

ANNEX NO. 4

FOR TERMS NO. EE6-1

TERMS AND CONDITIONS OF INSURANCE AGAINST CRITICAL ILLNESSES

1. DEFINITIONS OF TERMS USED IN INSURANCE CONTRACT

Date of onset of an illness – the date when the Final Confirmed Diagnosis of an Illness is determined. The Date of Onset of an Illness is also deemed to be the date when the Initial Diagnosis of an Illness is registered, provided that it is confirmed with documents by a decision of a certified specialist as the Final Confirmed Diagnosis of an Illness no later than within 1 month after the expiry of the insurance contract.

Final confirmed diagnosis of an illness – a diagnosis of an illness confirmed by appropriate laboratory and instrumental medical examinations and documented in the medical records of the insured person by a decision of a certified specialist.

Initial diagnosis of an illness – a temporary diagnosis of an illness, which is fixed in writing in the medical records of the insured person and is based on the symptoms of the illness and medical history.

Survival period – the period from the Date of Onset of an Illness. If the insured person survives during the Survival Period, the insurance indemnity is paid. Unless otherwise specified in the insurance contract, the Survival Period is 30 days.

Waiting period – the period from the entry into force of the insurance contract, during which the insured person is not paid the insurance indemnity upon establishment of the Final Confirmed Diagnosis of an Illness or the death due to the illness.

Unless otherwise specified in the insurance contract, the Waiting Period is 90 days.

When, right after expiry of an insurance contract, a new insurance contract is concluded with the insured person, no Waiting Period is established.

2. INSURANCE OBJECT AND INSURANCE COVERAGE

2.1. The object of insurance is the health of the insured person.

2.2. In addition to the insurance coverage referred to in the Accident Insurance Terms and Conditions, the Insured may be provided with the "Critical Illness" insurance coverage referred to in clause 2.3., Which is valid only if it is marked in the concluded insurance contract.

2.3. An insured event under these terms and conditions is any illness listed below, provided that the critical illness has not resulted from decompensation due to another illness, is not a complication of another illness and has not been diagnosed as a concomitant illness.

2.3.1. Myocardial infarction (heart attack) – damage to myocardial tissue with cell necrosis caused by a disruption of blood supply to the heart muscle. The diagnosis must be concurrently confirmed by all of the following criteria corresponding to acute myocardial infarction:

- 1) sudden, very intense burning and choking pain in the chest;
- 2) new electrocardiographic changes that confirm the infarction;
- 3) increase in blood levels of cardiac markers typical to infarction.

The Final Confirmed Diagnosis of an Illness with all the listed symptoms must be confirmed by a cardiologist. If any of the above symptoms remains unestablished, the event is not considered an insured event. The following illnesses are not insured events:

- microinfarction;
- silent infarction;
- angina pectoris;
- other acute cardiovascular illnesses

2.3.2. Stroke – sudden disturbance in the blood supply to the brain caused by arterial embolism, venous thrombosis or cerebral haemorrhage and resulting in permanent neurological damage. The diagnosis must be confirmed by all of the following criteria:

- 1) permanent neurological damage must be confirmed no sooner than three months after the stroke or later, and must persist after the used therapy;

- 2) magnetic resonance imaging, computed tomography or other similar imaging techniques must confirm the initial diagnosis of stroke.

The Final Confirmed Diagnosis of an Illness must be documented by a decision of a neurologist.

The following illnesses are not insured events:

- transient ischemic attack;
- mini-stroke;
- brain damage caused by an accident (trauma, injury).

2.3.3. Cancer – the initial formation and uncontrolled proliferation of malignant cells in the body, followed by invasion and destruction of nearby tissues or metastases in other organs. Leucosis and malignant lymphomas are also included in this group. The diagnosis must be substantiated by a histological judgement on the malignancy, confirmed by an oncologist or pathologist. The diagnosis is considered as finally confirmed on the day of receipt of the diagnosis established on the basis of the results of the histological examination. The Final Confirmed Diagnosis of an Illness must be documented by a decision of an oncologist. The following illnesses are not insured events:

- benign or precancerous stage tumours;
- pre-invasive tumours and in situ tumours (Tis*);
- cervical dysplasia CIN I-III;
- urinary bladder carcinoma in stage Ta*;
- chronic lymphocytic leukaemia (CLL);
- all skin tumours, except for invasive malignant melanoma (Clark's Level II);
- all tumours in the presence of HIV or AIDS infection;
- prostate cancer, histologically diagnosed as T1*;

* According to the international TNM classification.

2.3.4. Chronic renal failure - irreversible failure of both kidneys, when the treatment requires regular peritoneal haemodialysis or kidney transplantation and that has developed on the background of undiagnosed chronic kidney illness.

The Final Confirmed Diagnosis of Illness must be confirmed by a documented opinion of nephrologist

2.3.5. Paralysis – complete irreversible loss of one or several limbs or their functions, occurring as a result of spinal cord disease induced damage and is not trauma-related. Limb paralysis is considered an insured event and the insurance indemnity is granted if the health condition remains constant or the disease progresses during 6 months after the confirmation of the aforementioned diagnosis. The diagnosis must be confirmed by a documented opinion of neurologist six months after the final diagnosis of illness has been established.

Nonetheless, the following illnesses are not considered as insured event:

- flaccid paraparesis;
- paralysis in the event of Guillain-Barre syndrome.

2.3.6. Multiple sclerosis – a generalised disorder of the central nervous system (brain and spinal cord) that affects the myelin layer around nerve fibres. It causes a variety of physical, sensory and perception disorders and can lead to complete functional disability and death as the condition progresses. The diagnosis must be confirmed by typical demyelination tests, impaired motor and sensory function and magnetic resonance imaging.

The Final Confirmed Diagnosis of an Illness must be documented by a decision of a neurologist.

2.3.7. Primary diabetes mellitus type 1 - Pancreatic disease of Type 1 diagnosed for the first time, the key feature of which is disorders of insulin production, resulting in higher level of glucose in blood due to insulin deficiency. Insufficient function of the pancreas is compensated by regular insulin injections.

The diagnosis must be confirmed by the characteristic laboratory examinations. The Final Confirmed Diagnosis of Illness must be confirmed by a documented opinion of endocrinologist.

Following illnesses are not insured event:

- diabetes mellitus type 2;
- secondary diabetes mellitus;
- other types of diabetes;
- gestational (pregnancy) diabetes.

2.3.8. AIDS – being infected with the human immunodeficiency virus in its final, life-threatening stage, in which the human immune system is no longer capable of fighting bacterial and viral infections that do not cause any illness to normal immune systems.

The illness referred to in this section is considered an insured event and the insurance indemnity is paid if HIV infection and AIDS are diagnosed for the first time during the effective period of the insurance contract.

The Final Confirmed Diagnosis of an Illness must be documented by a decision of the Estonian Centre for Infectiology.

- 2.4.** And is documented by a decision of a respective specialist as the Final Confirmed Diagnosis of an Illness after the expiry of the insurance contract, but not later than within 1 month after the registration of the Initial Diagnosis of an Illness, it is considered an insured event.
- 2.5.** If any of the diseases mentioned in section 2.3 result in death after the expiry of the Survival Period, BTA will pay the insurance indemnity provided that the Final Confirmed Diagnosis of an Illness was established while the insured person was still alive.

3. INSURANCE INDEMNITY AND PROCEDURE FOR PAYMENT

- 3.1.** In order to receive the insurance indemnity, the insured person (in the event of their death, a person entitled to receive the insurance indemnity) must immediately notify BTA of both the Initial Diagnosis of an Illness and the Final Confirmed Diagnosis of an Illness (in the event of death, report the death and the cause of death) and provide BTA with all supporting documents. If the aforementioned circumstances are reported later than within 30 days after the respective diagnosis (in the event of death, after the date of death), these persons must prove that earlier notification was not possible.
- 3.2.** After the expiry of the Survival Period, BTA pays a single insurance indemnity of 100% of the sum insured specified in the insurance contract for the coverage of critical illnesses.

4. OTHER CONDITIONS

- 4.1.** Pursuant to these terms and conditions, the insurance cover is in effect worldwide, unless otherwise stipulated in the insurance contract.
- 4.2.** All issues not regulated by these terms and conditions will be settled in accordance with the terms and conditions of accident insurance, the provisions of the insurance contract and the laws and regulations of the Republic of Estonia.
- 4.3.** These terms and Conditions shall be in effect from the moment of BTA Board approval.