

GROUP ADDITIONAL CRITICAL ILLNESS HEALTH INSURANCE SPECIAL TERMS AND CONDITIONS

I OPENING PROVISIONS

Article 1

- (1) These Group Additional Critical Illness Health Insurance Special Terms and Conditions (hereinafter: Special Terms and Conditions) and Voluntary Health Insurance General Terms and Conditions (hereinafter: General Terms and Conditions) shall be an integral part of the contract on group additional health insurance of persons against critical illnesses (hereinafter: Insurance Contract) signed by and between the Policyholder and the insurance provider, Joint Stock Insurance Company GENERALI OSIGURANJE SRBIJA (hereinafter: the Insurer).
- (2) Certain terms used herein shall have the following meaning:
 - **“Policyholder”** – natural person or legal entity or an affiliated legal entity entering into an insurance contract with the Insurer, in the name and on behalf of the insured and/or in own name and on own behalf, and who has undertaken to pay the premium from its own funds or charged to the insured;
 - **“New Insured Person”** – a person who enters into voluntary health insurance in the course of the insurance contract period;
 - **“Insurance Beneficiary”** – a person on whose behalf the insurance contract is being entered into.
 - **“Insurance Cover”** – it can be stipulated as basic insurance cover and additional insurance cover, i.e. insurance cover with agreed exclusion of some critical illnesses, if separately stipulated and if additional premium is paid;
 - **“Insurance Year”** – a period of twelve (12) months starting from the date of inception of insurance cover provided for under the policy;
 - **“First Insurance”** – the date when insured person entered into insurance with the same Insurer for the first time and obtained the status of insured person hereunder;
 - **“Continuous Insurance”** – re-entering into insurance contract with the same insurance cover, for the person who has already been insured under the previous policy, with no interruption in insurance between the two policies;
 - **“Indemnity”** – a stipulated amount representing Insurer’s liability in case of occurrence of insured event specified in the insurance policy and defined hereunder;
 - **“Table of Critical Illnesses”** – a table for determining the percentage of the sum insured to be paid in case of diagnosis of a critical illness which was agreed upon by the Policyholder and which is set forth and specified in the insurance policy, i.e. the insurance contract based on the selected insurance cover (hereinafter: Table of Critical Illnesses)

II GENERAL PROVISIONS

Article 2

- (1) The Policyholder shall be obliged under the Insurance Contract to pay the premium to the Insurer, while the Insurer shall undertake to pay the indemnity to the insurance beneficiary, when an insured event occurs pursuant hereto.

Entering into an Insurance Contract

Article 3

- (1) Insurance contract shall be entered into pursuant to previous unique proposal submitted in writing by the Policyholder on the Insurer's form and containing information on each insured person to be included in the insurance contract.
- (2) A written proposal for entering into insurance contract shall be binding for the Policyholder, unless he set out a shorter period, within 8 (eight) days from the date when the Insurer received the proposal.
- (3) If the Insurer does not reject the application not deviating from Insurer's terms and conditions, within the period defined in paragraph (2) of this article, it shall be considered accepted and that the insurance contract was concluded as of the date of submission of the insurance application.

Policy

Article 4

- (1) Integral part of the insurance contract is a list of insured persons included in this insurance cover.
- (2) Upon request of the Policyholder, when the insured wants to include family members in insurance and to bear the cost of the premium for family members himself, the Insurer can include family members in the present policy or it can issue a separate policy covering only family members of the insured, in which case the Policyholder shall be an individual-insured who includes family members in insurance. In the latter case, the policy of family members and the policy of the insured must have the same insurance covers, the same sums insured and the same duration of insurance.

Duration of the Insurance Contract

Article 5

- (1) Insurance contract shall be concluded for a limited period of 12 (twelve) months, except when the status of the insured person in the national health insurance plan has ceased.

Commencement and Termination of the Insurer's Liability

Article 6

- (1) Unless otherwise provided for under the policy, the Insurer's liability shall commence at 24.00 h on a date specified in the policy as inception of insurance cover, on condition that the premium or premium installment was paid, unless it was agreed that the premium or its installment is to be paid upon conclusion of the insurance contract.
- (2) If the first contracted premium is not paid by the date specified in the policy as the inception of insurance cover, the Insurer's liability shall commence at 24.00 h on the day when the first contracted premium is paid in full.
- (3) Exclusive of paragraph (1) and (2) of this article, for certain critical illnesses for which the waiting period (benefit qualifying period) is arranged, the Insurer's liability shall commence at 24.00 h on the day after the expiry of the waiting period (benefit qualifying period) providing that premium was paid, unless it was agreed that the premium or its installment be paid upon conclusion of the insurance contract.
- (4) Insurer's liabilities shall terminate at 24.00 h on the date provided in the policy as expiry of the insurance contract and/or in other cases provided for under the General Terms and Conditions and hereunder.
- (5) Notwithstanding the agreed duration, the insurance cover shall terminate for each insured person at 24.00 h on the day:

- Of death of the insured, except for insured members of the insured's family until the expiry of current policy and if the premium for outstanding insurance period was paid;
 - When the insured person has lost the status of a person with national health insurance;
 - Insured's employment or membership with the Policyholder has ceased or the status of beneficiary of the Policyholder's services which was the basis for obtaining status of insured person, has terminated;
 - In other cases provided for under the General Terms and Conditions.
- (6) In any case, insurance of the insured's family members shall terminate with the termination of the insured's policy, notwithstanding the reason for the insured's policy termination, except in case provided for under paragraph (5), item 1 of this article.
- (7) Insurer's obligations in case specified under article 7, paragraph (4) hereof shall commence at 24.00 h on the date of expiry of the period of 8 (eight) days from the date when the Insurer was delivered such person's insurance application, provided that the insurance premium, or its installment, was paid, unless agreed otherwise.
- (8) There shall be no Insurer's liability for the insured event that occurred before the commencement of the Insurer's liability pursuant to paragraph (1), (2) and (3) of this article and for the insured event which occurred after the expiry of the Insurer's liability pursuant to paragraph (4) and (5) of this article.

Eligibility

Article 7

- (1) Group of persons who have the status of a person with national health insurance at the time of entering into insurance contract and for whom the premium was paid can be insured hereunder. The group of persons to be collectively insured with one Policyholder shall be a group of no less than 10 (ten) persons.
- (2) Contracted insurance cover provided for hereunder shall also apply to members of the insured's family if they were identified in the policy, the insurance contract and/or list of insured persons if the premium for these persons was paid.
- (3) After this insurance contract has come into force, a new person can be included in insurance cover only if a person to be included is:
- a new employee, who has become a beneficiary of Policyholder's services and/or the Policyholder's member – then Insurer shall be delivered a certificate from the Policyholder's i.e. employer, stating that this person was employed and/or became the Policyholder's member or user of the Policyholder's services after commencement of insurance contract i.e. that the contracted working conditions for this person have been changed if the insured is the Policyholder's employee, or that the terms of membership with Policyholder or the use of Policyholder's services were changed, but solely according to predefined criteria which the Insurer had been aware of before the conclusion of the insurance contract;
 - insured's spouse or partner – with documents delivered to the Insurer in the form of a Marriage certificate proving that the spouse has obtained that capacity after the commencement of the insurance contract or the documents proving residence at the insured's address in case of extramarital union;
 - insured's newly born child – only if insured also included all of his previous children (if any) in insurance cover and with delivered to the Insurer in the form of birth certificate proving that the child was born after commencement of the insurance contract or Decision on adoption from the Social services, proving

- that the adopted child obtained this status after commencement of the insurance contract;
- (4) In the case specified under paragraph (3) of this article, the Policyholder shall be required to submit to the Insurer the request for inclusion of these persons in insurance, within thirty (30) days from the date of birth, wedding date, date of employment, date of obtaining the status of user of Policyholder's services or inclusion as the Policyholder's member.
 - (5) Excluding a certain insured person from insurance before the expiry of the agreed insurance period is possible only in cases specified in article 6, par. (5) and (6) hereof, whilst the Policyholder shall be required to notify the Insurer about the termination of insurance for an insured person and to submit a certificate proving that some of the cases specified under article 6, par. (5) and (6) hereof has occurred.
 - (6) The Insurer shall be entitled to require additional documents evidencing existence of grounds for termination or establishment of bases for insurance in any case of inclusion or exclusion of a person from insurance contract after commencement of the insurance contract.
 - (7) In case of exclusion of a person from the insurance cover before the expiry of the insurance contract, the Insurer shall be entitled to the premium up to the date by which the insurance for such person was valid.

Waiting Period (Benefit Qualifying Period)

Article 8

- (1) Waiting period (benefit qualifying period) applies hereunder in case the following critical illnesses are diagnosed:
 - a. Malignant tumors
 - b. Kidney failure
 - c. Chronic liver disease
 - d. Chronic lung disease
 - e. Benign brain tumors
 - f. Ectopic pregnancy
 - g. Blindness
 - h. Multiple sclerosis
 - i. Parkinson's disease
 - j. Alzheimer's disease
 - k. Rheumatoid arthritis
 - l. Inflammatory intestinal disease (Colitis ulcerosa and Morbus Chron)
 - m. Epilepsy
 - n. Chronic venous ulcer and chronic venous insufficiency
 - o. Systemic lupus
 - p. Lyme disease
 - q. All types of malignant skin tumors (melanoma malignum, basocellular and planocellular carcinoma)
- (2) Waiting period for insured event of critical illnesses referred to in paragraph (1) of this article is 3 (three) months.
- (3) Waiting period starts from the commencement of the insurance contract i.e. from the commencement of insurance for new insured person, provided that by that day, the first contracted premium was paid, unless it was agreed that the premium, or its installment, is to be paid after the conclusion of the insurance contract.

- (4) If due premium was not paid by the date of commencement of the insurance contract, waiting period (benefit qualifying period) shall commence at 24.00 h of the date when the first stipulated premium was paid, unless it was agreed that the premium, or its installment, is to be paid after the conclusion of the insurance contract.
- (5) Waiting period shall not apply to persons with continuous insurance, i.e. shall not apply to persons who obtained the status of insured person under previous policy pursuant hereto, i.e. for whom the waiting period (benefit qualifying period) within the period of the previous policy has already expired.
- (6) If the waiting period has not completely expired for certain insured person in the course of the previous policy period, the remaining term of the previous waiting period shall be transferred to the following period of insurance cover under the new policy.
- (7) In case of change in the insurance contract, upon expiry of the insurance contract, due to stipulation of a higher coverage, i.e. inclusion of certain critical illnesses through an additional coverage, for which the waiting period is provided, the wider scope of rights of the insured person related to the changed contract starts on the day of expiry of the waiting period which is counted as of day of entering into force of the new insurance contract.

Notifying the Insurer

Article 9

- (1) When signing the insurance contract, the insured is required to report to the Insurer all the circumstances relevant for risk assessment which he/she is aware of or which he could not have been unfamiliar with.
- (2) Any circumstance insured person is aware of and which is relevant for the insured subject matter shall be considered important circumstance.
- (3) In the course of the insurance contract, the Policyholder shall be required to report to the Insurer the new circumstances related to insured persons (such as a change in person's status in terms of national health insurance, place of residence – address, occupation or marital status), as well as any other circumstances which could affect the occurrence of the insured event i.e. to submit information on any other relevant changes which influence the information provided at the time of conclusion of the insurance contract.

Insured Event

Article 10

- (1) The insured event is onset of a critical illness of the insured person, which occurred and was diagnosed for the first time in the course of the insurance period, and which is provided by these Terms and Conditions and specified in the insurance contract.
- (2) For the purpose of these Terms and Conditions, the following diseases, i.e. stages of diseases, are considered critical illnesses and have basic insurance cover:

- 1. Malignant tumors**

Malignant tumors characterized by uncontrolled growth and spreading of malignant cells (histopathological) with infiltration in the tissues and surrounding lymph glands. For the purpose of these Terms and Conditions the tumor also means leukemia and Hodgkin's diseases, except:

- All tumors that are histologically identified as pre-malignant and tumors that do not have the tendency of spreading or carcinomas in situ,
- All kinds of lymphomas in the presence of any human immunodeficiency virus

- Kaposi's sarcoma in the presence of any human immunodeficiency virus,
- All kinds of skin carcinoma.

2. Brain stroke

Cerebrovascular insult which results in permanent neurological consequences, including brain tissue infarct, hemorrhage and embolism of extracranial origin. There must be an evidence of permanent neurological damage. Transitory ischemic attack is excluded.

3. Myocardial infarction

The diagnosis of myocardial infarction implies permanent damage of a part of the heart muscle occurred due to clogging of a blood vessel and stoppage of supply of blood to the part of the heart muscle, with the confirmed episode of chest pain, new electrocardiographic changes with increased level of cardiac enzymes.

4. Organ transplantation

Organ transplant implies subjecting the recipient to the transplantation of heart, lungs, liver, pancreas or bone marrow.

5. Coma implies the state of loss of consciousness with absence of response to external and internal stimuli, which lasts continuously at least 96 hours, with the use of an artificial life support system, and the result of which is permanent neurological damage. Coma as a consequence of abuse of alcohol or drugs is not covered.

6. Lung embolism implies a sudden clogging of the pulmonary artery with embolism with the consequential obstruction of the bloodstream of the lung parenchyma and onset of lung infarct distal from the point of clogging.

7. Bacterial meningitis

Permanent neurological or physical deficit which occurs as a consequence of bacterial meningitis. The diagnosis must be established by a specialist – neurologist. All other forms of meningitis, including viral, are excluded.

8. Encephalitis

Grave inflammation of the brain tissue that causes major and permanent neurological deficit, confirmed by a specialist – neurologist.

9. Paralysis / paraplegia

Complete irreversible loss of muscle function or muscle sensation any two limbs in their entirety as a result of the disease. Disability, i.e. the condition of loss of a muscle function or sensation, must be permanent and supported by relevant neurological evidence and findings.

10. Kidney failure

End stage of kidney failure, which manifests as a chronic irreversible failure of function of both kidneys, where, as a result, regular hemodialysis or kidney transplant is required.

11. Benign brain tumors

Non-malignant brain tumors that cause permanent neurological deficit. Tumors or hypophysis lesions are excluded.

12. Chronic liver disease

End stage of liver insufficiency with permanent jaundice, hepatic encephalopathy and ascites. Liver diseases onset due to drug or alcohol abuse are excluded.

- 13. Chronic lung disease / emphysema**
End stage of lung disease that requires permanent oxygen therapy with the presence of FEV 1 below 1 liter. Serious restrictive lung disease with the presence of dyspnea while resting and considerably changed pulmonary function tests where the diagnosis is confirmed by the following parameters:
- Vital Capacity (VC) below 50% of the normal,
 - FEV 1 (Forced Expiratory Volume in the first second) below 50% of the normal, and
 - Use of oxygen in home conditions.
 - Diagnosis of the end stage of lung disease with the above parameters must be set in the course of the policy period.
- 14. Severe consequences of perforation on gastrointestinal tract** are caused when digestive tract cavity (stomach and intestines) and abdominal cavity connect, arising as a result of pathological processes (ulcer disease, Crohn's disease, ulcerative colitis, necrosis in ileus). The Insurer shall not be liable in case of the peptic ulcer disease, Crohn's disease, ulcerative colitis and ileus if there has been no perforation in the gastro-intestinal tract, i.e. there was no permanent loss of function of the stomach or intestine. If the perforation was caused by Crohn's disease or ulcerative colitis, only the insurance for Crohn's disease or ulcerative colitis apply, if specially agreed.
- 15. Severe disease of endocrine glands – Addison's disease**
Addison's disease is a disease that occurs as a result of mutual destruction of the adrenal cortex glands. This causes reduced or complete cessation of secretion of hormones of the adrenal cortex and corresponding symptoms.
- 16. Blindness**
Complete, permanent and irreversible loss of vision in both eyes, solely as a result of a disease.
- 17. Malignant skin tumors – Melanoma malignum**
Malignant tumor that is characterized by uncontrolled growth and spread of malignant cells (histopathology) with infiltration to the skin tissue. For the purpose of these Special Terms and Conditions malignant skin tumors include only the malignant skin tumor type Melanoma malignum.
- 18. Ectopic pregnancy** is a pregnancy complication when the fertilized egg develops outside the uterus (on the ovary, fallopian tube or abdominal cavity). For the purpose of these Special Terms and Conditions ectopic pregnancy is considered a severe disease if it has led to complications of acute abdomen.

- (3) If stipulated and if the additional premium is paid, in addition to the stipulated basic insurance coverage defined in paragraph (2) of this article, one or more of the following critical illnesses can be stipulated as additional insurance coverage, as specified in the Table of critical illnesses:

1. Multiple sclerosis

The condition diagnosed by a neurologist specialist that meets the following criteria:

- There must be damage to the motor or sensory functions, which lasted continually for at least 6 (six) months;
- The diagnosis must be confirmed by diagnostic techniques that are medically recognized and used in the Republic of Serbia at the moment the insurance claim is filed.

2. Anchylosing spondylitis (Bechterew's disease)

Chronic progressive inflammatory disease of the locomotor system.

3. Deafness

Complete, permanent and irreversible loss of hearing in both ears.

4. Systemic lupus

Autoimmune disease the main features of which are the involvement of multiple organ systems and the presence of numerous autoantibodies.

5. Lyme disease

Multisystem disease caused by the bacteria *Borrelia burgdorferi* transmitted through the bite of an infected tick. In terms of these conditions, Lyme disease is considered severe if it leaves lasting effects on the heart, joints and/or central nervous system.

6. Third-degree burns

Third-degree burns covering at least 20% of the body.

7. Parkinson's disease

Condition diagnosed by a neurologist on the final Parkinson's disease diagnosis for the insured person under 65. Insurer's liability for the disease that occurred as a result of alcohol or drugs is excluded.

8. Alzheimer's disease

Condition diagnosed by a neurologist, which must be confirmed with evidence of progressive deterioration of memory and reasoning and perception ability, understanding, expression and reaction. Alzheimer's disease is recognized only if the insured person is under 65.

9. Rheumatoid arthritis

Progressive deterioration of joint connections with multiple deformities which covers more than two major joints, due to which the joint replacement is considered inadequate.

10. Severe consequences of sepsis

Incurable permanent damage to internal organs that occurred as a result inflammatory response of the entire body to an infection (caused by bacteria, fungi or viruses).

11. Inflammatory intestinal disease (Colitis ulcerosa and Morbus Crohn)

Crohn's disease implies nonspecific inflammatory diseases of the digestive tract that can attack any part of it (from mouth to anus).

Ulcerative colitis involves nonspecific inflammatory diseases of the digestive tract, which covers the structure of the colon (large intestine).

12. Epilepsy

Neurological disease caused by abnormal, excessive activity of brain cells, which is manifested by occasional motor, sensory, neuropsychological disorders with loss of consciousness. For the purpose of these Special Terms and Conditions, the diagnosis includes the type of epilepsy Grand mal as insured event.

13. Severe disease of endocrine glands

Only the following four diseases are included:

- Thyrotoxic crisis, which is a severe acute complication of hyperthyroidism (increased secretion of thyroid hormones);
- Cushing's syndrome is a disease that occurs as a result of increased secretion of adrenal gland cortex hormones;
- Benign pheochromocytoma is the adrenal gland tumor, which manifests through increased secretion of catecholamines (adrenaline) with severe hypertension as the most common symptom;

14. Chronic venous ulcer and chronic venous insufficiency

Chronic venous ulcer is an open wound on a leg which is the most severe consequence of chronic venous weakness.

Chronic venous insufficiency is a consequence of repeated deep venous

thrombosis and thrombophlebitis.

15. Malignant skin tumors – basocellular and planocellular carcinoma

Malignant tumors characterized by uncontrolled growth and spread of malignant cells (Histopathological) with infiltration into the skin tissue. For the purpose of these Special Terms and Conditions, malignant skin tumor implies only the following two types:

- Basocellular carcinoma which is characterized by slow growth, local aggressivity and destructivity is not considered a critical illness if there had been no breakdown of the basal membrane (Basal cell carcinoma in situ);
- Planocellular carcinoma which appears on the skin epidermis, skin appendages and in mucous membranes that have ability to thicken the skin.

4) Notwithstanding the paragraph (1), (2) and (3) of this Article, and if especially agreed, a diagnosed critical illness listed in the Table of Critical Illnesses (TTBI) which is an integral part of the insurance contract, shall also be considered insured event.

Insurer's Liabilities

Article 11

- (1) The Insurer is required to pay the percentage of the sum insured listed in the Table of Critical Illnesses, as specified in the policy which was in force at the time of indisputable diagnosis (specialist diagnosis).
- (2) The Insurer shall pay to the insured person the indemnity amounting to the sum insured, i.e. the amount of its percentage specified in the policy which was in force at the time the illness provided for hereunder was undoubtedly diagnosed, within 14 (fourteen) days from the date the evidence was received and liability established.
- (3) The Insurer will have fulfilled its obligation as of the date the payment through post office or bank is confirmed.

Limitations and Exclusions of the Insurer's Liability

Article 12

- (1) During the period of insurance, indemnity can be paid up to the 100% of the stipulated sum insured.
- (2) Insurance period pursuant to paragraph (1) of this article shall mean the entire period from the first inclusion of the insured person into insurance, regardless of whether the previous period has been covered under one contract/policy or under several contracts/policies (in case of renewal).
- (3) Insurer's liability regarding the insured person shall terminate after the indemnity has been made based on a diagnosis of a critical illness within 2 (two) years from the time of the diagnosis, regardless of the stipulated duration of insurance.
- (4) Upon expiry of the period specified in the paragraph (3) hereof, the insured person can have the right to receive pecuniary compensation for any critical illness, except for the one for which the compensation has already been paid.
- (5) Insurer's obligations shall be excluded if the insured event has occurred:
 - As result of insured person's deliberate action or felony, attempted suicide or mental illness (insanity) of the insured person, deliberate self-injury, treatment for alcoholism, drug addiction or abuse of intoxicating (hallucinogenic) substances, as well as conditions under the influence of alcohol or drugs;
 - Due to exercising dangerous and hazardous activities or sports, such as: hunting, acrobatics, diving, sailing, speleology, mountain climbing, handling pyrotechnics, fireworks, ammunition and explosives, parachuting, ski jumps, bobsleighing, acrobatic skiing, bungee jumping, car or motor-races, etc. by insured person;

- As a consequence of war, invasion, foreign enemies actions, terrorist acts, civil war, act of sabotage, terrorism or vandalism, rebellion, revolution, insurrection, military or other power usurpation, as well as active participation of the insured person in a commotion or insurrection of any kind;
 - As a result of natural disaster or calamity (e.g. volcanic eruptions, earthquakes, etc.), epidemics and pandemics;
 - As a result of ionization or radioactive contamination from other radioactive waste originated from nuclear fuel combustion and/or radioactive, poisonous, explosive or other hazardous properties of an explosive nuclear assembly or any its components.
 - As result of disregarding medical advice provided to the insured person.
- (6) If any of the claims is false in any respect or based on false information and statements, it shall not be binding upon the Insurer.

Reporting a Claim

Article 13

- (1) The insurance beneficiary (the insured person), shall be required, health permitting, to report on the Insurer's claim form the critical illness that occurred and was diagnosed in the course of the insurance year, and which is specified in the Article 10 hereof, and article 12 hereof shall also apply.
- (2) Critical illness diagnosis must correspond to the definition of a critical illness pursuant to the article 10 of these special Terms and Conditions or the critical illness specified in the insurance contract.
- (3) In addition to the claim, complete medical records are submitted, which make it possible to establish indisputably the relevant facts and other medical documentation of the insured person which helps evaluate the circumstance that the reported critical illness was not occurring at the time the person was acquiring the capacity of the insured person, which is important for the Insurer when settling the claim.]
- (4) Critical illness diagnosis must be confirmed by a competent medical specialist.
- (5) In the process of settling the claim and considered necessary, the Insurer shall be entitled to request from the insured to provide the Insurer's authorized personnel with access to all documents and information from third parties, about the current and former health condition of the insured person (medical records for the particular insured event, reports from specialists, medical history in medical facilities, etc.).
- (6) At the request of the Insurer, the Policyholder shall provide the Insurer with access to all the records kept by the Policyholder, for the purpose of determining important circumstances related to the insured event.

Insurance Beneficiary

Article 14

- (1) Under these Special Terms and Conditions, an insured person shall be the only insurance beneficiary entitled to indemnity if the insured event specified hereunder occurs.
- (2) Rights under the insurance contract cannot be transferred to other persons, nor can they be inherited.
- (3) In exceptional circumstances, if after filing a claim the insured person dies, his or her legal heirs shall be entitled to the payment of the sum insured, in whole or in part, in compliance with the law.

Limitation Period

Article 15

- (1) Claims under these Special Terms and Conditions are subject to a limitation period in compliance with the Law on Contracts and Torts.

III FINAL PROVISIONS

Article 16

- (1) Pursuant to these Special Terms and Conditions, depending on the type of insurance coverage, the Table of Critical Illnesses specified in the appendix to these Special Terms and Conditions, shall constitute an integral part of the insurance contract.
- (2) Insurance under these Special Terms and Conditions may be stipulated separately or within a more extensive proposal from the Insurer, as chosen by the Policyholder.
- (3) In case the insurance under these Special Terms and Conditions is stipulated within a more extensive proposal from the Insurer, Insurer's other terms and conditions shall apply, according to the proposal which is an integral part of the contract.
- (4) All the issues not regulated by these Special Terms and Conditions are subject to the provisions of the Voluntary Health Insurance General Terms and Conditions, if not contrary to the provisions hereof.
- (5) The Insurer is required to post these updated Special Terms and Conditions on its web page.

Effective date: December 25, 2013