



Balcia
i n s u r a n c e

ACCIDENT INSURANCE

TERMS AND CONDITIONS NO. LT-004.03

VALID FROM 11/12/2020

ABOUT ACCIDENT INSURANCE

Feel safe with Balcia Accident Insurance!

We have created accident insurance to provide You with financial security and support for You and Your relatives in case of an unexpected bodily injury or illness.

We offer a wide range of insurance risks, so You can choose the option or package that best meets Your needs:

- **Trauma insurance**

We pay an insurance indemnity when the Insured suffers a bodily injury in an accident specified in Table No. 2 "Traumas" of these Insurance Terms and Conditions.

- **Disability insurance**

We pay an insurance indemnity when the Insured is diagnosed with bodily injuries specified in Table No. 1 "Injuries" of these Insurance Terms and Conditions as a result of an accident, that happened not later than within 1 (one) year from the accident date.

- **Death insurance**

We pay an insurance indemnity in the amount of the Sum insured if the Insured dies due to an accident not later than within 1 (one) year from the accident date.

- **Hospital allowance insurance**

We pay an insurance indemnity when the Insured is treated in an inpatient treatment institution due to an accident.

- **Daily allowance insurance**

We pay an insurance indemnity when the Insured has a temporary incapacity for work for at least 3 (three) consecutive days due to an accident that took place during the insurance period in the Republic of Lithuania.

- **Critical illness insurance**

We pay an insurance indemnity in the amount of the Sum insured, when the Insured is diagnosed with an illness specified in Table No. 3 "Critical Illnesses" of these Insurance Terms and Conditions for the first time in his/ her life.

- **Insurance of assistance (burial or cremation) costs**

We indemnify actual costs of burial and/or cremation of the Insured in the Republic of Lithuania, if the Insured dies due to an accident.

- **Insurance of costs for adapting housing for special needs in case of disability**

We cover costs of adapting the Insured's home to his/ her needs if the Insured's movement has been impaired due to a bodily injury that has been recognized as an insured event under the risk of disability.

- **Insurance of additional costs in case of temporary disability**

If the Insured is prescribed bed rest after an accident, we cover costs incurred for doctor or nurse services, house maintenance services, washing and cleaning of the Insured's clothes and bedding, delivery of food and other necessities, and dog walking during the treatment period.

- **Insurance of Employer's financial losses**

If the Insured suffers a bodily injury leading to his/ her death or disability, we pay costs which you incur as the employer: legal representation costs, costs of burying the Insured, psychological, social and medical assistance to the Insured or his / her family members and recruitment of a new employee.

• **Insurance of financial losses having cancelled a camp due to a suffered trauma**

We cover your costs incurred to purchase a ticket to a children's camp, when the Insured is unable to go to a planned camp or cannot be a full-fledged participant in a camp programme due to a trauma or disability which was declared an insured event.

A detailed description of insurance risks is provided in these Insurance Terms and Conditions below.

What to do in case of an event?

In case of an accident, refer to a medical institution for medical assistance as soon as possible, not later than within 48 hours.

Obtain treatment-related documents from the medical institution, which provided you with medical assistance.

Report to us the damage or loss which You incurred no later than within 30 days or, in case of death of the Insured, not later than within 10 days from the date of the accident in one of the following ways: by registered mail sent to Perkūnkiemio g. 5, LT-12129 Vilnius, by e-mail zalos@balcia.lt or by completing a report online www.balcia.lt.

If You are unable report an event in writing, notify us by calling **19001** or **+370 5 2119 119**, if calling from abroad.

Stay safe and healthy!

Balčia Insurance SE Lithuanian branch

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I. DEFINITIONS

1.1. The Insured shall mean the person whom You indicated in the Insurance Contract, upon an occurrence of an insured event in whose life We shall pay an Insurance Indemnity. The following persons may be the Insured in the Insurance Contract:

- 1.1.1. clearly specified natural persons;
- 1.1.2. employees under the list of positions.

1.2. Relatives of the Insured:

- 1.2.1. a spouse or a cohabiting person sharing household for one year at the least;
- 1.2.2. children (adopted children), grandchildren and their spouses or cohabitants;
- 1.2.3. parents (adoptive parents), grandparents;
- 1.2.4. siblings (adoptive siblings);

1.3. Housing shall mean a permanent place of residence (a house, its part or an apartment, including common-use premises of multi-apartment buildings) of the Insured owned by the Insured or his/ her relatives. The owner of the housing and owners of common-use premises shall consent to the adaptation of housing and common-use premises within the meaning of these Insurance Terms and Conditions. Works of construction of the housing must be completed, it must have been recognized as suitable for use and registered with the State Enterprise Centre of Registers.

1.4. Gross Negligence shall mean actions (actions and/ or omission) of the Insured, which he/ she would not have taken observing at least minimum attentiveness and care requirements.

1.5. Policyholder or You shall mean a natural or legal person, who addressed Us or Our representative for conclusion of an insurance contract, or whom We offered to conclude an insurance contract, or who concluded an insurance contract with us in accordance with these Insurance Terms and Conditions.

1.6. Insurer or We shall mean Balcia Insurance SE, acting through Balcia Insurance SE Lithuanian branch.

1.7. Insurance Risk shall mean a likely danger beyond the will of the Insured threatening property interests of the Insured related to his/ her life and (or) health.

1.8. Sum Insured shall mean the sum of money specified in the Insurance Contract or the amount of money calculated in accordance with the procedure prescribed in the Insurance Contract, which the insurance indemnity amount cannot exceed. The Sum Insured shall be set separately for each Insured and each selected Insurance Risk. The Sum Insured shall be reduced by the amount of insurance indemnities paid to each Insured. The sum of all insurance indemnities paid during the validity period of the Insurance Contract may not exceed 100 % of the sum specified in the insurance policy for a specific Insurance Risk. The Insurance Contract may provide for certain exceptions

1.9. Insurance Terms and Conditions shall mean Our prepared standard terms and conditions of the Insurance Contract that are available online at www.balcia.lt.

1.10. Insurance Coverage Territory shall mean the geographical territory in which the insurance coverage is valid if an Insured Accident occurs. The Insurance Coverage Territory shall be indicated in the Insurance Policy unless agreed otherwise.

1.11. Insured Event shall mean an event specified in the Insurance Contract upon occurrence of which the Insurer must pay an insurance indemnity. Only such events which occur in the Insurance Coverage Territory (indicated in the Contract) specified in the Insurance Contract during the Insurance Coverage period shall be considered Insured Events.

1.12. Europe shall include the following within the meaning of these Insurance Terms and Conditions: Ireland, Albania, Andorra, Austria, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, the Czech Republic, Denmark, Estonia, Greece, Iceland, Spain, Italy, the United Kingdom and Northern Ireland, Montenegro, Cyprus, Croatia, Latvia, Poland, Liechtenstein, Lithuania, Luxembourg, Macedonia, Malta, Moldova, Monaco, Norway, Netherlands, Portugal, France, Romania, Russia (European part up to the Ural Mountains only), San Marino, Serbia, Slovakia, Slovenia, Finland, Sweden, Switzerland, Turkey (European part only up to the Bosphorus), Ukraine, Vatican, Hungary and Germany.

1.13. Deductible shall mean the sum deducted from the insurance indemnity payable to each Insured. Given the chosen Insurance Risk, the Deductible shall be indicated in the Insurance Contract as a specific amount and/ or a percentage of the amount of the loss calculated according to these Insurance Terms and

Conditions. Where more than one person is insured under the same Insurance Contract, the Deductible shall be applicable to each Insured Person.

1.14. Medical Institution shall mean a licensed personal health care institution practicing generally recognized medicine.

1.15. Loss of Speech shall mean complete or partial loss of the ability to speak and/or understand a language.

1.16. Hearing Loss shall mean complete deafness or impaired hearing in both ears, when the Insured does not hear a person speaking at the ear, and the hearing threshold in the audiogram is higher than 91 dB.

1.17. Hearing Loss in One Ear shall mean deafness or hearing loss in one ear when the Insured does not hear a person speaking at the hurt ear, and the hearing threshold in the audiogram is higher than 91 dB.

1.18. Injury shall mean damage to the tissues or organs of the Insured's body, anatomical integrity, or their functions caused in an accident by mechanical, chemical, thermal, toxic substances or another physical impact;

1.19. Temporary Disability shall mean a person's condition when his/ her ability to work, study or act has temporarily decreased due to an illness or bodily injury.

1.20. Medical Documents shall mean written information on the functional disorders of the Insured, carried out tests, incapacity for work, applied treatment, rehabilitation and prescribed medicinal products or other products approved and provided by a Medical institution.

1.21. Death shall mean irreversible death of the human body as a whole, when blood flow, breathing stops, and the brain dies.

1.22. Beneficiary shall mean the person appointed by You or the Insured, and specified in the Insurance Contract, who is entitled to an insurance indemnity in case of an insured event.

1.23. Intoxication shall mean a condition when the Insured is intoxicated with alcohol, toxic, narcotic, psychotropic or other psychoactive substances, including potent drugs and drugs the use of which does not allow him/ her to engage in certain activities. For the purposes of these Insurance Terms and Conditions, a person will be considered clean when having tested him/ her, his/ her blood alcohol content does not exceed 0.4 per mille.

1.24. Incapacity for Work – a patient shall be considered incapacitated for work if he / she has been issued a certificate for incapacity for work or a statement for not showing up at work, a labour exchange or an educational institution (F 094a). If the patient is an unemployed adult, a studying child (a student) during vacation or a pre-schooler not attending an educational institution, he/ she shall be considered incapacitated for work if he/ she undergoes outpatient treatment for 10 consecutive days at the least.

1.25. Non-Insured Event shall mean an incident specified in the Insurance Terms and Conditions and/ or laws upon the occurrence of which We shall not pay and Insurance Indemnity.

1.26. Accident shall mean a sudden and unexpected event when the Insured's body is externally exposed to physical force, chemical, thermal, toxic gas or other physical effects, which results in the Insured suffering a bodily injury, becoming temporarily incapacitated for work, disabled, or death of the Insured;

1.27. Uninterrupted Insurance Coverage Period shall mean a consistent sequence of insurance contracts where the expiry of one insurance contract coincides with the start of another insurance contract and the insurance coverage provided under the insurance contracts was not suspended and/or none of the insurance contracts was terminated.

1.28. Sport Competitions and Trainings shall mean competitions and trainings organised by sports organisations, sports clubs, sports schools, sports centres, sports facilities, sport federations, associations and societies and other organisations and institutions engaged in physical education and sports activities having rights of a legal entity, which create conditions for practicing physical education and sports, preparing sportsmen, organising sports competitions and other physical education and sports events (hereinafter – Sports Organizations). Competitions shall be held according to the regulations which correspond to the rules of sports competitions. The regulations shall indicate organisers of competitions and the terms and conditions, procedure for holding competitions and safety instructions. Provisions of this clause shall not apply to sports activities that are not organized by sports organizations and are a form of leisure of the Insured.

1.29. Surgery shall mean a mechanical impact on tissues and organs for treatment or diagnostic purposes. In case of bone fractures and dislocations, surgery is called a surgical procedure, when bone fractures are

fixed using a surgical nail, plate or a fixation device. A closed bone and joint reconstruction shall not be considered a surgery. A surgery that involves treatment of several bones in one part of the body shall be considered one surgery. A surgery shall be performed under general or spinal anaesthesia (general anaesthesia is a reversible suppression of the central nervous system via the respiratory tract or blood using anaesthetics, leading to unconsciousness and loss of sensation, relaxation of transverse muscles and partial suppression of vegetative functions; spinal anaesthesia is an artificially induced reversible inhibition of spinal nerve roots by injecting anaesthetics into the cerebrospinal fluid);

1.30. Recurrent Fracture shall mean a fracture of a bone that has not healed completely at the place of a previous fracture.

1.31. Pathological Fracture shall mean a bone fracture suffered due to pathological changes in the bone structure (including cases when the fracture itself was caused by the impact of external physical force).

1.32. Scheduled Medical Assistance shall mean official and generally accepted medicine-based medical services performed according to the physician's prescription in order to implement the plan of treatment of the Insured due to an accident. Rehabilitative, resort or sanatorium treatment and unconventional.

1.33. Loss of Vision shall mean complete blindness or impaired vision in both eyes when corrected visual acuity of the better-seeing eye is less than 0.04 to light perception or concentric narrowing of the field of vision is up to 5 degrees from the point of fixation.

1.34. Loss of Vision in One Eye shall mean a condition when visual acuity in one eye is less than 0.04 to light perception.

1.35. Brain Death shall mean the irreversible cessation of all human brain structures, when some of his/her organs and organ systems still function.

1.36. Sports shall mean participation in any sports activities, trainings or competitions of any type held by a Sports Organisation. We shall not consider individual or group sporting activities which are not organised by a Sports Organisation and are only a form of leisure of the Insured to be sports.

1.37. Terrorist Acts (Terrorism) shall mean endangering life or health of many people, property through the use or threatening to use force (for example, by exploding, setting on fire, spreading radioactive, biological or chemical harmful substances, preparations, microorganisms etc.) in pursuit of religious, ideological, political and ethnic goals and in order to influence or intimidate the government, society or a part thereof.

II. ACCIDENT INSURANCE CONDITIONS

1. What is Insured

1.1. Accident insurance shall cover Your and/ or the Insured's property interests related to health and life of the Insured.

1.2. Sudden and unexpected events suffered by the Insured during the period of validity of insurance coverage shall be considered insured events, if they have been indicated in the Insurance Policy:

1.2.1. **Death** – an indemnity in the amount of the Sum Insured shall be paid if the Insured died as a result of an accident which took place in the insurance coverage territory indicated in the Insurance Contract during the validity period of insurance coverage in no more than 1 (one) year after the Accident date:

1.2.1.1. in case of Death, We shall pay the Sum Insured for Death provided for in the Insurance Contract;

1.2.1.2. We shall pay an insurance indemnity to the Beneficiary specified in the Insurance Policy, or, when there is no Beneficiary, - to successors of the Insured, in accordance with the procedure established by legal acts of the Republic of Lithuania. If there are no legal successors, or Death of the Insured was caused by intentional or other actions of the Beneficiary or successors, an Insurance Indemnity shall not be paid;

1.2.1.3. If an Insurance Indemnity has already been paid for the same accident for risks of disability, traumas, hospital allowance, daily allowance, additional costs in case of temporary disability, adaptation of housing for special needs in case of disability, but grounds for paying an Insurance Indemnity for death of the Insured have formed within one year from the Accident date, the Insurance Indemnity in case of death shall be reduced by the sum paid under the risks of disability, traumas, hospital allowance, daily allowance,

additional costs in case of temporary disability or adaptation of housing for special needs in case of disability.

1.2.2. **Disability** – an insurance indemnity shall be paid when the Insured was diagnosed with Injuries listed in Annex No.1 “Disability” to these Insurance Terms and Conditions as a result of an Accident which took place in the insurance coverage territory indicated in the Insurance Contract during the validity period of insurance coverage in no more than 1 (one) year after the Accident date:

1.2.2.1. an insurance indemnity shall be calculated by multiplying the disability Sum Insured provided for in the Insurance Contract by the percentage for the respective bodily Injury suffered due to the Accident specified in Annex No. 1 “Disability” to these Insurance Terms and Conditions;

1.2.2.2. if several bodily Injuries provided for in Annex No. 1 “Disability” were suffered for the same Accident, insurance indemnities shall be aggregated, but the total insurance indemnity shall not exceed the amount of the disability Sum Insured indicated in the Insurance Contract;

1.2.2.3. if an insurance indemnity for the risk of trauma was paid for the same Accident, but the basis for paying an insurance indemnity under the risk of disability formed within one year from the Accident date, an insurance indemnity for the risk of disability shall be reduced by the amount paid according to the risk of injuries;

1.2.2.4. if the Insured was diagnosed with a disability, We shall also indemnify to the Insured costs of psychological assistance necessary for bodily Injuries suffered during an insured event and provided no later than within one year from the Accident date, not exceeding EUR 300 during the entire period of validity of the Insurance Contract. The basis for calculating an insurance indemnity shall be the invoices confirming the fact of provision of psychological assistance.

1.2.2.5. Reduction (loss) of working capacity, the level of working capacity (disability) approved by state institutions or an assessment of working capacity (disability) submitted in a different form shall not be considered a Disability under these Insurance Terms and Conditions.

1.2.3. **Traumas** – an insurance indemnity shall be paid when the Insured has suffered in an Accident Injuries listed in Annex No. 2 “Traumas” to the Insurance Terms and Conditions:

1.2.3.1 an insurance indemnity in case of a trauma shall be calculated by multiplying the Sum Insured for trauma specified in the Insurance Policy by the percentage for the respective trauma provided for in Annex No. 2 “Traumas” to the Insurance Terms and Conditions;

1.2.3.2. if several parts of the body (several organs) have been injured in the same Accident, the insurance indemnities provided for in Annex No. 2 “Traumas” shall be summed up, but the total Insurance Indemnity may not exceed the Sum Insured for trauma specified in the Insurance Contract;

1.2.3.3. several injuries to one part of the body (organ) resulting from the same accident shall be considered one event, and an Insurance Indemnity shall be paid in accordance with one clause of Table No. 2 “Traumas”, which provides for the most serious bodily injury, only;

1.2.3.4. in case of bone fractures, dislocations, partial dislocations and tears, an Insurance Indemnity shall be paid only if the condition has been confirmed by an X-ray, computed tomography or magnetic resonance imaging photograph;

In case of muscle, tendon, ligament, meniscus rupture, an Insurance Indemnity shall be paid only if the condition has been confirmed by instrumental (ultrasound, computed tomography or magnetic resonance imaging) and / or other objective tests. If photos or other documents of the said tests have not submitted, an Insurance Indemnity shall not be paid.

1.2.3.5. if the basis for paying an Insurance Indemnity for a risk of disability has formed for the same accident, an Insurance Indemnity for the risk of trauma shall not be paid.

1.2.4. **Hospital allowance**. We shall pay an Insurance Indemnity when the Insured is treated in a hospital for an Accident suffered in the Insurance Coverage Territory specified in the Insurance Contract and during the period of validity of Insurance Coverage, except when the Insured is treated in a day hospital, rest home, rehabilitation and / or sanatorium treatment centres:

1.2.4.1. We shall start paying hospital allowance from the first day of hospitalization. The first and the last day of hospitalization shall be considered one day.

1.2.4.2. In case of an Insured Event, We shall pay the hospital allowance Sum Insured of one day specified in the Insurance Policy for each day spent in hospital, but for not more than 140 (one hundred and forty) days throughout the entire period of validity of the Insurance Contract.

1.2.4.3. In case the limits for validity of insurance coverage is not specified in the Insurance Policy, it is considered that the insurance coverage is valid for 24/7.

1.2.5. **Daily allowance.** We shall pay an Insurance Indemnity when the Insured becomes temporarily disable for at least 3 (three) consecutive days due to an Accident suffered in the Insurance Coverage Territory specified in the Insurance Contract and during the period of validity of Insurance Coverage:

1.2.5.1. after becoming entitled to an Insurance Indemnity, We shall pay an Insurance Indemnity for the period of incapacity for work, calculating from the first day of incapacity for work. The first and the last day of incapacity for work shall be treated as one day.

1.2.5.2. If the Insured becomes temporarily incapacitated for work several times due to the same Accident, daily allowance shall be paid for one, the longest, period of incapacity for work only. In all cases, daily allowance for the same Accident shall be paid for not more than 30 (thirty) days of incapacity for work. Daily allowance for all insured events having happened during the period of validity of the Insurance Contract shall be paid for a maximum of 140 calendar days.

1.2.5.3. Documents issued in the Republic of Lithuania only shall form the basis for paying daily allowance. These include a certificate of incapacity for work or a certificate of absence from work, labour exchange or educational institution (F 094/a). We shall pay daily allowance for children under the age of 12 on the basis of the above-mentioned documents issued for the care of the Insured and certifying incapacity for work.

1.2.5.4. An Insurance Indemnity shall be calculated by multiplying the number of days of temporary incapacity for work by an Insurance Indemnity for one day provided for in the Insurance Contract.

1.2.5.5. An Insurance Indemnity under this risk shall not be paid during the period when an Insurance Indemnity is to be paid for the same event under the hospital allowance Insurance Risk.

1.2.6. **Assistance (burial or cremation) costs.** We shall indemnify actual costs of burial and/ or cremation of the Insured in the Republic of Lithuania, and if the Insured dies due to an accident in the Insurance Coverage territory specified in the Insurance Contract and during the period of validity of Insurance Coverage not later than within 1 (one) year from the Accident date.

1.2.6.1. We shall indemnify actual costs of burial or cremation related to the purchase of a coffin, transportation of the body, cremation or burial services, without exceeding the Sum Insured set in the Insurance Policy. Costs of reception, accommodation and arrangement of the grave shall not be reimbursed.

1.2.6.2. This Insurance Risk shall only be valid with Death risk according to which death of the Insured is declared an Insured Event.

1.2.7. **Costs for adapting housing for special needs in case of disability.** We shall cover the costs incurred for adapting the Insured's place of living for his/ her needs, if the Insured's movement has been impaired due to a bodily injury recognized as an Insured Event, and a competent authority has determined the following needs of the Insured in accordance with the procedure prescribed by legal acts:

1.2.7.1. special need for constant care – extremely severe impairment of movement and functional impairment;

1.2.7.2. constant need for any type of wheelchair – severe impairment of movement and functional impairment;

1.2.7.3. constant need for other means of technical aids for the disabled (walkers, crutches, etc.) - moderate impairment of movement and functional impairment;

1.2.7.4. We shall reimburse costs of rearranging the housing to modify areas inaccessible to the disabled with impaired movement and costs of minor repairs in the implementation of these construction solutions, in case of an Insured Event, having obtained a consent of owners of the housing and common-use areas thereto, without exceeding the Sum Insured specified in the Insurance Policy.

1.2.7.5. When calculating an Insurance Indemnity, We shall follow the estimate of works of adaptation of housing approved with You. The Insurance Indemnity shall be paid to the contractor conducting adaptation works or its authorized person, if it settles directly with the contractor.

1.2.8. **Additional costs in case of temporary disability** – when movement of the Insured is impaired by an Accident having happened in the Insurance Coverage Territory specified in the Insurance Contract during the period of validity of Insurance Coverage so that the doctor has prescribed bed rest to the Insured, We shall pay costs actually incurred during the treatment period, without exceeding the Sum Insured indicated in the Insurance Policy:

1.2.8.1. services of a doctor or nurse that fall within the scope of planned medical assistance and costs of medical visits;

1.2.8.2. costs of maintaining home of the Insured where he/ she lives;

1.2.8.3. costs of washing and cleaning clothes and bedding of the Insured;

1.2.8.4. costs of delivery of food and the necessary purchases to the Insured during the treatment period, excluding expenses of food or purchases themselves;

1.2.8.5. costs of walking a dog of the Insured registered in accordance with the procedure established by legal acts.

1.2.8.6. An Insured Event under this risk shall be the prescription of bed rest to the Insured not later than within 1 (one) year from the Accident date.

1.2.9. **Financial losses of the employer.** We shall cover Your actually incurred costs as an employer without exceeding the Sum Insured specified in the Insurance Policy, when the Insured suffers an injury in conducting work functions which You delegated to him/ her in the Insurance Coverage territory specified in the Insurance Contract and during the period of validity of Insurance Coverage, which leads to the death or disability of the Insured within 1 (one) year, and which is declared an Insured Event under the risks of Death or Disability:

1.2.9.1. costs of Your legal representation in relations with public authorities or the Insured;

1.2.9.2. costs of burial of the Insured upon his/ her death;

1.2.9.3. costs of psychological, social, medical assistance to the Insured or his / her family members for a period not exceeding 3 (three) months from the date of the Insured Event;

1.2.9.4. costs of recruitment of a new employee for a period not exceeding 3 (three) months from the date of the Insured Event.

1.2.10.1. **Financial losses of cancelling a camp due to a suffered trauma.** We shall cover Your incurred expenses for purchasing a camp ticket without exceeding the Sum Insured specified in the Insurance Policy, when the Insured cannot go to a planned camp or be a full-fledged participant in the camp programme due to his/ her suffered trauma.

1.2.10.2. If the Insured suffers an Insured Event under the risk of trauma or disability while in a camp, when paying an Insurance Indemnity, the sum equal to the price of one day in a camp multiplied by the number of days spent in the camp shall be deducted;

1.2.10.3. An Insurance Indemnity shall in all cases be calculated having applied the Deductible specified in the Insurance Policy.

1.2.11. **Critical illness.** We shall pay an Insurance Indemnity in the amount of the Sum Insured when the Insured is diagnosed with an illness indicated in Table No. 3 “Critical Illnesses” of these Insurance Terms and Conditions for the first time in his/ her life.

1.2.11.1. An Insurance Indemnity shall be paid in presence of all of the following conditions:

1.2.11.1.1. a Critical Illness was diagnosed after at least 90 (ninety) days from the date of conclusion of the Insurance Contract or, if the Insured is included in an already valid Insurance Contract, - 90 (ninety) days after the inclusion of a new Insured in the Insurance Contract. This condition shall not apply if the Insured is subject to an uninterrupted Critical Illness insurance coverage, i.e. when the moment of expiry of one Insurance Policy certifying that the Insured is covered by Critical Illness insurance is the same as the moment of the start of another Insurance Policy.

The date of the onset of a Critical Illness shall be the day when the Insured referred to a Medical Institution for the first symptoms and, having tested them, the diagnosis of a Critical Illness was confirmed;

1.2.11.1.2. the diagnosis meets all the requirements for the respective Critical Illness listed in Table No. 3 "Critical Illnesses".

1.2.11.2. The Insured may be paid one Critical Illness Insurance Indemnity only under one Insurance Contract. If after being diagnosed with one Critical Illness the Insured is also diagnosed with another Critical Illness, or having diagnosed several Critical Illnesses at a time, one Insurance Indemnity only shall be paid for one Critical Illness.

2. What is not Insured

2.1. We shall consider the following to be non-insured events under this risk and shall not indemnify the following losses:

2.1.1. if the You, the Insured and (or) the Beneficiary has intentionally caused an Accident, or his/ her intentional actions contributed to the occurrence of the Accident;

2.1.2. the Insured committed or attempted to commit a suicide;

2.1.3. the Insured participated in fights and/ or initiated them, unless the Insured, through no fault or initiative of his/ her, was unexpectedly attacked and beaten. These circumstances shall be confirmed by a police statement;

2.1.4. an Accident occurred at the time of arresting the Insured or when the Insured refused to comply with lawful requirements of law enforcement officials;

2.1.5. an Accident occurred when serving a remand or imprisonment sentence, or while the Insured was under the supervision of a special educational institution;

2.1.6. the Insured was Intoxicated at the time of the Accident or immediately after it and till a medical check-up;

2.1.7. after the Accident the Insured avoided Intoxication test;

2.1.8. the Accident was caused by the Insured's reckless driving or if the Insured was wilfully riding in a car which was driven recklessly. Reckless driving is driving in violation of Road Traffic Regulations for delinquent incentives that endanger the safety of traffic, own self or other people;

2.1.9. at the time of the event the Insured was driving a motor vehicle under intoxication or without the right to drive a vehicle of the respective category, or knowingly, or having to know, was driving a motor vehicle owned by a person who did not have the right to drive a vehicle of the respective category, or was intoxicated;

2.1.10. the Accident occurred while the Insured travelled in an air vehicle, except for the cases when the Insured travelled as a passenger for a fee on a flight operated by a licensed air carrier on a pre-established route;

2.1.11. the Accident occurred while the Insured did works highly dangerous to his/ her health and life, conducting which requires special qualification training and a respective permit issued by competent authorities, and the Insured did not have such a permit;

2.1.12. the Accident occurred due to Chronic, congenital, degenerative or other illnesses, congenital and / or acquired physical defects, except for physical defects caused by another insured event that occurred during the validity period of the same Insurance Contract;

2.1.13. health of the Insured was impaired due to a pathological or recurrent fracture, recurrent rupture of ligaments, recurrent joint dislocation (subluxation), degenerative changes in the joints, degenerative damage of the intervertebral discs; elbow, carpal tunnel syndrome, bursitis, shoulder impingement syndrome (rotating cuff syndrome);

2.1.14. health of the Insured was impaired due to vertebral dislocations (subluxation) due to activities of the Insured, such as weight lifting, rather than an Accident;

2.1.15. health of the Insured was impaired or he/ she died due to an infectious or another illness, except for the cases described in trauma insurance conditions;

- 2.1.16. sustained as a result of treatment or surgeries carried out by the Insured Person himself/herself and allowed other persons to carry out if the treatment or surgery were not necessary due to an Accident;
- 2.1.17. the Accident occurred due to mental reactions (state of affect), mental trauma, mental illness or other mental or consciousness disorders, chronic neurological disorders with manifestation of coordination or muscle weakness;
- 2.1.18. the Accident was caused by war, invasion, hostile actions of a foreign state, military or equivalent operations, such as civil war (whether a war was or was not declared), riot, strike, insurrection, rebellion, revolution, state of war, marauding, vandalism, sabotage; strikes, lockouts, disturbances of public order in the scale equivalent to a coup or riot, confiscation of property, nationalization, if caused or sanctioned by state authorities, whether lawful or not; other political risks;
- 2.1.19. the Accident was caused by direct or indirect nuclear explosion, exposure to nuclear energy or radioactive preparations, direct or indirect radioactive contamination, also exposure to any radiation (electromagnetic, thermal, light, etc.), also of chemicals and biological substances for other than their intended purpose, also if the following materials (in any form, composition or shape) had any impact thereon: asbestos, lead, polychlorinated biphenyls (pcb), chlorohydrocarbonates, urea formaldehyde, urea-formaldehyde foam (uff); diethylbestrol (des), halons, chlorofluorocarbons (chlorofluorocarbons (cfc's)) or chlorinated hydrocarbons (chc's);
- 2.1.20. the Accident was caused by terrorist acts;
- 2.1.21. the Accident occurred when the Insurance Contract was not valid or outside the Insurance Coverage Territory, or during suspension or non-application of Insurance Coverage, or the Insurance Risk for which an Insurance Indemnity could be paid was not selected and not indicated in the Insurance Policy;
- 2.1.22. the Accident occurred due to force majeure circumstances provided for in legal acts of the Republic of Lithuania;
- 2.1.23. the Accident occurred while the Insured was engaged in one of these extreme activities or as a consequence of these activities (unless individual conditions of the Insurance Contract explicitly state otherwise):
- 2.1.23.1. various types of martial arts, combat and contact sports, including boxing, wrestling, karate, judo, etc.; bodybuilding and weightlifting;
- 2.1.23.2. participation in and preparation for participation in land, water and air vehicle races or other competitions, participation in vehicle trials and tests;
- 2.1.23.3. jet skiing, snowmobiling, quad biking or light quad biking, mountain biking;
- 2.1.23.4. piloting an aircraft, parachuting, gliding, paragliding, hang gliding, hot air ballooning or flying pilot, recreational or ultralight aircraft, bungee jumping;
- 2.1.23.5. any moving across mountain river thresholds and other obstacles (kayaking, catamaraning, river trekking, hydrospeeding, rafting, canyoning, river surfing, etc.), except when sailing on specially designated and marked routes for tourists, where the local rescue service, tour operator or a licensed group guide can guarantee safety, supervision and first aid to tourists;
- 2.1.23.6. power kite flying (kitesurfing, kiteboarding, streetsurfing, snowkiting, landboarding, etc.);
- 2.1.23.7. diving, surfing, windsurfing, any sailing, except yachting, when returning to the port at least every 3 days;
- 2.1.23.8. ski or snowboard jumping, ski mountaineering and all types of off-piste skiing or snowboarding;
- 2.1.23.9. mountaineering (including but not limited to: mountain, rock, glacier climbing using special equipment), wall climbing, speleology;
- 2.1.23.10. dawnhill, freeraid, etc., parkour;
- 2.1.23.11. excursions to uninhabited places, extreme climates or places of harsh natural conditions, such as mountains, jungles, deserts, swamps, taiga, tundra or other;
- 2.1.23.12. horse riding, equestrian sports;
- 2.1.23.13. hunting and other activities involving the use of firearms;
- 2.1.23.14. fishing on the high seas;
- 2.1.23.15. any other health or life-threatening extreme sport or leisure activity, which requires special physical, mental abilities and training, using special equipment and / or doing various physical tricks, where the safety of the athlete depends on his / her abilities and preparation only in part, when the risk is affected

by the environment where sport is practiced and/ or natural forces that are used in the sport (wind, waves, snow, etc.).

2.1.24. Accident occurred during Insured's service in armed forces (participation in peacekeeping missions, military operations, training, etc.), police, fire and rescue service, paramilitary organizations or similar formations or as a consequence of such activity (unless otherwise indicated in the Insurance Policy);

2.1.25. Accident occurred during Insured's work in security services, oil extraction and / or refining industry, metal foundries, ship repair companies, aviation (as a pilot or crew member); works of blasting, demining, underground and mining, works in high altitudes (at a height of more than 5 meters); working as a sailor (a captain and the entire ship crew), stuntman, tester, rescuer or diver (unless otherwise indicated in the Insurance Policy).

2.1.26. Accident occurred during any professional sports competition or training, when the Insured receives income from participation in sports competitions and training, or as a consequence of this activity (unless otherwise expressly stated in the individual terms and conditions of the Insurance contract).

2.1.27. the Insured does not follow treatment instructions or doctor's recommendations in case of an Accident;

2.1.28. declaring the Insured missing;

2.1.29. a Critical Illness recurred in the life of the Insured or the Critical Illness occurred within the first 90 (ninety) days from the date of conclusion of the Insurance Contract or, if the Insured is included in the already Insurance Contract, during the first 90 (ninety) days from the date of inclusion of the new Insured in the Contract;

2.1.30. the diagnosis of a Critical Illness did not meet the requirements of the respective Critical Illness listed in Table No. 3 "Critical Illnesses";

2.1.31. a Critical Illness manifested in the Insured infected with HIV or having AIDS.

III. PROCEDURE OF PAYMENT OF INSURANCE INDEMNITIES

1. Upon Occurrence of an Insured Event

1.1. You and/ or the Insured shall do the following in case of an Insured Event:

1.1.1. take all reasonable and available measures in an effort to reduce the loss amount;

1.1.2. refer to a Medical Institution and receive respective treatment no later than within 48 hours;

1.1.3. notify Us in writing of the Accident immediately, but not later than within 30 calendar days, providing Us with detailed and comprehensive information about it, except for the exceptions provided for in the Insurance Terms and Conditions or for important reasons. If the Accident leads to the death of the Insured, notify Us thereof not later than within 10 calendar days, even if the Accident already was reported;

1.1.4. make every effort to clear up circumstances of the event, provide Us or Our assisting partners with an opportunity to inspect the scene, to conduct an investigation and to interrogate witnesses, and to perform other damage administration actions; to receive and provide Us with all Our requested data, documents and information in order to determine whether the event is an insured event, the cause of the loss, to assess the amount of the loss and to pay an insurance indemnity;

1.1.5. provide Us with all the necessary documents and information necessary to establish the fact and circumstances of the insured event and calculate the insurance indemnity amount: a written report of the event, a certificate issued by a Medical Institution with a diagnosis; if the Accident occurred at work or on the way to / from work – a statement on an Accident at work or an Accident on the way to/ from work, and in case of the death of the Insured – a death certificate and other documents which We request;

1.1.6. provide all information and documents specified in these Insurance Terms and Conditions to Us in writing in at least one of the following ways: by registered mail, e-mail or by completing a questionnaire online at www.balcia.lt. In case of death, when notifying in writing is impossible, immediately inform Us by calling **19001** or +370 5 2119 119 if calling from Abroad.

2. Determining damage

2.1. Having received initial information, We shall start an investigation of an event which may be recognised an insured event during which respective justice, law enforcement, personal health care, social security, medical examination establishments and institutions compiling lists of psychoneurological, toxicological, narcological records and other institutions which may have data on the fact, circumstances and consequences of the event shall be contacted. When recording circumstances of an event, We shall be entitled to take photos and make video (audio) recordings. We may hire various experts, specialists or researchers for the investigation of the insured event.

2.2. Our conclusions shall be binding unless they have been proven not to reflect the actual situation.

3. Paying Insurance Indemnities

3.1. We shall pay an insurance indemnity (or the first instalment thereof) not later than within 30 days from the date of receipt of all documents relevant for determining the reasons, circumstances and consequences of the insured event and calculating the insurance indemnity amount.

3.2. In case of an insured event, if determining and approving the insurance indemnity amount takes longer than 3 (three) months, We shall pay the sum equal to the insurance indemnity amount undisputed by the parties at Your request.

3.3. If an insurance indemnity under the accident insurance is paid in instalments, its second and third instalment shall be paid within 30 (thirty) days from the date of receipt of medical documents confirming the effectiveness of the Insured's rehabilitation and other relevant information about the Insured's health condition, but not earlier than after 2 (two) and 3 (three) years, respectively, from the date of the insured event.

3.4. If We are late to pay an insurance indemnity through Our own fault, We shall pay annual interest of 3 (three) percent on the insurance indemnity amount or a part thereof which was paid late.

3.5. Having determined in case of an insured event that the respective property interests of the Insured have been covered under more than one loss insurance contract (e.g. in more than one insurance company), an insurance indemnity payable under the Insurance Contract shall be reduced in proportion to the ratio of Sums Insured under such insurance contracts. The amount of insurance indemnities under all insurance contracts may not exceed the loss incurred by the Insured and the insurance value.

3.6 In all cases, when paying an insurance indemnity, We shall not exceed the Sum Insured provided for in the Insurance Contract.

IV. PROCEDURE OF NON-PAYMENT AND REDUCTION OF INSURANCE INDEMNITIES

1. In case of an Insured Event, We shall be entitled to reduce the Insurance Indemnity amount by:

1.1. 50% if You, the Insured or the Beneficiary failed to report the Insured Event to competent authorities and institutions on time or have referred for treatment to a Medical Institution late, or notified Us of the event late and therefore We are unable verify time and other circumstances of the event;

1.2. 50 %, if You, the Insured or the Beneficiary have deliberately failed to comply with all or a part of obligations or Our legally justified requirements;

1.3. If You, the Insured or the Beneficiary have received full or partial compensation from the person responsible for damage, the Indemnity amount shall be reduced by the amount received from the responsible person. This provision shall not apply if insurance of sums applies according to the risk insured, i.e. in case of an Insured Event, an Insurance Indemnity equal to the Sum Insured or its part shall be paid.

1.4. If losses are subject to indemnification under the insured risk, and You, the Insured or the Beneficiary is entitled to an Insurance Indemnity for the same losses under several Insurance Contracts, We shall have the right to reduce the Insurance Indemnity to be paid in proportion to the reduction of the Sum Insured under the respective Insurance Contract. In any case, the Insurance Indemnity to be paid by each insurance company shall be reduced proportionally under each Insurance Contract so that the total Insurance Indemnity amount does not exceed the total sum of indemnifiable losses incurred. This provision shall not

apply if the insurance of sums applies according to the risk insured, i.e. in case of an Insured Event, an Insurance Indemnity equal to the Sum Insured or its part shall be paid.

1.5. When insuring employees of a legal entity based on their job positions (i.e. when the Insurance Policy states specific positions holding which employees are insured), all employees holding the insured positions on the day of conclusion of the Insurance Contract shall be insured (i.e. the number of persons holding the respective position in the legal entity shall be insured, including those who are on vacation).

1.5.1. In case of an Accident, You shall provide Us with an employment contract log and, at Our request, other documents proving that at the time of the Accident the suffered person was Your employee having concluded an employment contract with You in accordance with legal acts of the Republic of Lithuania, and that on the Contract conclusion date there were not more persons holding the insured position than indicated in the Insurance Contract. If there were more employees holding the insured position than indicated in the Insurance Contract on the Contract conclusion date, the Insurance Indemnity amount shall be reduced in proportion, by the ratio between the number of employees holding the respective position indicated in the Insurance Contract and the number of employees actually holding this position.

2. In case of an Insured Event, We shall be entitled to refuse to pay an Insurance Indemnity if:

2.1. when concluding the Insurance Contract, You provided Us with false information on the insured object and circumstances that have a material impact on the assessment of the Insurance Risk and/ or the amount of a possible damage;

2.2. You, the Insured or the Beneficiary have failed to report to Us the suffered insured event in a timely manner, and therefore We are unable to determine the exact amount of the expenses incurred;

2.3. the incurred expenses were a consequence of a non-insured event;

2.4. You, the Insured Person or the Beneficiary or Your representatives intentionally provided Us with false information or documents having a substantial impact on the assessment of the Insurance Risk and/ or possible losses, or unlawfully increased the amount of the loss. In case of such suspicions, We shall be entitled to refer to the responsible pre-trial investigation institutions with a view to establishing features and the fact of a possible criminal act;

2.5. the payment of an insurance indemnity would violate trade, economic or other sanctions or embargoes as well as other national or international legal acts regulating Our activities;

2.6. You, the Insured or the Beneficiary have defaulted on duties indicated in the Insurance Terms and Conditions intentionally or through Gross Negligence;

2.7. The Insurance Contract or relevant legal acts lay down other conditions for refusing to pay an insurance indemnity.

3. If having paid out an insurance indemnity or a part thereof it turns out that the indemnity should not have paid or it should have been paid in a lesser amount, the insurance indemnity or the overpaid amount shall be refunded to Us at Our written request, within 30 (thirty) calendar days from Our request, except for the cases provided for by laws.

V. GENERAL CONDITIONS

1. Insurance Contract

1.1. Concluding an Insurance Contract

1.1.1. The Insurance Contract is a complex document consisting of the Insurance Policy confirming the conclusion of the contract, Your application (We may ask You to submit it in writing), these Insurance Terms and Conditions and other annexes and conditions, which We will agree on. If individual insurance conditions laid down in the Insurance Policy and the conditions established in these Insurance Terms and Conditions differ, individual insurance conditions shall prevail.

1.1.2. The Insurance Contract shall be concluded at a free will of the parties, so both You and We shall have the right to refuse to conclude an Insurance Contract without giving any reasons therefor.

1.1.3. Having made a decision to conclude the Insurance Contract, both You and We shall be mutually honest - in order to properly identify Your needs and assess Your Insurance Risk, We shall receive from You all correct information known to You and / or requested by Us, which is important both for concluding and executing the Insurance Contract. If You improperly discharge this obligation, We shall acquire the right to declare the concluded Insurance Contract invalid.

1.1.6. The Insurance Contract may be concluded in one of the following ways:

1.1.6.1. by signing the Insurance Contract (by a regular or electronic signature);

1.1.6.2. by Us signing the Insurance Contract and You confirming the payment of the insurance premium or its first instalment (if we agree on setting out the premium in instalments).

1.2. Validity of the Insurance Contract

1.2.1. The period of validity of the Insurance Contract shall be specified in the Insurance Policy.

1.2.2. Insurance coverage, i.e. Our obligation to pay an Insurance Indemnity in case of an Insured Event, shall start on the date and hour specified in the Insurance Policy. If entry into force of Insurance Coverage is related to the payment of the insurance premium or its first instalment, Insurance Coverage shall take effect when the insurance premium or its part is credited to Our bank account.

1.2.3. Insurance Coverage shall only be valid for events that happen in the Insurance Territory specified in the Insurance Policy. If the Insurance Territory has not been specified in the Insurance Policy, Insurance Coverage shall be considered valid for all insurance risks everywhere throughout the world, except for risks of daily allowance and assistance (burial or cremation) costs. Insurance Coverage for risks of daily allowance and assistance (burial or cremation) costs shall only be valid in the Republic of Lithuania.

1.2.4. You may choose, indicating that in the Insurance Policy, the validity of Insurance Coverage:

1.2.4.1. 24/ 7;

1.2.4.2. during working hours at the place of performance of work functions, including the Insured's trip to and from his/ her place of work directly on working days. In such a case, Insurance Coverage shall also be valid during rest and meal breaks, also when performing work assigned by the employer on business trips, attending training or exercises held by the employer or representing the employer in a place other than the main place of performance of his/ her functions on behalf of the employer.

1.2.5. The Insurance Contract may be supplemented or amended by a written agreement of the parties.

1.3. Expiry of the Insurance Contract

1.3.1. The Insurance Contract shall terminate:

1.3.1.1. upon the expiry of the Insurance Contract;

1.3.1.2. after We have paid out all insurance indemnities provided for in the Insurance Contract, even if the Insurance Contract has not yet expired;

1.3.1.3. in case of Your liquidation as a legal entity, in the absence of successors to Your rights and duties. In such a case, the Insurance Contract shall be deemed to have expired from the first day of the period for which insurance premiums have not been paid;

1.3.1.4. in case of death of the Insured or in the event of redundancy of the insured position when there are no more employees;

1.3.1.5. on Your own initiative, by giving a written notice to Us not later than 15 (fifteen) calendar days before the expected day of termination of the Insurance Contract. The Insurance Contract shall be deemed terminated on the day specified in the notice, but not earlier than on the 15th (fifteenth) day after the date of receipt of the termination notice. In this case (when calculating the amount to be refunded, We shall treat each started day as a full day):

1.3.1.5.1. if the insurance indemnity has not been paid out or no claims have been filed during the validity period of the Insurance Contract, We shall refund the unused part of the insurance premium within 20 (twenty) calendar days from the date of receipt of Your notice;

1.3.1.5.2. if the insurance indemnity has been paid and/ or reserved, or claims have been filed during the validity period of the Insurance Contract, We shall refund to You the part of the insurance premium equal to the difference between the unused part of the insurance premium and the paid indemnity within 20 (twenty) calendar days from the date of receipt of Your notice.

1.3.1.6. on Our initiative, in accordance with the procedure established by legislation, if You commit a material violation of the Contract (for example, have been late to pay an insurance premium in a timely manner, intentionally refused to disclose information relevant to the risk assessment, etc.).

1.3.1.7. on other grounds established by laws.

1.3.2. Regardless of the grounds of termination of the Insurance Contract, You shall have the duty to pay the insurance premium for the insurance coverage period till the termination/ expiry of the Insurance Contract.

2. Change in the Insurance Risk

2.1. Change in the Insurance Risk includes circumstances that are important to Us after the conclusion of the Insurance Contract:

2.1.1. the Insured starts to do physical work, engages in sports or sport (including extreme sports) other than specified in the Insurance Contract, participates in official sports competitions or trainings, engaging in leisure time which is of higher risk;

2.1.2. the risk of the Insured changes (for example, the Insured becomes disabled, falls sick with an incurable or mental illness, is declared incapacitated by a court, or is permanently living abroad at the time of conclusion of the Insurance Contract and You did not inform Us about it);

2.1.3. When insuring employees of a legal entity based on their positions (i.e. when employees holding specific positions which are specified in the Insurance Policy are insured) upon a change in the list of insured positions and/ or the number of Insured persons according to insured positions.

2.2. Upon an increase in the Insurance Risk, We shall have the right to amend the terms and conditions of the Insurance Contract and request to pay an additional insurance premium. If You do not agree with the amended terms and conditions, or fail to express Your opinion within 1 (one) month from the day of sending a notice on new conditions of the Insurance Contract, We shall acquire the right to terminate the Insurance Contract upon the expiry of the time limit specified in this clause without any separate notice.

2.3. Upon a decrease in the Insurance Risk, You shall be entitled to request to amend the terms and conditions of the Insurance Contract and to reduce the insurance premium.

2.4. If, being aware of the increased risk, We would not have concluded the Insurance Contract, We shall be entitled to request to terminate the Insurance Contract.

3. Your Rights and Duties

3.1. You shall be entitled to:

3.1.1. get an insurance offer that best suits Your interests and needs;

3.1.2. get familiar with the Insurance Terms and Conditions and the insurance product information document, and to receive a copy thereof before concluding the Insurance Contract;

3.1.3. submit to Us an application for conclusion of the Insurance Contract;

3.1.4. conclude the Insurance Contract in one of the ways offered in these Insurance Terms and Conditions convenient to You.

3.1.5. offer to amend, supplement and/or terminate the Insurance Contract in accordance with the procedure established by legislation and/or the Insurance Terms and Conditions.

3.1.6. request to pay an insurance indemnity in case of an insured event, if a written consent of the Beneficiary specified in the Insurance Contract has been obtained;

3.1.7. receive information on the progress of an investigation of an insured event without violating the applicable legal acts;

3.1.8. disagree with the assignment of Our rights and duties arising out of the Insurance Contract to another (other) insurance company (-ies). In such a case, You shall have the right to terminate the Insurance Contract within 1 month from becoming aware of such an assignment of rights and duties, by giving Us a 15 (fifteen) days' written notice thereof. In such a case, You shall be refunded Your paid insurance premiums for the remaining period of validity of the Insurance Contract.

3.2. You shall be obliged to:

3.2.1. submit to Us Your written application for concluding an Insurance Contract;

3.2.2. before concluding an Insurance Contract, provide Us with correct information on all the circumstances that may have a material impact on the assessment of the Insurance Risk which You are aware of or which We request. This can be done by completing Our questionnaire, notifying us verbally or in writing and furnishing documents.

3.2.3. during the validity period of the Insurance Contract, to immediately, but not later than within 3 (three) business days, notify Us of any changes in the circumstances that may affect the occurrence of an insured event and/or damage, the amount of losses and a change in the Insurance Risk.

3.2.4. When insuring employees according to their positions, new employees which You hire after the day of conclusion of the Insurance Contract shall be covered from the first day of employment in Your company. The Insurance Coverage of employees whose employment contracts terminate shall expire from the moment of termination of their employment contracts.

3.2.4.1. 5 (five) days before the expiry of the Insurance Contract or within other time limits specified in the Insurance Policy, You shall inform Us in writing about changes in the number of insured employees during the Insurance Period, and indicate the dates of increase or decrease in the number of employees. At Our request, You shall also provide documents supporting this information.

3.2.4.2. If the number of the Insured changes by more than 10%, We shall recalculate the annual Insurance premium at the end of validity of the Insurance Contract, based on Your provided data and documents about changes in the number of insured employees. The difference between the insurance premium already paid and the recalculated insurance premium shall be paid by the respective party to the other party within 14 days from the recalculation of the insurance premium.

3.2.5. notify Us of all the concluded or planned insurance contracts concerning the same risks concluded (including their terms and conditions) with other insurance companies. The Insured shall also be subject to this requirement.

3.2.6. pay an insurance premium within the time limits set in the Insurance Policy.

3.2.7. notify Us of a change in contact details (address, phone number, e-mail address) in writing not later than within 3 business days.

3.2.8. cooperate with Us in Our pursuit to exercise Our right of recourse against the person responsible for the insured event.

4. Rights and Duties of the Beneficiary

4.1. The Beneficiary shall have the right to:

4.1.1. receive an Insurance Indemnity:

4.1.1.1. when the Insurance Contract has been concluded for the benefit of a third person – according to a request of the Beneficiary;

4.1.1.2. when a written request of the Insured has been received to transfer an indemnity to another person;

4.1.2. receive information on the progress of investigation of the insured event and other related information without prejudice to the applicable legal acts.

4.2. The Beneficiary shall be obliged:

4.2.1. in case of an insured event, to furnish Us with all the available documents and/or known information on the circumstances and consequences of the insured event.

5. Our Rights and Duties

5.1. We shall have the right to:

5.1.1. request and receive all information necessary for risk assessment from You, the Insured and/ or the Beneficiary.

5.1.2. in case of a change in the Insurance Risk, to amend conditions of the Insurance Contract and to request to pay an additional insurance premium or to terminate the Insurance Contract with You in accordance with the procedure prescribed by legal acts.

5.1.3. if the Insurance Contract is concluded through Your representative, familiarise him/ her, rather than You directly, with the Insurance Terms and Conditions and submit a copy thereof. This will be considered as duly fulfilled duty of Ours to disclose the terms and conditions of the Insurance Contract to You.

5.1.4. refuse to conclude the Insurance Contract without giving any reasons therefor.

5.1.5. refuse to pay the insurance premium or to reduce its amount, if You or the Insured (if he/ she was aware of the conclusion of the Insurance Contract on his/ her behalf) intentionally or through Gross Negligence:

5.1.5.1. failed to notify Us of the occurrence of the insured event within the time limits specified in the Insurance Terms and Conditions, and this affected the increase in damage or the determination of circumstances and/ or consequences of the event;

5.1.5.2. despite Your obligation, You have failed to take action that may reduce or eliminate the damage caused;

5.1.5.3. failed to follow Our other legitimate instructions.

5.1.6. assign Our rights and duties arising from the Insurance Contract to another insurance company (-ies) in accordance with the procedure established by legal acts. You shall be informed of such an intention at least 2 (two) months in advance and in at least two national newspapers;

5.1.7. for the purpose of providing the Services, without prejudice to Your interests, disclose confidential information to independent and Our hired experts, reinsurance companies, Our legal representatives and advisers, companies related to Us, courts and arbitration, the Beneficiary and in other cases prescribed by laws.

5.2. We shall be obliged to:

5.2.1. pay insurance indemnities in case of the occurrence of an insured event in accordance with the procedure and within the time limits established by legal acts and these Insurance Terms and Conditions;

5.2.2. process Your personal data, personal data of the Insured, the Beneficiary and other persons related to the Insurance Contract in strict compliance with provisions of legal acts;

5.2.3. notify You and the Beneficiary of the progress of the insured event in accordance with the procedure established by legal acts.

6. Procedure of Calculation and Payment of Insurance Premiums

6.1. We shall calculate the sum of the insurance premium, the payment of which is one of Your key obligations, according to Your provided information about the Insured.

6.2. You shall pay the total insurance premium amount at the moment of conclusion of the Insurance Contract, however, we may agree on the payment of the insurance premium in instalments. In such a case, the sums and the terms of their payment shall be specified in the Insurance Policy.

6.3. The insurance premium or its instalment shall be considered paid after making a transfer to the bank account of Ours or Our representative's. The date of crediting funds in Our or Our representative's bank account shall be deemed the date of payment of the insurance premium.

6.4. The payment of the total insurance premium amount or its instalment shall be considered proper discharge of Your duty to pay the insurance premium.

6.5. If You fail to pay an insurance premium or pay it only in part, We shall additionally charge default interest of 0.02 (two hundredths) percent of the outstanding amount for each day of delay, calculating of the outstanding amount.

6.6. If You fail to pay an insurance premium within 30 days from the date of sending Our call for payment to You, the Insurance Contract shall terminate on the grounds referred to in clause 1.3.1.6. hereof. If We hire for debt recovery persons engaged in the provision of such services, You shall cover the costs which We incur as a result.

6.7. In case of a change in the Insurance Risk, We shall have the right to recalculate the insurance premium amount.

7. Other Conditions

7.1. The Parties shall not be entitled to disclose confidential information of the other party received in the course of provision of insurance services (including information received before conclusion of the Insurance Contract) to third parties without a prior written consent of the other party, except for the cases set out in legal acts and these Insurance Terms and Conditions.

7.2. The Insurance Contract and any legal relationship arising out of the Insurance Contract shall be governed by law of the Republic of Lithuania.

7.3. In the event of a dispute, We shall resolve it in good faith by negotiation. In case of a failure to reach an agreement, a dispute may be referred to courts in accordance with the procedure established by legal acts of the Republic of Lithuania. If You are a natural person, You may also refer a dispute for resolution to the institution supervising Our activities, namely, the Financial Market Supervisory Authority of the Bank of Lithuania, www.lb.lt.

7.4. In order for communication between us to run smoothly, we shall send notifications to each other in writing:

7.4.1. by post;

7.4.2. by e-mail / on the self-service portal, indicating this in the Insurance Policy or the self-service;

7.4.3. by other means that we agree on.

7.5. Mutual notifications shall be deemed to have been duly served within a reasonable period time after they were sent in an agreed manner.

Annex No 1

Table 1. Disability

No	Consequences of an insured event	Insurance indemnity % of the Sum Insured
1.	Head	
1.1.	Complete loss of vision in one eye or both eyes	100
1.2.	Complete loss of vision in one eye	50
1.3.	Enucleation of the blind eye due to a trauma	40
1.4.	Loss of speech	100
1.5.	Traumatic hearing loss in both ears	100
1.6.	Traumatic hearing loss in one ear	30
1.7.	Removal of the lower jaw	100
1.8.	Removal of a part of the lower jaw, the lifting element going throughout the entire or a part of the upper jaw	40
1.9.	Removal of the skull bone – area covering more than 7 cm ²	45
1.10.	Removal of the skull bone – 2-7 cm ²	20
1.11.	Removal of the skull bone – less than 2 cm ²	10
2.	Central nervous system	
2.1.	Residual effects after brain and spinal cord injury: paralysis of upper and lower limbs (tetraplegia); extensive damage to cerebral cortex and cerebellum; dementia; disturbance of consciousness; impaired function of pelvic organs	100
2.2.	Paralysis of one side of the body; severe restriction of movement, sensation and muscle strength of two limbs; extremely apparent coordination disorder; extreme hypertonia of limb muscles; severe cognitive impairment (10 points or lower), dementia; epileptic seizures at least once per month	50
2.3.	Severe restriction of movement, sensation and muscle strength of two limbs; apparent damage of cranial nerves; impaired coordination; significant hypertonia of limb muscles; impaired function of pelvic organs; significant cognitive impairment (20 points or lower); epileptic seizures at least once per month	40
2.4.	Paralysis of one limb (monoplegia); language impairment; significant coordination impairment; hypertonia of limb muscles and decreased muscle strength and sensation; epileptic seizures of average frequency (5-10 times per year); parkinsonism	30
2.5.	Impaired coordination and movements; speech disorder; minor cognitive disorders; minor hypertonia of limb muscles and decreased muscle strength; rare (3-4 times per year) epileptic seizures	15
2.6.	Expressed facial asymmetry; autonomic (vegetative) symptoms; cerebral cortical traumas and speech disorders; vasomotor disorders; singular (1-2 times per year) epileptic seizures	7
2.7.	Complete loss of one arm and one leg	100
2.8.	Functional disorders of one arm and one leg	50
Note.		
Residual effects shall be attributed to the particular group where at least two characteristics of the group are identified.		
3.	Upper limbs	
3.1.	Full and irreversible loss of both arms or hands	100
3.2.	Full loss of one hand: above the elbow joint or below the elbow	50
3.3.	Incurable and irreversible loss of bone tissue of an arm	40
3.4.	Complete loss of the 5 (five) fingers or the hand	40
3.5.	Complete loss of the thumb	15
3.6.	Complete loss of the 2 nd phalanx of the thumb	5
3.7.	Complete loss of the 3 rd phalanx of the thumb	3
3.8.	Complete loss of the index finger	10
3.9.	Complete loss of 2 (two) phalanges of the index finger	8

3.10.	Complete loss of the 3 rd phalanx of the index finger	3
3.11.	Complete loss of the 3 rd phalanx of the finger (other than the thumb or the index finger)	2
3.12.	Complete loss of the thumb and the index finger	25
3.13.	Complete loss of the thumb and another finger (other than the index finger)	20
3.14.	Complete loss of 2 (two) fingers (other than the thumb and the index finger)	8
3.15.	Complete loss of 3 (three) fingers (other than the thumb and the index finger)	15
3.16.	Complete loss of 4 (four) fingers (including the thumb)	40
3.17.	Complete loss of 4 (four) fingers (excluding the thumb)	35
3.18.	Complete loss of the middle finger	8
3.19.	Complete loss of the finger (other than the thumb, the index and the middle finger)	3
3.20.	Complete loss of 2 (two) phalanges of a finger (other than the thumb and the index finger)	2
3.21.	Shoulder ankylosis	35
3.22.	Elbow ankylosis	35
3.23.	Wrist ankylosis	20
3.24.	Full ankylosis of the thumb	7
3.25.	Full ankylosis of the index finger	8
3.26.	Full ankylosis of another finger (the middle, the ring or the pinky finger)	3
3.27.	Incurable and irreversible full paralysis of upper limbs (damage to nerves)	50
3.28.	Irreversible and incurable paralysis of the median nerve	35
3.29.	Irreversible and incurable paralysis of the radial nerve in the collar bone area	35
3.30.	Irreversible and incurable paralysis of the radial nerve in the forearm area	25
3.31.	Irreversible and incurable paralysis of the radial nerve in the elbow area	25
3.32.	Complete paralysis of the trigeminal nerve	10
4.	Lower limbs	
4.1.	Full loss of both legs, both feet or both legs above the tarsal joint	100
4.2.	Loss of a leg above the knee joint	70
4.3.	Loss of a leg above the tarsal joint	60
4.4.	Loss of a foot due to the tarsal joint disarticulation or foot amputation at tarsal bones	40
4.5.	Loss of the distal part due to amputation at the level of metatarsal bones	25
4.6.	Loss of all toes due to toe joint disarticulation or foot amputation at the level of phalanges	40
4.7.	Amputation of all toes	25
4.8.	Loss of four toes	20
4.9.	Loss of three toes	15
4.10.	Loss of the big or another toe	10
4.11.	Loss of two toes (except for the big toe)	5
4.12.	Loss of the big toe	8
4.13.	Loss of one toe (except for the big toe)	3
4.14.	Thigh ankylosis	30
4.15.	Knee ankylosis	20
4.16.	Irreversible and incurable full paralysis of lower limbs	60
4.17.	Irreversible and incurable full paralysis of the external sciatic longitudinal nerve	30
4.18.	Irreversible and incurable full paralysis of the inner sciatic longitudinal nerve	20
4.19.	Leg shortening of 5 cm at the least	30
4.20.	Leg shortening of 3 - 5 cm	20
4.21.	Leg shortening of 1 - 3 cm	10

Notes.

If the same Accident gives grounds for paying an Insurance Indemnity under **clauses 2.1–2.8 hereof**, and the Insured suffered a limb injury provided for in **clauses 3.1–4.21 hereof**, an Insurance Indemnity for injuries provided for in **clauses 3.1–4.21. hereof** shall not be paid.

Table 2. Traumas

No.	Consequences of an insurance qualifying event	Insurance indemnity (% from the sum insured)
I. BONE FRACTURES AND DISLOCATIONS		
1.	Skull	
1.1.	Fracture of a vault bones	10
1.2.	Fracture of a base bones	15
1.3.	Fracture of a vault and base bones	20
Note. Fracture of several vault and (or) base bones is considered as a single fracture		
2.	Facial bones	
2.1.	Fracture of the cheekbone or the upper jaw	6
2.2.	Fracture of the lower jaw	5
2.3.	Dislocation of the lower jaw reconstructed in a medical institution	2
2.4.	Fracture of nasal bones, the ethmoid bone or the hyoid bone	3
Notes. 1. A bilateral fracture of jaw is considered as a single fracture. 2. A fracture of an inferior alveolar process of jaw is not considered as a fracture of jaw. 3. A fracture of maxilla and a cheekbone is considered as a single fracture. 4. The insurance indemnity shall be paid for the primary dislocation only. The insurance indemnity for repeated dislocations shall not be paid		
3.	Teeth	
3.1.	Traumatic loss of 1 healthy tooth	4
3.2.	Traumatic loss of 2–3 healthy teeth	9
3.3.	Traumatic loss of 4–5 healthy teeth	14
3.4.	Traumatic loss of 6 and more healthy teeth	20
3.5.	Traumatic injury of one tooth (fracture of a tooth or its root, tooth dislocation, or punching into the alveoli, a split of at least 1/4 of the dental crown)	2
Notes. 1. An Insurance Indemnity for a traumatic tooth injury and / or loss shall be paid only if there are objective signs of injury to the soft tissues of the mouth and / or face. An Insurance Indemnity shall only be paid once after a traumatic dental injury. Consequences of an Accident shall be assessed not later than within 1 (one) year from the Accident date. 2. In the event of a fracture of a prosthesis or a bridge, an Insurance Indemnity shall only be paid for the loss of supporting teeth due to an Accident. 3. If a knocked-out tooth is implanted, an Insurance Indemnity shall be paid. However, if the implanted tooth is later removed, an additional Insurance Indemnity shall not be paid. 4. In case of a fracture of a tooth or its root, dislocation of a tooth, intrusion into the alveolus or removal of at least ¼ crown of the tooth, an Insurance Indemnity not exceeding EUR 90 shall be paid (regardless of the number of damaged teeth and the Sum Insured). 5. An Insurance Indemnity shall not be paid for repeated injuries of the same tooth. 6. In case of periodontitis, caries damage, loss of a filled tooth and / or traumatic damage, an Insurance Indemnity shall be reduced by 60%. 7. In case of loss or injury of deciduous teeth, an Insurance Indemnity for children under 5 years of age shall be paid in full. In case of loss or injury of deciduous teeth, from the age of 6, ½ of an Insurance Indemnity, but not more than EUR 45, shall be paid (regardless of the number of teeth and the Sum Insured). 8. An Insurance Indemnity shall not be paid for a tooth injury and / or loss while biting (chewing).		
4.	Ribs and breastbones	
4.1.	Breastbone fracture.	5
4.2.	Fractures of 1–2 ribs	3
4.3.	Fractures of 3-5 ribs	5

4.4.	Fractures of 6 and more ribs	10
Notes.		
<ol style="list-style-type: none"> 1. An Insurance Indemnity shall be established according to the total number of fractures ribs bilaterally. 2. Several fractures of one rib shall be considered a single fracture. 3. The fracture of rib cartilage is considered as rib fracture. 4. An Insurance Indemnity shall also be paid when a rib or breastbone fracture developed during resuscitation (external cardiac massage). If fractures of breastbone and ribs occurred during resuscitation a single (maximum) Insurance Indemnity shall be paid according to one paragraph of article 4 of part I. 		
5.	Spine	
5.1.	Fractures of vertebral bodies or arches of cervical, thoracic or lumbar part of vertebral column: – of 1 vertebra	15
5.2.	Fractures of vertebral bodies or arches of cervical, thoracic or lumbar part of vertebral column: of two or more vertebrae.	25
5.3.	Fracture of sacrum	10
5.4.	Fracture of tailbone	5
5.5.	Fracture of the transverse process and / or spinous process of 1 or more vertebrae	5
5.6.	Luxation or subluxation of 1 or more vertebrae, which requires a surgical treatment	5
Notes.		
<ol style="list-style-type: none"> 1. A fracture of the vertebral body and arch shall be considered a single fracture. 2. If an Insurance Indemnity is paid for a fracture of the vertebral body and/ or arch, an Insurance Indemnity shall not be paid for a fracture of transverse process and / or spinous process nor for a luxation or subluxation of vertebrae. 3. A fracture of the transverse process and spinous process of vertebrae shall be considered a single fracture. 4. A fracture of both transverse processes of a vertebra shall be considered a single fracture. 5. If an Insurance Indemnity is paid for a fracture of the transverse process and spinous process of a vertebra, an Insurance Indemnity for a luxation or subluxation of vertebrae shall not be paid. 6. An Insurance Indemnity shall be paid for the first luxation or subluxation only. An Insurance Indemnity shall not be paid for recurrent luxation or subluxation of vertebrae. 		
6.	Arm	
6.1.	Clavicle fracture	5
6.2.	Dislocation of the clavicle, which required a reconstruction at a medical institution	5
6.4.	Scapular fracture	5
6.5.	Fracture of the humeral head	10
6.6.	Fracture of the neck and/ or body of the humerus	8
6.7.	Dislocation of the humeral head, which required a reconstruction at a medical institution	5
6.8.	Fracture of one of forearm bones	5
6.9.	Fracture of both forearm bones	10
6.10.	Dislocation of one or both forearm bones at the elbow joint, which required a reconstruction at a medical institution	3
6.11.	Fracture and / or dislocation of wrist bones	3
6.12.	Fracture and / or dislocation of navicular bone	7
6.13.	Fracture of metacarpal bones (for each bone, paying not more than 6% of the Sum Insured for all of them together)	3
6.14.	Fracture of the thumb	2
6.15.	Fracture of other fingers	1
Notes.		
<ol style="list-style-type: none"> 1. An Insurance Indemnity shall be paid for the primary dislocation only. An Insurance Indemnity for repeated dislocations shall not be paid. 2. The fracture of humeral head occurring as a result of repeated dislocation shall not be considered as an insurance qualifying event, and an Insurance Indemnity shall not be paid. 3. If an Insurance Indemnity is paid for bone fracture, the Insurance Indemnity for dislocation of the same bone shall not be paid. 4. Several fractures in different locations of a single bone shall be considered a single fracture. 5. Fractures of several phalanges of the same finger shall be considered a single fracture. 6. If several fingers of the hand are broken, the amount paid shall not exceed 4 % of the Sum Insured. 		

7.	Pelvic bones	
7.1.	Fracture of iliac bone (pubic bone) coxice bone / ischiatic bone / fracture of a single bone	5 for the fracture of each bone
7.2.	Fracture of acetabulum	12
7.3.	A rupture of a single symphysis	7
7.4.	A rupture of two symphysis	12
Notes.		
1. If several pelvic bones were injured, the amount paid shall not exceed 25% of the Sum Insured.		
2. Several fractures in different locations of a single bone shall be considered a single fracture.		
8.	Leg	
8.1.	Fracture of femoral trochanters	9
8.2.	Dislocation of the femur, which required a reconstruction at a medical institution	9
8.3.	Fracture of the femoral head and / or neck	15
8.4.	Fracture of the femoral body	10
8.5.	Fracture of joint surfaces of the femur or tibia	10
8.6.	Patella fracture	8
8.7.	Dislocation of the patella, which required a reconstruction at a medical institution	5
8.8.	Fracture of the posterior edge of the tibia, the inner ankle	5
8.9.	Fracture of the tibia (except for the posterior edge and the inner ankle)	10
8.10.	Fracture of the coccyx, outer ankle	5
8.11.	Dislocation of one or both tibias, which required a reconstruction at a medical institution	3
8.12.	Fracture of the heel bone or the talus	8
8.13.	Fracture of other bones of the foot (metatarsals) or the ankle	4
8.14.	Dislocation of one or several other bones of the foot (metatarsals) or the ankle, which required a reconstruction at a medical institution	1
8.15.	Fracture of the 2 nd – 5 th phalanges of the foot	1
8.16.	Fracture of the big toe	2
Notes.		
1. For the fractures of calf – tarsal bones, the amount paid shall not exceed 20% of the Sum Insured.		
2. For the injury of all metacarpal bones, the amount paid not exceed 8% of the Sum Insured.		
3. Fractures of several phalanges of the same toe shall be considered a single fracture.		
4. If an Insurance Indemnity is paid for bone fracture, the Insurance Indemnity for the dislocation of the same bone shall not be paid.		
5. Several fractures in different locations of a single bone shall be considered a single fracture.		
II. HEARING ORGANS		
9.	Hearing organs	
9.1.	Traumatic deformity of the pinna or loss of 1/3 of the pinna	5
9.2.	Loss of 1/3 to 1/2 of pinna	10
9.3.	Loss of more than 1/2 of pinna	20
9.4.	Traumatic rupture of the eardrum	5
Note.		
1. The sequels of pinna injuries shall be assessed after the end of healing, at least 1 month after trauma.		
2. The diagnosis of traumatic rupture of the eardrum shall be substantiated by the objective signs of fresh trauma.		
III. GASTROINTESTINAL ORGANS		
10.	Gastrointestinal organs	
10.1.	Loss of more than the half of tongue	30
10.2.	Loss of tongue end (up to one third part)	15
10.3.	Loss of the tongue at root area (complete loss)	55
10.4.	Injury of the tongue and mouth which interferes with their functions	5
10.5.	Loss of the part of the lower jaw.	30
10.6.	Artificial anus	45
10.7.	Resection of a part of liver and a gall bladder due to trauma	15

10.8.	Resection of spleen	20
10.9.	Resection of the part of stomach, part of pancreas, part of bowels	30
10.10.	Post-traumatic obstruction of the oesophagus resulting in gastrostomy formation	80
10.11.	Resection of the entire stomach	45
10.12.	Incontinence	40
10.13.	Adhesion disease, partial intestinal obstruction, resulting in surgery	20

IV. UROGENITAL SYSTEM

11.	Urogenital system	
11.1.	II degree renal impairment confirmed by laboratory tests	35
11.2.	III degree renal impairment (treated with haemodialysis or transplantation)	70
11.3.	Narrowing of the ureter or urethra (which requires epicycstostomy)	20
11.4.	Complete obstruction of the ureter, fistula of genitals	40
11.5.	Resection of a part of kidney	10
11.6.	Resection of the entire kidney	25
11.7.	Traumatic loss of both kidneys	90
11.8.	Resection of the ovary, Fallopian tube or testicle	15
11.9.	Resection of the part of penis and (or) both testicles	25
11.10.	Resection of the entire penis	50
11.11.	Resection of both ovaries (or a single functioning ovary) and/ or uterus:	
11.11.1.	For females up to 50 years of age (inclusive)	45
11.11.2.	For females aged above 50 years	20
11.12.	Trauma resulted in termination of the pregnancy above 14 gestation weeks	20

Note.

For a single insurance qualifying event the insurance indemnity shall be paid for one the most severe injury.

V. RESPIRATORY SYSTEM

12.	Nose	
12.1.	Loss of scent and taste	15
12.2.	Loss of scent	10
12.3.	Loss of nasal bones, cartilages and soft tissues	25
12.4.	Loss of nasal wings and the nasal tip	12
12.5.	Post-traumatic inflammation of the facial sinuses	2
13.	Larynx and trachea	
13.1.	Tracheostomy due to body injury during accident	40
13.2.	Irreversible aphonia	30
13.3.	Irreversible articulation disorder	15
13.4.	Injury of larynx, thyroid cartilage, trachea, bronchus	3
14.	Chest	
14.1.	Chest deformity after the fractures of ribs and breastbone resulting in severe limitation of breathing movements	10
14.2.	Injury of respiratory organs, resulting in: respiratory failure of III degree	55
14.3.	Injury of respiratory organs, resulting in: respiratory failure of II degree	40
14.4.	Injury of respiratory organs, resulting in: respiratory failure of I degree	10
14.5.	Resection of the entire lung due injury caused by the accident	40
14.6.	Resection of the half of lung due injury caused by the accident	20
14.7.	Traumatic rupture of both lungs diagnosed during the surgery	10

Notes.

1. An Insurance Indemnity shall be paid if the listed sequels are caused by a direct trauma of the chest or thoracic organs. If such sequels are the result of other causes (e.g., cold, surgery on organs, not related with a direct chest trauma or due to complications), an Insurance Indemnity shall not be paid.
2. For the acute pneumonia caused by an accidental acute intoxication with respiratory tract irritating chemical substances, pneumotoxic substances, an Insurance Indemnity shall not be paid.
3. If the Insurance Indemnity was paid according to provisions of clause 4 of this annex, an Insurance Indemnity according to paragraph 14 shall not be paid.

VI. CENTRAL NERVOUS SYSTEM		
15.	Brain lesions	
15.1.	Brain commotion treated outpatiently when the Insured had a certificate of incapacity for work (did not go to education / training institution) for more than 10 consecutive days or was treated at a hospital less than 5 days	3
15.2.	Commotion treated at a hospital for 5 days and more	6
15.3.	Contusion confirmed by computed tomography data	10
15.4.	Traumatic subarachnoid hemorrhage with pressure on the brain and consequent surgery	10
15.5.	Traumatic subdural hemorrhage with pressure on the brain and consequent surgery	14
15.6.	Traumatic epidural hemorrhage that presses on the brain and consequent surgery	18
15.7.	Coordination and movement disorder; speech disorder	15
15.8.	Significant facial asymmetry, autonomic (vegetative) symptoms, scent, taste and speech disorders, vasomotor disorders, isolated (1-2 per year) epilepsy seizures	7
15.9.	Traumatic epilepsy (if the insured person has not suffered from epilepsy or other diseases of nervous system before injury (trauma); traumatic hydrocephalus	10
Notes.		
1. Diagnosis of commotion and contusion shall be based on objective neurological signs and diagnosed by a specializing doctor (neurologist, neurosurgeon).		
2. If the Insured is an adult unemployed person or a pre-school child who does not go to an educational institution, the Insurance Indemnity according to 15.1. shall be paid if outpatient treatment lasts longer than 15 consecutive days or he/ she is treated at a hospital up to 5 days.		
VII. CRANIAL AND PERIPHERAL NERVES		
16.1.	Spinal cord concussion treated at a hospital for more than 5 days	5
16.2.	Spinal cord bruising treated at a hospital for more than 10 days	10
16.3.	Spinal cord compression treated at a hospital for more than 10 days	20
16.4.	Partial traumatic myelitis of the spinal cord	30
16.5.	Nerve injury in the plexus area (neck, shoulder, lumbar, sacrum)	25
16.6.	Injury of hip and thigh nerves	10
16.7.	Injury of tibia (ankle) nerves	5
16.8.	Nerve injury at the forearm (wrist) level	5
16.9.	Nerve injury at shoulder (arm) level	10
Notes.		
1. Diagnosis of spinal cord concussion shall be based on objective neurological signs and diagnosed by a specializing doctor (neurologist, neurosurgeon).		
2. Diagnosis of peripheral nerve injury shall be based on objective neurological signs and diagnosed by a specializing doctor (neurologist, neurosurgeon).		
3. Peripheral nerve injuries include nerve concussions, bruising, compression, stretching, rupture or tearing.		
4. Injuries in different limbs shall be considered separate injuries.		
5. Injuries in a single limb shall be considered a single injury.		
6. An Insurance Indemnity shall not be paid for finger nerve injuries.		
7. If there are several peripheral nerve injuries, an Insurance Indemnity shall be paid according to one (higher) percentage of the indemnity only.		
VIII. EYES		
17.1.	Accommodation paralysis of a single eye	15
17.2.	Accommodation paralysis of both eyes	30
17.3.	Significant concentric narrowing of vision field (narrowing at least by 10 degrees).	15
17.4.	Eyelid lowering, paralysis of eye muscles, defect of the eyelid, which does not allow the slit of the eye to close	10
17.5.	Pulsating exophthalmos of one eye	20
17.6.	Consequences of injuries of eyes: dislocated intraocular lens, tear duct injury, strabismus, retinal detachment (directly due to an eye injury)	10

17.7.	Injuries of one eye that did not impair vision (non-perforated damage to the eyeball, traumatic corneal erosion, corneal abrasions)				2
17.8.	Hemorrhage				1
17.9. Post-traumatic decrease in visual acuity					
Before the trauma	After the trauma	Percentage (%)	Before the trauma	After the trauma	Percentage (%)
1,0	0,9-0,7	5	0,9	0,8-0,6	5
	0,6-0,4	10		0,5-0,4	10
	0,3	15		0,3	15
	0,2	20		0,2	20
	0,1	25		0,1	25
	< 0,1	30		< 0,1	30
0,8	0,7-0,6	5	0,7	0,6-0,5	5
	0,5-0,4	10		0,4-0,3	10
	0,3	15		0,2	15
	0,2	20		0,1	20
	0,1	25		< 0,1	25
	< 0,1	30			
0,6	0,5-0,4	5	0,5	0,4-0,3	5
	0,3-0,2	10		0,2-0,1	10
	0,1	15		< 0,1	15
	< 0,1	20			
0,4	0,3-0,2	5	0,3	0,2-0,1	5
	0,1	10		< 0,1	10
	< 0,1	15			
0,2	0,1	5	0,1	< 0,1	10
	< 0,1	10			

Notes.

1. Visual acuity shall be diagnosed not earlier than 3 months and not later than 12 months after the date of injury comparing visual acuity (without correction) of one eye before the trauma with vision after the Trauma (see Table to of this Item).
2. When visual acuity of an injured eye before injury is unknown, it shall be considered to be the same as that of an uninjured eye. Injury of a single sighted eye shall be considered an injury to both eyes.
3. If visual acuity of both eyes decreases due to a trauma, each eye shall be assessed separately. Loss of vision in both eyes shall be considered to be loss of vision of the better-seeing eye. When an artificial lens is implanted or a corrective contact lens is used due to a trauma, the Insurance Indemnity payable shall be determined based on vision before implantation or before insertion of a contact lens.
4. Retinal detachment shall be considered an Insured Event and an Insurance Indemnity shall be paid when the retina detaches due to direct trauma (bruising, injury) of the eye.
5. When the retina detaches due to an illness (severe myopia, hypertension or other illnesses), lifting a heavy object, making a sudden or unusual movement, hitting some other part of the body, an Insurance Indemnity shall not be paid.
6. An Insurance Indemnity shall be paid for one, most severe injury, only.

IX. CARDIOVASCULAR SYSTEM		
18.	Injury of the large peripheral blood vessels:	
18.1.	in the area of forearm, wrist, calf and ankle;	5
18.2.	in the cervical humeral, ulnar, femoral and knee area.	10
18.3.	Of thoracic, abdominal cavity or retroperitoneal space	10
Notes		
1. In case of a single insurance qualifying event the insurance indemnity shall be paid for one the most severe injury.		
2. Injury of several blood vessels of a single limb shall be considered as a single injury.		
19.	Injury of heart, heart coverings and large main blood vessels:	
19.1.	Not resulting in cardiovascular failure	5
19.2.	Resulting in cardiovascular failure of I degree	10

19.3.	Resulting in cardiovascular failure of II degree	15
19.4.	Resulting in cardiovascular failure of III –IV degree	50
Notes		
1. In case of a single insurance qualifying event the insurance indemnity shall be paid for one the most severe injury.		
2. The insurance indemnity shall be paid based on the results of functional tests and indicators proving the degree of cardiovascular failure.		
X. SOFT TISSUES		
20.1.	Damage to soft tissues of the face, front and side surfaces of the neck, ears, which leaves a scar 1 month after suturing the wound:	
20.1.1.	Scar length up to 1.5 cm or covering the area up to 1 cm ²	1 (but not more than EUR 60)
20.1.2.	Scar length: 1.5 - 5 cm or covering the area of 1-2 cm ²	2
20.1.3.	Scar longer than 5 cm or covering the area larger than 2 cm ²	5
20.1.4.	Face disfigurement– facial deformity with scars disfiguring the appearance	20
20.2.	Injury of the head crown, soft tissues of the limbs, the chest, the back or the waist, which leaves a scar, 1 month after suturing:	
20.1.5.	Scar longer than 5 cm or covering more than 1% of the body surface	3
20.1.6.	Scar covering more than 5 ⁰ / ₀ of the body surface	10
20.1.7.	Scar covering more than 10 ⁰ / ₀ of the body surface	20
20.1.8.	Scar covering more than 15 ⁰ / ₀ of the body surface	30
20.3.	Finger or toe wound with detached nail	1 (but not more than EUR 60)
20.4.	Bruising of any part of the body or organ when the Insured was unable to work (could not go to an educational institution) for 5 consecutive days at the least	1 (but not more than EUR 60)
20.5.	Damage to soft tissues which resulted in non-resorbed bruising, osteomyelitis, or other purulent processes (formations) that were surgically removed	5
20.6.	Multiple bite wounds with an injury to soft tissues, when the injury covers more than 0.25% of the body surface.	3
Notes.		
1. 1 % of the body area corresponds to the size of the palm of the Insured (including palm and fingers).		
2. An Insurance Indemnity for open fractures, post-surgery and amputation scars shall not be paid.		
3. An Insurance Indemnity for one Accident shall be paid for one, most severe, consequence.		
4. An Insurance Indemnity for abrasions or other injuries that did not require sutures shall not be paid.		
5. If the Insured is an adult unemployed person, a person working while on vacation, a studying child (student) during holidays or a pre-school child who does not attend an educational institution, an Insurance Indemnity shall be paid under clause 20.4., if outpatient and / or inpatient treatment lasts 10 consecutive days at the least.		
20.7.	Rupture of ligaments, muscles, tendons, menisci:	
20.7.1.	Traumatic rupture of a muscle, tendon or ligament of any part of the body (except for the foot and the hand) if a reconstructive surgery was performed no later than within one year after the Accident.	3
20.7.2.	Traumatic rupture of a muscle, tendon or ligament in any part of the body (except the foot and hand), which required immobilisation in a plaster cast or a plastic splint, or treated continuously for 15 consecutive days at the least.	2
20.7.3.	Traumatic rupture of the hand, foot muscle, tendon, ligament, if a reconstructive surgery was performed not later than within one year after the Accident.	2
20.7.4.	Traumatic rupture of the hand, foot muscle, tendon, ligament, which required immobilisation in a cast or a plastic splint and was treated continuously for 14 consecutive days at the least.	1
20.7.5.	Traumatic sprain of a ligament, tendon, muscle of any part of the body, which resulted in immobilization in a plaster cast and/or plastic splint, and	1

	/ or the Insured was unable to work (could not go to an educational institution) for 10 consecutive days at the least.	(but not more than EUR 60)
20.7.6.	Traumatic rupture of the menisci of the knee joint confirmed during surgery.	3
20.7.7.	Traumatic rupture of meniscus and knee ligaments confirmed during surgery.	5
Notes.		
1. An Insurance Indemnity shall not be paid for a recurrent rupture of ligaments, tendons and meniscus.		
2. A rupture of both menisci of one knee shall be considered a single rupture of a meniscus.		
3. A rupture of muscles, tendons, ligaments, meniscus shall be confirmed by instrumental (UG, CT, NMR) and / or other objective examination methods.		
4. An Insurance Indemnity for one Accident shall be paid for one, most severe, injury only.		
20.8.	Thermal and chemical burns, frostbite:	
20.8.1.	2 nd degree burns, up to 1 % of the body area	1
20.8.2.	2 nd degree burns covering at least 1 % of the body surface	2
20.8.3.	2 nd degree burns covering at least 5 % of the body surface	3
20.8.4.	3 rd degree burns up to 1 % of the body surface	3
20.8.5.	3 rd degree burns covering at least 1 % of the body surface	4
20.8.6.	3 rd degree burns covering at least 5 % of the body surface	5
20.8.7.	Burn disease (burn shock, burn anuria, burn intoxication, acute burn toxemia, burn septicotoxemia), traumatic, post-haemorrhagic, anaphylactic shock, fat embolism, if the diagnosis was confirmed in a hospital	10
20.8.8.	3 rd degree frostbite covering at least 2% of the body surface	5
Notes.		
1. 1 % of the body area corresponds to the size of the palm of the Insured (including palm and fingers).		
2. In case of burns of varying degrees or the burn disease, an Insurance Indemnity shall be paid for one, most severe, consequence.		
20.9.	Other benefits:	
20.9.1.	Plastic surgery to remove or reduce scars or pigment spots on the front and side of the face and neck	Up to 15
Notes.		
1. An Insurance Indemnity for open fractures, post-surgery and amputation scars or pigment spots shall not be paid.		
2. Scars and pigment spots shall be assessed at least 6 months after the Accident date.		
3. Actual costs of an actual plastic surgery shall be reimbursed in accordance with the submitted financial documents.		
20.9.2.	Costs of psychological assistance	Up to 10 (but not more than EUR 300)
Notes.		
1. An Insurance Indemnity under this clause shall be paid if a suffered bodily injury is not an Insured Event according to other clauses of Table No. 2 "Traumas", but the Insured has become a victim of crimes provided for in Chapters XVIII or XXI of the Criminal Code of the Republic of Lithuania under all the following conditions: 1) a criminal procedure for this crime is pending before court; 2) psychological assistance is necessary because of the bodily injury suffered in the crime; 3) psychological assistance has been provided not later than within 12 months from the Accident date.		
2. Actual costs of the provided psychological assistance shall be reimbursed based on the provided financial documents.		
20.9.3.	Medical assistance expenses	Up to 5 (but not more than EUR 100)
Notes.		
1. An Insurance Indemnity under this clause shall be paid if a suffered bodily injury is an Insured Event under other clauses of Table No. 2 "Traumas".		
2. We shall reimburse costs of rehabilitation (physiotherapy procedures, kinesiotherapy sessions, up to 10 massage sessions), costs of renting or purchasing a wheelchair or crutches.		

3. We shall reimburse actual costs of provided medical assistance based on the provided financial documents.		
20.9.4.	If a bodily injury required a surgery	1
Notes.		
1. An Insurance Indemnity shall be paid only if a surgery is performed for injuries listed in Table No. 2 "Traumas" and not later than within one year after the Accident date.		
2. A surgery for fixing several bones (organs) of one body part shall be considered a single surgery.		
3. An Insurance Indemnity shall not be paid for removing osteosynthetic structures.		
20.9.5.	Other injuries suffered as a result of an Insured Event, for which an Insurance Indemnity is not paid under other items of this Table, and which required treating the Insured at the hospital for:	
20.9.5.1.	3-5 days	1
20.9.5.2.	6-14 days	3
20.9.5.3.	14-20 days	8
20.9.5.4.	more than 21 day	11
20.9.6.	Traumatic asphyxia, acute food poisoning, poisoning in chemical (toxic) substances, poisonous plants or fungi, electric injuries (electrical networks, equipment, atmospheric electric discharges), drowning, tetanus, rabies, acute appendicitis, meningococcal infection, gangraena emphysematosa, snake bite, animal bite, insect bite, if it required a continuous inpatient treatment for:	
20.9.6.1.	3-4 days	2
20.9.6.2.	5-6 days	3
20.9.6.3.	7-15 days	5
20.9.6.4.	16-30 days	10
20.9.6.5.	31 days and more	15
20.9.7.	Tick-borne encephalitis, tick-borne myelitis, tick-borne encephalomyelitis, Lyme disease	2
Notes.		
1. An Insurance Indemnity for tick-borne encephalitis, tick-borne myelitis, tick-borne encephalomyelitis or Lyme disease shall be paid if the Insured becomes infected with Lyme disease during the validity period of the Insurance Contract. These illnesses shall be diagnosed by an infectologist and confirmed by enzyme-linked immunosorbent assays.		

Table 3. Critical Illnesses

No	Name of the critical illness	Description of the critical illness	Conditions necessary for declaration of the critical illness as an insured event and payment of an insurance indemnity
1.	Myocardial infarction	It is an acute irreversible damage to (necrosis of) the heart muscle tissues developed due to insufficient artery bloodstream in a particular segment of myocardium for the first time.	The diagnosis of myocardial infarction is based on all of the below criteria: 1. New lesions typical to myocardium infarction found through electrocardiography; 2. Prolonged typical chest angina; 3. Increase in blood serum activity of ferments specific of myocardial infarction (LDH, CK, CK-MB, troponins T and I). 4. No Insurance Indemnity shall be paid for an acute myocardial infarction without increase in ST segment.
2.	Cerebral Infarction (stroke)	An acute cerebrovascular disorder, usually due to cerebral tissue infarction as a result of non-traumatic haemorrhage or blockage of arteries and causing fixed neurological deficit persisting longer than 24 hours.	1. Where the fixed neurological deficit persists at least for 12 weeks from the cerebral infarction and this is confirmed by the physician-neurologist and a new computer tomography or magnetic resonance tomography. 2. Cerebral infarction as a result of external injuries (accident) shall be a non-insured event. 3. No Insurance Indemnity shall also be paid for transient cerebral ischemic attacks (persisting shorter than 24 hours).
3.	Malignant tumour (cancer)	Malignant tumours (cancers) is a group of diseases the characteristics of which is uncontrollable spread of genetically malignant cells and ability of such cells to damage surrounding tissues and spread into other parts of the body (metastasize).	An Insurance Indemnity shall not be paid if the following was diagnosed: 1. Any pre-malignant condition; 2. Cervical dysplasia, cervical intraepithelial neoplasia (any CIN stage); 3. Any non-invasive cancer (cancer in situ, according to the TNM Classification Tis); 4. Prostate cancer, stage I (according to the TNM Classification, T1 including T1a, T1b, T1c); 5. Urinary bladder, stage I (according to the TNM Classification, T0 or T1); 6. Papillary carcinoma, stage I (according to the TNM Classification T0 or T1); 7. Lymphogranulomatosis, stage I; 8. Skin cancer (except for malignant invasive melanoma from stage III according to Clark classification) 9. Chronic lymphocyte leucoses; 10. The cancer diagnosis must be confirmed histologically and by a physician-oncologist.
4.	Chronic kidney deficiency	Chronic and irreversible functional kidney deficiency due to which regular haemodialysis is necessary	1. Regular haemodialysis at least for 6 months are carried out or a kidney transplantation surgery must be undergone. 2. The diagnosis and the necessity for dialysis is confirmed by a physician-nephrologist.
5.	Multiple sclerosis	An autoimmune disease of the central nervous system affecting the coating of nerve fibres	1. The magnetic resonance imaging shows at least two lesions of demyelination. 2. An increase in IgG index and oligoclonal bands in the cerebrospinal fluid. 3. The diagnosis is confirmed by a physician-neurologist.

6.	Blindness	Full irreversible loss of sight due to an acute disease	<p>1. The diagnosis must be supported by objective tests (sciascopy, refractometry, spectral compensation etc.).</p> <p>2. Full irreversible loss of sight confirmed by a physician- ophthalmologist three months from the disease or trauma.</p> <p>3. In case of loss of sight in one eye, 50% of the Insurance Indemnity shall be paid out.</p>
7.	Deafness	Permanent and irreversible loss of hearing due to an acute disease.	<p>1. The deafness is confirmed by the auditory threshold of at least 90 db.</p> <p>2. The diagnosis is confirmed by a physician- otorhinolaryngologist.</p> <p>3. In case of loss of hearing in one ear, 50% of the Insurance Indemnity shall be paid out.</p>
8.	Loss of speech	Total loss of the ability to speak as a result of traumatic lesion or disease.	<p>1. Where the speech is lost due to surgical and pharmaceutical treatment of a disease.</p> <p>2. The diagnosis is confirmed by a physician- otorhinolaryngologist. In some cases, loss of speech may be temporary.</p> <p>3. If full loss of speech persists 6 months from the diagnosis.</p>
9.	Alzheimer's disease before age of 60 years	Decline in cognitive functions, passivity in daily activities, changes in behaviour, neuropsychiatric symptoms	<p>1. An Insurance Indemnity shall be paid when all of the following conditions are met:</p> <ul style="list-style-type: none"> • the illness has been diagnosed before a person turned 60; • confirmed by typical neuropsychological and neural imaging data (e.g. computed tomography, magnetic resonance imaging). • loss of intellectual abilities has been diagnosed, manifesting by disorders of memory and cognitive functions (sequence, organizational, generalization and planning), which lead to a significant impairment of mental and social function; • personality has changed; • slowly progressing illness and steady deterioration of the cognitive function; • consciousness has not been impaired; • the Insured needs constant care 24/ 7. <p>The diagnosis of the illness and the need for care shall be determined and confirmed by a neurologist. An Insurance Indemnity shall not be paid if other forms of dementia are diagnosed due to brain, systemic or mental illnesses.</p> <p>2. The condition shall be confirmed by medical documents and last for 3 months at the least.</p>
10.	Parkinson's disease before age of 60 years	Evident symptoms of involuntary tremor of hands, muscle rigidity and slowness of body movements	<p>1. Undoubted diagnosis of idiopathic (primary) Parkinson's disease of the Insured under the age of 60 shall be confirmed by a neurologist after an inpatient neurological examination in accordance with criteria for diagnosing Parkinson's disease valid on the day of diagnosis.</p> <p>2. An Insurance Indemnity shall be paid when all of the following conditions are met:</p> <ul style="list-style-type: none"> • at least two of the following clinical signs have been diagnosed: muscle stiffness (rigidity); tremor; bradykinesia (significantly slowed movements, sluggishness of physical and mental response);

			<ul style="list-style-type: none"> • complete inability to do at least 3 of the following 6 daily activities on one's own for at least 3 (three) months continuously: inability to wash up or other means are used to wash up; • inability to dress up, undress, button up and unbutton clothes; • inability to eat on one's own; • inability to maintain adequate personal hygiene when using the toilet or otherwise control bladder and bowel function; • inability to move from room to room on the same floor; • inability to get up / get out of bed to a chair or a wheelchair and back. <p>If the above-listed clinical signs changed due to implantation of a brain neurostimulator, this shall be considered an Insured Event regardless of daily abilities.</p> <p>An Insurance Indemnity shall not be paid in the following cases:</p> <ul style="list-style-type: none"> • having diagnosed the secondary parkinsonism (including drug- or toxin-induced parkinsonism); • having diagnosed sudden tremors; • having diagnosed parkinsonism associated with other neurodegenerative diseases.
11.	Addison's disease	A decrease in the level of cortisol and an increase in the level of adrenocorticotrophic hormone (AKT H) in the blood	<ol style="list-style-type: none"> 1. Adrenocortical insufficiency due to damage to both adrenals resulting in partial or full disappearance of adrenal hormone function. 2. The disease must be diagnosed by a physician-endocrinologist according to the disease diagnostics criteria valid on the date of the diagnosis. 3. The Insured Person is treated with hormones at least for 3 months and such treatment is continued.
12.	Systemic lupus erythematosus	Chronic inflammatory autoimmune disease where the immune system starts to destroy (affect) healthy tissues of the body.	<ol style="list-style-type: none"> 1. The diagnosis must be confirmed by a physician-rheumatologist; 2. The blood test (carried out serologic testing) shows antibodies to native RNP or antibodies to Sm antigen or Lupus cells.