Rep. Cont nr. 23
del 01/08/2020

Insurance policy schedule

Serial No.:	32448
Policyholder	*Italian Agency for Development Cooperation(AICS)*
Address	*Rruga Abdi Toptani, Torre Drin, 5th floor*
NUIS	*J61912009P*
Insured's	*Local staff as per list of Appendix no.3*

Insurance coverage

Private health insurance — **YES**

All medical treatments neccesitated as a result of an illness or accident.

Travel Health Insurance — **YES**

Emergency medical coverage of an emergency related medical service occurring outside the Private Health Insurance Coverage Area

Personal Accidents insurance — **NO**

Loss of life and total permanent disability

Deductible	Not applied
Waiting period	**45 days exclusion for illnesess diagnosed during this period**
Total annual premium per person	**440 Euro**
Total annual premium per contract	**2,640 Euro**
Inception date	**04.08.2020**
Expiry date	**03.08.2021**

List of benefits (appendix 2)

I declare that I have understood and accepted the terms of this insurance contract. I hereby declare that I have recognized, accepted and approved all limitations on liability, the ability to withdraw from the contract and any other contractual limitations provided for in this contract by the Provider.

Insurer
SIGAL UNIQA Group AUSTRIA sh.a

Health Insurance Department

Issued in Tirana, on 01.08.2020

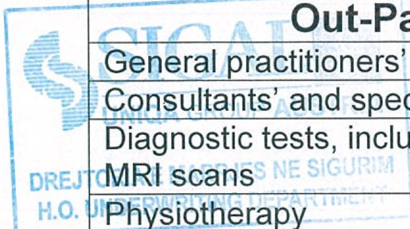
SIGAL UNIQA GROUP AUSTRIA
DREJTORIA E MARRJES NE SIGURIM
H.O. UNDERWRITING DEPARTMENT

Policyholder
Italian Agency for Development and Coopeation
Legal Representative

Appendix 2

Table of Benefits

Annual Maximum (in EUR)	ITALIAN AGENCY FOR DEVELOPMENT AND COOPERATION	Claim Procedure
	50,000	
Annual Deductible (in EUR)	**25**	
Territorial coverage	**Albania**	**Direct payment**
In-Patient Benefits	Double room	
Hospital accommodation*	Full Refund	
Surgeons', physicians', specialists' and anaesthetists' fees	Full Refund	
Theatre charges	Full Refund	
Intensive care	Full Refund	
Diagnostic tests, including pathology, X-rays, CT scans, MRI scans, PET scans	Full Refund	
Physiotherapy	Full Refund	
Radiotherapy and chemotherapy	Full Refund	
Prescribed drugs and dressings	Full Refund	
Prostheses and durable medical equipment	Full Refund	
Organ transplantation	Not Covered	
Psychiatric treatment	Not covered	
Hospital accommodation costs for a parent accompanying a child aged under 16	20 euro	
Other Benefits		
Emergency road ambulance	Full Refund	**Reimbursement**
Out-patient surgery	Full Refund	
Daycare treatment	Full Refund	
Home nursing (following hospitalisation)	Not Covered	
Emergency treatment outside area of cover for a maximum trip length of 8 weeks**	Maximum €5,000	
Emergency dental treatment	Not Covered	
Routine maternity	Not Covered	
Complications of pregnancy and childbirth	Full Refund	
Emergency medical evacuation or repatriation	Full Refund	
Repatriation of mortal remains	Not Covered	
Chemotherapy and radiotherapy	100%	
Out-Patient Benefits		
General practitioners' fees	80% Maximum €1,500	
Consultants' and specialists' fees		
Diagnostic tests, including PET, CT and MRI scans		
Physiotherapy		



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Complementary therapies (acupuncture, homeopathy, osteopathy, chiropractic)	Not Covered	
Prescribed drugs	100% Maximum €500 in Albania	

List of check-up covered at Intermedica Clinic	
FEMALE	MALE
Blood test	Blood test
Urine test	Urine test
Glicemia	Glicemia
Cholesterol	Cholesterol
SGPT, SGOT	SGPT, SGOT
Asotemia	Asotemia
Creatinemia	Creatinemia
CEA	CEA
PAP test	PSA
2 Echos of choice + TSH or	2 Echos of choice + TSH **or**
Stress Test + 1 echo of choice	Stress Test + 1 echo of choice
VIT D	VIT D
Mamografi (in a clinic of choice)	Denistometry
Densitometry	T4 and T3
T4 and T3	

Appendix 3

Table of insured persons

ID	Name	Family name	Date of birth	Gender
I46109015H	IRIS	RECI	09.11.1984	FEMALE
H56127031H	LINDITA	SEMA	27.11.1975	FEMALE
G75623044J	LULJETA	SHTINO	23.06.1967	FEMALE
F60903073L	KUJTIM	ADEMAJ	03.09.1956	MALE
H00303133N	GENC	PIKULI	03.03.1970	MALE
G90328059S	PIRO	MEZINI	28.03.1969	MALE

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Appendix 1

A. GENERAL CONDITIONS

Article 1 General provisions

The health and accidents insurance is based on:a) The present General Insurance Conditions (hereinafter referred to as the 'General Conditions'), any existing complementary conditions, as well as the provisions contained in the policy and any existing supplements thereto;
b) The Albanian legislation for the issues not provided for in paragraph a);
c) The written statements made by the applicant in the application form and in any other relevant documents.
Article 2 Object of insurance Within the scope of the present general conditions and the categories and limits defined in the List of Benefits, SIGAL UNIQA Group Insurance Company s.a., Blv. Zog I, Tirana (hereby referred to as 'SIGAL') shall bear the cost of medical treatment that necessitates from illness, bodily injuries from accidents, maternity and preventive care.
Article 3 Definitions Accident Any sudden, unexpected and unforeseen event occurring without the insured's intention, identifiable as to time and place of occurrence, which has a direct external and violent impact on the insured's body.
Complications of Pregnancy includes abortion under physician indication, ectopic pregnancy; fetal death in utero; postpartum hemorrhage; retention of placenta; post-partum rupture and inversion of uterus.
Pathology during pregnancy conditions (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy aggravated by pregnancy but are not caused by pregnancy.
Ceiling of coverage is the maximum amount that the Insurer will pay for each benefit defined specifically in the list of benefits during the period of coverage for any treatment covered under the terms and conditions of this policy which as a separate or total expense cannot exceed the annual limit defined in the policy.
Coverage Period is the period of time during which the insurance contract is valid, which is specified in the policy form and which can be no longer than a year.
Deductible the initial portion of a covered expense that must be paid by the insured before SIGAL pays its part of the expense.
Emergency a condition that can be affirmed in case of an accident, or any sudden beginning or worsening of a severe illness resulting in a medical condition that presents an immediate threat to the health and therefore requires urgent medical measures. Only medical treatment by a physician, general practitioner or specialist or hospitalizations that commences within 24 hours of the emergency – causing event will be covered as such.
Emergency Dental Treatment dental treatment that is administered urgently in a hospital or dental surgery to relieve severe pain or to correct damage caused by an accident. The treatment must be received within 24 hours of the onset of symptoms.
Emergency Medical Evacuation/Repatriation. The evacuation will usually be to the nearest place where the appropriate treatment can be delivered or it may be to the Insured's country of residence (repatriation). In the event of such emergency, SIGAL must be contacted in order to approve and arrange such Emergency Medical Transportation.
Family Member shall be considered the spouse and minor children of the insured who live with him or her.
Illness Any unintended impairment of the state of health diagnosed by a medical practitioner that is not the consequence of an accident. Complications that develop during pregnancy or childbirth are considered illnesses.
Home Nursing denotes nursing services, received immediately after hospitalization, which are prescribed by a physician and delivered in the home of the Insured by a registered nurse.

Hospital is a juridical establishment licensed as a medical or surgical hospital by the appropriate authorities in the country in which it is located, whose main purpose is the treatment, on the premises, of the sick and injured, where the patient is under the constant supervision of a physician, and where a medical file on each case is kept up to date. The following types of establishment are not considered hospitals: spas, hydro clinics, and sanitaria, rehabilitation institutions for disabled persons, physiologists, sociologists and similar professions nursing homes or homes for the elderly.
Hospitalization/In-patient treatment all stays as a patient in a medical facility/hospital on the advice of and under the regular care and attendance of a medical practitioner and exceeding uninterrupted duration of 24 hours.

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Maternity The physical condition of a woman from conception to childbirth and all physical occurrences connected herewith, the term to be interpreted in the widest possible sense and to include pregnancy.

Medical Practitioner/Physician Any medical practitioner holding a state- authorized diploma to exercise the medical profession or holding an equivalent international diploma.

Medical Provider A professionally licensed individual of juridical entity or entity providing medical related services to patients. Physicians, hospitals, clinics, pharmacies, chiropractors, nurses, nurse-midwives, physical therapists, laboratories are providers.

Organ Transplantation is the surgical procedure of transplanting the following organs/tissue: bone marrow, cornea, heart, heart/valve, heart/lung, kidney, liver, muscular/skeletal, pancreas, pancreas/kidney, parathyroid. Acquisition expenses are not covered.

Outpatient surgery (ODS) surgery in a medical facility/hospital where it is not medically necessary for the patient to stay for a period greater than 24 hours.

Policyholder The policyholder is the individual or legal entity that concludes the insurance contract with SIGAL.

Pre-existing conditions any disease, illness and/or bodily injury that either:

has been diagnosed by a physician or has required medical treatment, including prescription of drugs, prior to the effective date of the policy;

exhibited symptoms, prior to the effective date of the policy, which could cause an ordinary prudent person to seek medical advice or treatment

Preventive care is the set of examinations performed in advance of symptoms to prevent illness, exemplified by routine physical examinations and immunizations for such examinations parties have agreed upon in advance.

Prescribed drugs: are considered those pharmaceutical products (substance/preparation) which contain an active medical principle. Will be covered when related with a diagnosis and under detailed physician prescription stating diagnose also vitamins which purpose is to protect the human organism from drug side effects. Are not considered as medicaments, immunization and those drugstore products used for personal hygiene (even these products may be recommended by a doctor, they are not reimbursable)

Psychiatric treatment is the treatment of a mental condition which has been diagnosed by a psychiatrist and which meets the criteria for classification under an international classification system such as the Diagnostic and Statistical Manual (DSM-IV) or the International Classification of Diseases (ICD-10).

Routine maternity is routine treatment for pregnancy and childbirth and includes normal pre- and post-natal care for a period of 40 days and hospital charges, obstetricians' and midwives' fees for normal childbirth.

SIGAL Medical Network shall include all medical providers which have an agreement with SIGAL, and which have been chosen by SIGAL to provide the Insureds with medical services. Part time doctors are to be considered not part of the medical network.

Treatment All scientifically recognized care given that aims to reestablish or conserve health. The treatment must be recognized as a medical one by the state it is given in and have to conform to medical prescriptions.

Waiting Period a period of time from the effective inception date where the insurance provides no cover for the medical expenses received during or medical expenses which related to a first symptom during that period unless specifically defined otherwise in these General Conditions

B. SCOPE OF INSURANCE

Article 4 Benefits The benefits granted are defined in the insurance policy and any existing supplements thereto.This policy covers treatment which has a proven diagnostic, stabilizing or restorative effect and which is medically necessary. This policy covers costs which are usual, reasonable and customary for the treatment provided in the country where it is delivered. In the case where SIGAL considers the charges to be excessive, SIGAL reserves the right to pay only an amount which SIGAL deems to be usual, reasonable and customary for the treatment received.

SIGAL reserves the right to suspend or withhold full or partial benefit due to:

a) Nonpayment of premiums b) Failure to comply with these General Conditions c) Suspicion of fraud

Article 5 Insured persons

a) Any individual or family member thereof, whose application for coverage has been approved by the Insurer, whose information is listed on the original insurance policy and/or its subsequent amendments and for whom the due insurance premium has been paid. Individuals whom at the moment of insurance application has turned 60, or who shall attain this age during the prospective insurance period shall not be offered coverage on a new plan basis.

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b) Family members of the insureds can also be insured if specifically included in the insurance policy and if the due insurance premium has been paid.

Article 6 Territorial scope of insurance coverage

The insurance coverage shall apply to the geographical area of cover as specified on the Insurance Policy form.

Article 7 Restrictions to scope of guarantee

The following mentioned events, accidents, illnesses are not covered, unless specifically agreed upon in writing with SIGAL:

a) Medical expenses incurred for any pre-existing conditions as specified by "Article 3" Pre-exiting Conditions;

b) The consequences of illnesses or accidents resulting from a deliberate and intentional act by the insured person, such as self-inflicted injury while sane or insane, flagrant self-abuse suicide attempt;

c) Illnesses or accidents affecting insured persons while they are on military service or are voluntary members of the armed forces in wartime, since their insurance coverage shall be suspended under such conditions;

d) The consequences of injuries or lesions resulting from active participation in motor vehicle or motorboat racing, or training on the race course, or from active participation in sports competitions of a dangerous nature. The consequences of other types of amateur competitive sport shall usually be covered;

e) Examinations and/or treatment required as a result of participating in professional, or dangerous sports;

f) subject to the provisions of Article 7g), amateur aviation, flight or jumping accidents (airplane, glider, hang-glider, paraglide, ULM, parachute, or other similar device or equipment), where flights or jumps are undertaken in violation of the requirements laid down by the authorities or without having obtained the authorization or official licenses required, or where no insurance has been taken out that covers the cost of invalidity for this specific risk;

g) air transport accidents shall be covered only if the insured person or the beneficiary is aboard an aircraft with a valid certificate of airworthiness and navigated by a fully qualified pilot, licensed for the type of aircraft concerned, who may be the insured person or the beneficiary;

h) The consequences of riot or rebellion if the insured person has, in taking part in them, broken the laws in force; similarly, the consequences of brawls, except in cases of legitimate self-defense shall not be covered;

i) rejuvenation or beauty cures (surgery or treatment), with the proviso that plastic surgery shall nevertheless be covered if it is rendered necessary as a result of the occurrence of an accident suffered after the insured person or beneficiary became party to the insurance contract; nasal septum deviation surgery shall be and surgery related or caused by it shall not be covered;

j) Illnesses or accidents resulting directly from crimes or legal misdemeanors committed intentionally;

k) Illnesses or accidents as a consequence of military service periods abroad;

l) the consequences of wartime events, unless the guaranteed risk occurs within 30 days of the beginning of hostilities in the country in which the insured person is staying and he/she has been surprised by the events;

m) Health damage due to ionizing radiation and the dangers of nuclear energy in case of major incidents. However, the effects of medically prescribed radiotherapy for insured illnesses shall be covered;

n) Male and female contraception, sterilization and treatment of sexual dysfunction, reversal of sterilization, investigation into and treatment of infertility, sex change operations,

o) venerian diseases (sexually transmitted diseases SSI) or AIDS and all illnesses caused from HIV virus and/or related to it;

p) all treatments taken under direct prescription for save, treatment and improvement of the fetal health.

q) Treatment of alcoholism, drug addiction and/or solvent abuse and any directly/indirectly related conditions;

r) Lenses, frames, spectacles and radial kerectomy surgery in case of myopia, astigmatism, hypermetropia, presbyopia;

s) Routine dental examinations and dental prosthesis;

t) Expenses for the acquisition of an organ;

u) Developmental delay/attention deficit disorders;

v) Treatment of obesity or excess weight;

x) Renal failure and dialysis.

y) False labor, occasional spotting, physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravid arum,

z) Miscarriage for planning a family purposes, unless abortion is deemed necessary from a physician because of an existing illness of the mother and if continued, the pregnancy would risk mother's life;

x) No cover is offered for treatment received in institution which offer rehabilitation medical services;

Article 8 Cover by third parties

a. Where there is cover by another insurance policy or healthcare plan, this must be disclosed to SIGAL when claiming reimbursement.

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In these circumstances SIGAL will coordinate payments and will not be liable for more than its ratable proportion.
b. If the claim is covered in whole or in part by any scheme, program or similar, funded by any Government, SIGAL shall not be liable for the amount covered.
c. The policyholder and the insured undertake to cooperate with SIGAL and to notify it immediately of any claim or right of action against third parties.
Furthermore, the policyholder and any insured shall keep SIGAL fully informed and shall take any reasonable step in making a claim upon another party and to safeguard the interests of SIGAL.
d. In any event, SIGA: shall have the full right of subrogation.

C. COSTS

Article 9 Insured costs/ List of benefits

SIGAL, subject to the specifications of the List of Benefits agreed between parties, zone of coverage and ceilings of coverage and other provisions contained herein or endorsed hereon, shall bear costs of benefits, whose purpose is to diagnose and cure illness, accident and its after-effects.
SIGAL won't pay/reimburse medical expenses not defined in the list of Benefits and the costs borne within the waiting period as per these General Conditions, list of benefits or Insurance Schedule.
Medical expenses are covered in case they are defined in the list of benefits
Inpatient medical expenses during hospitalization in a clinic or hospital. A detailed list of these expenses is listed in the list of benefits compromising accommodation expenses in a private medical provider receiving intensive care, travel expenses when travel purpose is related to inpatient treatment, theatre charges, authorized physician, practitioner, surgeon and able to provide medical care; prescribed drugs and dressings, medically durable prosthesis as a result of a surgery
Outpatient medical treatments, compromising medical visits by physicians or specialists various diagnostic laboratory or imagery tests and analyses and physiotherapy under physician prescription;
Various transportation charges, repatriation or evacuation by an air or road ambulance when medically necessary and according to the limits of coverage defined in the list of benefits; ;
Expenses incurred when acquiring or renting prostheses, and necessary orthopedic apparatuses when they are prescribed following an insured event. Moreover, when the guarantee is extended to accidents, it includes also the refund of the expenses of repair or replacement (brand new value) of the above mentioned objects when they were damaged or destroyed in the course of an insured event involving itself a medical treatment (within the limits of the defined cover).
Routine maternity expenses, chemotherapy, radiotherapy, dental and optical expenses or other expenses defined in the List of Benefits according to the limits of coverage.
Prescribed drugs and dressings when inpatient or outpatient, prescribed in a written form, from a licensed physician and when is also mentioned the diagnosis of the illness to be treated. This includes medical apparatus recommended by the physician for treatment of the medical case; exterior prostheses, ties (outfit), orthopedic nets and similar device, but not equipment's such as blood pressure monitor, diabetes apparatus. Are not considered as medicaments the preparation for chemotherapy
Medically unnecessary costs (e.g. private telephone expenses, dietitian's phycology's, gym treatments; food intolerance tests and or similar to these and not prescribed examinations or medicaments) will not be covered.

Article 10 Deductible and ceilings

The contractually agreed annual deductible is deducted from insurance benefits for all insured. This deductible is subtracted from the first case submitted for reimbursement of medical costs for the calendar year concerned, even if the claim is submitted in the following year.
The reimbursement ceilings are defined in the "list of benefits".

Article 11 Premium payment

The premium and/or installments are payable within the date(s) specified in the Insurance Certificate/Schedule. This policy will be in default on the due date if a due premium is not then paid.
Premium payments must be made through bank transfer to the account specified by SIGAL.

Article 12 Grace period

SIGAL allows a grace period of 14 days after the due date for premium payments. The grace period does not apply to the payment of the first premium/installment. The policy remains in force during the grace period. If the premium is not paid by the end of the grace period, the policy lapses as of the date of default.

Upon lapse:

- the policy has no value, and
- the cover provided by this policy terminates

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Article 13 Modification of premium

SIGAL shall be entitled to modify the premium at the beginning of the new insurance year. If the premium is modified, SIGAL shall communicate the new contract provisions to the policyholder at latest 30 days before the insurance year expires.

The policyholder shall be entitled to terminate the contract at the end of the insurance year under review. To be valid, contract termination must be delivered to SIGAL at latest on the last day of the insurance year. If the contract is not terminated, SIGAL shall be entitled to assume that the policyholder agrees to any contract amendments made.

D. CLAIM

Article 14 Pre-authorization

Pre-authorization must be obtained from SIGAL for the following benefits:

- In-patient treatment
- Out-patient surgery
- Home Nursing
- Emergency medical evacuation / repatriation
- Transport for treatment abroad
- Repatriation of mortal remains

Pre-authorization should downloaded in Insurer's official website, filled in properly and with all supporting documentation, including pre-authorization form, medical prescription and cost estimate. SIGAL approves or not the receiving of that treatment at least 24 (twenty four) hours before the planned date of such medical service. If pre-authorization is not obtained, SIGAL reserves the right to reimburse only 70% of the amount claimed if the treatment/medical service is covered and the amount is reasonable and customary for the procedure/treatment involved. In the event of an emergency where treatment must be administered immediately, SIGAL should be informed within 24 hours of the eligible emergency treatment costs.

Article 15 Reporting a claim/treatment procedure All claims should be submitted on a SIGAL Claims Form. Claims forms must be completed and signed by the insured and should be accompanied by the original itemized invoices/payment receipts/medical prescriptions for the medical service received, and any supporting documentation required by SIGAL. All necessary expenses to obtain these documents shall be borne by the insured.Claims for children under 18 should be submitted and signed by a parent or guardian.The insured/claimant assumes responsibility for the accuracy of claims submitted. The insured/claimant should also, as far as possible, verify that the bills correspond to the treatment undergone.The insured must assist SIGAL/Assistance Company in obtaining the information that it needs in order to process a claim.The insured person engages to do everything possible to help determine the nature and cause of an illness or the consequences of an accident. Upon request, he/she must concede to a medical examination performed by the SIGAL contracted medical practitioner and to hospitalization, if recovery depends on it.The insured must see a medical practitioner within a reasonable time period following the accident or the onset of the illness.SIGAL reserves the right to access medical records and to have direct contact with medical providers, general practitioners, treating physicians, therapists and hospitals.

Claim amount is paid in the currency in which the medical service is billed, unless differently mutually agreed.

Medical services by SIGAL Medical Network Providers/With Payment Guarantee.

A1. With Pre Authorization: Subject to the fulfillment of the provisions of Article 14, the Insured should ask prior Authorization following the below procedure:

The insured will contact a Network medical provider to schedule a date for treatment

The insured will contact SIGAL to obtain the Guarantee of Payment after submitting Pre-Authorization form filled in properly;

SIGAL in order to issue the Guaranty of Payment, should have been informed for the estimated amount of the necessary treatment and whether the insured is entitled to the medical service and will accordingly inform the Network Provider/Insured for the sum covered in accordance with the scope of coverage /to be invoiced to SIGAL.

SIGAL will define in the Guarantee of Payment and calculate the amount to be paid by considering also:

- the limit(s) of cover
- the deductible, co-insurance
- the uncovered expenses (uncovered services, preexisting conditions and medically unnecessary costs).

B. Medical services by medical providers other than Network Providers/Without Payment Guarantee If the insured has paid him/her self for the service received the medical provider part of SIGAL medical network, the insured reserves the right to submit a reimbursement request for medical expenses in accordance with the provisions defined in these General Conditions.

C. Medical services by medical providers other than Network Providers For medical services obtained by non-Network Providers SIGAL will not make direct payments to the medical provider, but, within the categories and limits specified in the List of benefits, shall reimburse 85% of the reasonable and customary expenses of the necessary treatment received, always respecting the limits of cover for the specific treatment.

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Notwithstanding the fulfillment of the provisions of Article 14, any claim shall be announced to SIGAL immediately and no later than 30 days after the circumstances underlying the claim have become known to the insured.Any sum paid by SIGAL and unduly accepted by an insured person must be paid back without delay.

Article 16 Obligation to inform The insured engages to deliver to SIGAL all information deemed to assist in assessing an insurance claim. SIGAL shall be entitled to request information from the medical practitioners currently or previously in charge relating to the patient's condition, provided these indications serve to determine the insured's entitlement to benefits. In particular, SIGAL shall be entitled to request medical certificates and other documents and to arrange for the examination of the insured by one or more medical practitioner of SIGAL own choosing. Every time the status of insured persons changes, the policyholder shall deliver an update, listing the persons concerned and specifying the new data.

Article 17 Withholding information If the insured violates the provision relating to the obligation to inform, he/she shall lose eligibility to benefits until the moment he/she returns to respecting them. Moreover, SIGAL shall determine an additional period of 14 days, during which the insured must honor his/her contractual obligations. After this deadline expires, all benefit payments cease.

Article 18 Messages and address In the case of the submission of a claim or in case SIGAL is informed by one of the Network Providers of a treatment then SIGAL shall inform the insured in writing of the portion payable by the insured and of the portion payable by SIGAL, as determined by SIGAL.All messages from the policyholder or the insured must be addressed directly to SIGAL headquarters in Tirana, in order to be valid.

SIGAL addresses all messages to the last known address indicated by the policyholder or the insured.

E. EFFECTIVE DATE, DURATION AND TERMINATION

Article 19 Duration and termination

a) The contract shall become effective as soon as SIGAL has delivered the policy to the policyholder or has confirmed the application filed, the earliest effective date, however, shall be the date agreed and indicated in the policy (contract commencement).

b) For all new insured's, and for all new insurance coverage's a waiting period of 45 days shall apply, which do not include pregnancy and psychiatric treatment, however during this period the policy will cover costs arising from treatments necessitated by emergencies or accidents.For routine maternity and/or complications of pregnancy the waiting period is 10 (ten) months For psychiatric treatment the waiting period is 24 months commencing from the first underwrite health Insurance ContractHowever, with SIGAL's prior approval, the waiting period will not apply when the policyholder can prove simultaneous transference from an equivalent group insurance with another health insurance company.

c) The contract shall be renewed tacitly from one year to the next, unless terminated by one of the contracting parties three months ahead of the expiration date.

d) Otherwise, following any insurance event for which compensation is due, SIGAL shall be entitled to terminate coverage of the insured or if it deems appropriate, of the group at latest upon payment of the indemnity due and the policyholder shall be entitled to terminate the contract at latest 14 days after receiving payment.If SIGAL terminates the contract, SIGAL's liability expires at the end of the insurance year under review.

If the policyholder terminates the contract, SIGAL's liability ends upon receipt of the termination notice.

Article 20 Insurance coverage

SIGAL shall decide whether the applicant shall be admitted for normal, or reduced coverage, or not at all. In general, this decision shall be made on the grounds of the documents SIGAL holds, however, before making a decision, SIGAL shall also be entitled to request further information to be furnished by the policyholder, or medical examinations, at SIGAL cost, which SIGAL can deem necessary for certain candidates. The candidate engages to answer all questions accurately and truthfully and not to conceal any facts regarding his/her health condition that may influence SIGAL decision.

Article 21 End of insurance coverage

Coverage ceases:

a) When the insured is not any longer designed as an insured person by the policy holder as stipulated in Article 5;

b) When the insurance contract is terminated or suspended, due to default on rate payments.

Article 22 Cost Minimization

In the event of the occurrence of an insured risk, the insured person must do all in his/her power to limit the cost level loss.

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F. MISCELLANEOUS

This insuarnce policy is printed in three copies, one for the Policyholder, Insurer and Insured persons

Article 23 Medical secrecy
The insured person releases from professional secrecy all medical practitioners whom he/she has consulted before or during his/her insurance term, so that they are free to pass on information to SIGAL and SIGAL contracted medical practitioners.SIGAL engages to treat confidentially all information supplied, including the results of examinations and analyses that may come to SIGAL knowledge.
Article 24 Cession of rights The insured person cedes to SIGAL all rights up to the total amount of benefits paid to him/her.
The insured person shall be obliged to confirm the cession of rights to SIGAL in writing if this requested, otherwise the guarantee shall expire.
Article 25 Violation of contractual obligations
SIGAL shall be entitled to verify the data supplied by the policyholder/insured, who must for this purpose, provide access to the elements that determine the rate level (pay slips, etc.). Should the policyholder's statements on the elements that determine rate calculation be incorrect, SIGAL shall send the policyholder a request, at the cost of the latter, to rectify the statement made. Should the request have no effect, SIGAL shall be released from any contractual obligations as of the expiry of a 30-day term from the mailing of the notice. Following the rectification of the statement, SIGAL shall communicate a final rate to the policyholder, calculated on the base of the corrected data, payable retroactively and within 30 days.
If the insured person violates one of the contractual duties which fall on him/her, SIGAL shall be released from all liabilities, unless there is evidence that this violation was unintentional, or that it has had no effect whatsoever on the extent of damage, or on SIGAL rights and obligations. In case of abuse, deception, or attempted abuse or deception for which SIGAL can provide proof, the insured person concerned can be excluded from insurance coverage immediately.

Article 26 Termination of group insurance
When an insured person drops out of a group insurance contract because he/she no longer belongs to the circle of contractually defined insured persons, or because the contract is terminated, he/she shall be entitled to switch to the private insurance scheme provided by SIGAL
SIGAL retains the right to inform the insured person of his/her right opportunity to switch to the private insurance scheme in writing.

Article 27 Place of execution and jurisdiction
This policy and its endorsements are subject to the legislation of the Republic of Albania.Any dispute arising in relation to this policy shall be settled by the appropriate Tirana Curt, as the district where SIGAL's main office is located.

Article 28 Final provisions
In case the underlying General Insurance Conditions are subject to varying interpretations, the Albanian edition makes authority.

Personal data protection
The insured person is familiar with the privacy statement of the insurance company and authorizes UNIQA GROUP AUSTRIA to collect and process personal data and information which is needed for the insurance contract administration, for services provision to the policyholders and the beneficiaries including the treatment of damage for the provision of new products or services, based on the relevant laws in force (Law no. 9887, dated 10.03.2008, "Personal data protection" and transferring of personal data to the third for insurance or business purposes, which also guarantee the protection of personal data. In any case, personal data protection will be made in accordance with the rules and procedures provided in Law no. 9887, dated 10.03.2008, "Personal data protection"Through signing the contract, the insured/beneficiary authorizes the insurance company that for effect and implementation of insurance contract to take personal data including sensitive ones from third parties in order to process them.

Right to Information-The Insured has the right to be informed by the insurer regarding conditions, procedures and terms of coverage and / or benefit from the insurance, information which begins before signing the contract and continues during the validity of the contract. The information obtained by phone, e-mail, official website or informative brochures used by society.- The insured and / or policyholders are informed by the insurer before signing the insurance contract, by taking all the necessary information about the legal input of the insurer, or type of insurance, procedures, deadline, damage procedure methods, risks covered and excluded, calculation methods, terms and manners of premium payment, the reimbursable value calculating method and any other information relating to the insurance contract.

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The insured right to complain The insured or other interested persons have the right to present a complaint with the insurance company, in any case consider that if the insurance company does not comply with the

conditions established in the insurance contract. Complaints can be submitted in electronic form (e- mail) or writing to the mail box of the company. The insurance company will respond to every complaint submitted in writing or in electronic form and will give any information requested related to the insurance contract within the time limits provided in law.

Other provisions Any possible change of contract terms must be approved in writing by the insured and the insurer. In respect of Article 686 of the Civil Code states that the insurer's general conditions of the insurance contract signed with society Sigal UNIQA Group is recognized and accepted by us. These terms have negotiated and voluntarily agreed to full and free after we have consulted with the legal provisions in force. Policyholder agrees that in case of disagreement between him and insurers to mediate and resolve them according to internal rules of procedure of extrajudicial resolution of disputes. For this purpose it is informed of the internal rules of society for consumer protection.
Jurisdiction - Any controversy over this policy that cannot be solved by mutual agreement of the legislation is the jurisdiction of the Republic of Albania and the District Court where the insurance policy is issued.
This contract is drawn up and implemented in accordance with the conditions specified above, Civil Code, Law No. 52 of 2014 "On the insurance and reinsurance" and other legislation in force.

INSURANCE TERMS AND CONDITIONS TRAVEL HEALTH

Coverage of emergent medical expenses and repatriation expenses:

This insurance policy shall cover:
The reasonable and necessary emergent medical expenses and reasonable and necessary repatriation expenses up to the maximum limit defined in the insurance policy schedule and according the chosen coverage area, in case of a medical emergency incurred by the insured person outside the territory of Albania due to a sudden and unexpected illness or accident during the insurance coverage term.

Definitions:

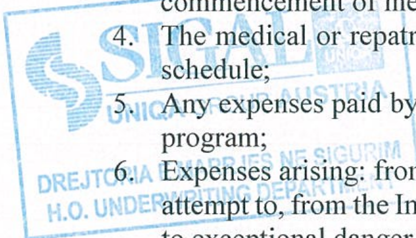
'Accident' – Shall be defined: An unexpected and unforeseen event that happens regardless of the Insured's intentions, is identifiable as per the place and the time of the event, has a direct, violent and external impact on the Insured and that causes the death, professional disability, or bodily injury of the Insured.
'Emergency' – Shall be defined: a condition that can be affirmed in case of an accident, or any sudden beginning or worsening of a severe illness resulting in a medical condition that presents an immediate threat to health and therefore requires urgent medical measures. Only medical treatment by a physician, general practitioner or specialist or hospitalizations that commences within 24 hours of emergency – causing event shall be covered as such.
'The Insured' – Shall be defined: Any individual whose name and personal data are shown in the insurance policy schedule and for whom the insurance premium is paid.
'The Insurer' – Shall be the Insurance Company SIGAL UNIQA Group AUSTRIA;
'Pre-existing conditions' – Any disease, illness and/or bodily injury that either:

- has been diagnosed by a physician or has required medical treatment, including prescription of drugs, prior to the effective date of the policy;
- exhibited symptoms, prior to the effective date of the policy, which could cause an ordinary prudent person to seek medical advice or treatment

Exclusions applicable for the coverage/

The Insurer shall not be liable for expenses:

1. Expenses incurred in Albania;
2. Expenses incurred after 1 (one) month from the date of Insurance Policy termination;
3. Emergency expenses incurred after 15 (fifteen) days from the date of the diagnosis date or commencement of medical treatment;
4. The medical or repatriation expenses incurred, that exceed the total limit defined in the insurance schedule;
5. Any expenses paid by any medical plan, insurance policy or by any government or private medical program;
6. Expenses arising: from the effects or influence of drugs or intoxicants of any kind, from suicide or attempt to, from the Insured person's own criminal act, or willful self-exposure of the Insured person to exceptional danger (except in an attempt to save human life);
7. For losses directly or indirectly caused by war, invasion, acts of foreign enemies, hostilities or war like operations/activity whether war be declared or not, civil war, mutiny, riot, civil commotion assuming the proportions of a popular uprising, coup d'état, military rising, insurrection, rebellion, revolution, military or usurped power, or the act of every person acting on behalf or connecting to



organization (s) who aim to overthrow by force the government de jure or de facto, or influencing it by acts of terrorism or violence;

8. Expenses incurred for mental depression, anxiety, mental, psychological or nervous conditions treatment;
9. Expenses incurred for normal visual treatment and provision of visual aid, or normal hearing test and provision of hearing aid, routine medical check - up and examination;
10. Expenses incurred for elective cosmetic surgery or medical treatment related to such surgery;
11. Expenses incurred for normal pregnancy or child birth;
12. Expenses incurred for normal dental treatment, provision for false teeth dentures or dental emergencies;
13. Expenses incurred for bodily injuries caused during participation in climbing normally involving the use of ropes or guides, Air Travel (except as a passenger in a properly licensed multi-engines aircraft being operated by a licensed commercial air carrier) including gliding and parachuting, winter sports, races on horseback or driving or riding in any kind of race, cars, bikes, participation in submerged diving, aquatic ski or while usage of timber processing machineries;
14. Expenses incurred for self – inflicted injuries or venereal diseases or AIDS and all diseases caused by and / or related to AIDS.
15. Expenses incurred for every physical defects, instability, chronic medical condition or disease, pre-existing the date of insured person's coverage;
16. Indemnity claims for expenses that exceed the usual and reasonable charges for services rendered and supplied furnished;
17. Indemnity claims for expenses incurred by anyone who travels with the purpose of obtaining medical treatment;
18. Indemnity claims for expenses incurred by anyone who travels in adverse of his/ her medical practitioner's advice;
19. Indemnity claims for expenses that are directly or indirectly caused by the consequences of alcoholism or substance abuse (medications, drugs, use of hallucinatory substances), or those occurring in a state of drunkenness;
20. Indemnity claims s for expenses incurred by anyone who has been given a severe or terminal diagnosis;
21. Indemnity claims for expenses incurred by anyone aged 69 years old and over, except the cases when such individual has been insured according the proper Insurance Table Chart and conditions. Should the Insured become 69 years old while the Insurance policy is in force, this Insurance policy is not liable for expenses except the cases that the person has been insured according the proper Insurance Table Chart and conditions (above mentioned in this coma).

Conditions applicable on all the Sections/

If you will be hospitalized in a hospital or clinic as a patient, the Insurer should be notified within 48 hours from the admission time. If not notified within this term the Insurer shall cover the medical expenses up to the max. € 150.The Insured in case of an insured event shall acquire and collect from the medical provider institution the entire medical documentation and the payment receipts, in order to present them at the Insurer. Only the originals shall be validated and not copies or photocopies of these documents.The Insurer is not liable on indemnity claims according this Insurance coverage, except when the Insured have fulfilled all that requested in the Insurance Policy and other documents requested by the Insurer.

The Insurer shall reimburse the Insured Person only after the Insured person shall proof to the Insurer the payment to the hospital for the medical services obtained; or The Insurer shall pay directly the hospital in case that the hospital had received written confirmation of the Insurance coverage from The Insurer only after delivery of the medical report and documents of the Insured.

The Insured Person must do all in his power to prevent accidents, injuries or illness.All necessary expenses to obtain the certificates, information, testimonies or any other proof required by SIGAL UNIQA Group AUSTRIA shall be borne by the insured or his/her legal representatives.

No person has the right to accept responsibilities or represent or undertake other similar actions on behalf of the Insurer, except on written authorization of the Insurer. The Insurer is entitled to follow up, audit and terminate all the procedures that relate to or derive from the indemnity claims of the Insured person.

In case of an indemnity claim, the Insurer (or a medical practitioner appointed by the Insurer) reserves the right to request the Insured to submit to medical testing at the Insurer's expense in order to better evaluate the claim request. The Insured must comply with request. In case of death of the Insured, the Insurer on his own expenses reserves the right of the autopsy of the body.

The Insurer on his own expenses may undertake legal procedures on behalf of the Insured, such as to have compensations from the Third Parties for every indemnity paid claim according this Insurance Policy and the entire amount received will pertain to the Insurer. The Insured will do all in his power to help the Insurer.

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All disagreement among the Insured and SIGAL UNIQA Group AUSTRIA shall be settled by the Albanian Court.No refund is allowed (full or partial) after the inception date. If requested this Insurance Policy can be void for reasons that are not under the Insured person's power. In such case the premium can be returned after the deduction of administrative expenses, on condition that the void request has been issued prior to the inception date.In case that the Insurer have given a written disclaim that this indemnity claim shall not be paid for indemnity claims made under this Insurance Policy, the Insurer shall not be liable for any claim payment after a term of three months from the date of written disclaimer, except the case when the indemnity claim has occurred according the proper terms of legal procedure initiation.The Insurer's responsibility shall not exceed the defined limits in the insurance policy schedule.

This insuarnce policy is printed in three copies, one for the Policyholder, Insurer and Insured persons