Rules and conditions of compulsory health and accident insurance for tourists entering Georgia constitute an integral part of the mutually signed insurance policy and its annexes.

Consent form

I, the insured signing the policy below, hereby agree that JSC "Insurance Company Wizer" may, within the scope provided by the legislation in the field of insurance services, for the purpose of my identification and full implementation/provision of insurance services and to the extent necessary to implement this purpose, receive my personal data necessary for the organization and process the said data in accordance with the rules and requirements established by the legislation of Georgia, including the Law of Georgia "On Personal Data Protection".

If necessary, request and receive any personal information (data, records and/or documents) about me from any medical institution, state or administrative body (including the Ministry of Internal Affairs) for the purpose of providing insurance services and only within the scope provided by the legislation.

I am informed that the insurance company is obliged to store my personal data(s) for the period established by law; I am also informed that I have the right to request the termination of data processing, as well as the deletion and/or destruction of existing records about me. I am aware that I have the right to withdraw my consent at any time, without any explanation or justification.

Contract information sheet

This information sheet provides non-exhaustive information about the terms and conditions of the insurance and is not a document with the same legal force as the insurance contract.
Reading the information sheet and making related explanations does not create legal consequences and, accordingly, claims between the parties.

Name of the insurer	JSC "Insurance Company Wizer" (I/C 204545572)
Type of insurance contract	Compulsory health and accident insurance for tourists entering Georgia
Description of the insured's risk and insurance coverage conditions	Emergency inpatient, outpatient, dental care, emergency care, medical evacuation, repatriation and death due to an accident; insurance coverage conditions are indicated on pages #8-15 of this Agreement on Insurance for Tourists Entering Georgia.
Prerequisites, amount and procedure for any other financial expenses incurred by the consumer, in addition to the premium	N/A
Type, amount and prerequisites for the use of the deductible	Deductible 100 GEL
Complete list of insurance exclusions, conditions	For this information, see the section on health and accident insurance on pages #11-12 of this handbook.

Important Terms of the Contract

Important Terms of the Contract represent incomplete information about the terms of insurance (Appendix No. 1 to the Contract)

Name of the insurer	JSC "Insurance Company Wizer" (I/C 204545572)
Type of insurance contract	Compulsory health and accident insurance for tourists entering Georgia
Description of the insured's risk and terms of insurance coverage	Emergency inpatient, outpatient, dental services, emergency assistance, medical evacuation, repatriation and death due to an accident; Insurance coverage conditions are indicated on pages #8-15 of this Agreement on Insurance of Tourists Entering Georgia.
Prerequisites, amount and procedure for any other financial expenses incurred by the consumer in addition to the premium	N/A
Type, amount and terms of use of the deductible	Deductible 100 GEL
Insurance exclusions, a complete list of conditions	See the above information on pages # 19-21 of this Manual
Insurance period (validity period)	The insurance period is indicated in the policy
Amount of the insured amount	The amount of the insured amount is indicated in the policy
Terms of termination of the contract	See Article 5 of this Manual
Refer to the regulatory articles that take into account the grounds for release from the insurer's obligations.	Clause 3.6 of this Agreement
Forms for submitting a claim to the insurer; Source of access to information on the claim review procedure; Maximum term for receiving a response to a claim expressed in the appropriate form; Structural subdivision of the insurer where a claim can be submitted.	Form for submitting a claim to the insurer - a claim, both electronically and in writing, filled out at the insurer's compensation center. Information on the procedure for considering claims is provided by the insurer's 24/7 assistance or compensation center. The maximum period for receiving a response to a claim is determined by 5 working days. A claim can be submitted to the Claims Service and the Quality Management Service.
Supervisory body of the insurer	LEPL "Georgian State Insurance Supervision Service" Address: Tbilisi, Levan Mikeladze St. #3; Tel: +995 32 223 44 10; E-mail: info@insurance.gov.ge

Rules and conditions for compulsory health and accident insurance for tourists entering Georgia

Based on the current legislation of Georgia, the parties agree to the following travel insurance terms and conditions.

1. Definition of terms:

The terms used in these Terms and Conditions have the following meanings:

1.1. **Insurer** - JSC "Insurance Company Wizer";

1.2. **Insured** - a foreign citizen temporarily staying in the territory of Georgia, traveling to the territory of Georgia for business and/or tourist purposes, who pays the insurance premium in accordance with the rules and conditions provided for in the same contract;

1.3. **Insurance policy** - a document confirming the fact of concluding an insurance contract between the insurer and the insured and reflecting the terms of this contract, which, after its receipt, gives the insured the right to request insurance compensation upon the occurrence of an insured event under the terms and amount provided for in the same contract/policy;

1.4. **Insured event** - an event that, according to these terms, gives rise to the obligation of the insurer to issue insurance compensation; An insured event shall be considered and the insurer shall compensate for the expenses incurred by the insured during the temporary stay and/or travel in the territory of Georgia during the insurance period for medical treatment - emergency outpatient treatment or expenses incurred as a result of an accident - emergency medical care, medical evacuation, emergency inpatient and/or emergency dental treatment (including the removal of acute toothache) or death.

1.5. **Accident** - an unexpected event caused by the impact of a visible external force(s) (mechanical, thermal, chemical), which resulted in damage to the health of the insured, limitation of working capacity, loss or death;

1.6. **Exception** - an event that, in accordance with the travel insurance contract, is not considered an insured event and is not subject to compensation;

1.7. **Insurance period** - the period of time specified in the insurance policy during which the insurance is valid, but not more than 1 calendar year;

1.8. **Insurance premium** - the cost of the insurance policy payable by the insured specified in the insurance policy. The insurance premium is paid in a lump sum, immediately upon issuance of the policy.

1.9. **Insurance coverage area/period** - the insurance is valid only on the territory of Georgia and for the duration of the insurance period specified in the insurance policy. The insurance period begins at 00:00 on the day of the start of the insurance period specified in the policy and continues until 24:00 on the day of the end of the insurance period specified in the policy. The insurance period shall not exceed one calendar year; in addition, the insurance shall enter into force no earlier than 1 calendar day after the payment of the insurance premium.

1.10. **Insurance amount** - the maximum limit of compensation specified in the insurance policy, within which the insurer, regardless of the number and amount of insured events, undertakes to reimburse the insured for the costs of services specified in these insurance conditions and the policy.

1.11. **Insurance coverage** - insurance risk (medical coverage, repatriation costs), which is subject to insurance compensation under the terms of this contract.

2. Rules and conditions for payment of insurance premiums

2.1. The amount of the insurance premium shall be determined in accordance with the amount specified in the policy of this Agreement;

2.2. The premium shall be paid in a single payment, in the national currency (GEL), by non-cash payment to the bank details of the insurer specified below:
JSC "Bank of Georgia"
GE50BG0000000280821700 and/or
JSC "TBC Bank"
GE53TB7302336020100001

2.3. The initial insurance premium shall be paid in advance, immediately upon conclusion of the contract/insurance policy. The policy shall enter into force no earlier than one calendar day after payment of the insurance premium.

2.4. The amount of the insurance premium per calendar day and the total amount of the premium are determined in accordance with the number of selected days. Which is indicated in the insurance policy;

2.5. When paying the insurance premium, the insurer is obliged to indicate the insurance policy number in the purpose of the payment order; Failure to comply with this condition on the part of the insurer will not be considered as fulfillment of the obligation to pay the insurance premium;

2.6. The insurance premium is paid once and in the event of early termination of the contract (except for the refusal of the contract), the insurance premium paid by the insurer is not subject to return.

3. Conditions and deadlines for issuing insurance compensation

3.1. Immediately after the occurrence of an insured event and no later than 24 hours, the insured/insurer or an authorized person is obliged to contact the insurance company Wizer's 24/7 hotline at: (+99532) 218 55 55 and inform the insured's name, surname, travel policy number, telephone number and the existing problem.

3.2. Along with the application for compensation, the insured must submit the documentation specified in the insurance conditions of the same contract;

3.3. The insurer is entitled to request any other necessary documentation/documents, which must be provided to the insurer by the insured or other authorized interested person no later than 2 weeks from the request.

3.4. In the event of the death of the insured or bodily injury as a result of an accident, the insurer is entitled to request a medical examination report.

3.5. The insurer shall pay the insurance indemnity in the national currency - GEL.

3.6. The Insurer shall be released from any obligation to pay any insurance indemnity in the event of any material misrepresentation, misrepresentation, notification, coverage and/or breach of the obligations/conditions set forth in Article 6 by the Insured.

3.7. The amount to be reimbursed shall be transferred to a pre-agreed bank account within 5 (five) business days of receipt of all necessary documents requested by us.

4. Transfer of rights and compensation for claims

4.1. The insured person may not transfer the right to receive insurance benefits to another person.

5. Contract validity period and termination conditions

5.1. This Agreement shall enter into force and be effective on the dates specified in the Policy;

5.2. In the event of unilateral termination of the Insurance Agreement (except for refusal of the Agreement), regardless of whether the Insurer has used the Insurance Agreement or not, the Insurer shall not be refunded the premium paid.

6. Dispute Resolution

6.1. Any dispute arising from the insurance contract shall be resolved by mutual agreement of the parties. In case of disagreement, the dispute shall be resolved by the court in accordance with the procedure established by the legislation of Georgia.

We confirm the accuracy, clarity, absence of ambiguous provisions and agreement with the terms and conditions of this contract and the attached annexes by signing the insurance policy.

Insurance coverages

Medical service	BASIC card	
	%	Limit
"Wizer Assistance" 24/7 Service	100%	Unlimited
Emergency Medical Assistance	100%	Unlimited
Outpatient clinic		
Emergency outpatient services	100%	10 000 Gel
Hospitalization		
Emergency Hospital Services in the Event of an Accident	100%	6 500 Gel
Emergency Hospital Services	100%	6 500 Gel
Hospital Services Not Covered by Insurance (with Exceptions) at D. Tatishvili Medical Center "Med Investment"	15%	Unlimited
Dentistry		
Emergency dental services	100%	10 000 Gel
Death due to an accident	5 000 Gel	
Repatriation	2 000 Gel	
Medical evacuation	2 000 Gel	
Insurance amount	***30 000 Gel***	
Deductible	***100.00 Gel***	

Insurance terms and conditions

Types of insurance services

"Wizer Assistance" services

The service provides 24-hour telephone and information consultations related to medical/insurance services;
Through "Wizer Assistance", the insured has the opportunity to promptly receive complete information about the current insurance program and provider clinics, organize emergency and planned medical services and call an ambulance;
The 24-hour hotline of "Wizer Insurance" can be contacted any day of the week at the following number (+995 32) 2 18 55 55.

Emergency medical assistance

The service includes the provision of emergency medical assistance at the scene of the accident by any licensed ambulance located on the territory of Georgia; as well as, if necessary, transportation to a medical facility and ambulance service in any region of Georgia.

Emergency outpatient services

The service includes a set of medical measures related to the deterioration of the insured's health condition (including during an accident) during the insurance period, the postponement of which would inevitably lead to the insured's death, disability or significant deterioration of his health condition, and when the medical service does not require the insured to stay in a medical institution for more than 24 hours.

Cases funded by emergency outpatient services only include the following:

- Accidental (trauma, wound, bleeding, thermal, chemical, electrical contact injury) bodily injury – doctor's consultation, surgical treatment/dressing/suture of the wound, X-ray examination of the fracture and immobilization; detoxification/infusion therapy, complete blood count, creatinine, electrolytes;
- Heart rhythm disorders – doctor's consultation, ECG, rhythm stabilization;
- Intoxication – doctor's consultation, detoxification/infusion therapy, laboratory tests;
- Hypertensive crisis – doctor's consultation, electrocardiography, blood pressure stabilization
- Nosebleed – doctor's consultation, tamponade, coagulants;
- Renal, abdominal, cholelithiasis – doctor's consultation, complete blood and urine tests, ultrasound, IV infusion, analgesics and antispasmodics;
- Asthma status – doctor's consultation, drug therapy, relief of the attack;
- Acute/life-threatening allergic reaction (allergy with a tendency to develop anaphylactic conditions and laryngeal edema) – doctor's consultation, antiallergic treatment;
- Urinary retention – doctor's consultation, catheterization (urinary discharge), IV infusion, general urine analysis;

- Foreign body in the upper respiratory tract, ear, auditory canal, digestive system – doctor's consultation, removal of the foreign body;
- Pain in the chest and/or abdomen and/or pelvis, doctor's consultation, relief of pain, blockade;
- Bronchospasm, doctor's consultation, relief of spasm;
- Hectic fever, doctor's consultation, blood and/or urine tests, chest X-ray, if necessary, ultrasound of one system, temperature stabilization.

Note:

- Please inform us about the incident immediately and no later than before discharge from the clinic, by calling the hotline, stating the insured person's name and surname, personal number, name of the medical institution and time of the application. Please note that you must leave a message about the incident before discharge from the clinic, otherwise your expenses will not be reimbursed.
- When applying to the provider clinic, upon presentation of an identity document, you will receive services in accordance with the limit and co-payment provided by the insurance card.

Emergency hospital services

The service includes a set of medical and diagnostic measures related to the deterioration of the Insured's health condition (including during an accident) during the insurance period, which require the Insured to stay in a medical institution for more than 24 hours and whose delay would inevitably lead to a significant deterioration of the Insured's health condition, disability or death, only in accordance with the following list:

Note: In the event of emergency hospital services, the insured or interested person must notify Wizer Assistance of the insured event no later than the end of the medical service. Medical services received without notification are not subject to reimbursement.

Cases funded by emergency hospital services include:

Allergology:
J45 Asthma (attack stage);
L50 Urticaria;
T78.1 Adverse food reactions (food allergy);
T78.3 Angioedema;
T78.4 Allergy, unspecified (insect sting allergy);
T88.7 Unspecified adverse reaction to drug or medication (drug allergy);
T80.6 Other serum reaction (serum sickness);

Angiology, operations under general anesthesia and intensive care:
I74 Embolism and thrombosis of arteries;
I87 Other venous lesions (pulmonary embolism or risk of its development);
I71.3 Abdominal aortic aneurysm, ruptured;
I71.5 Thoracoabdominal aneurysm with rupture;
I72 Other aneurysm (ruptured);

Gastroenterology:
K72.0 Acute and subacute hepatic failure (encephalopathy);

Endocrinology:
E27.2 Addisonian crisis;
E05.5 Thyroid crisis;
E10.1 Insulin-dependent diabetes mellitus with ketoacidosis;
E11.1 Insulin-independent diabetes mellitus with ketoacidosis;
E03.5 Myxedema coma;

Cardiology (non-surgical and non-invasive):
I21 Acute myocardial infarction;
I20.0 Unstable angina;
I50.1 Left ventricular failure, acute;
I50.9 Acute heart failure;
I47 Paroxysmal tachycardia;
I48 Atrial fibrillation and flutter;

Neurology:
a) Inflammatory diseases of the CNS/episodic and paroxysmal disorders/polyneuropathies:
G61 Inflammatory polyneuropathy;
G04 Encephalitis, myelitis and encephalomyelitis;
G45 Transient cerebral ischemic attacks and related syndromes;
G46 Cerebrovascular syndromes in cerebrovascular diseases;
b) Epilepsy/neuromuscular diseases/other nervous system disorders:
G70 Myasthenia gravis and other neuromuscular disorders;
G40 Epilepsy (serial seizures);
G93.6 Cerebral edema;

Neurosurgery:
a) Operative treatment/intensive care:
I61 Intracerebral hemorrhage;
G93.5 Brain compression;
G93.6 Cerebral edema;
G91 Hydrocephalus;

Nephrology:
N17 Acute renal failure;
N00 Acute nephritic syndrome;
N10 Acute tubulointerstitial nephritis [acute pyelonephritis];

Otolaryngology:
a) Operations of IV complexity:
J01 Acute sinusitis (with intracranial or orbital complications);
G06.0 Otogenic intracranial abscess and granuloma;

H83.0 Labyrinthitis;
H66.4 Acute otitis media (complicated by mastoiditis);
H66.2 Chronic epitympanic-antral purulent otitis media (complicated by facialis);
H66.3 Other chronic purulent otitis media (complicated by facialis);
b) Operations of III complexity:
J39.0 Retropharyngeal and parapharyngeal abscess;
c) Posterior tamponade:
R04.0 Epistaxis (with posterior tamponade);

Pulmonology:
J44.1 Chronic obstructive pulmonary disease, aggravated, unspecified;

Rheumatology:
a) Systemic connective tissue disorders (activity II-III, internal: with marked organ involvement):
M30 Periarteritis nodosa and related conditions;
M31 Other necrotizing vasculopathies;
M32 Systemic lupus erythematosus;
M33 Dermatopolymyositis;
M34 Systemic sclerosis;
M35 Other systemic connective tissue disorders;
b) Inflammatory polyarthropathy and spondylopathies (activity II-III):
M05 Seropositive rheumatoid arthritis;
M06 Other rheumatoid arthritis;
M07 Psoriatic and enteropathic arthropathies;
M08 Juvenile arthritis;
M10 Gout (acute, complicated by gouty status);
M11 Other crystalline Arthropathies (pyrophosphate and calcium phosphate arthropathies);
M12 Other specified arthropathies;
M45 Ankylosing spondylitis;
M46 Other inflammatory spondylopathies;
c) Acute rheumatism and chronic rheumatic heart diseases (active phase (rheumatic fever), commissuritis and prosthetic period):
I00-I02 Acute rheumatism;
I05-I09 Chronic rheumatic heart diseases;

Urology:
a) Operations under general anesthesia:
N20 Kidney and ureteral stones (obstructive uropathy);
N40 Prostatic hyperplasia (urinary retention, macrohematuria);
b) Operations under local anesthesia:
N23 Unspecified renal calculus (cystoscopy, catheterization, ureterorenoscopy);
N47 Paraphimosis;
N44 Testicular torsion;
R33 Urinary retention (operation-epicystostomy);
c) Operation-trocar epicystostomy/catheterization:
R33 Urinary retention;

Surgery:
a) Operations of IV complexity:
A48.0 Air gangrene;
K56 Obstruction and intestinal obstruction;
K25 Gastric ulcer (complicated by decompensated pyloric stenosis);
K26 Duodenum Intestinal ulcer (complicated by decompensated pyloric stenosis);
K27 Peptic ulcer, unspecified site (complicated by decompensated pyloric stenosis);
K85 Acute pancreatitis;
K65.0 Acute peritonitis (disseminated);
b) Operations of III complexity:
Air gangrene (with radical removal of the focus);
S36.0 Injury to spleen;
S36.9 Injury to unspecified abdominal organ;
K43.0 Ventral incarcerated hernia without gangrene;
K45.0 Other specified incarcerated hernia of the abdomen without gangrene (large or giant);
I70.2 Atherosclerosis of arteries of extremities [atherosclerotic gangrene];
E10.5 Insulin-dependent diabetes with peripheral circulatory complications [diabetic Gangrene];
E11.5 Insulin-dependent diabetes mellitus with peripheral circulatory complications [diabetic gangrene];
E12.5 Diabetes mellitus associated with nutritional disorders with peripheral circulatory complications [diabetic gangrene];
E13.5 Other specified diabetes mellitus with peripheral circulatory complications [diabetic gangrene];
E14.5 Unspecified diabetes mellitus with peripheral circulatory complications [diabetic gangrene];
K25.1 Gastric ulcer with perforation;
K26.1 Duodenal ulcer with perforation;
K65.0 Acute peritonitis (local);
K80.0 Gallstone with acute cholecystitis (purulent, gangrenous);
K81.0 Acute cholecystitis (purulent, gangrenous);
K40.4 Inguinal Hernia with gangrene;
K41.4 Unilateral or unspecified femoral hernia with gangrene;
K42.1 Umbilical hernia with gangrene;
K43.1 Ventral hernia with gangrene;
K45.1 Other specified abdominal hernia with gangrene;
K40.3 Unilateral or unspecified inguinal hernia without gangrene;
K41.3 Unilateral or unspecified inguinal hernia without gangrene;
K42.0 Inguinal hernia without gangrene;
K43.0 Ventral inguinal hernia without gangrene;
K45.0 Abdominal distension, specified inguinal hernia without gangrene;
K92.0 Hematemesis;
K92.1 Melena;
K92.2 Gastrointestinal hemorrhage, Unspecified;
c) Operations of II complexity and conservative treatment:
K35.9 Acute appendicitis, unspecified (catarrhal, phlegmonous, gangrenous);
K92.0 Hematemesis (conservative treatment);

K92.1 Melena (conservative treatment);
K92.2 Gastrointestinal bleeding, unspecified (conservative treatment);
K85 Acute pancreatitis (conservative treatment);

Maxillofacial surgery
a) Operations under general anesthesia:
K10.2 Inflammatory lesions of the jaws (phlegmons of the floor of the mouth, submandibular, maxillofacial, temporal region, retrobulbar and lateral pharyngeal abscesses);

Hematology
a) Surgical treatment – splenectomy:
D69.3 Idiopathic thrombocytopenic purpura;
C94.7 Other specified leukemia;
D55 Anemias due to enzyme disorders;
D56 Thalassemia;
D57 Sickle cell anemia;
D58 Other hereditary hemolytic anemias;
D59 Acquired hemolytic anemias.

Hospital services not covered by insurance (subject to exceptions)
The service provides for reimbursement of hospital service costs provided for by exceptions with 15% co-financing at the Davit Tatishvili Medical Center - "Med Investment", Vazha-Pshavela 76b;
The insurer reserves the right to replace the provider clinic providing the specified service during the current insurance period.

Emergency dental service
The service provides for primary dental care with appropriate medical indications (relief of acute tooth pain (anesthesia), tooth extraction (extraction), opening of the canal - drainage in case of acute pulpitis, radiography).

Medical evacuation
Medical evacuation provides for emergency transportation of the insured with medical indications from the scene of the accident, or from a medical institution to another medical institution, or for foreign citizens to Tbilisi International Airport, within the limits specified in the insurance policy;

Repatriation
Repatriation covers the costs of repatriating the body of a foreign citizen who dies as a result of an accident or sudden illness during their stay/travel in the territory of Georgia, within the limits and in accordance with the conditions specified in the insurance policy.

Accidental Death
Considers the payment of a fixed insurance amount to the heir (beneficiary) in the event of the insured's death due to an accident during the individual insurance period (except for relevant exceptions). The disappearance (missing without a trace) of the insured is not considered death;

The occurrence of an insured event:

- In case of emergency medical assistance and medical evacuation - the insured or other interested person contacts the company's hotline or 112;
    - The service can be received both through "Wizer Assistance" (the insurer makes a direct payment to the medical institution), and the insured is also entitled to call an ambulance himself (the insured will receive the service, pay the service fee in full and submit medical and financial documentation to the insurer to receive reimbursement).
    - Medical services received without notification are not subject to reimbursement;
- In case of emergency hospital (including as a result of an accident), emergency outpatient and emergency dental services - the insured or interested person is obliged to immediately notify the company's hotline about the above (except for the delay in notification due to objective circumstances).
    - Services can be received both at the insurer's provider clinics (the insurer makes payments directly to the medical institution), and at non-provider clinics (the insured will receive the service, pay the service fee in full and submit medical and financial documentation to the insurer to receive reimbursement).
    - Medical service expenses received without notification are not subject to reimbursement;
- In case of repatriation - the interested person is obliged to immediately notify the company's hotline about the above; the notification includes the following information: the insured's name, surname, policy number, place of death, name of the medical institution that confirms the fact of death. The insurer makes direct settlements with the relevant structures, on the basis of which the interested person is exempted from paying the insurer's share of the amount provided for in the insurance conditions for the relevant service. The costs of services received without agreement with the insurer are not subject to reimbursement.
- In case of death as a result of an accident - the beneficiary is obliged to contact the insurer's 24 (twenty-four) hour call center and report the insured event no later than 14 (fourteen) calendar days after the occurrence of the insured event.

Documentation to be submitted to receive compensation (taking into account the terms of the insurance contract):

The insured must submit documentation for reimbursement no later than 30 days after receiving the service.

- ✓ A copy of the insured's identity document;
- ✓ The insured's policy
- ✓ Bank details of the recipient of the amount and a copy of the identity document;
- ✓ Form No. IV-100/a or a doctor's note on a letterhead, indicating the name of the clinic, the patient's name, surname, brief medical history, diagnosis, tests/treatment performed, consultations, purpose, dates of service receipt and document issuance, certified with a seal and signature of the doctor;
- ✓ An expense report or calculation, where it will be possible to identify the services received or expenses incurred according to their cost.

- ✓ A document confirming payment (cash register receipt, POS terminal receipt or payment order. In the case of ambulance services, a document equivalent to a check may be presented instead of a check);
- ✓ If necessary, additional documentation requested by the insurer.

Besides, additionally:

- ✓ During dental services - X-ray (before and after the service)
- ✓ During repatriation - the insurer/insured is obliged to provide the insurer with all necessary and accurate information for the purpose of recognizing the fact of the insured event and determining the amount of insurance compensation;
- ✓ In the event of the death of the insured as a result of an accident during the insurance period, the beneficiary is obliged to contact the insurer's 24-hour call center and report the insured event no later than 14 (fourteen) calendar days after the occurrence of the insured event.
  List of documents required for receiving compensation:
  - ✓ Original or notarized copy of the insured's death certificate (which must indicate the date, place, date of birth and other information established by law); The insured's disappearance, loss shall not be considered death;
  - ✓ Expert opinion on the cause of death, a document issued by the relevant competent authority, which establishes the cause of death of the insured, whether the insured's death was caused by an accident;
  - ✓ Medical certificate on the insured's death;
  - ✓ If a criminal case has been initiated in connection with the incident, the documentation available to the investigation regarding the case (case materials); A certificate issued by the relevant law enforcement agencies about the incident;
  - ✓ Inheritance certificate of the beneficiary as an heir, which determines his share in the estate of the testator;
  - ✓ Document confirming the identity of the beneficiary;
  - ✓ Original insurance policy;
  - ✓ A written statement on the request for insurance compensation;
  - ✓ If the insurer considers that, due to the specifics of a particular case, additional information is needed for an objective assessment of the insured event, it has the right to request additional documentation and/or conduct additional examinations itself.

  If the beneficiary does not submit any of the above documents to the insurer, the insurer is entitled not to consider the insured event and refuse to issue insurance compensation.
  Compensation will be issued within 20 (twenty) calendar days from the receipt of all the above documents.

Standard exceptions:

- ➢ Expenses for diseases and conditions (including chronic ones) and their exacerbations that existed before the policy entered into force, except for emergency, life-threatening conditions (no more than 7 days), subsequent treatment costs and/or repatriation costs of the insured are not subject to reimbursement;
- ➢ Medical expenses are not subject to reimbursement in case of non-payment and/or incomplete payment of the insurance premium by the insurer;

- Cases that occurred before the insurance entered into force;
- Expenses for treatment provided by unlicensed medical institutions and persons without medical activity;
- Balneological and sanatorium treatment; Non-traditional medicine (acupuncture, manual therapy, hypnosis, etc.). Expenses related to cosmetic, plastic and aesthetic medicine, weight correction;
- Expenses related to vision correction, including excimer laser treatment
- Massage, physiotherapy, laser therapy/surgery, immunization/vaccination (except for anti-rabies and anti-tetanus vaccination), auxiliary/macrocorrective devices, expenses related to implantation and endoprosthesis (except for urgent cases, aorto-coronary bypass and stenting), expenses related to any type of exoprosthesis, transplantation;
- Expenses related to deterioration of health caused by participation in professional or amateur sports/competitions;
- Expenses related to diabetes mellitus and diabetes insipidus and their complications;
- Expenses related to sexually transmitted diseases;
- Pregnancy/childbirth and their complications, except for pregnancy termination caused by an accident;
- Expenses for diagnosis and treatment of sexual disorders, reproductive medicine, genetic and congenital diseases and their complications;
- Expenses for treatment, diagnosis and complications of AIDS and hepatitis (except type A); Services related to mental and/or behavioral disorders/impairments, epilepsy;
- Unregistered medicines, biologically active and/or food supplements, immunomodulators, monoclonal antibodies (except for services specified in the insurance policy); Hygiene and care products; Expenses for any services received without medical indication and self-medication;
- Expenses for any medical services performed outside Georgia, additional and/or non-medical services;
- Services not included in the definition of terms;
- Repatriation expenses resulting from: the insured person's travel to Georgia for treatment, or death due to diseases existing before the trip;
- Expenses related to alcoholism, drug addiction and toxicomania. Expenses related to health deterioration caused by/as a result of the influence of narcotic, toxic or psychotropic substances. Also, expenses for medical services/treatment of diseases/conditions caused by a road accident while driving a vehicle under the influence of narcotic, toxic, psychotropic or alcoholic substances;
- Expenses for medical services related to epidemics, natural disasters and radiation exposure;
- Expenses for treatment that became necessary during the period of deprivation of liberty of the insured, war, rebellion, civil unrest (including rallies, demonstrations, etc.), as well as expenses related to the deterioration of health caused by the insured's self-harm and/or participation in an illegal act, the use/destruction of caves and explosives;
- Any expenses provided for by state healthcare programs (including those related to epidemics/pandemics), which are determined by the state program at the time of concluding the insurance contract and are financed by the state.

Exceptions in case of death due to an accident:

Under this Agreement, the Insurer will not compensate for accidental death directly or indirectly caused or resulting from the following events:

- War, invasion, hostilities (whether war is declared or not), civil war, rebellion, strike, revolution, military, usurped authority, terrorist and forceful actions;
- Ionizing radiation, nuclear energy, radioactive pollution, asbestos-related risks;
- Suicide, attempted suicide, intentional self-harm. Voluntary endangerment by the insured, except in the case of an attempt to save a human life;
- An accident occurring while the insured was under the influence of alcoholic, narcotic, toxic or psychotropic substances;
- Death of the insured, for which the beneficiary and/or heir is directly or indirectly responsible;
- If the death is directly or indirectly caused or resulted from the insured's mental illness;
- If death is the result of complications related to childbirth or pregnancy in whole or in part;
- If death is the result of the insured's AIDS or HIV infection;
- The insured's commission of an unlawful act or attempt to commit such an act;
- Participation in any kind of speed competition, participation in professional and high-risk amateur sports;
- Performance of acrobatic tricks by the insured, setting any kind of record, fulfilling the conditions of a competition;
- The insured's presence in, entry into or exit from any aircraft, except in cases where the insured is a passenger on a scheduled flight operated by a licensed air carrier;
- If death results from the insured's presence in the service of the military or police forces or participation in their actions.