer;

X an amount which exceeds the limits of the policy;

X a cost occurring after expiry of the insurance period;

X a medical treatment and/or assistance for alcoholism, drug or substance abuse/addiction;

X events occurring by war, invasion, criminal act of foreign enemies, hostilities (whether the war is declared or not), civil war, rebellion, revolution, military insurrection, usurpation or participation in civil rebellion/revolt;

X treatment associated to the harvesting of stem cells, of sperm, ovules or blood in the umbilical cord for future use;

X accommodation and treatment in hydro, spa, natural remedies clinic, health farm or similar centres;

X treatment, service or experimental or unfounded medication in relation to the generally accepted medical practice or provided by an unlicensed physician or by any family member;

X procedure or treatment related to genetic testing;

The complete list of exclusions can be found in the Insurance Conditions



Are there any coverage restrictions?

! All the cases mentioned as part of the Exclusions from the Insurance Conditions and any potential exclusions mentioned in the Insurance Contract issued after the completion of the medical assessment process;

! Persons without a right of residence in Romania.

The informations that S.C. Generali Romania Reinsurance Insurance S.A, as an Insurer, provides them to the clients in accordance with the legal provisions

Before concluding the insurance contract, the Insurer shall provide the following relevant information:

Information about the Insurer: S.C. Generali Romania Asigurare Reasigurare S.A., authorized for life and general insurance, which is a Member of Generali Group, listed within the register of the Insurers groups administrated by IVASS under No. 26, based on a two-tier management system, Registered Office in Bucharest 011857, 1st District, 15th Charles de Gaulle Square, 6th-7th floors, Phone +4021 312 36 35, Fax +4021 312 37 20, Call Center: +40372 010 202, www.generali.ro, E-mail: info.ro@generali.com, Authorized by Insurance Supervisory Authority, Unique Code RA-002, EN ISO 9001: 2008 - Certified Quality Management System, Trade Register Number: J40/17484/2007, Fiscal Identification Code: RO 2886621, Code LEI : 213800J9BYTZ1Z4YK783, Registered Capital: 178.999.221,7 Lei.

The Insurer offers to all his clients advice on health insurance products, after which develops personalized recommendations based on professional criteria so that the health insurance contract best meets the needs and requirements of the clients.

Information about the Insurance Contract: The insurance contract includes: the policy conditions, the analysis form of the needs and requirements of the clients (DNT), the standard product information document (PID), the Application Form and the Insurance Offer, the certificate of insurance together with special / additional clauses if expressly mentioned in the insurance policy, the correspondence between the Insurer and the Policyholder, as well as any other documents requested by the Insurer for the smooth running of the insurance, including but not limited to Insured health data, occupation and hobbies. Details about the Insurance Contract, insurance premium and purchased packages are also found in the Application Form and in the Insurance Conditions.

MediHelp International Plan is not a saving/capitalization plan, therefore it does not serve as a compensation plan, cannot be transformed into an insurance with limited amount and has no value for profit.

The **Guarantee Fund**, as defined by Law no. 213/2015 regarding the Insurance Guarantee Fund, is intended to protect insured persons, beneficiaries and third parties if the insurance company is insolvent. The Fund is constituted by the contribution of all insurers, being administered by Financial Supervisory Authority.

Complaints procedure. We aim to provide a first class service at all times. However, if an insured person has any complaint regarding the standard of service received under this policy, the following procedure is available to resolve the situation:

In the first instance the insured person should write to MediHelp International at: 24, Dr. Ctin Caracas Str., 011155 Bucharest, Romania; Telephone: +40 21 222 0593; Email: customer-service@medihelp.ro. If the Insured is dissatisfied with the response received, he may directly refer to Generali Romania Asigurare Reasigurare S.A. Any dispute arising out of or in connection with the insurance contract will be settled amicably or by the Romanian courts, from Generali România Asigurare Reasigurare SA headquarters. At the same time, to resolve a dispute, you may also address to the Alternative Litigation Entity in the non-banking financial sector, established by the Regulation of ASF 4/2016 and hereafter referred to SAL-FIN, which works exclusively within A.S.F., in accordance with the specific procedures under the Regulation. The Consumers can submit litigation to SAR procedures, managed by SAL-FIN, if they prove that, previously, have tried to resolve the litigation directly with the trader concerned, and may choose the conciliator/conciliators of those registered in the list specific to the litigation. The procedures administered and organized by SAL-FIN shall not affect other means as provided by general law to settle a dispute.

Tax deductions. General Provisions. According to tax legislation in force (Law 227/2015), private health insurance is tax deductible, within the limit of EUR 400/person/year, both for the employee and for the employer. These tax specifications are valid, but are subject to change in tax legislation (The Tax Code and any other normative act adopted in its application).

Governing law. The policy has been issued in accordance with and is governed by the laws of Romania, including but not limited to the provisions of the Civil Code, relevant insurance and reinsurance legislation, the Foreign Exchange Regulation and the specific provisions contained in these Insurance Conditions.

I, the undersigned, declare under my sole responsibility that I have read and understood the legal provisions regarding this insurance contract, that I have taken note of and agree with the provisions of the insurance conditions and have received a copy thereof.

Client:.....Signature:.....

Date:.....