EXTRACT FROM THE GENERAL TERMS AND CONDITIONS OF LIFE AND HEALTH INSURANCE (CASH PLAN)

In accordance with the provisions of Law No. 52, dated 22.05.2014 "On the insurance and re-insurance" and the Statue of the company, Life Insurance Company SiCRED sh.a., provides this extract from the General Terms and Conditions of the Insurance Contract "Life and Health Cash Plan":

Contract of Life and Health Insurance Cash Plan, is the contract by which, the Insurer and the Insured agree, against the obligation of insurance premium payment from the Insured, that if an occurrence of life, health or accident is certified as per the provisions of this contract, the Insurer will pay to the Insured or a third person, on whose behalf the contract is signed, expenditures for medical treatment, outpatient benefits and other types of insurance benefits, in the form and measure provided in these general provisions and as per the categories and limits set in the Table of Benefits as part of the Insurance Policy.

1.1 Definitions

a. **Insurance contract** in view of this contract means the General provisions of Life and Health Insurance Contract, the insurance policy, including the documents attached to them.
b. **Insurance conditions** in view of this contract mean the General provisions of Life and Health Insurance Contract
c. **Insurance policy** in view of this contract means, the document that certifies the conclusion of the insurance contract.
d. **Insurance Certificate** in view of this contract means, the insurance testimony that the Insurer issues to the Insured.
e. **Insurer** in view of this contract means, the Insurance company SiCRED sh.a..
f. **Insured group** in view of this contract means a group of more than 5 individuals that have the right to be insured with this contract.
g. **Insured** in view of this contract means, the physical person, member of the insured group, whose life and health is the object of the insurance coverage.
h. **Contractor** in view of this contract means, a physical or legal person, who signs the insurance contract on behalf and for the account of the Insured persons.
i. **Insurance contract, group contributor** group contributor in view of this contract means, the cases when the payment of Insurance Premium, in accordance with the provisions of this insurance contract, will be made by the Insured, partially or totally.
j. **Insurance contract, in group** in group, in view of this contract means, when the payment of Insurance Premium, in accordance with the provisions of this insurance contract, will be made by the Employer.
k. **Policy-holder** in view of this contract means, the Employer that pays the premium in favor of the Insured, totally or partially.
l. **Insurance premium** in view of this contract means, the amount of monetary means that the Insured and/or the Contractor pays to the Insurer in conclusion of this contract.
m. **Sum Insured** in view of this contract means, the maximum amount of monetary means, that the Insurer could pay in favor of the Insured or Beneficiary, upon verification of the occurrence/ insurance event.
n. **Indemnity** in view of this contract means, the value of monetary means that the Insurer, pays in favor of the Insured or Beneficiary, for any insurance event.
o. **Beneficiary** in view of this contract means, the physical or legal person that, due to the verification of the occurrence/ insurance event, benefits the insurance amount as per the wish of the Insured expressed in the Insurance certificate.
p. **Occurrence / Insurance event** in view of this contract means the loss of life, the manifestation of different diseases that seek medical treatment, the accidental body injuries of the Insured, except when they belong to the exempted risks in accordance with this insurance contract.
q. **Accident** in view of this contract means, any sudden and/ or unexpected body injury, caused by a given tool, described as violent, obvious, external action, and in its complexity occurs independently of the will of the Insured. Any proceeding, that does not include elements of conscience, considered as "ingestion",

"inhalation", etc. of poisonous or corrosive substances, food or drinks that hold poisonous substances will be considered as "accident" in light of the provisions of this contract.

r. **Disease** in view of this contract means the unintentional aggravation of the health status, diagnosed by a physician, that it is not a consequence of an accident. Complications occurred during pregnancy or childbirth are classified as diseases.

s. **Physician** in view of this contract means any acting health professional that has a diploma recognized by the state, or an international equally recognized diploma for duly exercising the medical profession.

t. **Franchise** in view of this contract means the expenditure perimeter, under which limit the Insurer is not entitled to undertake the procedure of claim treatment.

u. **Co-insurance** in view of this contract means the fixed percentage of obligations' coverage that the Insured is entitled to pay, after having paid the applicable deductible amounts.

v. **Coverage limit** in view of this contract means the maximum amount that the Insured will pay during the insurance period for any treatment or care covered by this policy. The coverage limits are defined in the Table of Benefits.

w. **Death of the Insured** in view of this contract means the loss of Life of the Insured (independently if it is caused or not by the Accident), except for the risks exempted from this insurance contract.

x. **Total permanent disability** in view of this contract means the complete loss of the ability of the Insured to perform his/her duties in his/her profession or in any other given profession, caused by the accident, certified as such by the competent health authority, upon termination of the one-year period from the disability initiation.

y. **Partial permanent disability** in view of this contract means the partial loss of the ability to work, caused by the accident that resulted in the anatomical loss or permanent functional injury of one or a few organs or limbs of the Insured.

z. **Total temporary disability** in view of this contract means the complete loss of the ability of the Insured, caused by the accident, to temporary perform his/her duties in his/her given profession.

aa. **Limb loss** in view of this contract means the physical or functional loss of a hand, at or above the elbow joint, or of a leg at or above the knee joint.

bb. **Hospital/Hospital Center** in view of this contract means an entity licensed by relevant authorities to act as a health or surgery center, with the main purpose to provide assistance to patients or injured persons in its location; where the patient is under the constant care of the physician and where his/her medical data are preserved. SPAs, Hydro Clinics, Rehabilitation Institutions and Nursing Homes will not be considered as Hospitals.

cc. Medical Condition in view of this contract means any disease or physical injury.

dd. **Pre-existing Condition** in view of this contract means any disease or injury that:

I. Is diagnosed by a physician or has requested medical treatment prior to the initiation date of the policy, including the medication treatment.

II. Has shown symptoms prior to the initiation date of the policy, symptoms that would make a cautious person seek professional advice or medical treatment.

ee. **Chronic Condition** in view of this contract means a disease or injury that has at least one of the following characteristics:

I. If it continues for an indefinite period of time and has no known cure.
II. When repeated or is likely to be repeated.
III. When it is necessary to be rehabilitated or to be specifically trained to live with it.
IV. When a longterm monitoring is necessary, as well as consultations, check-ups, examinations or tests.

ff. **Disease or related injury** in view of this contract means any symptom, disease or injury that from the medical point of view is considered to be related to the disease or injury that needs to be treated.

gg. **Medical treatment** in view of this contract means any scientifically proved care that aims to recover or preserve one's health that is compliant with the medical advice and is recognized as health care by the relevant authorities of the country where it is provided.

hh. **Treatment as hospitalized patient** in view of this contract means any permanence above 24 consecutive hours in a hospital, as a consequence of medical recommendation and under physician's surveillance and care.

ii. **Daily patient treatment** in view of this contract means the medical treatment that a person receives in the hospital, health center, and private clinic, as he/she needs a period of supervision but does not need to stay overnight.

jj. **Cosmetic Treatment** in view of this contract means any medical treatment that is undertaken to change the outer appearance and not for the treatment and cure of a given health condition.

kk. **Day surgery** in view of this contract means the surgery act undertaken in a health center/hospital where the patient does not need to spend more than 24 hours due to his medical condition.

ll. **Preventive care** in view of this contract means all the measures undertaken prior to the display of symptoms of the disease to prevent such disease or the injury e.g. vaccines or routine medical examinations.

mm. **Pregnancy complications** in view of this contract mean a condition (when the pregnancy is not interrupted) whose diagnosis is observed due to pregnancy condition, but deteriorates or is caused by the pregnancy.

nn. **Pregnancy** in view of this contract means the physical condition of a woman from conception until birth including all the involved physically related consequences.

oo. **Medical emergency** in view of this contract means the sudden and unexpected display of a serious circumstance, deemed as life threatening, which requires immediate medical treatment.
Only medical treatment provided by a general practice physician or a specialist will be covered, or the hospitalization within 24 hours from the occurrence of the event that caused the emergency.

pp. **Medical Evacuation/ Emergency Repatriation** in view of this contract means the execution of medical evacuation/ emergency repatriation when the necessary medical treatment is not available in country. As a comon practice, the evacuation aims to reach the nearest country that provides the required medical treatment or could be the country of residence of the insured (repatriation). In the event of such emergencies, the Insurer should be contacted in order to approve and organize the transport. The Insurer has the right to decide on the medical entity where the Insured will be transferred. If the treatment is available in-country, but the Insured chooses to be treated in another country, the involved transport expenditures will be covered by the Insured.

qq. **Emergency dental treatment** in view of this contract means the emergency dental treatment that takes place in a clinic, or dental surgery to fix the damage caused by an accident.
   I. The damage should be diagnosed by the physician within 24 hours from the occurrence of the event.
   II. The treatment should take place within 60 days from the accident.

rr. **Diagnosis check-up** in view of this contract means the necessary microbiological and biochemical tests, as well as other required examinations that are necessary to diagnose and follow up the medical treatments undertaken by the patient, such as: X-Ray, CT Scan, MRI, Pet Scan etc.

ss. **Medicine prescription** in view of this contract means the necessary medicine and/ or advised by the physician for the treatment of a given medical condition. Medicine, in meaning of the concept used in these conditions, will be considered the drugs, which are traded only with a doctor's prescription and only if they contain substances with active medical principle or their preparations contain active medical principle, according to the classification in law for medicines in the Republic of Albania. Drugs that are sold in pharmacies or pharmaceutical agencies with or without a doctor's prescription, without active medical principle, but that are classified as OTC drugs (Over The Counter), according to the law on drugs in the Republic of Albania, will not benefit any coverage by this insurance contract.

tt. **Waiting Period** in view of this contract means a period of time from the date of initiation of the insurance coverage, during which the insurance policy does not cover the expenditures, except if stated otherwise in these General Provisions,

uu. **Aggregate Responsibility** in view of this contract means the maximum limit of the monetary amount that the Insurer is entitled to pay in the occurrence of more than one insurance event in the same accident.

vv. **Annual maximum aggregate** in view of this contract means the maximum limit of the monetary amount that the Insurer is entitled to pay during the entire insurance period.

ww. **Insurance period** in view of this contract means the duration of the herein insurance contract.

1.2 The right to be Insured

a) Persons that have the right to be insured are persons from 18 to 65 years old living in the territory of the Republic of Albania, who have legal acting capacity and are in good health.
b) Persons that require permanent medical assistance, or that are formally supported and cared upon by third parties, are not eligible to be insured.
c) In order to be eligible for insurance, individuals should have an employment contract with the policy-holder. Persons that have reached 65 years of age or reach such age during the given insurance period will not be accepted for first-time insurance.
d) Foreign citizens employed in legal entities that are based and work in the Republic of Albania, or Insured persons involved in vast insurance groups, can be insured in an open list, hence any list change should be announced to the Insurer at least 10 days ahead in written form, and the later should provide his consent on the given change within 10 days.

1.3. Insurance Event

As according to the provisions of this contract, insurance event will be considered:

I. The display of a health condition as per the provisions of this contract that requires medical treatment.
II. Loss of Life of the Insured due to accidental or natural causes as per the provisions of this contract.
III. Body injuries as a consequence to an accident.

1.4. Payment Indemnity

The contract of Insurance Cash-Plan cover expenses related to:

a) Life;
b) Health;
c) Indemnity for hospitalized patient treatment;
d) Indemnity for daily patient treatment;
e) Coverage of expenditures for routine check-up;
f) Accidents
g) Emergencies and evacuation

1.5. Exclusions (applicable to all the sections of this contract and its addendums)

As according to the provisions of this contract, no indemnity will be paid in the case of:

a) 'Pre-existing' medical state, chronic medical state, or diagnosed diseases or physical injuries occurred before the contract signature, including any periodic and active complication, except when in written agreement with the Insurer.
b) Congenital disease and defects, defects caused by paralyses and anomalies and related complications.
c) HIV/AIDS and any other disease related to it, independently on the cause of infection.
d) Disease or accident consequences as a result of an intentional act of the Insured, as for example self-harm independently on the mental status of the Insured, or an obvious attempt to self-maltreatment.
e) Consequences of wounds or injuries due to active participation in motoric races in land, or water, or from training in the race track or from active participation in dangerous sport races. Consequences from other non-professional sports will usually be covered.
f) Check-up and/ or requested treatment due to participation in professional, or dangerous sports.
g) Impotence, implant of spiral tissues and their complications.
h) Surgery for the deviation of the nasal bone, and any other treatment or estethic intervention.

i) Plastic or cosmetic surgery caused by an accident that is not considered as necessary. Expenditure for acnea treatment is also excluded.
j) Medical treatment of allergic diseases after their diagnostication.
k) Medical treatment in SPAs, curative baths, medical cures in SPA, massages, diets, obesity and weight loss treatment, gym or weight loss centers, expenditures for child care (baby-sitter), expenditures for private nurses, telephone, etc.
l) Disease or accident voluntary incurred by the Insured or due to usage of alcohol or narcotic substances.
m) Suicide or suicide attempt.
n) Damage or disease due to war, natural disasters (earthquake, floods, volcanic erruptions, mudslide, etc.), terrorist acts where the Insured is an active participant, flying with different flying objects except when the Insured is travelling as a passenger.
o) Consequences of turmoil, any terrorist act or rebellion if participating in them, or when the Insured has broken the law. Hence consequences of fights will not be covered, unless the Insured has acted in his/her own defense.
p) Health deterioration due to ionizing radiation and also nuclear energy risks in the event of massive accidents. However, the radiotherapy consequences advised by the physician will be covered.
q) Usage of explosive and corrosive materials, except if used in framework of professional assignment.
r) Diseases caused due to physician's error (iatrogenic diseases).
s) Any dental service (dental check-up, dental therapy, orthopedic, orthodontic, surgery) for damages that are not caused by the accident.
t) Examination and treatment of congenital, genetic diseases, growth disorders and complications even if those were diagnosed in adult age.
u) Wounds or injuries caused by the exercise of amateur aviation, accidents from flying of jumping from flying objects with or without engine, and also when flying or jumping is made against the rules set by relevant authorities or without obtaining the permission from relevant authorities and when no additional insurance is established in view of the involved risk.
v) Air transport accidents will be covered only if the Insured is onboard of a flying object with a valid flying certificate and which is handled by a skilled and licensed pilot. The Insured could also be piloting the object for as long as he/she is licensed to pilot the involved object and in full capacity to exercise it.
w) Diseases or accidents that are direct consequences of crimes or illegal activities undertaken in full conscience.
x) Consequences of events occurred during a war period, except if occurred within 30 days from the initiation of war acts in the country where the Insured is temporarily staying and the Insured is caught off guard on such events.
y) Expenditures for optical examinations and keratomalacia radial surgery in cases of myopia, astigmatism, hipermetropia or presbyopia and also expenses for eye lenses or glasses.
z) Cosmetic surgery.
aa) Sterility treatment.
bb) Dialyses and renal insufficiency.
cc) Preventive care, except when listed as indemnity in the Table of Indemnities.
dd) Expenditures for finding and taking hold of transplant organs.
ee) Any medical expenditure due to failure of following the physician's advice/ reccomendation.
ff) Birth aching that does not result in child birth, random haemorrhage, advised rest during pregnancy as recommended by the physician, morning sickness, heavy sickness (hyperemis gravidarum), preeclampsia and other health issues related to a difficult pregnancy but which cannot be classified as pregnancy complications, ectopic pregnancy, which is terminated and also the spontaneous pregnancy termination in a period when a normal labor is not possible.
gg) Injury or disease due to massive infection, pandemics and bioterrorism.

1.6. The documents in case of health claim

The Policy-holder should inform the Insurer in written form within 10 days after he/she is aware of the occurred damage, or after he/she is able to inform.

1. All indemnity requests should be presented by using the modules approved by the Insurer. These modules should be completed and signed by the Insured, should include the original detailed invoices/ receipts or when impossible, the relevant modules preliminary approved by the Insurer on the covered treatment and also include any supporting documents required by the Insurer.
2. The Policy-holder and/or the Insured upon occurrence of "Insurance Event" should:
   a) Seek/request a preliminary Authorization;
   b) Inform the Insurer;
   c) Present the requested documents;
   d) Allow the Insurer to verify the expenditures, as well as the health state of the Insured.

1.1 **The Policy-holder should submit to the Insurer all the documents requested by the later, that certify the occurred damage, and are listed as follows:**

   a) Written request, according to the Standard Forms issued by the Insurer;
   b) Copy of health certificate
   c) Identification document
   d) Medical documents, Medical report, Medical epicrises , Hospital release sheet, examinations results
   e) Invoice of medical expenditures
   f) Other documents that verify the expenditures and argument the claimed indemnity.

1.2 **In cases of natural or accidental death, the legal heir or the insurance beneficiary, is requested to submit:**

   a) The Official Report or certificate issued by the relevant authorities for the accident, and related the circumstances and damages.
   b) Autopsy report;
   c) Death certificate;
   d) Court decision on the heritage.

All submitted documents should be originals or notarized photocopies.

1.7 Taxes and obligatory tariffs

   a) Taxes and obligatory tariffs as per the current law are the responsibility of the Policy-holder and/or Beneficiaries.