

Important Note for the English Version

Although every effort has been made to provide a true and accurate translation, the English Version of this Policy is to be used for information purposes only. The prevailing law for this contract is the law of the Republic of Cyprus and the contract between the two parties is the Greek Version.

**MEDICAL AND
PHARMACEUTICAL TREATMENT
POLICY**

Issuing Officer

Managing Director

MEDICAL AND PHARMACEUTICAL TREATMENT POLICY

This Insurance Policy which was issued by **Ethniki General Insurance (Cyprus) Ltd.** (hereinafter call "the Company") witnesses that in exchange for the payment of the agreed insurance premium by the Contracting Party and subject to the conditions, exemptions, definitions and presumptions contained in this document or in any possible additional Act, the Company will provide, during the Period of Insurance, coverage of medical/pharmaceutical treatment from illness or accident as well as childbirth benefit to the insured persons, as defined in the Schedule of the Insurance Policy.

It is accepted that the Proposal, which was signed by the Contracting Party and any Declarations signed by the Insured Persons, constitute the basis of the Insurance Policy and form an integral part thereof.

DEFINITIONS

"Contracting Party" means the person who contracts this Insurance Policy with the Company.

"Insured Persons" means the employees, students, visitors in favour of whom this insurance is made.

"Employee", for the purposes of this Insurance Policy, means every person who legally offers his services on fulltime employment in return for a remuneration to the Contracting Party on the basis of a work contract which exists directly with him.

"Student", for the purposes of this Insurance Policy, means every person who legally obtained a student visa and attends a recognised college / university in Cyprus.

"Visitor", for the purposes of this Insurance Policy, means every person who legally obtained a visitors visa.

"Medical Expenses" means – all reasonable and customary costs incurred in respect of treatment given or recommended by a legally qualified and licensed physician as well as medicines, hospital charges, surgical and medical exigencies regarding this treatment.

All expenses must arise from Bodily Injury sustained as a result of an Accident that occurred or Illness that happened during the Period of Insurance and which the Contracting Party and/or Insured Person must have incurred at the latest within 60 days after the expiration of the Period of Insurance or 12 months from the date of the accident or the first symptoms of the illness if the Insurance Policy has been renewed and provided that the Insurance Policy continues to provide cover to the Insured Person.

"Medicines" means only those prescribed by a physician which are essential for the full recovery from the specific illness or accident. All herbal, homeopathic and similar medicines are not covered.

"Hospital" is considered any public or private nursing institution (including clinics) which operates legally and has complete hospital equipment and a permanent staff of physicians and nurses. Any recovery institution for drug addicts or alcoholics, old age homes and general recovery and physiotherapy institutions are not considered hospitals.

"Accident" means every occurrence (incident) due to an external, sudden, visible, violent, fortuitous cause which is absolutely beyond the Insured Person's control and causes bodily injury to the Insured Person, as an exclusive cause and independent from any other.

"Bodily injury due to accident" means bodily injury caused by an Accident which:

- (a) is sustained by the Insured Person during the Period of Insurance, and
- (b) creates the need for the Insured Person to have treatment and be attended by a physician.

"Illness" means a medically diagnosed harm in health or affliction, which is due to pathological causes and results from causes which were inexistent before or during the contracting of the Insurance Policy or its reinstatement.

" Coverage for transportation of the bodily remains" means the coverage offered in case of death of the insured as a consequence of an accident or illness covered by the present Insurance Policy of the insured in

relation to the transportation costs of the employee's corpse to his country of burial, including the costs of embalming the corpse, up to the sum referred to in the Insurance Policy Schedule.

"Reasonable and customary expenses" are considered to be the fees for medical care which do not exceed the general limit of fees that would be charged by other physicians and/or hospitals of similar specialisations for cases similar to those concerning the claim.

"Pre-existing illness or affliction" means any disorder of the insured person's health which existed prior to the inception of the insurance or any reinstatement thereof and which:

- either had shown symptoms
- either had been diagnosed
- either had been faced by medical/pharmaceutical treatment
- either was the consequence of genetic anomalies or injury or illness, as well as their complications.

CONDITIONS

The Insurance Policy, the Proposal, the Schedule and any possible Additional Documents shall be read as a single document. Any word or phrase to which a specific meaning was given shall have the same meaning anywhere it may appear in this document. Words in the masculine gender will be considered to include the female gender as well.

The Company will provide the Contracting Party, in order to deliver them in its turn to every insured person, with personal certificates which will assure the insurance cover provided for each Insured Person.

The strict compliance with and the fulfilment of the conditions and provisions herein contained or endorsed or otherwise expressed by the Contracting Party and the insured persons regarding anything they must do or fully comply with, as well as the truth of the statements made by the Contracting Party or the Insured Persons upon contracting the Insurance Policy constitute necessary conditions precedent for the obligation of the Company to effect any payment on the basis of the Insurance Policy.

This Insurance Policy shall be construed and be in force in accordance with the laws of the Republic of Cyprus.

In case an event happens which may give rise to claims based on the Insurance Policy, the Company must be informed at once by the Contracting Party, the Insured Person and/or any representative of them within 14 days at the latest from the full recovery; a written claim must be submitted to the Company together with all the justifications relevant to the incident for which such a claim is submitted. Any information and evidence requested by the Company must be provided free of charge for the Company and in the form asked by the Company. However often he may be asked, an Insured Person will undergo a medical examination on behalf and at the expenses of the Company regarding any Bodily Injury or Accident or Illness.

If any claim submitted by the Contracting Party or the Insured Person or by any person who acts of behalf of the Contracting Party or the Insured Person is in any respect false or fraudulent, the Company shall not have any obligation to effect payments with regard to such a claim.

The Company shall not be affected by information of any charge, commitment, transfer or other dealing which refers to this Insurance Policy.

All payments under this Insurance Policy shall be made to the Contracting Party or to any person indicated by it. The receipt from the Contracting Party or any such person shall in all circumstances constitute effective exemption for the Company.

Every difference that may result from the Insurance Policy falls under the jurisdiction of the Courts of the Republic of Cyprus and is judged according to the Cyprus Law.

The liability of the Company commences when the Proposal is accepted and payment is made of the first insurance premium or any renewed insurance premium which the Company may agree to accept as per the circumstances.

The insurance premium is prepayable and determined according to the age and profession of every Insured Person on every renewal of the Insurance Policy. The Company reserves the right of readjusting the cover and the premium upon every renewal of the Insurance Policy.

In the case of termination of the Insurance Policy by the Contracting Party at a date different from the date of renewal, the insurance premium to be charged will be calculated pro rata with an additional charge for a period of thirty days.

In case the pro rata of the insurance premium is not paid on the basis of the frequency of payment within a period of thirty days from the date of issue of the charge notification, the Company may cancel the Insurance Policy by fortnight's notice sent to the Contracting Party by registered letter to his last known address, with a simultaneous notification of the warning and/or cancellation to the Ministry of Labour.

EXCLUSIONS

The Company will not be liable by this Insurance Policy to effect any payment regarding:

1. Birth afflictions and defects.
2. Acquired Immune Deficiency Syndrome (AIDS).
3. Curative rest, attention in a sanatorium guardianship care, or a period of quarantine or isolation.
4. Aesthetic or plastic surgical operation, unless this becomes necessary due to bodily injury resulting from an Accident that happened during the Period of Insurance.
5. Dental examination, dental X-rays, extraction of teeth, dental denervations or fillings unless these resulted from a damage caused by Accident to sound natural teeth, proven beyond any reasonable doubt by X-rays or external examination, or other clinical findings, prostheses or corrective means and medical applications and artificial teeth, crowns, inserts and bridges, orthodontic, endodontic, periodontic and general dental care.
6. Refractive afflictions or eye anomalies and provision or application of visual or hearing devices.
7. Preventive medical examinations check ups, normal medical examinations that do not relate to or are not necessary for the diagnosis of an illness of bodily injury after an accident.
8. General medical examinations.
9. Inoculations and vaccinations.
10. Contraceptives and/or application of contraceptive means.
11. Expenses for curing rheumatisms, arthritis, lumbago, neck-ache, sciatica, except for the case of entry and stay in hospital as an outpatient for the said afflictions, in which case the hospital expenses are covered.
12. Expenses for curing sterility and/or childbearing.
13. Physiotherapy, unless required to restore an injury resulting from an accident.
14. Pre-existing illnesses or afflictions and any complications or consequences from same.
15. Expenses for curing gynaecological problems that occurred either before or after 6 months from the commencement of the Insurance Policy or from the Additional Documents of the return or incorporation of the Insured Person into the plan.
16. Nervous or mental disorders or epilepsy crises or psychic illnesses or disorders or therapy in psychiatric hospitals or institutions.
17. Expenses for cure not given or not recommended by a legally licensed and qualified physician, or which can be made in a physiotherapy clinic or similar institution or during the period of quarantine.

18. Expenses incurred abroad.
19. Sums of money which the Contracting Party is entitled to recover from a trade union or other health funds or other insurance policies. The sums payable under this contract will be restricted to the balance of the expenses which are not covered under other insurances or trade union or other health funds, or be computed on the basis of the schedule of benefits of the present contract, whichever of these is lower.
20. Expenses for hospital treatment resulting from accidents at work under the Labour Legislation and covered by the Social Insurance Fund.

Additionally, the Company will bear no liability under the present contract for expenses incurred for illness or accident which happens or is conducted or is the result directly or indirectly, of the following events:

1. War, invasion, acts of a foreign power, hostilities (whether or not war is declared), civil war, rebellion, revolution, revolt or overthrow of government by force or military action or usurping power.
2. Ionising radiation or contamination from radioactivity or any nuclear waste or from any radioactive residue or from burning of radioactive material.
3. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear assembly, or nuclear component part thereof.
4. Naval or military or air force or police operation.
5. Wilful self-inflicted injury, suicide, suicide attempt, drug addiction, excessive drinking, aphrodisiac illnesses, drunkenness or illnesses attributed to chronic alcoholism.
6. Pregnancy, childbirth, ectopic pregnancy or termination of pregnancy or any physical or other complication originating from it.

It is understood that irrespective of the provisions of this exception, in case of childbirth (normal or by caesarean incision) the offered cover "3 "childbirth benefit" is activated.

7. Injury sustained while participating in professional sports or any dangerous sport such as balloon, hang gliding, parachuting or Bungee or any form of aviation (except where the injured person is a passenger or crew member in a fully licensed normal type of aircraft which belongs to a recognised air company and is on a defined flight-route), hockey on ice, fast-moving boat competitions, sea-ski jumps or underwater swimming where the insured person uses breathing apparatus, horse-back hunting, polo horse-show, caves exploration, rock or mountain climbing where normal ropes are used, driving or participation in any type of rally contest or judo contest or other kind of war art, competitive winter sports, skiing out of race-tracks, snow-skiing jumps, heli-ski, bobsleigh or lugging, engagement of the insured person with, or his participation in, speed contests or any other race.