EXTRACT FROM THE GENERAL TERMS AND CONDITIONS OF TRAVEL LIFE AND HEALTH INSURANCE

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 "Travel Life and Health Insurance":

1.1 Definitions

a) The General Conditions for Travel Life and Health Insurance will be herewith-referred to as **"Insurance Conditions".**

b) The document that certifies the contract binding on Travel Life and Health Insurance, will be herewith-referred to as **"Insurance Policy".**

c) The Life Insurance Company SiCRED sh.a., will be herewith-referred to as **"Insurer".**

d) The person, whose life and health are insured through the issuance of the insurance policy for Travel Life and Health, will be herewith-referred to as **"Insured".**

e) The physical or legal person that benefits from the insurance policy based on the free will expressed in the insurance policy by the Insured or in absence of such will, based on relevant legal provisions, will be herewith-referred to as **"Beneficiary".**

f) The monetary value that is being paid by the Insured to the Insurer, against the issuance of the insurance policy of Travel Life and Health during, will be herewith-referred to as **"Insurance Premium".**

g) The monetary value that is being paid by the Insurer in favour of the Insured or the Beneficiary, through the certification of the insurance case as according to the insurance policy, will be herewith-referred to as **"Indemnity".**

h) The loss of Life as a consequence of acute illness (that did not exist prior to the policy issuance), the demonstration of acute illness that requires medical treatment, the accidental body injures of the Insured, accept for the cases belonging to the excluded risks as according to this contract, will be herewith-referred to as **"Insurance event".**

i) The sudden and unforeseen event that is caused against the will of the individual, identifiable with regard to the time and location of the event, that has a direct violent body impact, in the outer body parts of the insured, will be herewith-referred to as **"Accident".** In this regard, health disorders as a consequence of sunburns, lamp therapy (quartz, solar lamps), sun heat, hernia, congealment, suicides or suicide attempts, will not be considered as "Accident".

j) The immediate and temporary health state that has no relation to any Pre-existing State will be herewith-referred to as **"Acute".** The Pre-Existing State for the sole purpose of this contract means every illness, or wounds that:

   a. Is diagnosed by a physician or needed medical treatment prior to the commencement date of the insurance policy, including medication intake.

   b. Have suffered symptoms prior to the commencement date of the insurance policy that would force a cautious individual to seek medical treatment or advice.

k) Death caused by old age or illness suffered during the insurance period, illnesses, that are not excluded by the terms of this contract, will be herewith-referred to as **"Death by Natural Causes".**

l) The maximal limit of the monetary value that is to be paid by the Insurer in cases of involving more than one insurance event in the same group accident during the insurance period will be herewith-referred to as **"Aggregate Responsibility".**

m) The unintentional aggravation of the medical condition diagnosed by a physician, during the insurance period that is not a consequence of an accident, in the sole purpose of this contract will be herewith-referred to as **"Illness".**

n) The maximum amount of monetary value that is to be paid by the Insurer in favour of the Insured, after the verification of the insurance event , for the sole purpose of this contract with be herewith-referred to as **"Sum Insured".**

o) The first part of a covered expenditure that is to be paid by the insured, before the insurer pays its own part of the expenditures, for the sole purpose of this contract will be herewith-referred to **"Deductible Part".**

p) For the sole purpose of this contract the insurance age-calculation shall mean the time-interval up to the date of birth (birthdate) of the year of birth limit/edge, for which the Insured is entitled to receive the insurance; according to the provisions of this contract, any given day that falls after the age limit/edge established in this contract, will not be taken into consideration for insurance as it surpasses the allowed age limit.

q) The notion of the terminology used herewith-below, if not specifically referred to in this contract is readable from the content of the given provision, whereas on the contrary is to be implied the general term of the word in Albanian language.

1.2 Payable Benefits

The Insurer, based on the insurance contract and the paid premium, provides the following coverage, during the stay outside of the Republic of Albania:

a. Compensation for death by natural causes;
b. Medical support (in cases of illness or accident);
c. Repatriation expenditures.

1.3 Validity and duration of insurance contract

a) The Insurance is valid only to persons, whom at the moment of contract signature are staying in the territory of the Republic of Albania. The Insurer or his representative completes the insurance policy for every single Insured person.

b) The Insurance is valid for a period of up to 2 (two) years.

c) The Policy could be issued no longer than 60 days prior to the inception date of the insurance.

d) The Policy could be issued for a longer insurance period (period of policy validity) than the coverage insurance period (insured days or days of permanence). The insurance period could be shorter than the period of insurance coverage implied between the inceptions date and the maturity date defined in the insurance policy.

1.4 Right to be insured

a) The Insured could be any person citizen of the Republic of Albania that travels abroad for private reasons or temporary employment.

b) An Insured could also be a person that is not a citizen of the Republic of Albania, upon condition that he/she has no insurance coverage for the travel purposes to the country that he/she is a permanent resident.

c) The person that travels abroad permanently for work services, the person that is permanently employed abroad, as well family members that stay with him/her, cannot be Insured.

d) Individuals that belong to above 70 and up to 85 years of age are not excluded from the insurance, but the definition of their premium is calculated in a fair proportion with their age, as according to the policies approved by the Insurer.
e) Individuals belonging to above 85 years of age are excluded from the insurance.

1.5 Excluded risks

a) The Insurer is not entitled to pay if the Insurer is a carrier of a previously existing illness, that as a consequence seeks hospital treatment or which could cause death;
The Insurer is not entitled to pay in cases of "pre-existing" medical conditions, Chronic medical conditions, or diagnosed illness or physical injuries caused before the date of commencement of the insurance, including any periodic and active complications, that as a consequence require medical treatment or which could cause the loss of Life;
b) Health disorders as a consequence of sunburns, lamp therapy (quartz, solar lamps), sun heat, hernia, congealment, suicides or suicide attempts, will not be considered as "Accident".
c) Non-material damages *(of any kind)*, that are related to the monetary compensation of moral and spiritual sufferance of the Insured with regard to the Insurance Claim;
d) Damages that are caused as a consequence of the travel method of the Insured with any flying object, except when travelling as a passenger (and not as a crew member) in a flying object that is authorized for passenger transportation;
e) Damages caused during the application of dangerous sports, especially motor sports, winter sports, diving, alpinism of any kind, free falling with or without engines, parachuting, martial arts, canoeing of any kind, bungee jumping, participation in speed races of any kind as well as damages that are caused during the training process for their application;
f) Damages, that are directly or indirectly related to radiation, recognised as ionized radiation, as according to the relevant legislation or with nuclear energy;
g) Damages, that are directly or indirectly related to the war, civil war, terrorist acts, rebellion, rebellion, coup, turmoil and strikes;
h) Earthquakes, floods, earth displacement or volcanic eruptions, natural catastrophes, avalanche, tsunami, as well as any natural phenomena of unusual character and with a massive impact of human and material damage, similar to these.
i) Being under the influence of alcohol, drug use or intoxicants of any kind;
j) Voluntary self-infection, venereal illness or AIDS, as well all other illnesses caused by or related to the HIV virus;
k) Suicide, tentative suicide or voluntary exposure to danger (except for cases of saving human lives);
l) Criminal and malicious acts from individuals with whom, the Insured used to have previous conflicts, or when the insurance is provided in premeditated circumstances that favour the damage compensation;
m) The Insured does not pay for expenditures covered by a medical plan, insurance policy or state or private medical programme;
n) The act of the Insured is contrary to the doctor's advice;
o) Any medical expenditure caused by an accident of the insured for non-obeying the current legal dispositions;
p) The Insurer does not pay in cases when the damage has occurred after the last day of the "Insurance coverage period".

q) Any medical expenditure that occurred as a direct or indirect consequence of the activities of the Insured due to his/her failure to strictly follow the treatment plan of the given medical condition, as diagnosed by the physician that follows the insured, that results in disability; the aggravation of the medical condition or even death, where is clearly evidenced that there is a connection between the initial, intermediary causes and the final consequences.

r) Injury or disease due to massive pandemic infection and bioterrorism.

1.5 Terms for damage notification and application method

1. The Insured should notify the claim as soon as possible (no later than 48 hours from the occurrence), to diminish the damage to the maximum extent possible, by applying the instructions of the Insurer and the assistance company. The Insured should notify the Insurer or his partner on all the circumstances and the information related to the event.

2. If the Insured has paid for medical treatment, he/she should present the necessary documentation in accordance with the provisions of this contract, no later than 15 days after his return to the Republic of Albania. The obligation for the certification of the insurance claim and the compensation/indemnity is led under the guidance and with the expenditures of the Insurer.

1.6 Required documents for the claim handling

I. The documentation to compensate/indemnify the Insurance Claim, except for the modules and the documents prepared by the Insurer, is as follows:

a. Original copy of the insurance policy;
b. Comprehensive medical documentation, that justifies the service emergency;
c. Diagnosis report, description of medication, patient status, final medical report;
d. Original invoices of medical expenditures out of the country as well as medication costs;
e. Upon the request of the Insurer, the documentation from the family doctor and/or the given body for illnesses examined and treated before the travel;
f. Photocopy of passport, visa, entry and exit border stamps;
g. Any other document that is necessary for damage treatment as requested by the Insurer;
h. Claim Request as per module prepared by the Insurer, completed by the Insured, by his inheritor or the user (beneficiary) of the insurance;
i. If the Insurer needs a medical documentation issued not only by the family doctor, but also other additional documents, in view of claim estimation, it is the obligation of the Insured or his relatives, to provide such documentation to the Insurer. If the requested documentation is not adequately provided, the Insurer will not take into consideration the claim, as an insurance claim and will refuse the compensation payment;
j. When dealing with health aid (the documentation is valid even for other types of coverage);
k. The Insured participates in any given insurance claim, with deductible part of 50 Euro, applicable only to pretences for medical expenditures that occur in accordance with the provisions of this contract;
l. For expenses occurred for making use of medical services without having the prior approval of the Insurer, the later has the right to reimburse such expenditures up to 150 Euro.

II. In cases of accident the following documents should also be provided:

a. The official report or the certificate issued by the responsible authorities outside the country on the accident, its circumstances and involved damages.

III. In cases of death by natural causes the following should be presented:

a. Diagnosis report on the urgent need for medical treatment due to acute illness, medication narrative, patients' state during his hospitalization and the autopsy report;
b. Documentation from the family physician and/or the entity for illnesses diagnosed and treated prior to the travel;
c. Death certificate;
d. Court decision on the heritage.

IV. Taxes and obligatory tariffs

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