

**SPECIAL TERMS AND CONDITIONS
OF GROUP INSURANCE
OF TOTAL AND PERMANENT DISABILITY**

1 INTRODUCTORY PROVISIONS
(RULES GOVERNING THE INSURANCE)

- 1.1 These Special Terms and Conditions of Insurance are effective from 1 April 2017.
- 1.2 Insurance of total and permanent disability (hereinafter "*TPD*") is governed by the insurance policy and these Special Terms and Conditions of Insurance, and also by General Insurance conditions of Group Non-Life Insurance VPPSNP 1.3 (hereinafter "*VPPSNP*").
- 1.3 The TPD insurance may only be taken out independently or as supplementary insurance to life or non-life insurance.
- 1.4 The TPD insurance covers insured persons who are members of the group defined in the insurance policy or whose names appear in the list of insured persons which the policyholder regularly sends to the insurance company as agreed.

What is important

Insurance of total and permanent disability is, in addition to these Special Terms and Conditions of Insurance, also governed by General Insurance Conditions of Group Non-Life Insurance (VPPSNP 1.3). Please remember to read the General Insurance Conditions.

2 INSURANCE RISK, INSURED EVENT
(HOW YOU ARE PROTECTED BY INSURANCE)

- 2.1 The insurance risk is disability of the insured person.
- 2.2 An insured event covered under the TPD insurance is total and permanent disability which occurred no earlier than after the date of the commencement of the insurance of the given insured person, is confirmed by a disability assessment and other documents proving the state of health of the insured person as described in such assessment, is conditional on certain duration after delivery of such assessment, and is confirmed by the insurance company's physician.
- 2.3 Insurance benefits will be awarded and paid in 3 instalments. The insured event giving rise to the payment of the first instalment will occur upon expiry of one month of delivery of the disability assessment to the insurance company; the insured event giving rise to the payment of the second instalment will occur 12 months after the delivery of the disability assessment; and the insured event giving rise to the payment of the third instalment will occur 24 months after the delivery of the disability assessment, provided that the insured person's capacity to work decreased, according to the disability assessment, by at least 70% during the entire time.
- 2.4 Furthermore, an insured event is deemed to arise only if the injury or onset of the disease which led to total and permanent disability of the insured person occurred during the term

of validity of insurance of the given insured person.

What is important

For procedures and obligations in the case of an insured event, see also paragraph 10.3 and Article 11 of VPPSNP.

- 1. You should notify a claim without undue delay (fill in and post the appropriate form).**
- 2. You should provide true explanation of the rise and scope of consequences of the event and support it with necessary documents (e.g. medical reports, Czech Republic Police report, etc.).**
- 3. The insurance company will, without undue delay, start investigation to establish the extent of the benefit. Investigation must be completed within 3 months from the claim notification date.**
- 4. The benefit is payable within 15 days from the end of investigation.**

Please note! A limitation period of 4 years starts to run from the insured event date. If you do not notify a claim within the above time limit, your claim will be forfeited and the insurance company will not pay you the benefit.

3 SPECIAL OBLIGATIONS *(WHAT IS DIFFERENT IN THIS INSURANCE)*

- 3.1 The insured person is obliged to inform the insurance company without undue delay and using the relevant valid form of the insurance company that an insured event has occurred or will occur, provide true explanation of the rise and scope of the event and support it with documents proving the validity of the claim.
- 3.2 When notifying an insured event, the insured person will provide especially the disability assessment, the medical report stating the exact diagnosis, or the hospitalization report, including any medical reports and documents concerning his/her previous state of health.
- 3.3 An assessment of the insured person's state of health performed by the insurance company's physician on the basis of submitted documents is decisive for awarding the insurance benefit.
- 3.4 At the request of the insurance company, the insured person shall undergo a medical examination in a health facility designated by the insurance company so that the state of health of the insured person can be checked for the purpose of an insurance claim acceptance.
- 3.5 At the request of the insurance company, at any time during the first two (2) years from the insured event giving rise to the payment of the first instalment, the insured person is obliged to prove continuation of his/her disability or undergo a medical examination in a medical facility determined by the insurance company in order to check his/her state of health for the purposes of proving continuation of his/her disability. If the insured person does not prove continuation of his/her disability, the insured event giving rise to the payment of the second and/or third instalments of the insurance benefit will not occur.
- 3.6 The insured person shall inform the insurance company without undue delay of changes of facts decisive for payment of insurance benefits (especially if his/her working ability has changed) at the latest within 15 (fifteen) days from such change or a decision made by the relevant authority.

4 INSURANCE BENEFITS

(HOW MUCH THE INSURANCE COMPANY WILL PAY IN THE CASE OF AN INSURED EVENT)

- 4.1 The amount of the insurance benefit paid equals 25% of the agreed sum insured in the first and the second instalments and 50% in the third instalment.
- 4.2 The entitlement to insurance benefits will expire on the day when:
 - a) the insured person cease to be totally permanently disabled,
 - b) the insured, within 90 days of receiving the insurance company's request, did not prove continuation of his/her disability or did not undergo a medical examination.
- 4.3 The insurance benefit is paid to the insured person.

5 TERM OF INSURANCE AND TERMINATION

(HOW LONG THE COVER LASTS)

- 5.1 If this insurance is taken out as supplementary insurance to life or non-life insurance, it is concluded for the same term and will end with such other life or non-life insurance.
- 5.2 If an insurance claim is admitted, the insurance will end as of the insured event date.
- 5.3 Furthermore, the insurance will terminate as of the date when the insured person is awarded old-age pension on the basis of a final decision of the competent authority.

What is important

If disability insurance ends, the whole coverage of the insured person will be terminated, i.e. including assurance involving death risk and other supplemental insurance taken out.

6 INSURANCE PREMIUMS

(PRICE OF INSURANCE)

- 6.1 The amount of premium and the premium payment frequency are specified in the insurance policy.

7 EXCLUSIONS

(WHAT IS NOT COVERED)

- 7.1 Only the exclusions stipulated in Article 12 (1)(a), (c), (d) and (f) of the VPPSNP apply to this insurance.

8 DEFINITIONS

(WHAT DOES THIS MEAN?)

- 8.1 **Disability of the insured person** – exclusively for the purposes of this insurance, this term means reduction of the insured person's capacity to work caused by illness or injury by at least 70% which occurred due to a long-term unfavourable state of health, and such reduction cannot be considered temporary. The insured person's disability is examined by the insurance company especially based on the disability assessment or, if necessary, an opinion (documentation) of a medical facility determined by the insurance company.
- 8.2 **Disability assessment** – an expert report issued by the Social Security Administration pursuant to Section 8 (10) of Act No. 582/1991 Coll., on organisation and implementation of social security, or should the legislation be amended, an equivalent document proving the insured person's disability.

- 8.3 **Injury** – unanticipated and sudden exertion of external forces or the insured person's own physical strength independent of the will of the insured person that occurs during the term of the insurance and that results in damage to the health of the insured person.

[ZPPSNP TPD 1.3]