

Personal insurance

INSURANCE PRODUCT INFORMATION DOCUMENT



Groupama
Biztosító

Company:

Groupama Biztosító Zrt.

registered in Hungary, regulated by the National Bank of Hungary

Operational licence number: H-EN-II-130/2016.

The product:

**ENTREPRENEURS' VÉDELMEZŐ
PERSONAL INSURANCE**

The full information on the product, the pre-contracting and contracting information is included in the Terms and Conditions of Entrepreneurs' Védélmező Personal Insurance. In case of divergence between the Hungarian and English text of this document, the Hungarian version shall prevail.

What is this type of insurance?

Life, accident and health insurance. The insurance cover is provided by the insurance company through a group insurance contract concluded with OTP Bank, and the insured persons may join this contract. In the case of this Entrepreneurs' Védélmező Personal Insurance, the insured person may be the person having the right of disposal over the corporate payment account maintained by the party paying the premium. The party paying the premium is the entrepreneur or business entity holding a corporate payment account with OTP from which the premium is paid.

The insurance provides financial support in case of the insured natural person's accidental death, non-accidental death, 1- 50% health condition due to an accident, bone fracture, critical illnesses, hospitalisation due to an accident, surgery due to an accident and severe burn injury.



What is insured?

✓ The insurance includes four different insurance packages with different scope of insured events and optional sums insured as follows.

Insurance risks and sums insured	PACKAGE OPTIONS			
	BASIC	PLUS	EXTRA	SENIOR
Accidental death	15,000,000 Ft	30,000,000 Ft	30,000,000 Ft	5,000,000 Ft
Non-accidental death	5,000,000 Ft	10,000,000 Ft	20,000,000 Ft	–
Accidental 1- 50% health condition	10,000,000 Ft	20,000,000 Ft	20,000,000 Ft	5,000,000 Ft
Bone fracture / cracking of bone	50,000 Ft	100,000 Ft	100,000 Ft	50,000 Ft
Critical illness	500,000 Ft	1,000,000 Ft	1,500,000 Ft	–
Accidental hospitalisation lump sum cover	50,000 Ft	100,000 Ft	100,000 Ft	–
Accidental surgery	250,000 Ft	500,000 Ft	500,000 Ft	500,000 Ft
Serious burn injury	2,500,000 Ft	5,000,000 Ft	7,500,000 Ft	5,000,000 Ft
MONTHLY PREMIUM OF THE PACKAGE	3,990 Ft	7,990 Ft	10,990 Ft	1,990 Ft



What is not insured?

The insurer will not provide coverage in respect of the following insured events:

- ✗ events related to the insured person's state of heavy intoxication,
- ✗ insured events related to disorder of consciousness or impaired judgement due to the consumption of a drug or narcotic substance, except for drugs prescribed by a doctor,
- ✗ the insured event occurs as a result of participation in a national or international sports competition with land, air or water vehicles powered by mechanical means, or in the context of preparation (training) for such a competition,
- ✗ accidents to spectators at motorcycle, ski jumping, bobsleigh, ski bobsleigh competitions (training) and other insured events resulting therefrom, if the spectator is not in a place designated by the organisers, including test tours and rally competitions,
- ✗ the insured event is causally connected with the insured's occupation or activity listed in the policy conditions, such as a demolition engineer, industrial alpinist, military demolition expert, hunter, zoo caretaker.

Special exclusions for non-accidental death and disability due to a 1- 50% health condition:

- ✗ consequences arising from medical procedures or interventions carried out (or performed) by the insured person,

- ✗ the insured event occurred in connection with treatment by a person who is not medically qualified,
- ✗ insurance events arising from surgeries, treatments and plastic surgery that are not medically justified.

Special exclusions for accidental death, 1- 50% health condition due to an accident, bone fracture, hospitalisation due to an accident, surgery due to an accident and burn injuries:

- ✗ the consequences of medical procedures performed by the insured person (or initiated by the insured person), if these are not related to an insured event,
- ✗ the insured person consulted a doctor late and therefore the lesion could no longer be controlled by medical treatment but only by surgery, or the injured person was hospitalised, and the insured event is not death,
- ✗ parts of the body or organs that are damaged, mutilated, not intact or are functionally impaired for any reason prior to the accident giving rise to the insured event are excluded from insurance,
- ✗ any pathological bone fracture, osteomyelitis, severe bone thinning, osteoporosis or their complications resulting from any bone disease (e.g. any form of bone and cartilage tumour), which may have contributed directly or indirectly, in whole or in part, to the occurrence of the insured event.

Special exclusions for critical illnesses:

- ✗ illnesses resulting from a type of illness which is classified as a critical illness under the terms and conditions of the insurance, but which existed in the insured person at the time the insurer commenced its cover and of which the insured person was aware at the time the cover commenced.

Special exclusions for non-accidental death, disability due to a 1- 50% health condition and critical illnesses:

- ✗ an insured event occurring during the first five years of the coverage caused by an illness diagnosed before the start of the coverage and requiring regular medical treatment or monitoring, or an accident or resulting health impairment, which occurs during the first five years of the coverage.



Are there any restrictions on cover?

The insurer will not provide any service in respect of the following insured events subject to certain conditions:

- ! The insured event is causally linked to the attempted suicide or suicide of the policyholder within two years of joining the insurance.

- ! The insured event was caused by the unlawful, intentional or grossly negligent conduct of the insured person and/or a relative living in the same household.



Where am I covered?

- ✓ The insurance is valid all around the world.



What are my obligations?

Obligations at the time of contracting: Obligation to provide information: All known circumstances relevant to the insurance, e.g. any preexisting medical conditions of the prospective insured person must be disclosed to the insurer. The policyholder shall satisfy the disclosure obligation by responding in writing with truthful answers to the questions asked by the insurer in writing.

Obligations during the term of the contract:

The insured person's obligation to report changes.

Obligations arising upon the occurrence or reporting of insurance event: reporting obligation of the insured person or his/her heir.

Claim reporting obligation: The insured event must be reported – in the case of any hindrance following its termination – within 15 days of its occurrence to any of the insurer's customer service offices, and the insurer should be able to verify the content of the report and the information provided.

Obligation to pay premium: obligation of the party paying the premium.

OTP Bank must pay the monthly insurance premium. OTP Bank shall pass on to the insured person a proportionate rate of the premium. The insurance premium depends on the selected insurance package.



When and how do I pay?

The premium is collected by OTP Bank monthly (on the 5th of each calendar month or on the following working day) from

the bank account of the party paying the premium.



When does the cover start and end?

Inception date or start of the insurance cover: the insurance cover starts on the day after the declaration of joining is registered.

The declarations of joining made between 7 a.m. and 8 p.m. on business days are registered by the insurance company on the same day. The declarations of joining made beyond these hours will be registered by the insurance company on the first business day following the statement.

The cover period of the insurance company ends:

- on the day when the related corporate payment account is terminated for any reason,
- if the insured person's right of disposal is terminated for any

reason over the corporate payment account/account package from which the premium was paid,

- in the case of the Basic, Plus and Extra packages, on the last day of the current insurance period when the main insured person reaches the age of 65.
- in the event of non-payment of the insurance premium, if the premium is not paid within 30 days after the notice requesting payment, the insurance contract shall terminate on the day of the additional deadline, with retroactive effect to the original due date, unless the insurer enforces the premium claim in court without delay.
- on the day of the death of the insured person.
- in the case of a Senior package, on the last day of the current insurance period when the insured person reaches the age of 90.



How do I cancel the contract?

The legal relationship applicable to the insured person may be terminated in addition to the cases stated in the previous section:

- with ordinary termination at the end of the insurance period,

- termination with immediate effect in case of joining the insurance via verbal or electronic channels,
- the insurance may also be terminated if the premium is not paid.