Under the terms of this policy and subject to the exceptions and conditions set out in it, **TRUST INTERNATIONAL INSURANCE CYPRUS LTD**, herein after referred to as **"the Company"** and provided that the relevant premiums have been properly paid, it covers the necessary reasonable and normal medical expenses incurred during the life of this policy due to illness or accident of the Insured and his / her dependants.

No insurance agent or consultant is authorized to modify or alter this Policy, waive any provision or limitation thereof, extend the time of premium payment, or bind the Company in any way.

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A' Executive Director Issuing Officer

GENERAL TERMS

Introduction

This Policy, together with any additional benefit, Additional Act, the request of the Party and the claims of the Insured, if any, the statements of the Party and / or the Insured, the medical questionnaires and medical reports, if any, and any other document which has their signatures, it forms the contract between the contracting parties and should be considered as a whole.

Any change to the terms of this Policy applies only if it is written, signed and stamped by an authorized employee of the Company and signed by the Contracting party.

1st Article: Definitions

The following are considered for the implementation of the terms on this policy:

Insurance Application:	Document completed in accordance with the statements and responses of the Insured and signed by him at the conclusion of the insurance and constitutes the basis of the Policy.
Recognized Expenses:	All care costs of the Insured that are covered under the terms of the Policy.
Company's Maximum Annual Liability:	The maximum amount of expenses as stated in the Table of the Contract that the Company will pay to the Insured within a period of one Year following the application of the Insured's percentage of participation and deduction of the amount of Exemption.
Company's Highest Liability Limit on Hospitalization:	The maximum amount of Expenses, as stated in the Table of the Contract, which the Company will pay to the Insured, per Hospitalization, following the application of the Insured's percentage of participation and deduction of the amount of the exemption.
Maximum Daily and Monthly Allowance Fee:	In any case and regardless of the place of hospitalization to be used by the Insured, the Company will compensate for the room and maintenance costs up to the pre-selected hospital status as shown in the Contract Benefits Table.
Exemption:	The amount of medical expenses incurred by the Insured.
Absolute Good Faith:	It is the duty of the Contracting party to an Insurance policy to disclose all the essential elements concerning the Insurance, even if not asked.
Disease:	Any disturbance to the physiological function of the Insured Person's body which is not due to an accident, is medically certified, requires treatment and is displayed or presented for the first time at least thirty (30) days after the date the Insurance Policy was applied or the issue of the additional act of reinstating the Insurance policy which makes it valid.
Ambulance:	The appropriately equipped vehicle with medical equipment and personnel, which is used for the necessary transportation of the Insured Person to the nearest competent Hospital.

People Insured/ The Insured:	It is exclusive regarding the people mentioned in the Benefit Table of this Policy, for the insurance coverage for which this Policy has been issued. The people who have the right of insurance under this Policy are both the Party and his dependants, the Insured Partner and their unmarried children whose age from the beginning of the effective date of this Coverage is for the Party and the Partner less than sixty five (65) years, and for the children from their date of birth, it is less than eighteen (18) years. The right to insurance can also be offered to the 18-25 year olds, who are not married, they attend recognized Middle Schools, High Schools or Higher Education Institutions or serving as soldiers for the Military Service at the National Guard. The Insurance covers people permanently residing in the Republic of Cyprus as well as foreigners who are temporarily residents in the Republic of Cyprus provided that their stay in the Republic of Cyprus is at least nine (9) months in total each year.
Insurance:	It includes the Insurance Application, the Insurance Proposal, the Booklet, the Contract and Benefit Table, medical questionnaires and medical reports, which if they exist, they must be read together and constitute the insurance contract, as well as any additional acts or special conditions.
Insurer/Insurers/ The Company/ Ourselves:	Trust International Insurance Cyprus (Company) Ltd
Accident:	Any kind of body injury of the Insured that is objectively proven (apparent externally and / or medically proven) to be caused by an external, violent, accidental, sudden, independent of the intention of the victim and occurred during the life of this coverage and for which evidence is provided that the Company accepts.
Consecutive Nursing:	Two or more Insurances of the Insured, including any Emergency Expenses for Patient Transplantation due to the same cause or complications arising from it, will be considered by the Company as one Hospitalization unless they are more than ninety (90) days.
Special condition:	Any written terms that modify or invalidate basic terms of the Policy, which are attached and form an integral part of the Policy
External Patient:	Insured Person to whom care is provided in a hospital, outpatient clinic or in a patient examination room where no care is needed as a Daily or Inner Patient.
Emergency:	A case which it is from nature unplanned and unpredictable and the immediate need for hospitalization / treatment of the Insured in a hospital due to illness or accident.
Alternative medicine:	Treatment as an Outpatient provided for Homeopathy, Chiropractic, Osteopathy, and Acupuncture by a qualified therapist with a license to exercise a profession.

Inpatient: Insured Person admitted to a hospital for treatment or surgery and stays there for at least six (6) consecutive hours or for overnight stay.

Year / Time: Twelve calendar months from the effective date of the Policy or any subsequent renewal date.

Coverage Zone: Global coverage and according to the Benefit Table.

Age: The age of the Insured during his/her last birthday.

Daily Patient: Insured Person, for whom care is provided, hospitalization and stay in a hospital is required for less than six (6) consecutive hours.

Renewal date: The anniversary date of the Policy upon which it is renewed for one more period (one Year).

Start date: The effective date of this Policy. Such date shall be the date of acceptance of the risk by the Company and the payment of the first premium by the Party.

Resume Date: The date on which the Policy resumes its validity after termination for any reason.

Treatment: By any scientific means, attempt to rehabilitate, such illness or accident, disorder of the Insured's health, by surgical or conservative method, which is medically documented and necessary.
Diagnosis is not considered as a treatment, even if done in a hospital.
The provided health services certified by the Company as medically appropriate and necessary to:
Medical Necessity:

- Address the basic medical needs of the Insured
- To be provided in the most appropriate and medically appropriate way, taking into account both the quality and the cost of the services provided;
- Be consistent with the diagnosis of the illness
- It is necessary for medical reasons and not for other needs
- To demonstrate through local or internationally recognized protocols and scientific literature that they are safe and effective to address specific health problems

Medical Necessity: Medical Necessity as interpreted in this Policy refers to the coverage of recognized costs and is not necessarily identical to the interpretation of the attending physician.
Medical fitness is based on the prevailing standards of medical practice in relation to the particular pathological condition.

Medical Condition: Any disease, illness or injury, which is not excluded under the terms of the Policy.

Physician: Any person who has the qualifications and scientific knowledge to practice medical science with the permission of the law of the country in which he / she is registered and who carries out his / her profession within the limits specified by his / her license.

Organ Transplantation:	The surgical procedure for transplanting the following organs and / or tissues: heart, valve, lung, liver, pancreas, kidney, bone marrow, parathyroid, muscle tissue, skeletal tissue and eye cornea.
Intensive Care Unit:	The special unit within the hospital for patients whose health condition requires continuous medical follow-up and continuous care by suitably trained nurses and the appropriate medical equipment. This does not include the recovery rooms, private surveillance rooms or monitoring units.
Hospitalization:	The medically necessary admission and stay of the Insured as an in-patient in a hospital for treatment or surgery who stays there for at least six (6) consecutive hours or for overnight stay and up to 90 days in order to receive treatment that cannot occur outside the Hospital. Hospitalization implies health problems that do not fall under the exceptions described below and that need to be admitted to the hospital because they cannot be treated outside the hospital (i.e. residents in outpatient clinics with short or medium stays in the Emergency department) and the medical necessity of importation has been adequately documented. Addressing these health problems should require immediate surgical treatment or immediate therapeutic (invasive or pharmaceutical) treatment that cannot be done in a non-hospital setting and the patient's monitoring (counting or adjusting vital parameters at least 3 times a day) which will be documented by the nursing file or the corresponding nursing forms (nursing diagrams, etc.). Admission and stay of the Insured in a hospital is not considered hospitalisation for a period exceeding his / her medical necessity or his / her stay to undergo only diagnostic examinations.
Hospital:	Every nursing institution, public or private, a clinic that operates legally for the care and treatment of patients and injured people, provides care throughout the day and has the equipment and the means to diagnose, treat and generally anything required for surgical operations. Hospitals or clinics are not considered to be rest homes, sanatoriums, physiotherapy centres, and rehabilitation facilities for disabled people, nursing homes, institutions for alcoholics or drug addicts as well as neurological and psychiatric clinics.
Acute:	A medical condition or poor health crisis that lasts in the short term and has a specific cure time.
Insurance Period:	The period of time for which insurance is based on this Policy, as stated in the Contract Table, as well as any subsequent renewal period and the premium will be paid.

Benefit Table:	The Benefit Table attached to the Policy.
Contract Table:	The Contract Table attached to the Policy.
Additional Act:	Any written terms that modify or invalidate basic terms of the Policy, which are attached and form an integral part of the Policy.
Insurance Proposal:	A document describing the coverage, the amount of the premium and is part of the Policy.
Pre-existing Diseases:	Any state of health disorder known to the Insured and / or to the Party prior to the present insurance for which hospitalization, medical treatment or therapy was required which has been manifested, diagnosed, or is the product of an injury or illness and occurred prior to the effective date of the Insured person in the present insurance and / or the chronic condition which existed prior to the present insurance for which repeated treatment is needed.
Contracting Party:	The person (legal or natural) who requests and concludes with the Company the settlement of this insurance contract, either for himself or for the dependent members of his family, in the name of which this Insurance Policy is issued.
Participation of the Insured:	The percentage of participation of the Insured in the covered medical expenses.
Partner:	The person with whom the Insured is married or a person of the opposite sex with whom they live together as they were married.
Department of Emergency Hospital Incidents:	Its purpose is to provide immediate and specialized care to patients when there is a need for treatment due to an acute or urgent medical condition. It is responsible for the reception and screening of any incident that occurs, but also for the rapid and effective treatment of emergencies with procedures for the immediate diagnosis of life-threatening situations of immediate revitalization, support of organic systems, stabilization and further promotion for the definitive diagnosis and treatment, performing small surgical procedures.
Medicines:	Pharmaceutical Preparations and substances that have been clinically proven to be effective and the administration of which is necessary for the rehabilitation and stabilization of a Disease or a body injury or for the regulation of vital organs and functions of the body. Only prescribed medicines necessary for the reimbursement of the insurance, sickness or accident are covered by this insurance. Products within the vitamin or mineral category are not covered, except those that treat clinically diagnosed syndromes of significant vitamin deficiencies and homeopathic

	medications prescribed by a physician. Nourishing, dietary, remedial preparations for preventive or customary purposes, as well as cosmetic products, even if they are medically recommended or prescribed or recognized as having a therapeutic effect, are not covered.
Charges (Reasonable and Regular Charges):	The reasonable and usual charge for care which is consistent with the general price level and does not exceed the corresponding charge from other clinics or hospitals of the same level and area for a similar or a comparable treatment or services of the same sex and of comparable age and similar illness or accident.
Years:	A medical condition or a bad health crisis, which persists for a long time, persists indefinitely, is repeated, or is incurable.
Country of residence:	It is the Republic of Cyprus

Words in the male gender include the female and vice versa, also words in the singular number where appropriate include the plural and vice versa.

2nd Article: Benefits

1. Hospital Care

If the Insured, due to Sickness or Accident, has incurred hospital treatment costs for the treatment, the Company shall cover, subject to the other terms of this Policy, the following:

1. Cost of Hospitalization in Hospital (reasonable and ordinary charges):	**a) Room and Diet:** Room and nutrition costs related to the Insured's Hospitalization and charged by the Hospital, up to the Maximum Daily Indemnity Limit shown in the Benefit Table. **b) Payment for Doctor, Surgeon and Anaesthesiologist:** The fees paid to the Insured's Physician therapists in case of provision of services, surgery or other necessary treatment of the Insured that takes place within the Hospital during Hospitalization. If there is no surgery, the Company covers the Doctor's visits during the stay at the Hospital. For each medical practitioner only one (1) medical visit is acknowledged (in case doctors are more than one) for each day of stay in the Hospital. In the event that during a Nursing period the Insured is subjected to two or more surgical operations performed simultaneously by the same surgeon, the Company will compensate 100% of the heaviest at cost, 50% of the second greatest surgical intervention costs and 30% for other operations. **c) Physiotherapy, Laboratory, Diagnostic and Para clinical Examinations, Drugs and Other Consumables:** All necessary examinations carried out during the Insured's Hospitalization and directly related to the reason for Hospitalization, medications provided in the hospital , transfusions, surgical costs, materials such as splints, plaster dressings, oxygen supply. Any examinations and physiotherapy during the hospitalization period are included in the covered expenses when these are related to the main cause of the Nursing covered. If these examinations are related to secondary diagnosis or are done for precautionary purposes or for control purposes, they are not compensated. In the case of diagnostic tests recommended by the attending physician to be included in the expenditure covered, they should be accompanied by their results and substantiating the medical condition and the need for hospital care. **d) Radiotherapy & Chemotherapy as an Inner Patient, Daily Patient or External Patient:** Costs for radiotherapy and chemotherapy, as well as laboratory-related tests (blood tests, magnetic resonance imaging MRI, CT scanning) performed during each cycle chemotherapy or radiotherapy in cases covered by the Insurance Incident. Also, the treatment-related laboratory tests are included that occur within fifteen (15) days prior to the commencement of each cycle of chemotherapy or radiotherapy and fifteen (15) days after the last chemotherapy or radiotherapy of each cycle.

e) Expenses Before and After Hospitalization: If the Insured is hospitalized, the Company will also cover the necessary out-of-hospital or outpatient Hospital expenses incurred thirty (30) days before and thirty (30) days after Hospitalization and are directly related to the Insurance of the Insured, up to the amount indicated in the Insurance Benefit Table.

The Company restrictively recognizes the costs associated with the cause for which the Insured has been hospitalized and incurred for the diagnosis of medical, laboratory, imaging and interventional tests.

It is clarified that, the physiotherapies covered are only post-operative which are directly related to the surgery covered. These should be done within six (6) months from the date of departure from the nursing home and upon referral from the attending physician. The period of six (6) months for physical therapies is valid if and when it is proved medically, that the incident is such that it is imposed and this time is required for its completion. The maximum amount for physiotherapy as well as the maximum total amount for physiotherapies is set out in the Benefits Table of the Contract.

f**) Accommodation Cost of the Companion of the Insured:** The Company covers the accommodation expenses charged by the Hospital for a companion of a minor under the age of eighteen (18) who is hospitalized. Expenditures covered, cover only Room and Nutrition costs.

g) Hospital Care outside Cyprus: In the case of hospitalization of a covered person in a hospital outside Cyprus as an in-patient due to an accident or illness, but provided that on the condition of an illness, hospitalization commenced six (6) months after the beginning of the effective date of the present insurance policy . The Company covers the necessary feasible and recognized expenses as defined in paragraph **(1) Hospital Expenses (Reasonable and Regular Charges)** and in the Benefit Table of the Insurance Policy.

Necessary conditions for acceptance and payment of expenses incurred abroad are as follows:

i. Establishment by the treating consultant and approval by the Medical Director of the Company for treatment to be done abroad. In the event of disagreement, the two doctors are appointed by a referee (third doctor) and the decision is taken by majority.
ii. For emergency treatment, while the Insured is outside Cyprus on a business trip or leisure trip, for a period not exceeding two (2) months at a time. The waiting period of six (6) months specified in Article 2- Benefits, paragraph (h), does not apply to this condition.

iii. Whether the Insured person decides on his own to go abroad for his treatment. In this case, the costs incurred will be covered on the basis of the charges applicable in Cyprus for similar treatment.

It specifies that for US and CANADA in any condition, the Company will cover the necessary realized and recognized expenses, based on the Reasonable and Regular Charges to be compensated in countries of the European Union.

2. **Travel ticket/Patient transfers abroad:** The Company covers the travel expenses of the air ticket for the patient to be transferred abroad under the conditions of the article "Hospital Care outside Cyprus" and based on the maximum amount which is prescribed in the Benefit table.

3. **Surgical Expenses/ Therapy Without overnight stay:** In the case of surgery / treatment of the Insured, without hospitalization in a hospital. The Company recognizes as medical expenses only surgical costs, diagnostic tests, medicines and supplies used on the spot as well as medical practitioner / surgeon and anaesthesiologist fees in accordance with paragraph 1 (b) of this article and up to the Maximum Limit of Liability of the company.
In the case of an Accident and / or an Illness, the reasonable and usual expenses required and incurred during the first visit to the Hospital Emergency Department immediately after the accident or after a sudden and acute medical condition due to illness are covered. Any on-site diagnostic tests should be accompanied by a referral and diagnosis confirming the accident or sudden acute illness. Any other costs for subsequent Treatment and / or monitoring are not covered.

4. **Emergency Expenses for Transmission of the Patient to Hospitalization:** In the event of an emergency in Cyprus, the Company recognizes the Emergency Transport costs to the Insured's Hospital by an ambulance up to the amount indicated in the Table of Benefits of the Contract if the following conditions are cumulative:
   a) The emergency situation occurs in an area where there is no proper medicine infrastructure to address it.
   b) The urgency of the transfer shall be certified and justified by medical opinion.
   c) The hospital for which the urgent transfer has taken place.
   d) The transfer takes place within twenty-four (24) hours from the occurrence of the incident.
   e) The costs of transport shall be attested by the production of his original proof carrier.

5. **Birth Benefits:** In the case of Nursing for the following reasons and under the conditions described in detail below, the allowance indicated in the Benefit Table of the Contract will be paid:

a) **Normal Delivery / Caesarean Section:** After the completion of ten (10) months from the date of coverage of the insured, the Company shall cover the amount of benefit indicated in the Benefit Table, by birth of live or deceased infant. In the case of premature labour, pregnancy must be completed at the 24th week and, naturally, the childbirth will be completed by ten (10) months from the date of coverage of the insured person. A prerequisite for payment of the allowance is the submission of a child's birth certificate and discharge within 30 days of childbirth. No other compensation is paid in excess of the Allowance.

b) **Miscarriage:** An allowance is paid if it is substantiated by the full medical report that it is deemed necessary for medical reasons (in particular where the pregnancy poses a risk to the health of the insured person). In order to pay the allowance, the medical report must confirm that the delivery under normal conditions will take place 10 months after the Insured's coverage has begun.

6. **From birth abnormalities:** Babies born after the parents' insurance with this insurance policy will be completing a new application form, provided this is done within 90 days of their birth. Under normal circumstances, a medical history will not be required and coverage will be valid from the date of birth. The above are not applicable in cases where the infant was born after using any assisted capture method (except artificial insemination) or if it has been adopted and no coverage for any birth defect will be provided. For these cases a request for participation will be filled in with a medical history statement. For all new members to be included in the plan, parental integration should be in place for at least 12 months before childbirth. The maximum amount that will be paid by the Company **for the entire life of the child**, provided that he is insured with our Company, is listed in the Benefit Table.

7. **Organ Transplantation :** After twenty-four (24) months from the date of commencement of the insurance, the Company covers the Insured for organ transplantation.
This benefit is paid once only throughout the coverage of the Insured and cannot be repaid.

8. **Home Care:** The Company covers for home-based Nursing Care considered as medically necessary after covered Hospitalization, if provided by a Registered Nurse, with a maximum of twenty (20) visits per incident.

9.Nursing allowance: The Company covers the Insured with the daily amount of the benefit shown in the Insurance Benefit Table, with a maximum of twenty (20)

nights, in the case of Hospitalization with an overnight stay in a Hospital due to an accident or illness for which no treatment costs are incurred.

10. Rehabilitation Centres:	In cases where the Insured needs further treatment at a rehabilitation centre as long as his medical condition is such that this Treatment cannot be provided on an outpatient basis for an Accident or illness covered by this Insurance Policy. This benefit covers Treatment solely for speech therapy, occupational therapy and physiotherapy. Submission of a detailed invoice and services before the insured receives the Treatment is necessary; otherwise the Company is relieved from any obligation arising under this Policy.
11. Armed Forces of Cypriot Democracy:	This insurance policy provides cover for Insured people serving in the armed forces of the Republic of Cyprus in peacetime only.

B. Calculation of Compensation

The Company pays compensation equal to the total of Realized Hospital Expenses recognized in accordance with the provisions of paragraph 2 of this Insurance Policy and up to the Maximum Limit of Liability per Year after deducting any other amount received or entitled to be received by the Insured by any other entity, to apply the stated percentage of the Insured's participation and to deduct the Exemption amount indicated in the Benefit table of the Contract. In order for all expenses be compensated, they must have incurred during the lifetime of this Policy as well as to be in accordance with the Benefits of the Policy for the Treatment of Medical Disability or Recovery of Personal Injury Damage, not to fall within the Exceptions of the Policy and all the terms of the Contract must be met.

The expected benefits will be paid in Euros. When the Expenses of Hospitalization are made with a foreign currency, the amount will be converted into the official currency of the Republic of Cyprus according to the official price of the foreign currency on the date of payment of the indemnity.

C. Evidence

Evidence on the costs incurred in hospital care, are the following:

a. The original proofs and service invoices of hospitals and doctors.

b. The original attestations from another insurer showing that they have been withheld by him (the Agency), the original receipts and invoices, on the basis of which the beneficiary was paid, part of the cost of the hospital treatment costs, even if it is described as an allowance.

c. The original receipts and invoices from pharmacies.

Article 3rd: Application for Insurance

The original Insurance Application as well as any subsequent Application Form for people proposed for insurance must be submitted to the Company's special form for this purpose. The Company serves the right to examine, at its own expense and with its own Doctors, any applicant who has applied for insurance.

The Company has the right to reject any Insurance Application without having to justify its decision or to accept it under any terms it deems necessary.

The collection of premiums prior to the acceptance of the Insurance Application does not constitute acceptance of the submitted Application. If the application is rejected, the Company is obliged to reimburse the amount received after deducting any expenses incurred for any medical and other examinations.

Article 4th: Obligations of an Insured / Contracting party

1. When applying for insurance, the Insured has the obligation to clearly and honestly describe his / her state of health, working conditions and generally state all incidents that are necessary for the Company to properly assess the risk it takes. These details are included in the special Application Form for Insurance which is an integral part of this Policy.
2. The Insured is obliged to notify the Company about the existence of any other accident or health insurance throughout the period of insurance.
3. The Contracting party shall pay the premiums owed to the Company in accordance with the method of payment agreed between the Company and the Contracting party. The timely payment of premiums is an obligation of the Contracting party and the Company is not obliged to remind him of any debt. Payment of the premium is evidenced only by the receipt of proof by the Company signed by an authorized representative. In the case of the payment of the premiums via a Banking or Automatic Banking Charge, the payment of the premium is evidenced only by credit from the Bank of the contracting person to the Company's bank account.

Article 5th: Obligations In Case Of Hospitalization

The Insured is obliged to notify the Company in writing prior to each planned hospitalisation of him/her or one of the Dependants covered in the insurance. The Insured is obliged to file a written announcement to the Head Office of the Company for hospitalisation of him/her or one of the Dependants covered in the insurance, in any event within seven (7) days from the date of the Accident or the occurrence of the Sickness. The Company should be informed in the case of planned hospitalisation before the patient is hospitalized and in any case before leaving the hospital. If the Company does not receive the notice within this period, it shall be exempted from any obligation under this Policy unless the Insured or the Contracting person proves that their timely declaration has been hindered by objective difficulties and that they have done so as soon as these difficulties have been overcome and the company was able to ascertain the facts of the Accident or Sickness.

The Insured or the other party shall be obliged to authorize the Company to inspect, with any authorized personnel, its full medical records. For this, the Insured or the party included authorizes the Company to acquaint himself/herself with any medical document relating to the Health of the Insured. In addition, they are required to provide all necessary information and to submit data and documents relating to the circumstances and consequences of any risk that the Company requires.

Costs for collecting and submitting proof of compensation are a burden on the Insured. Evidence must be official and the invoices or receipts must be original.
In the case of Non-Cypriot Insured Hospitals the Company reserves the right to ask the Insured or the other contracting person to provide:

a) Certified supporting documents for the cost of Hospitals and the Hospitalization Documents from the nearest Cyprus Consular Authority; and
b) Their official translation.

All the evidence mentioned above (if requested) together with the claim form must be submitted to the Company within 45 days from the date of the insurance case. Any violation of this term will result in the claim being void.

The Company has the right to appoint her own Doctor to investigate the assessment of the damages. Upon payment of the compensation, all data and documents submitted become the property of the Company.

Article 6th: Suspension

1. This Policy ceases to be valid without any notice when one of the following situations occurs:
   a) Upon expiry
   b) The non-payment of the outstanding premiums on the due date and for a 30-day grace period (and if it is agreed that the payment will be made in instalments upon the expiration of a grace period of 30 days after the date on which the relevant instalment became payable) then the Policy will be deemed to have been cancelled without further notice on the date on which the instalment or the whole of the premium has become payable.
   c) For children insured as dependent members, during the anniversary of the Policy following the 18th to the 25th anniversary of their birth or on the date they will be married if this precedes unless they are students in recognized Secondary or Tertiary schools or serve their Military Service at the National Guard.
2. This Policy may be cancelled:
   a) By written notice of 15 days from either of the Parties
   b) Following a complaint for breach of the essential terms of the Policy by the Party and / or the Company.

Unpaid Premiums paid for the Policy after any expiration or cancellation of the Policy, give rise to no liability for the Company, except for non-interest-bearing returns.

Article 7th: Change of contracting party

In the event that the Contracting person dies, during the term of this coverage, the right is granted to one of the adult Dependants in order to become the new Contracting person (provided that the corresponding premiums are paid).

This right shall be exercised by a written application, which must be submitted within thirty (30) days from the date of death of the contracting party.

Article 8th: Duration of the Policy - Updates

This Policy Agreement has an annual maturity date commencing on the date indicated in the Table of Benefits. This Policy is renewed from the expiration and for a period of one Year provided that the insurance plan is still offered and if the Insurance Contract has not been terminated in writing either by the Company or by the contracting party.

The Company reserves the right not to renew the Policy without any notice and / or grace period in the following circumstances:

a) If the premiums are not paid according to the terms of payment as they are referred to herein
b) The Contracting party and / or the Insured have made false statements or have mastered incidents which, if known, upon the submission of the Application, the Company would not assume the risk or it would take it on under other conditions.

Upon each renewal date, the Company reserves the right to renew the Policy without any further consent from the contracting party and in case the insurance plan ceases to be offered, the Insured is entitled to be insured with another health insurance plan offered by the Company. In this case, waiting periods if and when they have already expired will not apply again and any covered pre-existing conditions will be covered.

The Company reserves the right to modify the program's regulations, benefits and premiums, and any amendments are valid at the next renewal date.

Article 9th: Premiums and Adjustment of Premiums

At the start of this Policy, the Company will collect the premium corresponding to the Insured's age according to its applicable tariffs.

Premiums are paid to the Company in the agreed manner and frequency at the beginning of each Insurance Period. A thirty (30) day grace period (without interest) is provided for the payment of outstanding premiums except for the first premium.

a) In the renewal of the Policy, if the Insured is older than 65 years, the Company will adjust the premium.

b) Upon renewal of the Policy, the Company also reserves the right to adjust the premium further if the actuarial assumptions taken into account for the calculation of the original premium are changed.

The Company may suspend part or all of this adjustment for the benefit of the Insured but retaining the right to apply it cumulatively, at its discretion, to a subsequent Renewal.

Article 10th: Right to Reinstate the Insurance Policy

During the thirty (30) days following the end of the grace period, the party may reinstate the Insurance Policy by paying the amount of the arrears and returning a good health certificate. Any claims arising from an Accident, that has occurred either from a disease or a condition that has been diagnosed during the period between the end of the grace period and the reinstatement period, is not covered.

Article 11th: Amendments to the Policy:

The Policy may be modified and the changes are made upon a written request of the party and accepted by the Company and are valid only when signed by an authorized member of the Company's staff.

The modifications that can be made are:

- Delete and add a Dependent person,
- Modification of the premium payment frequency,
- Remove and add extra benefits

Article 12th: Discharge of the Company

The Company is exempted from its obligations to pay any indemnity if the Insured / contracting party:

1. Has made a false statement or silenced facts known to him, such that if the Company knew them, they would not have taken out the insurance or would not accept it under the same conditions.
2. Alone or in collaboration with others attempting methods of fraud/deception to obtain compensation from the Company.
3. Did not declare any change or alteration regarding the information that the Insured / Contracting party declared to the Company with the Insurance Application and increases the risks that affect the insurance.
4. Refuses or fails to undergo an examination by the Company's Physicians.
5. Refuses to provide reports, certificates and information requested by the Company.
6. The policy has been cancelled before.
7. It does not act in absolute good faith

Article 13th: Rehabilitation

When it is subsequently proven that Hospitalization or other medical expenses incurred are excluded and are not covered by the Insurance Policy, or that any payment made by the Company to the Hospital for any reason greater than that covered by the Policy, both the other party and the covered person are obliged, jointly and severally, to return to the Company the amount paid. The amount is non-interest-bearing within ninety days (90) of

their notice and in the case of delinquency. However, the Company may at any time offset the above claim with any amount payable by it to the Party or any covered person for any other cause, whether or not it has been given prior notice.

Article 14th: Substitution

If any indemnity is paid, the Insured grants the right to lawfully claim from any third party that is responsible for the occurrence of the damage. The other party or the Insured grants the Company any relevant procedural rights and provides the Company with all possible support in the event that the Company exercises its right of substitution.

Article 15th: Jurisdiction

This Insurance Policy is governed and construed in accordance with the Laws of the Republic of Cyprus. For any dispute between the parties arising out of this Convention, the courts of the Republic of Cyprus are competent.

In the event that, a conflict arises regarding the terms of this Convention and the laws of the Republic of Cyprus which acquire an affect after the effective date of this Convention, the Company reserves the right to vary the terms of this Convention from the effective date of these laws.

Article 16th: Review Period

If, for any reason, the Insured is not satisfied with this Insurance Policy and without prejudice to the provisions of section 134 (2) of the Exercise Insurance and Related Matters Laws of 2002 to 2004, it has the right to cancel it within thirty 30) days from the date of receipt, by completing and depositing or posting it by a registered post office, which will send to the Company the relevant cancellation notice form, that was provided by the Company together with its Insurance Policy.

Any Cancellation Notice filed or posted to the Company after the above deadline does not make the Company liable to accept it. In the event of cancellation of the policy within the above deadline, this will be void from the date of commencement of the risk and any amount paid in relation to the Policy will be refunded within one month of receipt of the relevant notice. The premiums that are paid in advance with the insurance application will be refunded after deducting any actual medical and other expenses that the company may have paid in connection with the acceptance of the risk and the conclusion of the contract.

Supplementary Benefit of Annual Check-up

This benefit is included in the Insurance Policy and is valid only if it is listed as a Complementary Benefit in the Benefit Table.

It is clarified that, the terms and conditions of the Basic Plan are applicable and apply accordingly to this Additional Benefit.

1. Benefits

With this additional benefit, the Company covers all Insured People, provided they are covered by the Insurance Policy, for generic single check-up medical examinations as defined in the Insurance Benefit Table, which can take place only once each insurance year for each of them and with the right of the Company to amend them.

A prerequisite for covering preventive medical examinations is that for the present insurance premium of ten (10) months without any interruption in the present period and during the examinations the Insurance Policy is valid. Every subsequent general medical examination (check-up) should be abstained at least (12) months from the previous one.

These preventive medical examinations can be conducted on behalf of the Company, laboratories / doctors appointed by the Company in Cyprus or in laboratories / clinics of the insured's choice within Cyprus.

In the case of non-contracted laboratories / clinics, the Company will pay the amount charged by the Proposed Laboratories after the submission of the claim form, the original proof of payment and the results of these examinations.

2. Procedure for Annual Preventive Medical Examinations

In the event that he / she wishes to carry out the Annual Preventive Medical Examinations, the beneficiary should contact the Company to confirm that the premiums are paid and that the specific benefit is in effect before the examination is conducted.

When the insured person chooses to carry out the medical examinations in contracted laboratories / clinic, the Company will send a referral to them and the insured person must arrange for the date and time of the medical examination. The Company will pay directly the medical centre included in the contract, after receiving the relevant original proofs required, the costs of general medical examinations performed on behalf of the Insured.

3. Adjustment of Premiums and Conditions of this Supplementary Benefit

The Company reserves the right to amend the regulations, benefits and premiums of the Supplementary Benefit and any amendments that are applied at the immediately following renewal date.

On each anniversary of the Policy, the Company also retains the right to adjust the premium again if the actuarial assumptions taken into account for the calculation of the original premium are changed.

The Company may suspend part or all of this adjustment for the benefit of the Insured but retains the right to apply it cumulatively at its discretion to a later anniversary.

4. Exceptions

Not covered by this Additional Benefit:

a) Any examinations or analysis other than those specified in the Benefit Table.

5. Expiry of the Supplementary Benefit

The validity of the Supplementary Benefit expires:

a) Upon termination or cancellation of the basic policy for any reason whatsoever.
b) Termination of the Supplementary Benefit by the insured or the Company.
c) The non-payment of premiums as they are referred to herein.
d) Upon termination of a breach of the essential terms of this contract by the Contracting party and / or the Insured.

Supplementary Benefit of Outpatient Care

This benefit is included in the Insurance Policy and is valid only if it is listed as a Complementary Benefit in the Benefit Table.

It is clarified that, the terms of the basic plan apply and are implemented accordingly to this Supplementary Benefit.

1. Benefits

The Supplementary Benefit covers the necessary reasonable and ordinary expenses incurred due to a Disease or an Accident from the Insured Person and his dependants (if included in the insurance) for their medical care as Outpatients in Cyprus. It also covers the necessary reasonable and regular expenses incurred abroad, provided that the person covered is on a business trip or leisure trip for a period not exceeding sixty (60) days of each trip.

The insurance provided by the Supplementary Benefit is in accordance with the Benefit Table and the indemnity is equal to the Percentage of Compensation for realized and recognized expenses reported in the Benefit Table.

1.1 Benefit Table

The Company recognizes and pays the expenses incurred covered by this Supplementary Benefit up to the maximum amount for each insured as indicated in the Benefit Table of the Policy and corresponding to the Scheme of Supplementary Benefit shown in the Benefit Table.

1.2 Medical Visits

The Additional Benefit covers medical visits in Cyprus and abroad in accordance with Article 1 "Benefits" of the present benefit and a maximum amount for each medical visit of the amount indicated in the Benefit Table.

1.3 Diagnostic Examinations

The Supplementary Benefit covers the recognized, reasonable and necessary expenses following a doctor's referral for X-rays, laboratory analysis and other diagnostic tests directly related to the primary cause of the disease. The coverage provided is in accordance with Article 1 "Benefits" of this benefit and with the Company's Maximum Annual Liability of the amount stated in the Benefit Table.

1.4 Medicines

The Supplementary Benefit covers the costs of prescribed medications that are required to treat the condition in accordance with the "Benefits" of this Benefit and the Company's Maximum Annual Liability of the amount stated in the Benefit Table.

1.5 Physiotherapy

The Supplementary Benefit only covers expenses for physiotherapy deemed necessary for the repair of personal injury resulting from an accident, following upon a referral from the Doctor and directly related to the main cause of the Accident and in accordance with

Article 1 "Benefits" of the present benefit and The Company's maximum annual liability limit which is the amount indicated in the Benefit Table. A prerequisite is the presentation of a doctor's referral and the medical certificates to be requested by the Company, where they will justify the medical condition.

1.6. Alternative medicine

The Supplementary Benefit covers for Outpatient Treatment, for Homeopathic, Chiropractic, Osteopathic, and Acupuncture by a qualified therapist licensed by the competent authorities and in accordance with the higher aid ceilings set out in the Benefit Table of the insurance.

2. Percentage of Compensation

The Company pays compensation equal to all expenses incurred and recognized to the insured and the dependent members (if covered by this Supplementary Benefit) up to the Company's Annual Liability for each year after deducting any other amount received or the Insured is entitled to receive from any other entity and applies the Insured's percentage of participation.

3. Submission of Applications

If, during the coverage, the Insured or one of his dependants (if included in the insurance) is affected by a Disease or an Accident and as a result he / she carries out medical expenses outside the Hospital, the Company will pay after the presentation of all the required proofs, the original / proof of payment and invoices as well as the submission of a written notice, all the expenses covered in accordance with Article 1 "Benefits" of this Supplementary Benefit.

The above data must be submitted to the Company's headquarters by the Insured within thirty (30) days from the date of the medical expenses, otherwise the Company is not obliged to accept them and to pay any amount.

4. Adjustment of the Premium and Terms of this Additional Benefit

The Company reserves the right to amend the Regulations, Benefits and Premiums of the Supplementary Benefit and any amendments that are in effect at the immediate following renewal date.

On each anniversary of the Policy, the Company will adjust the premium based on the new age of the Insured.

At each anniversary of the Policy, the Company also retains the right to adjust the premium again if the actuarial assumptions taken into account for the calculation of the original premium are changed.

The Company may suspend part or all of these adjustments for the benefit of the Insured but retains the right to apply them cumulatively at its discretion to a later anniversary.

5. Expiry of the Supplementary Benefit

The validity of the Supplementary Benefit expires:

a) Upon termination or cancellation of the basic policy for any reason whatsoever.
b) With the termination of the Supplementary Benefit by the Insured or the Company.
c) The non-payment of premiums as they are referred to herein.
d) For the Insured or the Companion, on the anniversary of the Policy following the 65th anniversary of their birthdays.
e) For the children covered by their marriage or the commencement of their military service as a courtesy or the anniversary of the Policy following the eighteenth (18th) anniversary of their birthday or on the twenty-fifth (25th), if they study at a higher educational institution in Cyprus. Premiums paid for the Supplementary Benefit after the termination for any reason whatsoever shall not create any obligation for the Company except for their non-interest-bearing return.

WAITING PERIODS OF CONTRACT AND ADDITIONAL BENEFITS:

1. Any illness requiring treatment as an Outpatient, which occurs or is presented for the first time at least thirty (30) days after the effective date of the Policy or the issue of the supplementary Insurance Return Act, is not covered.
2. Hospitalization of a covered person in a hospital outside of Cyprus, it is not covered as an inpatient due to a Disease, provided that hospitalization commenced six (6) months after the commencement for the coverage of the insurance policy.
3. Childbirth allowance is not covered if and until delivery occurs within ten (10) months from the date of commencement or the date of reinstatement (whichever is the most recent).
4. The annual check-up benefit is not covered for the first ten (10) months from the date of validity or reinstatement of the Policy unless the supplementary benefit is included in the Benefit Table.
5. The following cases are not applicable for the first twelve (12) months from the effective date or resettlement of the Insurance Policy, even if they are not classified as pre-existing:
    - Costs for gynaecological problems, gynaecological surgical procedures, laparoscopic or not. Gynaecological operations are only covered if the Disease is proved by a histological examination as well as a cassette / digital laparoscopy disc.
    - Meniscus and ligament diseases, intervertebral disc herniation (Discopathy), fibroid ring rupture and their complications regardless of whether they originate from an accident, even if the case has been classified as an accident.
    - Haemorrhoids, ring jaw, peripheral fistula, varicose veins and nasal septum and their complications.
    - Operation of tonsils or adenoids, of every kind of hernias, as well as of genital ailments.
6. The following cases are not covered within the first twenty-four (24) months from the date of validity or reinstatement of the Policy until it is officially effective,
    - Organ Transplantation.
    - Costs of hospital care due to rheumatic, degenerative bone and joint diseases.
    - Any out-of-hospital expenses for rheumatism, arthritis, back pain, sciatica, myalgia, neck pain

EXCEPTIONS OF CONTRACT AND ADDITIONAL BENEFITS:

1. Medical expenses due to Illness or Accident are not covered, directly or indirectly, exclusively or partially concerning the following:
    1. War, invasion, alien force, hostile warfare (whether declared war or not),civil war, stance, revolution, nuclear or biological or chemical terrorism, revolt or overthrow of government by force or military action or the use of power or involvement of the Insured Person in any unlawful actions. Ionizing radiation or contamination from radioactivity from any nuclear fuel or from any nuclear residue or from combustion of nuclear material.
    2. Radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof, the use of explosives. Direct or indirect consequences of epidemics arising from war, earthquake, flood or other large-scale natural disasters.
    3. The Insured's participation in flights with any aircraft or helicopter as well as with hang gliders or balloons in any capacity. It is clarified that, under the terms of this coverage, incidents that occur are only covered when the Insured is an airline passenger of recognized air routes or a chartered flight.
    4. Participation in dangerous recreational activities, i.e. skydiving of the Insured by paragliding, skiing, bungee jumping, autonomous diving, participation of the Insured in competitions,

rivalry, competitions, acrobatics by mechanical means (cars, motorcycles, etc.). The participation of the Insured, generally in professional or amateur sports meetings (competitions or training sessions) of recognized sports clubs and registered schools / academies, the participation of the Insured, especially in professional or amateur sporting boxing and wrestling matches (matches or trainings).

5. The suicide attempt, self-inflicted, regardless of the mental state of the self-harmed. Deliberate neglect of the health of the insured person or refusal to seek or follow medical advice or treatment.
6. For care as an inpatient, no expenses will be covered for any treatment, examination or medical act that may be done out of hospital without endangering the Health of the Insured.
7. Expenditure on mental, psychological, neurological disorders, neurosis, epileptic seizures, bulimia, anorexia, depression / anxiety, as well as their consequence, sleep apnoea and psychiatric diseases or illnesses, involuntary medication without prescription, toxic substances, hallucinogens or psychosocial as well as alcohol abuse, drunkenness or diseases attributable to chronic alcoholism including alcoholic liver disease. Prosecution or attempt to commit a crime or unfair attack.
8. Out-of-hospital expenses for Parkinson's disease, Alzheimer's disease and Multiple Sclerosis,
9. Costs for general medical check-ups, routine examinations, health check-ups, vaccinations, or any preventative therapies.
10. Costs for Pap test (smear test), Cardiac stress Test and Osteoporosis Test unless the results indicate a condition after referral by a specialist for diagnosis due to the presence of symptoms.
11. Expenses incurred for recovery or whose effect is solely to relieve painful situations, and not to recover them, for example. Haemodialysis, end-stage cancers, etc., rest treatments and geriatric treatment, or related to chronic renal failure.
12. Any kind of treatments or surgeries to treat obesity.
13. Operations of plastic surgery, unless these are required to remedy the consequences of an Accident covered by this Policy and which has been notified to the Company in written form and has been recognized by it, even without any claim for damages and proved by radiography or by other laboratory tests. In the case of a mastectomy case covered by cancer, we will cover the reconstructive breast plastic.
14. Costs for dental treatment other than necessary for the repair of any accidental damage, all medicines for the treatment of teeth and gums, dental or surgical treatment of teeth, lumps and gums, as well as treatment of temporomandibular joint Arthritis TMJ, except and if treatment is the result of an accident. Costs for orthodontic treatment are not covered or for which the purpose is the aesthetic result.
15. Acquired Immune Deficiency Syndrome (AIDS), as well as its complications.
16. Expenses for the purchase and installation of artificial prosthetic parts of the body, artificial parts and devices, corrective and assistive devices for the operation of these machines, medical aids. Exceptionally, the cost of purchasing and installing a corneal, intraocular, graft, cardiac valve, pacemaker, non-invasive and osteosynthesis transplant is covered and provided that the placement of these is necessary as a result of an accident or illness that occurred during the term of this Insurance Policy and provided that prior approval has been given by the Company.
17. Costs for moles removal unless proven to be malignant following histological examination.

18. Costs of buying glasses or contact lenses. Routine ophthalmologic examinations (visual inspection), hearing control, and hearing aids, treatment or surgery to correct ophthalmic defects or acoustic acidity are not covered unless it is the result of an accident.
19. Treatment related to sex change as well as treatment of impotence or sexual dysfunction or their consequences.
20. Hospitalization for rehabilitation except in cases where:
    - This is an integral part of the treatment and
    - is performed by a physician specializing in rehabilitation, and
    - it is carried out in a recognized Hospital or Rehabilitation Unit, and
    - Expenses have been approved by the Company in writing prior to commencement of rehabilitation.
21. Any costs associated with pregnancy, childbirth and complications.
22. Charges for spa baths, physical therapy clinics, accommodation or treatment, sickness centres, baths, water-treatment centres or other similar facilities, even if they are registered as Hospitals.
23. Expenses resulting from unrecognized medical practice in Cyprus.
24. Charges relating to the preparation of Medical Reports or the completion of claim forms or Application Form or any part thereof.
25. Treatment of Sexually Transmitted Diseases, venereal diseases such as, but not restricted to Chlamydia, genital herpes, syphilis, gonorrhoea, or their consequences.
26. The healthcare costs received by the Insured by any entity.
27. Medical treatment charges that exceed the amounts that, in the Company's view, constitute reasonable and routine charges for similar or comparable treatment or services of the same sex and of comparable age and for a similar illness or accident.
28. Any hospital expenses incurred or having a chargeable event during any period for which the premium was not paid within the grace period referred to in Article 9. The collection of the premium in a subsequent period shall not, under any circumstances, override this exception.
29. Expenditure on the purchase of cosmetics, all kinds of soaps, hair care products, antiseptic products, as well as costs for any form of allergy (except in the case of sudden allergic shock not related to pre-existing and / or chronic conditions), for the purchase of all kinds of vitamins, food supplements and baby food.
30. Any costs related to acne, dry skin or nail treatment, and / or the purchase of dermatological products for cosmetic purposes.
31. Costs for treatments that go beyond Conventional Medicine (this exception is not applicable to chiropractic, osteopathic, acupuncture, homeopathy).
32. Expenses without proper proof of payment and invoice.
33. Related diseases, genetic diseases (this is not applicable in the cases referred to in Article 1, section 6-Gene Generation Anomalies), as well as pre-existing illnesses or body injuries as well as relapses and complications for which medication was given, advice or treatment or there were symptoms, or was known to the Insured or the Party.
34. Any diagnostic tests, medication or Treatment related to infertility or fertilization, medical expenses as an outpatient for hormonal or metabolic diseases or period-cycle abnormalities.

TERMS OF INSURANCE COVERAGE OF "EMERGENCY TRAVEL AID"

The contract is extended to provide Travel Assistance during the Insured's trip outside the Republic of Cyprus, but subject to the terms, exceptions and conditions included in this endorsement, as follows:

A. TIME AND GEOGRAPHICAL LIMITS OF COVERAGE

Insurance coverage and assistance is provided 24 hours a day, 365 days a year, provided that the Insured is on a trip outside the Republic of Cyprus and for a continuous period of no more than sixty (60) days.

B. DEFINITIONS

The following words and phrases apply only for the purposes of this endorsement and will have the following interpretation wherever they appear:

Disease

It is only the sudden and unpredictable illness that first manifests itself during the journey and is not due to a chronic disease.

Death

It means that death is caused from an accident or sickness of the Insured who is outside the boundaries of the Republic of Cyprus during the period of insurance and is not due to pre-existing illness, suicide or attempted suicide.

Medical Expenses

It necessarily means expenses incurred for the Treatment of Injury or the Insured Person's Health and includes medical visits, surgeries, X-rays, medications and general expenses of a Hospital abroad that arise and are payable abroad but do not include dental care or dental expenses other than first aid cases.

Travel

It is any movement outside the territory of the Republic of Cyprus by boat, airplane or other means of transport, as well as the accommodation outside of Cyprus for a period not exceeding 60 consecutive days.

Permanent Residence

It means the Insured's residence in his usual country of residence.

Usual Country of Residence

It means Cyprus.

C. TRAVEL ASSISTANCE PROVIDED

The Company is obliged to provide Travel Assistance to the Contracting party / Insured Person when he / she is in a difficult position according to the following.

Coverage includes:

1. **Transfer or repatriation for health reasons in the event of a Disease or an Accident of the Insured during the travel**

In the event of an accident or illness, the Company will arrange for the Insured to be transferred to an appropriate health centre within the area covered or for the repatriation of the Insured to an appropriate health centre in his / her country of residence.
The Company will decide, at its discretion and with the assistance of its medical team, the health centre in which the Insured will be transferred or repatriated. In the case of repatriation, the Company will determine whether repatriation is necessary, taking into account the availability of medical care in the area covered as well as the medical opinion of the Doctor, the availability of appropriate means of transport and the health status of the Insured person.
In the case of Accidents or Diseases that are not Severe Accidents or Serious Diseases and which, in the opinion of the Medical Team of the Company, do not require repatriation, the Insured person will be transferred to an appropriate health centre in the area covered. This transfer will be done by an ambulance or other appropriate means of transportation (taking into account the health condition of the Insured).
If the medical team of the Company determines that the transportation or repatriation of the Insured requires an air travel, transportation or repatriation will be performed with a specially equipped medical care aircraft if the covered area is a country of the European Economic Area or a country covered by the Mediterranean Sea.
Any transfer and repatriation with a specially equipped medical care aircraft is explicitly excluded if the area covered is outside the European Economic Area and is not a country bordering the Mediterranean Sea.

2. **Medical Assistance for a Disease or an Accident of an Insured Person during a trip abroad**

In the event of an Insured person's Disease or Accident during a trip outside his country of residence, the Insured shall be entitled to claim up to € 10,000 to cover the cost of any costs of Hospitalisation, Surgery, Doctor's earnings, Nursing and Medication Expenses which are prescribed by a doctor.

The Medical Team of the Company will communicate with the Medical Centre and the Doctor by telephone to ensure that appropriate medical care is provided to the Contracting party / Insured Person.

3. **Extension of Insured's Residence due to Injury or Illness.**

The Company will cover the Insured's stay in a hotel if, due to a Disease or a body injury during the travel, a medical opinion is necessary to extend his stay there. These costs are limited to €100 per day and up to five (5) days.

4. **Visit of a member of the Insured's family at the place of hospitalization.**

If the Insured who has been injured or ill during the Journey needs to be hospitalized for more than five (5) days, the Company will take on for a family member or other person of the choice of the Insured:

a. The cost of Travel to the Nursing and Return.

b. The cost of staying in a hotel near the Hospital/Medical centre, up to €100 per day and up to ten (10) days.

5. Transfer or Return of the people accompanying the Insured person.

In the event of an incident as outlined in paragraph 1 hereof, the Company undertakes to transfer of the remaining first-degree siblings who accompany him/her, with a maximum of five people, to the usual country of residence or to the place where the Insured person will be hospitalized.

In addition, if an Insured Person accompanying the Insured is under the age of fifteen (15) years and there is no one to accompany him/her, the Company provides a suitable accompanying person during the Journey to the permanent residence or the place of Hospitalisation, in the event of the insurance case which occurs to the Contracting Party / Insured person.

6. Transmit urgent messages.

The Company undertakes the transfer of urgent or necessary messages to and from the Insured regarding each of the service events described in this endorsement.

7. Transfer of Insured's body.

In the event of death of the Insured person, the Company will bear the costs of the necessary procedures for repatriation and transfer of the body to the place of permanent residence of the Insured.

8. Emergency travel due to an event in the Country of Residence affecting the usual place of residence or business premises of the Insured

The Company will pay the cost of urgent transportation to the country of residence in the case of:

- A burglary in which doors or windows of the building were violently opened or broken, or
- Fire or explosion due to which the normal place of residence of the Insured or any professional facilities owned by the Insured or hired by the Insured became non-residential or seriously threatened with further damage and therefore, the event requires the immediate attention of the Insured and creates a need for movement from the relevant premises if the Insured is unable to travel by his own means of transport or by the means of transport he has hired for the Journey.

The Insured will submit to the Company copies of all certificates (included but not limited to, fire report, police report and insurance report) of the burglary, fire or explosion that caused the early interruption of the Travel.

9. Financial Guarantee for Legal Procedures

1a. The Company undertakes to pay the money required as a financial guarantee to third parties to secure payment of legal costs for criminal proceedings as a result of a motor vehicle accident involving the Insured during the trip, up to a maximum of € 1,000.

1b. The Company undertakes to pay the money that is required as a financial guarantee for the recovery of the Insured's temporary freedom in the event of an accident during the Travel involving car accidents resulting in criminal liability of the Insured, up to the amount of no more than € 1,000.

2. The Insured is obliged to reimburse the amounts paid by the Insurer to the above (a) and (b) cases within three (3) months of their payment by the Insurer.

D. SPECIFICATIONS - SPECIAL CASES

1. **(a)** This coverage may in no case be deemed to give the Contracting party / Insured person the right to request or agree to the provision of services by any third party and then to claim from the Company the amount paid or promised to pay.

(b) The coverage insurance mentioned above is provided in kind (not in cash) through the Company's partners both in Cyprus and in the other countries included in the geographical limits of the coverage, unless the Company, for reasons of force majeure, is unable to serve the Insured via the Network of its partners. In this case, the Company will request the Insured to pay the cost of the required services and to send the relevant documents to the Company for its compensation. In any case, such expenses will be refunded only if the Company has given its prior approval.

2. The Company maintains the right to:

(a) Have personnel and equipment of its choice or cooperate at its discretion with natural or legal people who have such means.

(b) Use the means at its discretion to deal with any case of aid covered by this insurance.

E. EXCEPTIONS

Coverage does not apply to the following cases:

a) When a request for assistance is submitted during a war period and / or is directly or indirectly related to a war declared or unaccountable, hostile operations, uprisings, internal riots or strikes.

b) If the event for which assistance is requested has occurred before the effective date of the coverage.

c) For damage from earthquakes and generally from natural phenomena, which can cause major disasters, as long as normal traffic conditions and accessibility have not yet been restored.

d) For diseases arising from chronic conditions or conditions existing before the start of the Travel.

e) For suicides, consequences on suicide attempt or self-inflicted injury to the Insured, as well as death or injury caused directly or indirectly by the Insured's actions that put him at increased risk.

f) For the consequences of the voluntary consumption of alcohol, toxic substances, drugs or medications taken without prescription or overdose.

g) For expenses where the assistance is recommended in the supply or implementation of artificial body or glasses, and in the case of complications of pregnancy, childbirth, or the occurrence of any form of mental illness or a general mental disorder.

h) For the consequences of the Insured's participation in matches/games/battles (official or unofficial) of any nature.

i) The Insured is on a trip outside the Republic of Cyprus for a continuous period of more than sixty (60) days.

F. INSURED OBLIGATIONS

Once an incident occurs that gives entitlement to services based on this endorsement, the Insured is obliged to:

a) Call the Help Centre immediately at (+30) 210 6504041 notified to him / her and ask for the relevant assistance, indicating his / her name, insurance number, informing the Company fully of the facts of the insurance case and to indicate precisely the point where he / she is found and the

type of services required. This obligation of the Insured is an essential condition of this Policy and its fulfilment is a prerequisite for any liability of the Company (condition precedent).

b) To receive in advance the Company's consent for any measures to be taken generating expenditures. Under no circumstances should you negotiate, accept or reject claims of third parties relating to the damage without the approval of the Company.

c) To use all the means available to reduce the consequences of the damage and to avoid acts that unnecessarily increase the cost of providing assistance. Any failure to do so gives the Company the right to reduce its services accordingly, taking into account the severity of the damages caused by the Insured and the percentage of liability of the Insured. If this negligence had an obvious purpose to deceive the Company, the Company is relieved of all its obligations towards the Insured.

d) Announce immediately to the Company any change of address as well as any change in the data on which this insurance was made.

H. OTHER INSURANCE

If at the time of claim submission, there is another insurance or indemnity covering the same event or part thereof, the Company will not be liable for a higher amount than its proportionate amount, up to the amount provided for each benefit.

I. NO REQUEST

If no claim is made to the Company within six (6) months of the Accident or Illness, the rights of the Contracting party/ Insured Person or his / her legal personal representatives for compensation are abolished and the Insured or his / her legal personal representatives will not be entitled to raise any claim against the Company.

BENEFITS OF EMERGENCY TRAVEL ASSISTANCE

BENEFITS

Provided that the Policy is effective, this supplementary coverage covers the costs incurred by the Insured Persons due to Sickness or an Accident that occurred during a Travel in any foreign country, subject to the terms of this Supplemental Coverage and in accordance with the Benefit Table.

BENEFIT TABLE	
Medical Assistance for Disease or Accident	up to € 10,000
Visit of a member of the insured's family to the place of hospitalization A. Travel costs B. Accommodation	100% € 100 per day up to 10 days
Financial Guarantee for Legal Procedures	up to € 10,000
Extension of the insured's stay due to injury or illness	€ 100 per day up to 5 days
Emergency travel due to an event in the Country of Residence affecting the usual place of residence or business premises of the Insured	100%
Send urgent messages	100%
Transfer or return of people accompanying the insured person	100%
Transport and Repatriation of the insured's body	100%
Transfer or repatriation of the insured person due to an illness or an accident	100%

PROCEDURES FOR THE SUBMISSION OF COMPLAINTS

The Company's goal is always to provide first-class service. In order to achieve this objective, it is important for the Company to be informed of any complaints and / or dissatisfactions ("objections") that may arise in connection with its insurance services during this insurance policy and addressed to the Company, covering all its operational activities.

The Company embraces an "objection management policy" and applies a procedure (the "Case Management Procedure") to enable the effective management of such objections in order to achieve timely, valid, fair and equitable investigation and for the problems to be addressed and resolved. Each complaint is taken seriously and used as a means of improving the quality of the services provided by the Company.

In simple cases of expression of dissatisfaction which are submitted and settled orally, the petitioner will have the right to file a formal complaint.

The Complaint Management Process is solvent, complete and impartial, and the competent staff is properly trained and has all the necessary skills and qualifications to handle the objections with due diligence and in due course. The Company shall ensure that such personnel have the qualifications, knowledge and experience that enable them to exercise prudent management and a satisfactory response that is sufficient in terms of reputation and integrity. Ensuring the security, integrity and confidentiality of information is maintained.

Submitting a complaint can be made either:

(a) By using the specified Complaint Form, which the petitioner can find on the Company's website (www.trustcyprusinsurance.com) or to receive it from the Company's Head Office or its branches. This form may be submitted to the Company either electronically (i.e. via application on its website, by email or fax), either by post or personally.

(b) Communicating with the Company in one of the following ways:
- E-mail at (complaints@trustcyprusinsurance.com)
- Talk to a personnel of the company
- By phone (at +357 22 050200)
- Fax (at +357 22 050297)
- Written Letter (79 Limassol Avenue, 1 & 3 Kostis Palamas Corner, 2121 Aglantzia, Nicosia)

Within two (2) business days of receipt of the complaint, the Company shall send the relevant acknowledgment of receipt, confirming the receipt of the complaint.

The Company informs the petitioner of the course of the examination of his complaint.
If possible within fifteen (15) business days, the Company will respond in writing to its decision by informing the petitioner of the results of the investigation and the actions the Company will take in relation to the complaint. However, if the decision is not possible within the 15-day time limit, then the Company shall inform the petitioner in writing of the reasons for the delay before the expiry of that period. At the same time, the Company reports the length of time that it considers that the examination of the complaint will be completed by requesting any evidence and further information

remaining to complete the examination. This additional time period must not exceed thirty (30) working days from the end of the original 15 business day.
In the event that a final decision is taken that does not fully satisfy the petitioner's request, the Company shall attach a written detailed explanation of its position on the complaint, stating explicitly that the petitioner has the option of persisting in his / her complaint by resorting to out-of-court dispute settlement mechanisms under the relevant legislation or in court.