

TERMS AND CONDITIONS OF THE SUPPLEMENTARY INSURANCE AGAINST PERMANENT INCAPACITY FOR WORK

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For additional insurance cover, a client can select the supplementary insurance against full and permanent incapacity for work upon conclusion of the Credit Life Insurance. The Insurer shall pay the insured amount if the Policyholder cannot go to work and earn an income due to a serious and permanent damage to health.

The terms and conditions of the supplementary insurance against full and permanent incapacity for work (hereinafter supplementary insurance) are valid only with the terms and conditions of the ERGO Life Insurance SE Estonian branch's Credit Life Insurance. The terms and conditions of the supplementary insurance supplement the terms and conditions of the Credit Life Insurance. In case of discrepancies between the terms and conditions of the Credit Life Insurance and the supplementary insurance, the terms and conditions of the supplementary insurance shall be applied.

1. Insured event

- 1.1. An insured event is the Policyholder's medically proven incapacity for work and to earn remuneration or receive income in any profession or field of activity due to an illness or an injury. An incapacity for work is permanent if it has been declared for at least 12 consecutive months. An incapacity for work is full if the state of health that has caused the incapacity of the Policyholder has been described in the national procedure for determining the percentage of loss of capacity for work by a percentage rate of 80 or more. The basis for declaring incapacity for work is the legislation regulating this field in the Republic of Estonia. In assessing the incapacity for work, the situation on the labour market, the area of specialisation of the Policyholder, his/her profession, hobbies or lifestyle is not taken into consideration. The date of the insured event is deemed to be the date in which incapacity for work was declared under the valid national procedure.

2. Exclusions

- 2.1. The Insurer will not pay the Sum Insured if the cause for the Policyholder's full and permanent incapacity for work is:
 - 2.1.1. a suicide attempt by the Policyholder or willingly caused health damage;
 - 2.1.2. effect of alcoholic, narcotic, toxic or other intoxicating substances, as well as an effect of strong medications not prescribed by a doctor;
 - 2.1.3. performing dangerous sports like aero sport (incl. skydiving, flying with a glider or a small aeroplane, paragliding, etc.); diving deeper than 40m and using extreme diving techniques like apnoe diving, etc., also alpinism, mountain and rock climbing, heli-skiing aka chopper skiing, mountain skiing and snowboarding on unmarked tracks, bob-sledding, motorcycle or car racing and rallies, drag races of motorised vehicles (including motor boats), bungee-jumping, etc.;
 - 2.1.4. serving in the Defence Forces or in the alternative service;
 - 2.1.5. unlawful act of the Policyholder.
- 2.2. Total and permanent incapacity is not considered as an insured event in case it occurred before 6 months from the starting date of the insurance period (except in cases in which it has occurred as an unexpected accident that is independent on the Policyholder's will). This restriction also applies to increasing the Sum Insured, as to the increased part.

3. Freeing of the Insurer of the obligation to perform the insurance agreement

- 3.1. The Insurer will be freed of the obligation to perform the insurance agreement, if:

- 3.1.1. the Policyholder has submitted incorrect or insufficient data on entry into the insurance agreement and/or supplementary insurance on incapacity for work, or in handling an insured event;
- 3.1.2. the Policyholder has not submitted to the Insurer the information needed to determine the causes and extent of the insured event, or has not turned to the doctor-expert chosen by the Insurer for the necessary tests in the course of one year after becoming aware of the insured event.

4. Payment of the Sum Insured

- 4.1. The Insurer must immediately be notified of detection of a full and permanent incapacity for work.
- 4.2. The Sum Insured will be paid on submission of the following documents:
 - application for compensation;
 - identity document of the Policyholder;
 - an extract from the Policyholder's health card and/or medical record;
 - a copy of the decision of a national medical examination that determined the permanent incapacity for work;
 - other copies of documents regarding the insured event;
 - a copy of the decision by the court, police or other investigative body, if the cause of the incapacity for work is related to a misdemeanour or a criminal offence.
- 4.3. The Insurer is not obligated to accept the verifications submitted by the Policyholder, but can also request additional medical examinations at its own expense or ask for an opinion of a doctor-expert in determining the need for payment, if necessary. The payment is made within ten working days after the Policyholder has presented all necessary documents and the basis for payment has been terminated. In addition to the Sum Insured, the Insurer shall also pay the loan interests of up to three months calculated on the basis of the liability under the loan agreement for the time when the Policyholder was sent to additional medical examination, if the loan interest has been left unpaid for this period after the insured event took place. The upper limit of the loan interests to be paid is 1.75% of the Sum Insured at the time of the insured event.

5. Amendment and expiry of the supplementary insurance

- 5.1. The Insurer has the right to amend the terms and conditions and/or payment of the supplementary insurance in case of changes in the legislation applied to the insurance terms and conditions, or in the circumstances under which the Insurance Sum is calculated and which cannot be controlled by the parties. The Insurer shall notify the Policyholder of the changes in the insurance premium at least 30 days before the amendment enters into force. If the Policyholder does not agree to the changes to the insurance premium, he/she has the right to cancel the insurance agreement by notifying the Insurer before the amendments enter into force.
- 5.2. The supplementary insurance will end:
 - with the expiry of the loan insurance agreement;
 - upon performance of the insured event and contractual obligations by the Insurer;
 - not later than one day before the Policyholder will become 66 years old;
 - upon cancellation of or withdrawal from the supplementary insurance agreement;
 - on other grounds provided by law.