

Insurance “Travel Assistance Abroad” for Group Insurance Contracts

Insurance “Travel Assistance Abroad” for Group Insurance Contracts of DZI - General Insurance JSC provides insurance protection against events resulting from an accident or sudden illness occurring during a trip outside the territory of the Republic of Bulgaria.

We cover medical and other expenses during every individual trip abroad provided you are included in a Group Insurance Program contracted with DZI - General Insurance JSC.

Upon the occurrence of an insured event, we provide assistance through an Assistance Company, a contractual partner that is authorised to organise and provide 24-hour qualified assistance in accordance with the insurance coverage under these General Terms and Conditions.

Our main goal is, upon the occurrence of different adverse events, to ensure your peace of mind through the flexible covers we offer.

The General Terms and Conditions are an integral part of the Insurance Certificate or another information document that you will receive when joining the Group Insurance Program.

They determine the insurance coverage, the exclusions from coverage, as well as inform you of your rights under the contract and the principle of interaction upon the occurrence of an insured event.

If you need to consult our specialists or upon the occurrence of an insured event, you can contact us through our 24-hour Contact Centre at telephone number: 0700 16 166 or by email: clients@dzi.bg, as well as file a claim at any one of our structural units or by calling our 24-hour Contact Centre.

Pre-contractual information in accordance with the requirements of the Insurance Code

DZI – General Insurance JSC is an insurer established in the Republic of Bulgaria, with registered office at: 1463 Sofia, 89B Vitosha Blvd.

Users of insurance services may file complaints in relation to claims for payment of insurance indemnities at any territorial unit of the insurer (Head Office, head agency, agency, office) in writing or by e-mail to: clients@dzi.bg. The rules of DZI – General Insurance JSC for settlement of claims under Article 104, paragraph 1 of the Insurance Code are published on the corporate website of the company: www.dzi.bg, in section “Help in case of a claim”.

Users of insurance services may file complaints in relation to insurance activities to the Financial Supervision Commission and/or other competent state authorities.

On the territory of the Republic of Bulgaria, disputes relating to the provision of insurance services may be considered extra judicially in alternative dispute resolution /ADR/ proceedings before the Conciliation Committee for disputes in the sector of insurance within the Commission for Consumer Protection or through mediation.

The Solvency and Financial Condition Report /SFCR/ of DZI – General Insurance JSC is published on the corporate website of the company: www.dzi.bg, in section “Corporate Sustainability”.

In the sales of insurance products the remuneration for the distributors is paid by DZI – General Insurance JSC as follows:

- Labour employment remuneration under the Labour Code for employees of the insurer carrying out direct sales;
- Commission remuneration for insurance intermediaries.

Regardless of the nature of the remuneration, the same does not change the amount of the insurance premium payable by the user.

Prior to purchasing an insurance product from the insurer or from an intermediary acting on the assignment of the insurer, the user may request an individual offer whereby to be provided with advice within the meaning of Article 324, paragraph 1, item 7 of the Insurance Code.

The law applicable to insurance contracts concluded under these General Terms and Conditions, is the Bulgarian law.

GENERAL TERMS AND CONDITIONS

I. SUBJECT OF INSURANCE

Pursuant to these General Terms and Conditions DZI – General Insurance JSC, hereinafter referred to as “the Insurer”, shall provide, in consideration of a paid premium under Insurance “Travel Assistance Abroad” for Group Insurance Contracts, insurance protection of natural persons (“the Insured”) included in the coverage of a signed Group Insurance Contract upon the occurrence of the risks referred to in these General Terms and Conditions and recorded in the insurance contract.

The Insurer shall provide insurance coverage for each individual tourist or business trip of the Insured outside the territory of the Republic of Bulgaria.

Upon the occurrence of an insured event covered under these General Terms and Conditions, the Insurer shall provide assistance to the Insured or his/her legal heirs through a contractual partner - **Assistance Company**.

INSURED PERSONS

Insured shall be Bulgarian citizens and foreign nationals permanently or long-term residing in Bulgaria, aged up to 75 years as of the date of joining the Group Insurance Program. For persons over 75 years of age and persons with an assessed loss of work capacity up to 50%, the insurance shall be contracted under conditions that will be individually negotiated taking into account all circumstances of significance for the risk.

II. TERRITORIAL SCOPE

The territorial scope of the insurance covers the whole world except for the territory of the Republic of Bulgaria and the country of permanent residence of foreign nationals.

III. RISKS COVERED

3.1. Medical expenses

3.1.1. Expenses related to emergency medical and/or surgical assistance to the Insured, expenses for purchase of prescribed drugs, hospitalisation and hospital treatment (excluding cost of prosthesis) of the Insured as a result of a sudden acute illness and/or an accident.

3.1.2. Medical expenses for emergency dental treatment due to:

- bodily injury as a result of an accident;
- an acute inflammatory process in the oral cavity for which an exact diagnosis can be made (pulpitis, periodontitis or abscess).

3.2. Expenses for medical transportation and repatriation of the Insured

In case of acute illness of the Insured or bodily injury due to an accident requiring hospitalisation of the insured person, the Insurer/Assistance Company will organise and pay:

3.2.1. Transportation to a hospital or other medical institution that has the necessary facilities for carrying out treatment of the disease or injury. Transportation can be done by ambulance (ground or air transport) or by a scheduled flight.

3.2.2. Transportation of the Insured to a hospital in Bulgaria under medical supervision by scheduled air transportation if his/her medical condition allows repatriation.

The Insurer/Assistance Company determines whether the condition of the Insured allows his/her repatriation as a normal passenger or if it should be done under special conditions based on the medical information provided on the case.

3.2.3. Repatriation after treatment

After the Insured is discharged from the local hospital in which he/she was treated or to which he/she was transported for treatment according to item 3.2.1, the Insurer/Assistance Company shall organise and cover the expenses for repatriation of the Insured to Bulgaria as a normal passenger when such travel is possible from a medical point of view. The Insurer/Assistance Company may undertake and organise other assistance, according to the medical condition of the Insured if the latter is not covered under the regular return ticket of the Insured to Bulgaria.

If the Insured refuses repatriation, medical expenses shall be covered up to the cost of repatriation and the Insured shall lose his/her right to be repatriated to a hospital in Bulgaria.

3.2.4. Repatriation of remains

In case of death of the Insured, the Insurer/Assistance Company shall organise and cover the costs of transportation of the body or remains from the place of death to a designated place in Bulgaria (expenses for storage of human remains or burial are not covered).

Expenses for medical transportation and repatriation made without the prior approval of the Insurer/Assistance Company are not covered and shall not be reimbursed.

3.3. Death of the Insured due to an accident

If the Insured dies abroad due to an accident occurring during the insurance period, the Insurer shall pay the legal heirs or beneficiaries the sum specified in the individual Insurance Certificate or any other written document provided to the Insured Person.

Upon the occurrence of death due to an accident the Insurer/Assistance Company must be notified about the event within the shortest delay.

3.4. Permanent disability due to an accident

3.4.1. If during the insured period the Insured suffers an accident that causes bodily injury and the consequences thereof occur within 12 (twelve) months from the date of the event, the Insurer shall pay compensation.

3.4.2. The state of permanent disability is established by the Territorial Expert Medical Commission (TEMC) or the National Expert Medical Commission (NEMC) and/or by the competent medical authorities abroad.

3.4.3. The amount of compensation for loss of work capacity is determined as a percentage of the sum insured equal to the % disability, but not more than agreed limits.

3.5. Organising an emergency visit to the Insured by a relative

If as a result of acute illness or bodily injury the Insured is hospitalised for more than 7 consecutive days abroad, the Insurer/Assistance Company, at the request of the Insured, shall organise a visit of a relative (or another person specified by the Insured) from Bulgaria and shall undertake the travel expenses to the amount of a return air ticket - tourist class.

3.6. Repatriation of minors

In the case of transportation or repatriation of the Insured under 3.2.1, 3.2.2 and 3.2.3, the Insurer/Assistance Company shall organise and cover the cost of returning to Bulgaria of minors under the age of 16 who accompanied the Insured at the time of the occurrence of the insured event, provided that their normal tickets cannot be used for that purpose.

3.7. Supply of necessary medication

In the event that under a prescription approved by the Insurer/Assistance Company the Insured needs medication that cannot be found at his/her place of stay abroad, the Insurer/Assistance Company shall provide these medicines

or supply equivalent drugs which can be found at the place of stay of the Insured.

The Insurer/Assistance Company shall cover only the cost of delivery of the necessary medicines, the price of the drugs being excluded from the coverage.

3.8. Transmission of urgent messages

In case of an insured event changing the Insured's initial travel plan, the Insurer/Assistance Company shall arrange the transmission of all communications to the Insured's family and relatives or to persons related to his/her work.

3.9. Unforeseen return to Bulgaria

The Insurer/Assistance Company shall organise and pay the additional costs incurred due to an unforeseen return of the Insured to Bulgaria by airplane (economy class ticket) or train (first class ticket), provided that the normal return ticket of the Insured cannot be used for this purpose in the following cases:

3.9.1. Severe illness or death of a relative of the Insured in Bulgaria.

3.9.2. Severe illness or death of a member of the Management Board of the company in which the Insured works in Bulgaria, provided that he/she is a member of the Management Board of that company.

3.9.3. Property damages as a result of fire or a natural disaster occurred to the home of the Insured.

3.9.4. Material damages as a result of fire or a natural disaster occurred to the building (office, commercial, production or storage premises) of the company in which the Insured works in Bulgaria provided that he/she is a member of the Management Board of that company.

3.10. Delayed flight

If the departure of the Insured with a confirmed scheduled flight is delayed for six hours or more, or the flight is cancelled or due to lack of seats, the Insured cannot board the aircraft and within these six hours the airline cannot provide an alternative transportation, the Insurer/Assistance Company shall pay compensation to the Insured up to the agreed limit for any expenses for food and drinks incurred by him/her until his/her actual departure.

3.11. Baggage search

In case of loss or misdirection of the Insured's luggage by a licensed air carrier, the Insurer/Assistance Company shall organise the baggage search and, if found, arrange its delivery to the place where the Insured is staying.

3.12. Loss of baggage

If the Insured's luggage is not delivered within 48 hours of his/her arrival at the respective point according to the flight plan, the Insurer shall reimburse expenses for the purchase of basic necessities (clothes and toiletries) made within 48 hours of the occurrence of the insured event, up to the agreed limit. This clause does not cover the loss of hand luggage carried by the Insured Person in the aircraft cabin and the loss of baggage if it is detained, confiscated or lawfully destroyed by the customs authorities.

3.13. Legal assistance

The Insurer shall cover expenses of the Insured for a lawyer and organises his/her legal defence if a court claim is filed against the Insured (in conformity with the laws of the country in which he/she is staying) for the realisation of his/her civil liability, except for claims arising from the possession and use of a motor vehicle.

3.14. Advance payment - *the cover only applies to holders of valid payment cards which are included in the Group Insurance Program agreed with the Insurer.*

Where the payment card cannot be used to make a payment due to loss or theft duly reported to the relevant authorities (police, etc.) and the relevant card issuer, the Insurer shall, up to the agreed limit, make an advance payment or guarantee a payment on behalf of the Insured to cover urgent expenses in unforeseen emergencies.

If necessary, the agreed limit may be increased with prior approval by the card issuer.

Before any advance payment or guarantee of payment is made by the Insurer, the Insured or a person authorised by him/her shall sign a declaration undertaking to reimburse the Insurer the amount of the advance payment or payment guarantee made.

All amounts paid in advance shall be reimbursed by the Insured or his authorised representative or legal successor immediately after his/her return to Bulgaria but not later than 2 months from the date of the advance payment or payment guarantee is made by the Insurer.

III.a. LIMITS OF LIABILITY

The limits of liability under the insurance are negotiated separately for each insurance cover and are specified in the Group Insurance Contract and in the individual Insurance Certificate or other written document provided to the Insured upon his/her joining the Group Insurance Program.

IV. EXCLUDED RISKS

The insurer is released from liability in the following cases:

4.1. Claims for medical or other expenses incurred in connection with an event which the Insurer/Assistance Company has not been notified about within 3 working days of its occurrence and/or has not been approved/confirmed by it.

4.2. Expenses incurred in Bulgaria or in the country of permanent residence of the Insured.

4.3. Expenses for medication and treatment of a pre-existing medical condition known before the date of departure, as well as costs of treatment and hospital stay for existing chronic diseases.

4.4. Repatriation expenses incurred without the prior approval of the Insurer.

4.5. Costs exceeding the usual expenses for treatment, examination, medication, transportation, hospital stay, etc., incurred in connection with the occurrence of an insured event.

4.6. Expenses for dental treatment representing placement, replacement and repair of dental prostheses or implants, fillings, crowns or bridges.

4.7. Expenses for the removal of physical defects and anomalies, application of cosmetics or treatments, aesthetic surgery, rehabilitation and physiotherapy, sanatorium or other similar treatment, expenses for prostheses and corrective devices.

4.8. Expenses for vaccinations and immunisations.

4.9. Expenses for treatment of all forms of mental, neuro-psychic diseases and neuroses, psychoanalysis, psychotherapy and for the treatment of alcoholism and drug addiction.

4.10. Expenses for any routine medical examinations and tests unrelated to an event covered under these General Terms and Conditions.

4.11. Treatment or medical care carried out by a member of the family or household of the Insured.

4.12. Expenses for sexually acquired diseases as well as claims resulting from treatment of venereal diseases or costs

incurred directly or indirectly in treatment or diagnosis or medical examinations, including AIDS and AIDS-related complex (ABC).

4.13. Expenses incurred during travel undertaken for treatment of the Insured abroad.

4.14. Costs arising from the occurrence of an event during:

4.14.1. participation in organised sports competitions and training;

4.14.2. practicing all kinds of motor sports; sport climbing, ice climbing, boulder; mountain biking, mountain boarding; longboarding, skateboarding; sandboarding; zorbing; street sledding, roller derby, vertical roller skating; highline; air races; extreme pogo; wingsuit jumping; bocking (jumping stilts); bungee jumping; racing with sailing tricycles, base jumping, parcours.

4.14.3. paragliding, hang gliding and parachuting; mountaineering or mountain climbing; participation in expeditions to places characterised by extreme climatic and/or natural conditions such as deserts, high mountains (over 5,500 meters above sea level), semi-desert areas, jungles, the Arctic and the Antarctic;

4.14.4. practicing winter sports outside the special, categorised, secured and marked ski slopes (including outside school ski slopes for beginners);

4.14.5. caving (caving or speleology) when the Insured is not a member of a caving association and when specialised caving techniques and facilities for penetration in caves and ravines are not used;

4.14.6. diving when practiced by persons without a diving certificate as well as by certified persons without suitable diving equipment;

4.15. Losses, damages, fatal injuries, disability or costs caused by war (whether war is declared or not), civil war, revolution, insurrection, rebellion, civil unrest or terrorist acts;

4.16. The Insurer shall not be liable for any delay or failure to perform its obligations under these General Terms and Conditions if they are caused by strikes, explosions, demonstrations, restrictions on freedom of movement, sabotage, terrorism, civil war or war (whether war is declared or not), the consequences of radioactive radiation or any other unforeseen difficulty.

4.17. Travels by air not carried out as a passenger on a scheduled or charter flight with a valid travel ticket.

4.18. Ionizing radiation or contamination by radioactive or nuclear waste resulting from the combustion of nuclear fuel.

4.19. Radioactive, toxic, explosive and other hazardous materials from explosive nuclear components.

4.20. Air pressure waves caused by aircraft and other aerial equipment moving at sonic or supersonic speed.

4.21. Suicide or attempted suicide of the Insured, intentional self-harm or deliberate exposure to danger unless the Insured puts his/her life and health at risk to rescue another person.

4.22. An insured person guilty of performing illegal and unlawful acts in which he/she has suffered or caused and participated in fights, civil unrest, protests, etc. or resisted to an authority.

4.23. An insured person who has been under the influence of alcohol, narcotics or other intoxicants or their analogues or suffers from alcoholism or drug addiction.

4.24. An insured person driving a motor vehicle without a driving license (did not hold or has been temporarily deprived of a driving license).

4.25. The Insurer shall not pay insurance indemnity under the risk of "Permanent Disability due to an accident" as well as

expenses for medical care and treatment of persons with recognised 50% loss of work capacity or more (%).

4.26. Circumstances which could lead to incurring expenses and making claims under these General Terms and Conditions, and which were known to the Insured at the time of commencement of travel.

4.27. Expenses and/or benefits payable under other insurance policies, compulsory and/or voluntary health insurance or other medical schemes.

4.28. Not covered are expenses for treatment related to pregnancy and/or complications arising thereof, including expenses for giving birth or an abortion. Covered are only medical expenses related to saving the life of the pregnant woman and/or the child if as of the date of departure abroad there remain two months until the due date determined by the physician.

4.29. Travel of the Insured undertaken in violation of a doctor's prescription.

4.30. Death occurring as a result of the execution of a death sentence.

4.31. An insured event as a result of the performance of the business or professional activity of the Insured, unless otherwise agreed in the Group Insurance Program.

4.32. Fines or other penalties imposed on the Insured.

4.33. Any expenses incurred:

a) As a result of an epidemic or pandemic situation declared by the relevant official institutions, including the World Health Organization;

b) On a journey undertaken in a country, for which there is a warning published by MFA on its official website, and namely:
- IV level: Warning to refrain from traveling (if not extremely urgent);

- V level: Avoid all travel and immediately leave the country.

4.34. The Insurer does not provide insurance cover, does not pay insurance indemnity and does not provide whatever other benefit under the present General terms and conditions to persons that violate to whatever degree the passed and applicable norms for commercial and economic sanctions of the United Nations and/or the European Union and/or the European Economic Area and/or the United Kingdom and/or the USA and/or other enforceable national economic or commercial laws or ordinances.

V. TERM OF THE INSURANCE, INSURANCE PERIOD, BEGINNING AND END OF INSURANCE COVERAGE

5.1. The Group Insurance Contract can be concluded for a fixed term or an indefinite period. The term of the Group Insurance Contract cannot be shorter than 1 (one) year.

5.2. The term of the individual insurance for the insured persons is defined in the Group Insurance Contract. In the case that the individual insurances are with a term longer than 1 (one) year or with an indefinite period, the insurance premium and the limits of liability under the Group Insurance Program are determined for annual insurance periods.

5.2.1. The first insurance period starts on the date the Insured joins the Group Insurance Program and lasts for 1 (one) year until 24:00 hours on the last day, provided that the agreed insurance premium has been timely and accurately paid.

5.2.2. Each subsequent insurance period commences at 00:00 hours on the date following the expiration of the previous one and lasts for 1 (one) year, provided that the agreed insurance premium has been timely and accurately paid.

5.3. During each insurance period the individual insurance is valid for an unlimited number of trips of the Insured outside

the territory of the Republic of Bulgaria and the maximum duration of the insurance cover for each individual trip is indicated in the Group Insurance Contract.

5.4. The beginning of the insurance coverage for each individual journey starts from the date of crossing the Bulgarian border when leaving the country and is terminated in the following events, whichever occurs earlier:

5.4.1. within the maximum duration of the insurance coverage under item 5.3;

5.4.2. upon the return of the Insured to Bulgaria;

5.4.3. upon exhaustion of the sum insured (limit) for the respective insurance coverage until the expiry of the current insurance period;

5.4.4. upon expiry/termination of the Group Insurance Contract and expiration of the current insurance period under the individual insurance.

VI. INSURANCE PREMIUM AND MANNER OF PAYMENT

6.1. The amount of the insurance premium is determined in Euro according to the tariff of the Insurer.

6.2. The amount and manner of payment of the insurance premium are specified in the Group Insurance Contract.

VII. TERMINATION OF THE INSURANCE

7.1. Upon termination of the Group Insurance Policy, the individual insurance policies of all insured persons shall be terminated, unless otherwise agreed therein.

7.2. At the request of the Insured, the individual insurance can be terminated without penalties or other charges by the Insurer, the Insuring Party and the Insured before the end of the current insurance period with one-month's written notice, and the termination shall take effect from the end of the current insurance period.

VIII. PROCEDURE FOR MAKING CLAIMS

8.1. Upon the occurrence of an insured event, the Insurer/Assistance Company shall provide to the Insured: names of doctors, dentists, addresses of hospitals, medical centres, pharmacies, emergency services and others; give instructions about the actions the Insured should take before visiting a doctor.

The Insurer/Assistance Company shall provide information on the medical condition of the Insured to all interested parties, including his/her family.

8.2. Within 3 (three) working days of the occurrence of the insured event, the Insured is obliged to contact the Insurer/Assistance Company through the **DZI Customer Service Centre at telephone number: +359 (0) 700 16 166**. Upon acceptance of the call, the Insurer/Assistance Company shall provide the Insured with instructions about the actions required in the particular case.

8.3. If there is an effective insurance, the Insurer/Assistance Company shall organise the payment to the respective providers of the medical and/or other services provided to the Insured.

8.4. When making claims to the Insurer for reimbursement of expenses made in connection with the occurrence of an insured event during the period of insurance, the Insured shall complete a notification of occurrence of an insured event and an application for payment of insurance indemnity and submit all the documents requested by the Insurer in the original.

8.5. When making a claim for the reimbursement of expenses for transportation of mortal remains or cremated ashes of the Insured, the Insurer must be presented a Death Certificate

and a Medical Certificate (expert report) about the cause of death, issued by the relevant medical and other competent services.

8.6. When making claims on the additional covers "Delay of baggage" and "Loss of baggage", the Insurer shall require the original receipt for checked baggage, the presentation of a written declaration by the Insured and/or a certificate from the airline carrier as well as the original invoices for all purchased items of basic necessity.

8.7. The Insurer shall have the right to require from the Insured additional evidence establishing the grounds and amount of the claim.

8.8. The submitted documents should be written in one of the following languages: English, French, German, Spanish, Italian or Russian. For documents that are written in a language other than those mentioned, the Insurer shall require the originals to be translated into the Bulgarian language by an authorised translator. Expenses for translation of such documents are not covered by the insurance.

8.9. If upon the occurrence of an insured event it is established that the Insured has concluded other insurance contracts for the same covered insurance risks, the Insurer shall be liable in such a proportion as the agreed sum insured under the insurance relates to the total sum insured of all insurances. This does not apply to the payment of compensation under items 3.3. and 3.4.

8.10. For settling claims under insurance contracts concluded on the basis of these General Terms and Conditions, applied shall be the internal rules of the Insurer for liquidation of claims under the insurance, including advance payment of due insurance premium for a current insurance period or its deduction from the amount of the determined compensation.

IX. RIGHTS AND OBLIGATIONS OF THE PARTIES DURING THE PERIOD OF VALIDITY OF THE INSURANCE

9.1. Upon the occurrence of an insured event the Insured is obliged to:

9.1.1. Within 3 working days, notify the Insurer/Assistance Company of the occurrence of an insured event and observe all instructions received from the Insurer/Assistance Company, including those concerning the medical facility and the doctor he/she should address.

9.1.2. Communicate to the Insurer/Assistance Company his/her full name, PIN, customer number, location and the nature of the problem.

9.1.3. At the request of the Insurer/Assistance Company, provide additional information in order to fully clarify the circumstances that led to the occurrence of the insured event and assist for the determination of the amount of the indemnity.

The Insurer/Assistance Company shall have the right to receive the necessary information held by the personal physician, the medical and healthcare establishments that provided medical assistance to the Insured, releasing them from the obligation of confidentiality and professional secrecy for the particular case.

9.1.4. When making a written insurance claim to the Insurer (on a form), the Insured should state complete and accurate details of the bank account to which payments are to be made by the Insurer. This clause applies to the cases where the expenses covered by the insurance have been paid by the Insured, as well as in case of payment of compensation to the legal heirs.

9.1.5. The person entitled to receive an insurance indemnity shall notify the Insurer of any change in his/her bank account before the payment of the insurance indemnity has been made. Any change of the bank account, which has not been communicated to the Insurer expressly and in writing, shall not be binding for the Insurer.

9.1.6. Upon the occurrence of an insured event which could lead to a claim under this insurance, the Insured is obliged to carry out the necessary actions to limit the damages of the insured event and follow the instructions of the Insurer/Assistance Company.

9.1.7. If the Insured fails to fulfil any obligation under these General Terms and Conditions, in consequence of which an insured event occurs or prevents the establishment of the reasons for the occurrence of an insured event and/or presents false documents related to the lodged claim, the circumstances of the occurrence of the insured event and/or the determination of the insurance indemnity, the Insurer has the right to refuse the claim or pay a smaller amount of insurance compensation.

9.2. Upon the occurrence of an insured event, the Insurer is obliged to:

9.2.1. Accept the written notification, the attached documents and open a file (claim) in the cases where the expenses under the insurance have been paid by the Insured, as well as in the case of payment of compensation to the legal heirs.

9.2.2. Register the date of each filed claim as well as register the date of any subsequent receipt of a document related to it, and certify each of these circumstances separately or on an inventory list before the person making the claim.

9.2.3. Notify in writing the person who is entitled to receive insurance compensation about the necessary documents that should be presented to prove the claim by grounds and amount.

9.2.4. The Insurer shall determine the amount of the insurance indemnity on the basis of the medical, financial and/or other documents presented by the Insured in the original.

The insurance indemnity is calculated in EUR and is paid out in BGN at the exchange rate of the BNB at the date of payment of the compensation.

9.2.5. The Insurer shall pay out the insurance indemnity within 15 working days of the submission of all the documents requested from the Insured for establishing the grounds and the amount of the claim.

X. COMPLAINTS

10.1. The policy of DZI - General Insurance JSC for the management of complaints of users of insurance services is determined by the Complaints Handling Rules approved by the Management Board of the Company and published on www.dzi.bg.

10.2. Users of insurance services of DZI - General Insurance JSC have the possibility to lodge complaints at any stage of their servicing:

- through the feedback platform on the corporate website of DZI - General Insurance JSC at www.dzi.bg;
- at the official e-mail address of DZI - General Insurance JSC: clients@dzi.bg.
- at any structural unit of DZI - General Insurance JSC (Head Office, Head Agency, Agency and/or Office) in writing.

10.3. Upon submission of a complaint by a User of Insurance Services, an incoming reference number is given, which is

delivered in a way convenient to the user. The submitter is required to state a current address and/or e-mail address where to receive the written response from the Insurer, as well as a contact telephone number in case of need of further clarification of circumstances.

10.4. A written response is sent to the User of Insurance Services within one month from the date of filing of the complaint.

10.5. In case of refusal to honour the complaint, the Insurer shall give reasons for its refusal, indicating to the complainant possibilities to seek protection of his/her rights before the Financial Supervision Commission, as well as before other competent institutions.

XI. LIMITATION PERIOD

All rights arising from this insurance are extinguished upon expiration of the time limits provided for by the Bulgarian legislation.

XII. SUBROGATION

If the insured event is through the fault of a third party, the Insurer shall enter into the rights of the Insured against the causer of the damages up to the amount of the compensation paid and the expenses incurred. The waiver by the Insured of his/her rights against third parties shall take no effect in relation to the Insurer in the exercise of his recourse rights.

XIII. FINAL PROVISIONS

13.1. The law applicable to this insurance is the Bulgarian law.

13.2. Any disputes between the parties to the insurance contract shall be resolved by negotiation, and in case of failure to reach an agreement – by the competent Bulgarian court.

13.3. When interpreting the texts of these General Terms and Conditions in all languages, the Bulgarian language version shall prevail.

XIV. DEFINITIONS

The terms used in these General Terms and Conditions shall have the following meaning for the purpose of the insurance:

14.1. **Insuring Party** - a legal person, another type of merchant or non-profit organisation that concludes the Group Insurance Contract with the Insurer and determines the terms and conditions under the Group Insurance Program.

14.2. **Group Insurance Contract** - all written arrangements between the Insurer and the Insuring Party in relation to the Group Insurance Program. An integral part of the Group Insurance Policy are these General Terms and Conditions, all endorsements/annexes, forms of individual insurance certificates or other written documents provided to the Insured. In the event of a discrepancy between the Group Insurance Contract and these General Terms and Conditions, the Group Insurance Contract shall prevail.

14.3. **Group Insurance Program** - the insurance coverage, coverage limits, sums insured, insurance term and periods of validity as well as the specific conditions for entry into force/activation of the insurance coverage and the insurance premium agreed between the Insuring Party and the Insurer.

14.4. **Insured Person/the Insured** - the natural person who is using the insurance coverage under the agreed Group Insurance Program.

14.5. **Assistance Company** - a contractual partner of DZI that is authorised to organise and provide to the Insured Person (or his/her legal heirs) 24-hour qualified assistance in

accordance with the insurance coverage under these General Terms and Conditions.

14.6. **Payment Card** - a valid payment instrument issued to the Insured by a card issuer institution in compliance with the effective Bulgarian legislation. A valid payment card is one that is active, whose validity has not expired and by which transactions can be made within and in connection with a particular journey, as well as on the day of the occurrence of the insured event.

14.7. **Holder of a valid payment card** – a person insured under a Group Insurance Program agreed with a card issuer institution.

14.8. **Acute illness** - a sudden and unforeseen disease occurring after the conclusion of the insurance during the travel of the insured person in the territory of a foreign country and necessitating the provision of emergency or urgent medical care.

14.9. **Accident** - a sudden and unforeseen event happening not by the will of the Insured, occurring during the period of validity of the insurance and causing bodily injury or death of the Insured.

14.10. **Emergency dental care** - dental treatment for severe pain resulting from bodily injury due to an accident or in case of acute inflammatory processes in the oral cavity for which an exact diagnosis can be made (pulpitis, periodontitis or abscess).

14.11. **Bodily injury** - physical injury to the Insured caused by an accident occurring after the start of the trip outside the borders of the Republic of Bulgaria.

14.12. **Permanent disability** due to an accident is finally reduced to a certain percentage or complete loss of work ability as a result of an accident.

14.13. **Claim** - a claim made by the Insured to the Insurer in connection with the occurrence of an event covered under these General Terms and Conditions.

14.14. **Relatives** - the relatives in direct ascending and descending line of the insured, spouse, siblings.

14.15. **Act of terrorism** - the use of force or violence and/or threats made against a person or group of persons, whether acting alone or on behalf of an organisation or government, committed for political, religious, ideological or similar reasons, including the intention to influence the governance of the country and/or create fear in the public or part of it.

14.16. **Baggage** - items or personal belongings (including own, borrowed or hired) taken or purchased by the Insured and registered for carriage by the airline carrier for which a baggage sheet has been issued.

These General Terms and Conditions were adopted by the Management Board of DZI – General Insurance JSC on 06.03.2012, effective from 01.03.2012, amended and supplemented on 20.07.2015, effective from 01.09.2015, amended and supplemented on 20.11.2017, effective from 30.11.2017. amended and supplemented on 24.02.2020 and enter into force from 28.02.2020.