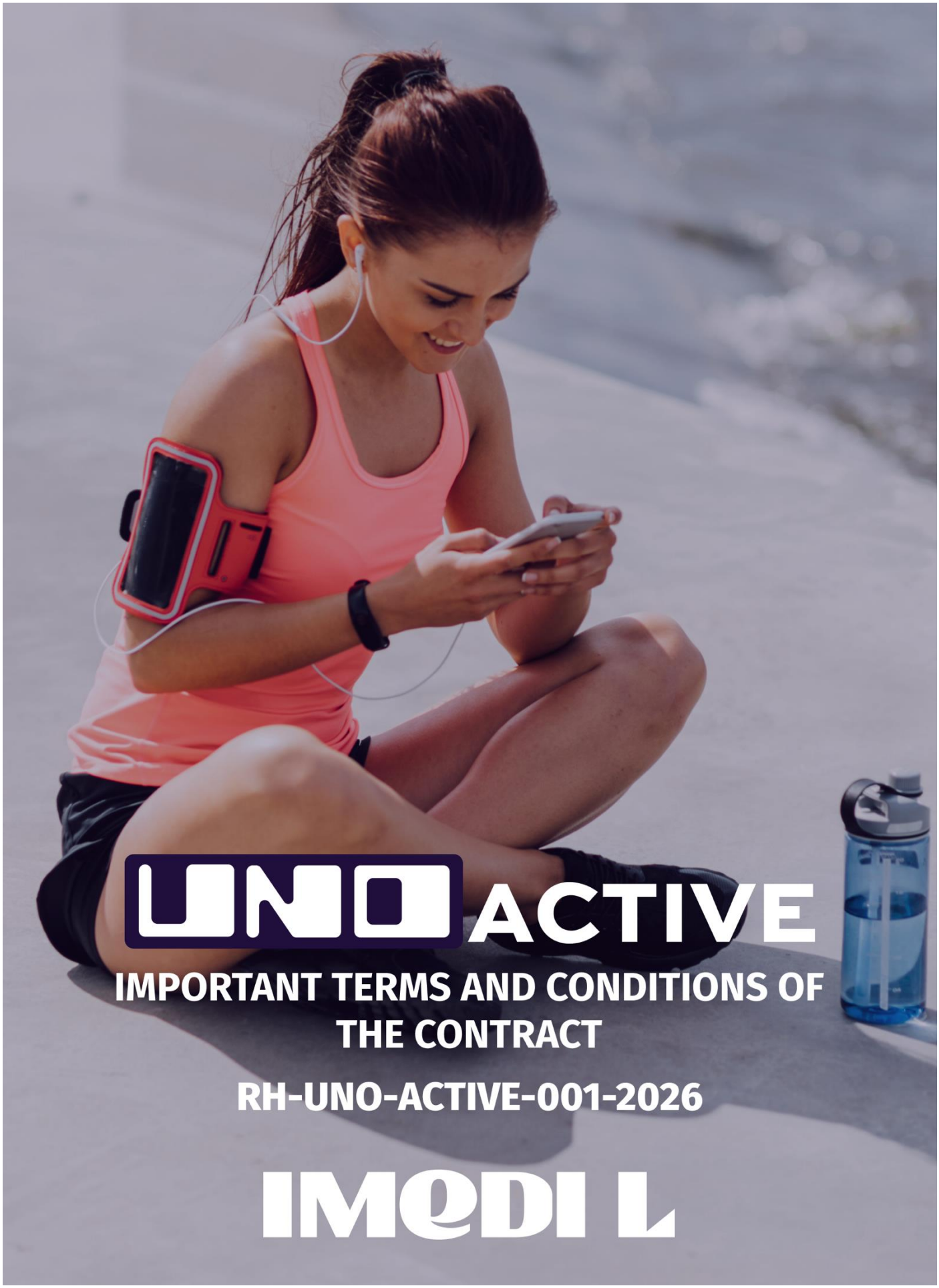


UNO ACTIVE

IMPORTANT TERMS AND CONDITIONS OF THE CONTRACT

RH-UNO-ACTIVE-001-2026

IMEDIL

Important Terms and Conditions of the Contract RH-Uno-Active-001-2026

UNO ACTIVE

- ✓ The important terms and conditions of this contract represent an incomplete nformation about the term and conditions of insurance;
- ✓ The following, together with the important terms and conditions of the contract, are an integral part of the Insurance Contract and are posted on the website: https://imedil.ge/legal-info/ge:
  - Claim form
  - Information Sheet
  - Standard terms and conditions of the contract and its annexes, aslo,
  - Insurance plastic card, which will be given to the customer, if any;
  - Statement of rejecting the contract.

1. Information about the insurance company and type of contract:

- ✓ JSC "Insurance Company Imedi L" (Identification number: 204919008)
- ✓ Legal address: #53a Vaja-Pshavela Av., Vake-Saburtalo district, Tbilisi,
- ✓ The Insured benefit under the health Insurance Contract is the health of the consumer/Insured, which, upon the occurrence of an insurance event, gives rise to the obligation to issue/reimburse the insurance amount in accordance with the terms of the contract.

2. Information about the term of the health Insurance Contract , insurance premium, terms and conditions of termination of the contract, claim submission form, deadlines and articles regulating the exceptions:

- ✓ The insurance period and the amount of the insurance premium stipulated by the contract are indicated in the printed form of the insurance policy, if any, or they are provided to the customer on the electronic address indicated by him/her.
- ✓ A health Insurance Contract may be terminated on the following grounds:

a) full fulfillment of obligations assumed by the Insurer;
b) failure to fulfill obligations assumed by the party of the contract;
c) written agreement of the parties;
d) without any grounds, at the initiative of the Insurer/Insured, within 14 (fourteen) calendar days from the conclusion of the contract (by sending a request to all contact e-mail addresses of the Insurer

specified in the contract). The right of terminating the contract does not arise if the receipt of the service is directly and clearly requested before the expiration of the contract;

e) other cases provided by the legislation and/or the Insurance Contract ;

- ✓ Any type of claim submitted by the consumer to the Insurer can only be in a written form. The form of submitting the claim is attached to the health Insurance Contract as an Appendix #4. Consumer's claims are reviewed by the Insurer's Department for Protecting the Interests of Insured Persons/Consumers, which ensures the provision of a written response to the consumer within 30 calendar days from receiving the relevant written claim. The response to the consumer can be provided by the e-mail address specified by the consumer in the claim form. (A sample of the claim form is also available on the Insurer's website at https://imedil.ge/legal-info/ge);
- ✓ Exceptions of the health Insurance Contract are specified in the Article 3 of Appendix #1 of the contract, and the prerequisites for insurance reimbursement are specified in the Article 4 of these important conditins. (For detailed information about the prerequisites for reimbursement, see Appendix #1 and Appendix #2 of the contract)
- ✓ The name and address of the Insurer's supervisory body is: LEPL "The Insurance State Supervision Service of Georgia", c. Tbilisi, N26 Iona Meunargia str., Floor I, apt. 4

3. Information about the financial cost and amount provided by the health Insurance Contract :

Under a health Insurance Contract , except the obligation to pay the insurance premium, the following financial expenses may arise for the consumer:

- ✓ In case of falsification and/or attempt to falsify the terms of the health Insurance Contract by the consumer, upon detection of each such case, the Insurer is empowered to demand a fine in the amount of 5,000.00 (five thousand) GEL, unilaterally to terminate the contract and to demand compensation for the damages.
- ✓ In case of occurrence of an insurance event and/or the falsification of the document(s) necessary for receiving the compensation, as well as the submission of false information, the insurance event shall not be subject to compensation. In this case, the Insurer is empowered to demand a penalty of 1,000.00 (one thousand) GEL from the customer, compensation for the damage and at the same time unilaterally terminate the insurance, and if compensation has already been issued, to demand the fine of 2,000.00 (two thousand) GEL, compensation for the damage and unilaterally terminate the insurance.
- ✓ If it is revealed that the consumer has Insured/provided insurance to the persons who are not considered to be Insured under the Insurance Contract , then the Insurer is empowered to demand payment of a penalty in the amount of 3,000.00 (three thousand) GEL for each such case, also, the insurance event related to such person(s) will not be subject to compensation by the Insurer, and if compensation has

already been issued, the consumer is obliged to unconditionally return it back to the Insurer, in this case the Insurer is eed to unilaterally terminate the insurance.

- ✓ If the termination of the health Insurance Contract before the expiration of the insurance period for an unjustified reason, or if the Insurance Contract is terminated by the initiative of the Insurer, which is due to the failure/violation/inadequate fulfillment of the obligations assumed by the Insurer, then the insurance premium provided for the remaining insurance period is not subject to be returned to the Insurer, and if the unearned premium has not been paid by the time of the cancellation request, then the payment must be made in full no later then in 2 (two) business days after the request fo terminating the contract. For the avoidance of doubt, in the above-mentioned case, the insurance premium (earned and unearned) is subject to full payment by the Insurer in any case.
- ✓ If by the time of requesting cancellation of the insurance, the Insurer/Insured has requested and/or used the insurance service and/or gift/benefit and requests cancellation of the Insurance Contract , then the insurance premium provided for the remaining insurance period is not subject to be returned back to the Insurer, and if the unearned premium has not been paid at the time of requesting cancellation, then payment must be made in full no later then in 2 (two) business days after the request of terminating the contract, also, any benefit/gift received within the scope of this Insurance Contract is subject to be reimbursed/returned back by the Insurer/Insured.
- ✓ If at the time of the request, the Insurer/Insured has not requested and/or used the insurance service and/or gift/benefit and requests cancellation of the contract, then the premium already paid is not subject to be refunded, except the cases provided in the subparagraph 4.2 "d" of the insurance term and conditions.
- ✓ For the purposes of this insurance, requesting/using insurance means at least one visit to a family doctor and/or at least one issued and used guarantee letter by the Insurer.
- ✓ If the policyholder has purchased the policy from the financial institution and the insurance premium is paid in instalments and/or by a loan, in case of cancellation of the policy for any reason, both the earned and unearned insurance premiums are not subject to be refunded by the insurer

4. Information about the franchise and the prerequisites for compensation of the insurance events provided in the health Insurance Contract :

A franchise is not provided for the product specified in the health Insurance Contract .

- ✓ Only services received in a medical institution/clinic with an appropriate license/permit are subject to reimbursement.

- ✓ In the event of an insurance event, the prerequisite for issuing the insurance compensation is: the insurance event is regulated by the contract and the information/documentation related to the insurance event, specified in the contract, is submitted to the Insurer in full, within the period and form agreed/specified by the contract.

  If the customer does not ensure the submission of each document related to the insurance event to the Insurer in the manner, form and period established by the contract, the Insurer is exempted from the obligation to issue insurance compensation.

- ✓ If the services provided by the health Insurance Contract can be received both in the Insurer's provider licensed medical institution/clinic and in a non-provider medical institution/clinic in accordance with the Appendix #1. Also, the contract may specify the possibility of receiving a specific service only at the Insurer's provider medical institution/clinic and in which case the cost of the service received by the user at a non-provider medical institution/clinic is not subject to reimbursement.

- ✓ The health Insurance Contract may provide the waiting period in relation to the specific services/insurance cases, during which the costs incurred by the user for the specified service are not subject to reimbursement by the Insurer.

- ✓ Medical services received by the user outside the insurance period are not subject to reimbursement by the Insurer, regardless of whether the insurance case/medical service is completed at the end of the insurance period or not, also, the medical services/insurance cases are not subject to reimbursement if the insurance period provided by the contract has been completed/expired by the date of the start of the receiving the service by the user.

- ✓ The part of the expenses incurred by the consumer as a result of the insurance event that was deducted from the corresponding amount of the unpaid premium by the consumer is not subject to reimbursement.

- ✓ In cases when in regard to specific Health Insured person medical service is provided for/covered by any federal/ referral/Health program(s) (which means aforementioned Health Insured fulfills the criteria defined for the beneficiaries of such programs), the Insurer undertakes to cover/reimburse the Health Insured's Share of the costs (if such is considered) defined per such program for specific medical service. Also, if the Health Insured enjoys medical services at a medical institution where corresponding state programs are not operating, the Insurer takes responsibility to cover fully the costs for medical services enjoyed by the Health Insured in accordance with the terms of the insurance Agreement.

To obtain detailed information in compliance with each insurance product/Insurance Coverage under the Health Insurance Agreement (instructions and procedure for service acquisition, form and terms of payment) refer to relevant clauses/paragraphs of Annex No. 1 of the Agreement.

2.1 24-hour call-center service

2.2 Personal Doctor Service

2.3 Urgent Medical care provided by ambulance crew

2.4 Preventive Care

2.5 hospital service

2.6 out-patient service

2.7 Reimbursement of costs for Medications

2.8 Pregnancy

2.9 dental service

2.11 Deadline for request for indemnity

2.12 Form and deadline for indemnity acquisition

2.13 Reimbursement

2.14 Waiting period

Annex No. 1 involves the instructions and procedures for the services obtained as planned/unplanned, at providers/non-providers, based on a letter of guarantee/without a letter of guarantee and indicated in each above mentioned paragraphs.

5. **The importance of the consumer's obligation to provide information to the Insurer and the legal consequences of violating this obligation:**

- ✓ **The consumer is obliged to provide the Insurer with an accurate information necessary for concluding the contract, as well as with complete information related to the insurance event specified in the contract, within the time limit and in the form requested by the Insurer. In case of providing inaccurate/incorrect information, the Insurer is exempt from the obligation to pay compensation for the insurance event.**
- ✓ **Upon detection of the fact of occurrence of an insureance event and/or the fact of providing false information for the purpose of receiving compensation, the insurance event shall not be subject to**

compensation. In this case, the Insurer is authorized to demand from the customer a penalty in the amount of 1,000.00 (one thousand) GEL, compensation for the damage and at the same time unilaterally terminate the insurance, and if th compensation has already been issued, to demand a fine in the amount of 2,000.00 (two thousand) GEL, compensation for the damage and unilaterally terminate the insurance.

6. A standard list of the exception under the Agreement, in compliance with the Agreement, shall not be covered/ indemnified:

- ✓ Costs for examination and treatment of sexual disorders, impotence, sterility, infertility, contraception and contraceptives, abortion without medical evidence, costs related to menopausal problems; costs of examination and treatment of reproductive problems; costs for diagnostics of fetal fluid and genetic examination of fetus;
- ✓ Costs for examination and treatment of Mental and behavioral disorders (including: Organic disorders, including symptomatic ones; Mental and behavioral disorders due to psychoactive substance use; Schizophrenia; schizotypal disorders; Neurotic, stress-related and somatoform disorders; Moos (affective disorders) Behavioral syndromes associated with physiological disturbances and physical factors; Disorders of adult personality and behavior (psychopathy); Mental retardation; Disorders of psychological development; Behavioral and emotional disorders with onset usually occurring in childhood and adolescence);
- ✓ Costs for laser correction of refractive errors, intraocular lens implantation, purchase of (eye)glasses, contact lenses and hearing aids;
- ✓ Costs for examination and treatment of pancreatic diabetes or diabetes insipidus, renal and/or liver chronic failure, systemic diseases (including: polyarteritis nodosa, necrotizing vasculopathies, lupus erythematosus, dermatopolymyositis, systemic sclerosis, other systemic involvement of connective tissue) examination and treatment of their complications; Herewith, will be reimbursed urgent hospital and urgent out-patient treatment, scheduled surgical treatment including any surgical intervention and primary diagnostics caused by diagnoses and/or their complications indicated in this article;
- ✓ Examination and treatment of B, C hepatitis, HIV, AIDS and their complications. (Primary diagnostics is subject to reimbursement).
- ✓ Costs for examination and treatment of gonorrhoea, syphilis, chancroid, venerial granuloma – donovanosis, chlamydial infections, genital herpes, genital papillomavirus, Cytomegalovirus, trichomoniasis, candidal vulvovaginitis, candidal balanoprosthitis. (primary diagnostics is subject to reimbursement);

- ✓ Costs for treatment by means of alternative (traditional and/or nontraditional) medicine, acupuncture, plasmapheresis, physiotherapy/laser therapy (except for those defined in card), ozonotherapy, homeopathy, mesotherapy, speech therapist (logopedist); physician-homeopath; medical exercises and medical massage; rehabilitation and sanatorium-and-spa treatment; Platelet Rich Plasma Therapy – PRP injection, PET scan, monoclonal antibody treatment/therapy, medical services done for cosmetic purposes. Costs related to weight correction; Bariatric surgery;
- ✓ Costs for treatment abroad, which is expanded beyond the boundaries of the established policy territory; Costs for consultation and treatment at the medical institutions which do not comply with the requirements of the existing legislation of Georgia and/or do not have appropriate license; costs for self-treatment and their complications (autotherapy); immunisation, vaccinations (except of antitetanus, antirabies, antibotulinum and anti-viper and those defined in card); Medicines not registered by the competent authority specified under the existing legislation of Georgia, as well as bioactive additives, homeopathic remedies, immunomodulators, immunostimulators and immunosuppressants; as well as the cost of any non-medicinal agents (bandage, surgical corset, supinators, items of medical purpose, any supportive aids required during dental care etc.), hygienic and makeup preparation (including any kind of tooth-paste, mouth rinse, shampoo, soap);
- ✓ Costs for treatment of the physical injuries suffered during committing of an illegal act provided for by the Criminal Code or costs for treatment of the physical injuries suffered by self-injury; Costs for treatment of injuries suffered as a result of participation in a civil war, any kind of military operations, anti-state appearances, armed conflicts, acts of terrorism; Costs for treatment of injuries suffered from the exposure to radiation; Costs for insurance events related to the speleological research, as well as participation in destroying the high explosives; Costs for treatment of aggravation of health condition as a result of epidemics, pandemics, environmental pollution or natural disasters;
- ✓ Costs for treatment of drug addiction, alcoholism and toxic mania; Also costs for such cases, which resulted directly or indirectly by being under the influence of narcotics or/and toxic substances; Also costs related to medical services caused by accident, which happened during driving car under the influence of alcoholic, narcotic and/or toxic substances;
- ✓ Events related to the participation of the Health Insured in any kind of professional sports or in sports as sportsmen (sports competition, training, demonstration show etc.) Herewith, will be reimbursed urgent hospital and urgent out-patient treatment, scheduled surgical treatment including any surgical intervention caused by cases indicated in this article and/or their complications;
- ✓ Costs for examination and treatment of congenital and genetic diseases, defects, pathologies and their complications; Herewith, will be reimbursed urgent hospital and urgent out-patient

treatment, scheduled surgical treatment including any surgical intervention caused by cases indicated in this article and/or their complications;

- ✓ Costs for exoprosthesis (including dental health service) and orthopedic endoprothesis (except traumas); transplantation (including transplants), also costs for defibrillator and implanted artificial pacemaker equipped with apparatus for heart resynchronization therapy; Costs for robot-assisted surgery; Costs for therapeutic and surgical dental care which is needed for preparation by means of orthodontical and orthopedical treatment; (except those defined in card); as well as general anesthesia or laughing gas anesthesia during dental services;
- ✓ Costs for ablation (interventional cardiology):
- ✓ Costs for additional and exclusive services during hospitalization (for example: nonstandard room, hired doctor and etc.)
- ✓ Costs for services carried out without medical evidence;
- ✓ Costs related to examination of materials to be tested abroad (including costs for sending such materials abroad), no matter whether sending of the materials is organized by the Health Insured or by the medical Institution operating within the territory of Georgia (this restriction does not extend to Insurer's provider clinics).
- ✓ Costs related to telemedicine;
- ✓ Costs for treatment of diseases not disclosed by the Health Insured in the individual insurance application (if such application was filled in by Health Insured).
- ✓ Cost of Medical Services provided in the period of imprisonment;
- ✓ diagnostics, chemo and radio therapeutic treatment, hormone therapy of benign as well as malignant tumors, also costs for examinations and medications related to these procedures;
- ✓ Costs for pregnancy and delivery (except for those defined in Card);

Comment: These Essential Conditions represent standard conditions of the Health Insurance Agreement.

Health Insurance Policy

UNO Active

1. Definition of the term:

Insurance Contract - a set of terms and conditions provided in this Health **Insurance Contract** and its annexes, which constitutes a unified health Insurance Contract and it is concluded between the Insurer and the Insured;

Unless otherwise specified in the **health Insurance Contract** or its context implies, the terms set forth below in the Insurance Contract and/or other related contract(s) shall have the following meanings:

Insured - a person who concludes an **Insurance Contract with an Insurer**;

Insurer - JSC "Insurance Company Imedi L" (identification number: 204919008);

Insurance agent - a person who acts on behalf of and under the instructions of the Insurer within the scope of the authority granted to him/her by the Insurer;

Insured - a person under the age of 60, for whose benefit the insurance is carried out provided by the **Insurance Contract** ;

Beneficiary - a person who is entitled to receive insurance compensation in accordance with the **Insurance Contract** and/or **legislation;**

Insurance terms and conditions - the terms and conditions stipulated by the **Insurance Contract** , which determine the terms of **insurance coverage** and the rules of its implementation;

Insurance risk - an event that contains signs of possibility and randomness of its occurrence and for which the insurance is provided.

Insurance coverage - medical service/**insurance risk subject to the insurance compensation** according to the terms of the **Insurance Contract ;**

Insurance compensation - the amount of money that the Insurer pays to the Insured upon the occurrence of an insurance event in accordance with the terms of the **Insurance Contract** ;

Co-payment - a percentage stipulated by the **Insurance Contract ,** the payment of which is ensured by an **Insured person** himself/herself;

Insurance Application - a medical questionnaire requested by the Insurer to be filled out by the Insured person/authorized person in order to determine the appropriateness of concluding an **Insurance Contract** , in such case, on the basis of which the **Insurer** evaluates the **insurance risk**;

Identification/insurance plastic card - a card held by the **Insured (if any)** on the basis of an **Insurance Contract** and which reflects the **insurance coverage** provided in his/her favor under the **Insurance Contract ;**

Electronic insurance policy - a document, the signature on which confirms **the fact of concluding a health Insurance Contract .**

Card - a card, for which one person may be Insured in exchange the value **(insurance premium)** received by the **Insurer**.

Insurance event - an occasion of an **insurance risk** provided by the **insurance coverage** (the need for medical services and/or their receipt by the Insured), which gives rise to the **Insurer's** obligation to pay **the insurance compensation** in accordance with the **terms of the Insurance Contract** ;

Medical institution – an institution operating on the territory of Georgia, which is granted/has the authority to carry out medical activities in accordance with the **legislation** of Georgia.

Hired doctor - an independent medical entity/doctor, whose cost of inpatient medical services provided/to be provided to the **Insured person** in the relevant **medical institution** exceeds the minimum tariff/price established for the similar/same inpatient medical services in the same **medical institution**;

Non-standard ward - a ward in a medical institution, where the cost of accommodation exceeds the minimum tariff/price established for a single-bed ward intended for the similar/same medical services in the same **medical institution**;

Information sheet - a document reflecting the general terms and conditions and exceptions of the Insurance Contract , which is also posted on the website: https://imedil.ge/legal-info/ge .

Important terms and conditions of the contract - a document attached to the **Insurance Contract** containing important terms and conditions, exclusions, address of the Insurer's supervisory body and other terms of the **Insurance Contract** established by law.

Claim - a **claim** submitted by a party to the **Insurer** in the format of an appropriate appendix to the Insurance Contract , which contains the detailed information about the dissatisfaction/claim expressed within the framework of the **Insurance Contract** .

Indemnity limit (limit) – the amount stipulated in the **Insurance Contract** , which represents the maximum total **insurance indemnity** to be issued by the **Insurer** for a specific insurance coverage during **an individual insurance period**;

Territorial limit (insurance coverage area) for health insurance coverage - the territory of Georgia (except the occupied territories of Georgia);

Insurance premium (premium) - the amount payable by the **Insurer,** the amount and payment method of which are determined by the **Insurance Contract** and which represents the fee/cost of the insurance service;

Provider – a specific **medical institution**, including a dental clinic, and/or a doctor (narrow-profile specialist, as well as a personal doctor), which, based on a contract concluded with the **Insurer**, upon the occurrence of an **insurance event,** ensures the provision of medical services to the **Insured person** in accordance with **medical indications** specified in the Insurance Contract ;

Particular provider - **a medical institution,** where it is possible to receive only a specific medical service;

Contractor - an institution/company that, in accordance with the terms and conditions established by the contract concluded with the **Insurer**, ensures the distribution of the discount(s) provided to the **Insured** in the **Insurance Contract** concluded between the Insurer and the **Insured**;

Earned premium – a premium earned in relevance to the Insurance Contract for a specific date taken during the **insurance period** is the sum of the **earned monthly premiums**;

Unearned premium – the unearned premium in relevance to the Insurance Contract for a specific date taken during the **insurance period** is the sum of the premiums for the **unearned months**;

Waiting period – a period calculated from the start date of the **individual insurance period** and during which the **Insured** will not be reimbursed for the expenses related to an event occurred during this period;

Identity document – a document necessary for identifying the **Insured**: **a) In case of a citizen of Georgia:** an identity card and/or passport of a citizen of Georgia; b**) In case of a person with foreign citizenship:** an international passport of a citizen of a foreign country or a residence permit issued by the state of Georgia; **c) In case of a person without citizenship:** an international passport or a residence permit/temporary identification document issued by the state of Georgia; **d) In case of a minor who is a citizen of Georgia under the age of 14:** a birth certificate and an identity document of one of the parents; **e) In case of a minor who is a citizen of a foreign country under the age of 14:** a birth certificate and a passport and an identity document of one of the parents; **f) In case of a minor who is a citizen of Georgia over the age of 14:** an identity card or passport of a citizen of Georgia and an identity document of one of the parents. **g) In case of a minor who is a citizen of Georgia under the age of 14:** an identity card or a passport of a citizen of Georgia and an identity document of one of the parents. **h) In case of a minor who is a foreign citizen of the above age of 14:** birth certificate and passport and passport of one of the parents.

Legislation - current legislative and subordinate normative acts of Georgia and international treaties and agreements included in the system of normative acts of Georgia;

Application/ Guarantee Letter – a document issued by the **Insurer** and/or personal physician, which must be certified by the signature of a person authorized by the **Insurer** and/or personal physician and the seal of the **Insurer and/or medical institution,** which authorizes the **Insured** to receive specific services specified in such document and provided for by the **Insurance Contract until the end of the individual insurance period**;

Medical indication - a health condition that requires medical intervention (treatment or research) as prescribed by a doctor (independent medical entity) with the right to practice in a specific/relevant medical specialty/subspecialty (profile), based on the established medical practice in Georgia and/or the world, relevant guidelines and protocols, and is confirmed by the submitted medical documentation (e.g. outpatient patient card, inpatient card and/or form #100, etc.) and at the same time, any medical documentation is consistent with each other and with the diagnosis(es);

Hospital service – inpatient treatment, the duration of which, according to **medical indications**, exceeds 24 (twenty-four) hours;

Outpatient service – medical service that, according to **medical indications**, does not require a stay in a **medical facility** for more then 24 (twenty-four) hours.

Daytime Hospital - inpatient treatment of the disease(s) specified in Appendix #1 to the **Insurance Contract** , regardless of whether the duration of stay at the hospital exceeds 24 (twenty-four) hours;

Aggregated limit - the amount indicated in the **card**, which represents the maximum total insurance indemnity issued by the **Insurer** to the **Insured** during **an individual insurance period** for all or any of the **insurance coverages** indicated in the **card**.

Insurer's electronic policy - Insurer's electronic policy https://profile.imedil.ge/login/ge, which allows the Insured persons to receive the services specified in the electronic policy, if they register in accordance with the relevant procedure.

2. Subject of the Contract:

2.1 This **Insurance Contract** and its annexes regulate the relations arising between the **Insurer and the**, in accordance with the terms and conditions specified in the **Insurance Contract** and its annexes;

2.2 In accordance with the terms and conditions specified in this **Insurance Contract** and its annexes, **the Insurer,** upon the occurrence of an insurance event, is obliged to ensure the payment of insurance compensation to the Insured person as provided for in the Insurance Contract , in exchange for receiving the relevant **insurance premium**;

3. Term of validity of the contract:

The validity period of the contract (total insurance period) - begins in 48 hours after the issuance of the policy and the insurance period is indicated in the relevant column of the insurance policy.

3. Special terms and conditions of the Insurance Contract :

By signing the printed form of the insurance policy/paying the insurance premium, the **Insurer/Insured** declares that he/she is familiar with all the annexes to the **Insurance Contract** below and fully agrees with its terms.

The components of an Insurance Contract are:

Annex #1 - Terms of insurance coverage, receipt of services, payment;

Annex #2 - Standard insurance terms and conditions;

Annex #3 - Consent to the processing of personal data;

Annex #4 - Claim form;

Annex #5 - Statement of rejecting the contract;

Annex #6 - Form of refusal to process the personal data;

The list of the Insurer's contractor/provider institutions - which is located on the following electronic address https://imedil.ge/legal-info/UnoActiveandComfortproviders2026-eng/ge also, the Insurer may periodically and unilaterally make relevant changes to this appendix, information about which will be provided to the Insurer/Insured.

Privacy Statement - which is located on the following email address of the Insurer: https://imedil.ge/legal-info/privacy-statement/ge.

The standard terms and conditions of this health Insurance Contract are analogous to the terms and conditions established in accordance with the act of ascertainment of facts (which is also posted together with the relevant act on the website: https://imedil.ge/legal-info/ge. In addition, any type/nature of change in the standard terms and conditions is permitted only by establishing the fact of the change and only by the Insurer, accordingly, all other terms and conditions different from these conditions, the changes of which have not been made in accordance with the established procedure, do not create any rights, obligations or responsibilities for the parties. In addition, a change in the list of provider institutions is included immediately upon the notification by the Insurer about the change.

When changing the standard terms and conditions, the standard terms and conditions will be brought into line with the new terms and conditions by ascertainment of facts and the relevant act will be uploaded to the specified website along with the amended terms and conditions. The website will contain all the acts (with the relevant date) according to which the changes were made to the health Insurance Contract , and as for the standard terms and conditions (including the conditions without a fact statement, which are analogous to the terms and conditions stated each time), they will be updated on the website each time. In addition, the standard terms and conditions of each contract will be

valid until the date specified in the new act about the ascertainment of facts, and so on until the date of ascertainment of each new standard term

Annex No. 1 to the Health Insurance Agreement

Conditions of Insurance Coverage, Service Provision, Reimbursement Payment and Types of Cards

Uno Active

1. *Types of Card*

Coverage considered under the Insurance Agreement	Uno Active	
	Insurer's Share	Limit
24-hour call-center service	100%	unlimited
Personal Doctor Service	100%	unlimited
Urgent Medical care provided by ambulance crew	100%	unlimited
In-Patient Service		
Urgent hospital service due to an accident	100%	5000 GEL
Urgent hospital service	100%	5000 GEL
Planned hospital service and day hospital in Ivane Bokeria's Hospital under the letter of guarantee	25%	10000 GEL
Planned hospital service and day hospital in specific provider clinics under the letter of guarantee	25%	10000 GEL
Planned hospital service in provider clinics under the letter of guarantee (waiting period 12 months)	80%	4000 GEL
Day hospital in provider clinics under the letter of guarantee (waiting period 12 months)	50%	
Pregnancy under the personal doctor's prescription at specific provider clinics indicated by the Insurer	50%	800 GEL
Out-Patient Service		
Urgent out-patient service	100%	unlimited
Planned out-patient service under the personal doctor's prescription at exclusive provider clinics	60%	800 GEL
Planned out-patient service under the personal doctor's prescription in provider clinics	50%	800 GEL
Reimbursement of costs for Medications under the referral/letter of guarantee at pharmacy networks of GPC and Pharmadepot	50%	800 GEL
Preventive Care		
Laboratory-instrumental tests	100%	Once per individual insurance period
Dental Service		
Urgent dental service	100%	500 GEL
Planned dental service in main provider clinics*	30%	300 GEL
Implantation at "New Dent" (implant Switzerland "SGS")	60%	1500 GEL
Implantation at Dentagram Ltd. (implant Switzerland "SGS")	60%	1500 GEL
Implantation at Dental Star Ltd (implant Switzerland "SGS")	60%	1500 GEL
Planned dental service in additional provider clinics**	50%	unlimited
Odontovisiogram, orthopantomogram, dental computed tomogram at Dental House Ltd. and International Dental Center "ISO" Ltd.	40%	500 GEL
Orthopedic and orthodontic dental service in provider dental clinics	Discount 10-60%	

Additional Services	
Travel insurance, limit USD/EUR 50,000.00;	50% discount

Coverage considered under the Insurance Agreement	Uno Active +	
	Insurer's Share	Limit
24-hour call-center service	100%	unlimited
Personal Doctor Service	100%	unlimited
Urgent Medical care provided by ambulance crew	100%	unlimited
In-Patient Service		
Urgent hospital service due to an accident	100%	10000 GEL
Urgent hospital service	100%	10000 GEL
Planned hospital service and day hospital in Ivane Bokeria's Hospital under the letter of guarantee	30%	10000 GEL
Planned hospital service and day hospital in specific provider clinics under the letter of guarantee	25%	10000 GEL
Planned hospital service in provider clinics under the letter of guarantee (waiting period 12 months)	100%	8000 GEL
Day hospital in provider clinics under the letter of guarantee (waiting period 12 months)	60%	
Pregnancy under the personal doctor's prescription at specific provider clinics indicated by the Insurer	50%	1200 GEL
Out-Patient Service		
Urgent out-patient service	100%	unlimited
Planned out-patient service under the personal doctor's prescription at exclusive provider clinics	70%	1500 GEL
Planned out-patient service under the personal doctor's prescription in provider clinics	60%	1500 GEL
Reimbursement of costs for Medications under the referral/letter of guarantee at pharmacy networks of GPC and Pharmadepot	55%	1500 GEL
Preventive Care		
Laboratory-instrumental tests	100%	Once per individual insurance period
Dental Service		
Urgent dental service	100%	unlimited
Planned dental service in main provider clinics*	60%	1500 GEL
Implantation at "New Dent" (implant Switzerland "SGS")	60%	1500 GEL
Implantation at Dentagram Ltd. (implant Switzerland "SGS")	60%	1500 GEL
Implantation at Dental Star Ltd (implant Switzerland "SGS")	60%	1500 GEL
Planned dental service in additional provider clinics**	50%	unlimited
Odontovisiogram, orthopantomogram, dental computed tomogram at Dental House Ltd. and International Dental Center "ISO" Ltd.	40%	500 GEL
Orthopedic and orthodontic dental service in provider dental clinics	Discount 10-60%	
Additional Services		
Travel insurance, limit USD/EUR 50,000.00;	50% discount	

*appropriate clinics, in the list of the contractors https://imedil.ge/legal-info/UnoActiveandComfortproviders2026-eng/ge are indicated as "Main" dental providers.

**appropriate clinics, in the list of the contractors https://imedil.ge/legal-info/UnoActiveandComfortproviders2026-eng/ge are indicated as "additional" dental providers.

***appropriate clinics, in the list of the contractors https://imedil.ge/legal-info/UnoActiveandComfortproviders2026-eng/ge are indicated as "exclusive providers"

Optional Services

Coverage	Insurer's Share	Limit	Additional monthly insurance premium
Service Manager	100%	unlimited	10 GEL
Planned out-patient service without exceptions at exclusive provider clinics	50%	unlimited	15 GEL
Physiotherapy/laser under the personal doctor's prescription at specific provider clinics indicated by the Insurer	50%	unlimited	10 GEL

1.1 In case of endoprosthetic operations, also within the operations performed by using the medical devices for corrective purposes sublimit within planned hospital service is fixed (which, in order to avoid any doubt and/or misunderstanding, is a part of the limit of planned hospital service defined by the card) as: 1,000.00 (one thousand) GEL for the stent, 1,000.00 (one thousand) GEL for the artificial crystalline lens and 2,000.00 (two thousand) GEL for the prosthesis, implants and other supporting devices

1.2 *To avoid any doubt, a person is deemed to be Health Insured according to the types of insurance coverage/services given in the card intended/procured only for him/her;*

1.3 *The cost for treatment of the state/diseases under the corresponding limit/sub-limit shall be compensated only from the amount given in such limit/sub-limit (threshold amount to be reimbursed by the Insurer). If a single limit/sub-limit expires, application of the limit/sub-limit of some other service is impermissible.*

2. Definitions of terms related to Main Insurance Cover, Terms of Receiving Insurance Services and Insurance Reimbursement

2.1 **24 (twenty-four) hour Call Centre** – provides for 24-hour phone consultation rendered by the **Insurer**, providing the insurance related information and organization of medical service. To obtain any insurance related information and/or organize medical service the **Health Insured** can contact the **Insurer**'s 24 (twenty-four)-hour Call Centre at phone number – **(995 32) 2-922-222;** failure to place a notification at the Call Centre shall not be the reason to refuse reimbursement, if all other terms of this Agreement are fulfilled.

2.2 **Personal Doctor Service** – provides for reimbursement of the cost of the **Personal Doctor Service. Personal Doctor Service** involves: consultation, monitoring of the **Health Insured**'s health condition and opening of a medical card, coordination and management of the **Insured Event**, in the presence of medical evidence issuing the prescription for the additional consultations and/or examinations to be carried out, , prescribing medical treatment and coordination of tactics of treatment with specialists of specific field, issuance of a Guarantee Letter, giving medical recommendations concerning the establishment of healthy lifestyle;

2.2.1 **Personal Doctor Service** can be provided only in the **Medical Institutions** pointed out by the **Insurer**;

2.3 **Urgent Medical care provided by ambulance crew** – provides for compensation of the cost of the service rendered by any licensed ambulance crew on the territory of Georgia (according to territorial distribution, in the range of city/district), including transportation within the territory of Georgia;

2.3.1 **Calling Ambulance crew – the Health Insured** (or his/her representative) shall contact **Insurer**'s Call Centre. If the ambulance is needed, transportation of the **Health Insured** (in Tbilisi, also, from regions to the nearest **Medical Institution** of relevant profile) shall be organized by the **Insurer,** which also ensures compensation of the expenses incurred by the **Medical Institution.** In such case, the **Health Insured** shall submit his/her **Card** and **ID** and he/she shall not have to pay the cost of the service;

2.3.2 If the **Health Insured** has to call the ambulance himself/herself, he/she shall pay full cost of the service and contacts the **Insurer** for compensation. To get the compensation it is necessary to submit, together with the **Insurance Card** and **ID,** the following to the **Insurer**:

2.3.2.1 record of the ambulance brigade doctor on the health status;

2.3.2.2 original of the document equal to the receipt defined by the Ministry of Finance and printed at a printing house.

2.4 **Preventive Care** – means compensation of the cost of preventive laboratory-instrumental tests:

2.4.1 **Laboratory – Instrumental Tests involve: consultations with Personal Doctor,** blood test, urine test, ECG, glucose level in blood, thyroid ultrasound, Thyroid-stimulating hormone (TSH) level in blood.

2.4.2 Laboratory-Instrumental Tests shall be done only in the **Medical Institutions** pointed out by the **Insurer;**

2.5 **In-Patient Care** – means compensation of the cost of surgical and conservative **In-Patient Care** (in-patient/days, diagnostic instrumental and laboratory examinations, medications, parenteral and enteral nutrition). **Hospital Service** involves:

2.5.1 **Urgent Hospital Service** – provides for reimbursement of costs for medical-diagnostic procedures during worsening of health condition, delay of which will cause death or abrupt deterioration of health contidion of the patient.

2.5.2 **Planned Hospital Care –** provides for reimbursement of costs for inpatient surgical and conservative treatment in the presence of corresponding medical evidence. From the limit of this service shall be reimbursed:

- **Oncosurgery**
- **Interventional Cardiology/Cardiosurgery**
- **Day Hospital:** only includes following interventions/manipulations/surgery:

Gynecology

- ✓ Hysteroscopy (diagnosis, manipulation, operation)
- ✓ Conization
- ✓ Ablation
- ✓ Diagnostic curettage (except miscarriage)
- ✓ Excision and Drainage of Bartholine Gland
- ✓ Vaginal cyst removal
- ✓ Laparascopic salphingectomy
- ✓ Laparascopic cystectomy
- ✓ Mammology
- ✓ Partial mastectomy (during benign conditions)

Cardiovascular System:

- ✓ Stimulators
- ✓ Cardioversion

Otorinolaryngology

- ✓ Adenoidectomy
- ✓ Tonsilectomy
- ✓ Adenotonsilectomy
- ✓ Nasal polyectomy
- ✓ Conchoctomy
- ✓ Septoplasty
- ✓ Chronical sinusitis- endoscopical operation
- ✓ Miringotomy
- ✓ Haimorotomia
- ✓ Septoplasty, cochlear desintegration

Any ophthalmologic surgeries/manipulations

Gastroenterology

- ✓ Thrombosed Hemorroid excision/ligation
- ✓ Pilonidal cyst excision (pilonidal cystectomy)
- ✓ Draining of dermoidal cyst
- ✓ Perianal damage, condiloma excision
- ✓ Uncomplicated fissurectomy
- ✓ Rectal polypectomy
- ✓ Endoscopic papilotomy /sphincterotomy
- ✓ Endoscopic varicose vein ligation (esophagus, stomach)
- ✓ Endoscopic gastrostomy
- ✓ Endoscopic polipectomy

- ✓ Endoscopic removal of foreign body

Genitourinary tract

- ✓ Troacal epicystomy
- ✓ Circumcision
- ✓ Frenum incision
- ✓ Lithotripsy
- ✓ Epididimectomy (in adults)
- ✓ Transluminal cystolithotomy

Oral and facial surgery

- ✓ Excision of cyst of highmore antrum
- ✓ Excision of cyst below mandibular canal
- ✓ Excision of benign neoplasm of soft tissue of face
- ✓ Incision of subperiosteal abscess
- ✓ Surgical treatment of periostitis
- ✓ Endoscopic surgery for vocal cord tumor
- ✓ Cystectomy
- ✓ Treatment of dental alveolitis through curettage

Mixed surgery

- ✓ Extraction of scars and neoplasms of soft tissues, cryotherapy, electrocoagulation, chemical destruction
- ✓ Amputation of toe/finger
- ✓ Drainage of cyst and abscesses of soft tissue
- ✓ Striping or ligation of varicose vein of lower limb
- ✓ Lymph node dissection
- ✓ Treatment of Superficial injuries, primary care/repair/foreign body removal
- ✓ Cryotherapy
- ✓ Catheter ablation
- ✓ Thoracentesis
- ✓ Biliary drainage
- ✓ Endoscopic electrocoagulation
- ✓ Laparocentesis
- ✓ Resection or examination of injured laryngeal area
- ✓ Resection or examination of injured pharyngeal area

Orthopedy, traumatology

- ✓ Hammer toe – resection of the head of the proximal phalanx
- ✓ Stenosing ligamentitis - tendon release
- ✓ Tenolysis of tendons
- ✓ Myotomy/tenotomy/capsulotomy

- ✓ Wrist or hand tenosinovectomy
- ✓ Partial removal of wrist or hand tendon
- ✓ Removal of Soft tissue tumors of fingers/toes
- ✓ Removal of exostoses or osteophytes of hand, forearm, foot, shin bones, joints of hand and talocrural joint
- ✓ Dismantling of implants under local, regional or short-acting general anesthesia.
- ✓ Surgery of finger/toe phalanx (except for microsurgical reconstruction of amputated phalanx)

Surgeries performed under the local, regional or short-acting general anesthesia

- ✓ Planned embolization of tumors and malformations
- ✓ Endovascular embolization of testicular vein
- ✓ Varicose veins ligation, crossectomy, mini-phlebectomy, stripping and phlebectomy
- ✓ Partial removal of scrotum
- ✓ Hemorrhoid ligation, lifting and fixation on muscular wall of rectum through HAL-RAR procedure
- ✓ Anal sphincter dilation/divulsion and sphincterotomy
- ✓ Removal of hygroma (ganglion)

(Herewith, complications of these interventions/manipulations/surgery (implies complications which occurred before discharge from hospital as well as those which occurred after discharge) considering whether medical service of these complications is conducted on an outpatient basis or in hospital, shall be reimbursed from limit defined for corresponding service according to co-payment share defined in card for this service. Herewith, any other surgical interventions which are not included in Day Hospital list, shall be reimbursed from limit defined for planned hospital service according to co-payment share defined in card for planned hospital service);

2.5.3 In the case of **Urgent Hospital Care** the **Health Insured** (or his/her representative), in accordance with their wish, within 24 (twenty four) hours shall contact 24-hour Call Centre. The notification shall involve the following information: name and surname of the **Health Insured, Card** number, name of **Medical Institution,** time of hospitalization. Upon submission of full documentation by the **Health Insured's** authorized representative the **Insurer** shall issue the **Guarantee Letter** within 1 (one) working day only for **Provider Medical Institutions.** On the basis of the above letter the **Health Insured** shall receive medical service at the corresponding hospital. In such case the **Health Insured** pays only his/her share from the **Co-Payment** (if such is considered under the corresponding **Card**) and is free from paying the remaining part of the cost of medical service.

2.5.4 To be provided with **Planned Hospital Care as well as day hospital care** the **Health Insured** shall submit the **Insurer** necessary medical and financial documents on the basis of which, in compliance with the **Insurance Agreement** conditions, the **Insurer** shall issue the **Guarantee Letter** within 3 (three) working days only for **Provider Medical Institutions,** thus ensuring rendering of corresponding medical service to the **Health Insured** at corresponding **Medical Institution.** In such case the **Health Insured** pays only his/her share from the **Co-Payment** (if such is considered under the corresponding **Card**) and is free from paying the remaining part of the cost of medical service. Services conducted at non-provider medical institutions as well as services conducted at provider medical institutions without a letter of guarantee shall not be subject to reimbursement.

2.5.5 To be provided with **Planned** or **Urgent Hospital Care and,** to take the **Guarantee Letter** from the **Insurer,** the **Health Insured** or his/her representative, along with the **Health Insured's Card** and **ID,** shall submit the **Insurer** the following:
2.5.5.1 form # IV-100/A;
2.5.5.2 detailed calculation of the cost of the medical service;
2.5.5.3 invoice.

2.5.6 To be provided with **Urgent Hospital Care** at non-provider **Medical Institution,** the **Health Insured** shall pay full cost of the service himself/herself and submit to the **Insurer** Form # IV-100/A, detailed calculation of the cost of the medical service, invoice, payment order of the person having received the amount and the original of the cash register receipt or printout of the POS-terminal confirming payment. And the **Insurer**, in compliance with the conditions of the **Insurance Agreement**, shall reimburse the cost of the medical service.

2.6 **Out-Patient Care** – means compensation of the cost of specialist's consultation in the presence of corresponding **Medical evidence,** laboratory and/or instrumental tests, also, ambulatory manipulations.
Out-Patient Care involves:

2.6.1 **Planned Out-Patient Care under the personal doctor's prescription in provider clinics** in compliance with the conditions of the **Insurance Agreement**;

2.6.2 **The Urgent Out-Patient Care** covers only the following:

A) Trauma

B) Hypertonic crisis

C) Hyperthermia

D) Hypothermia

E) Thermal Injuries

F) Bleeding

G) Kidney, abdominal and gallbladder colic

H) Bronchial and Cardiac Asthma

I) Intoxication (except for narcotic)

J) Allergic Reactions (anaphylaxis, hay fever, Kvinkes edema)

K) Dehydration

L) Abscess (Surgical treatment)

M) Croup syndrome

N) Emergency vaccination (antitetanus, antirabies, antibotulinum and anti-viper) (complete course)

O) Paroxysmal tachycardia

P) foreign bodies of the airway

Q) chest pain – doctor's consultation, ECG, echocardiography, troponin, medication pain relief;

Nevertheless, if due to heaviness of diseases/conditions urgent out-patient care is needed, other cases, which are not listed above, may also be covered. For such cases the reimbursement will be provided from the limit defined for Planned Ambulatory Service indicated in the Card (If such cover is provided by the Card), according to the co-payment share defined in the card (if such co-payment is provided). For the avoidance of any doubt, despite the above mentioned, terms and conditions defined in article 2.6.3 of this Agreement for receiving an Urgent Ambulatory Service, shall extend to such cases.

2.6.3 In the case of **Urgent out-Patient Care** the **Health Insured** (or his/her representative) in accordance with his/her wish, prior to obtaining the service or upon it, shall contact 24-hour Call Centre. The notification shall involve the following information: name and surname of the **Health Insured, Card** number, name of **Medical Institution,** time of appealing. At the **Provider** clinic the **Health Insured** pays only his/her share from the amount of **Co-Payment** (if considered by the corresponding **Card**) and is absolutely free from paying the remaining part of the cost of service. When appealing to the non-provider clinic, the **Health Insured** shall pay full cost of the service himself/herself and ask the **Insurer** for compensation. The **Insurer,** after receiving the documentation, shall reimburse the cost of the medical service having been rendered to the **Health Insured** in compliance with the **Insurance Agreement** according to following rule: a)if the specific case is included in the list of **Urgent Out-Patient Care** indicated in point 2.6.2, the reimbursement will be provided from the limit defined for Urgent Ambulatory Service indicated in the Card (If such cover is provided by the Card), according to the co-payment share defined in the card (if such co-payment is provided); b) if the specific case is not included in the list of **Urgent Out-Patient Care** indicated in point 2.6.2, however, due to heaviness of diseases/conditions urgent out-patient care is needed, the reimbursement will be provided from the limit defined for Planned Ambulatory Service indicated in the Card (If such cover is provided by the Card), according to the co-payment share defined in the card (if such co-payment is provided). Herewith, in case if different co-payment shares of Planned Ambulatory Service are defined for the provider and non-provider medical institutions, the reimbursement will be provided according to the co-payment share defined for the non-provider medical institution.

2.6.4 To get **Planned Out-Patient Care** the **Health Insured** contacts 24-hour Call Centre and/or appeals directly to his/her personal doctor in the **Medical Institutions** pointed out by the **Insurer**. The personal doctor identifies the problem and provides the **Health Insured** with all necessary tests and **medical referral(s)** to **Provider Medical Institutions.** If the **Health Insured** has enjoyed outpatient medical services in provider clinic under the Private Doctor's prescription, also in case the additional medical examination prescribed by

specialist in provider clinics is confirmed by the Private Doctors prescription, the **Health Insured** pays only his/her share from the **Co-Payment** (if such is considered under the corresponding **Card**) and is free from paying the remaining part of the cost of medical service. The referral of personal doctor will be issued only to provider medical institutions. The referral will not be issued to other medical institutions except providers, except if the specific medical procedures are not performed in any of the providers. In such case, if the **Health Insured** has enjoyed outpatient medical services in non-provider clinic under the personal doctor's prescription, he/she has to pay the total costs for medical services personally. In such cases the **Health Insured** shall refer to Insurer. the costs will be reimbursed according to co-payment share defined in the card for the provider clinic. If the services conducted in provider/non-provider clinics are not confirmed by personal doctor's prescription, costs of such services shall not be reimbursed.

Planned out-patient service may also be carried out remotely – via electronic referrals issued by private (personal) doctor in specific provider medical institutions of the Insurer, which provide service via electronic referrals (corresponding medical institutions are listed at link: https://imedil.ge/legal-info/UnoActiveandComfortproviders2026-eng/ge). The Health Insured is able to demand an electronic referral via the Insurer's electronic policy at https://profile.imedil.ge/login/ge;

2.6.5 In the case of as **Planned**, so **Urgent Out-Patient Care,** if the **Health Insured** pays the cost of medical service himself, to get the compensation, along with the **Health Insured's Card** and **ID,** it shall be mandatory to submit the **Insurer** the following:

2.6.5.1 medical documentation of the obtained service (the diagnosis and prescription, results of the conducted examinations, etc.; confirmed with an authorized person's signature and seal);

2.6.5.2 payment order of the person having received the amount and the original of the cash register receipt or printout of the POS-terminal confirming payment.

2.6.5.3 Personal doctor's prescription (in case of planned services);

2.7 Reimbursement of the cost of drug(s) (further "Medications") - reimbursement of the cost of the Medications prescribed by personal doctor according to corresponding **Medical Evidence** in the course of out-patient care and observing the legislation of Georgia. For the purpose of purchase medications, the Insured applies to personal physician, who will assign necessary medications or coordinates with specialist and issues the letter of guarantee, based on which the Insured will pay only his/her share of the cost in pharmacies indicated on the letter of guarantee. The Insured or an authorized third person must present the card and Identification card together with the letter of guarantee. Medications purchased without the letter of guarantee or in any pharmacy other than indicated on the letter of guarantee are not subject to reimbursement.

2.7.1 In case if **Health Insured** has to undergo long-term (more than 1 month) treatment prescribed by the doctor, only the amount of medications needed for one-month course of treatment shall be reimbursed by the Insurer. **Health Insured** shall be authorized to claim for the letter of guarantee for medications needed for the next course of treatment not earlier than 10 days till completing the one month course of treatment. Accordingly, the medications only for one - month course of treatment shall be written on the letter of guarantee. (but not more than the term of **Individual Insurance Period**);

The Health Insured is also able to receive a letter of guarantee for medications remotely – via electronic referrals issued by private (personal) doctor. The Health Insured is able to demand an electronic referral via the Insurer's electronic policy at https://profile.imedil.ge/login/ge

2.8 Pregnancy - pregnancy defined by the Card shall be covered in case if the Health Insured receives service at specific provider clinic indicated by the Insurer (according to the resources available at the Clinic). Also, after expiration of the limit defined for Pregnancy coverage, the health Insured shall be able to use Planned out-patient service without exceptions at specific provider clinic indicated by the Insurer.

2.8.1 The **Health Insured,** to get the corresponding medical service, appeals to his/her personal doctor. The personal doctor identifies the problem and provides the **Health Insured** with all necessary tests and **medical referral(s).** The **Health Insured** may only receive aforementioned service under the Private Doctor's prescription. If the **Health Insured** has enjoyed services under the Private Doctor's prescription, the **Health Insured** pays only his/her share from the **Co-Payment,** the remaining part of the cost of medical service shall be directly paid by the Insurer to the medical institution. The services not confirmed by personal doctor's prescription shall not be reimbursed.

2.9 Dental Service means compensation of the cost of dental treatment or providing corresponding discount at the **Insurer**'s **Provider** dental institutions:

2.9.1 Urgent Dental Care - provides for primary dental care: the relief of acute dental pain (anesthesia), opening of the root canal during acute pulpitis and reimbursement of costs for X-ray, tooth extraction in case of acute toothache due to these diagnoses only: Acute apical periodontitis of pulpal origin (ICD10 - K 04.4), Chronic apical periodontitis (ICD10 - K 04.5), Periapical abscess without sinus (ICD10 - K 04.7);

2.9.1.1 To be provided with **Urgent Dental Care** the **Health Insured** (or his/her representative), in accordance with his/her wish, shall contact 24 (twenty-four) hour Call Centre, which shall organize corresponding medical care. When appealing to the **Provider** dental clinic the **Health Insured** shall pay only his/her share of **Co-Payment** (if it is considered by his/her **Card**) and he/she shall not have to pay the remaining part of the amount, and if the **Health Insured** appeals to any other licensed institution he/she shall have to pay full cost of the service and then appeal to the **Insurer** for compensation.

2.9.1.2 If the payment of costs for medical services is made by the **Health Insured** personally, in order to receive the reimbursement, along with the Card and ID Card of the **Health Insured**, the following documents shall to be presented to the Insurer:

2.9.1.2.1 medical documentation of the obtained service (the diagnosis and prescription, results of the conducted examinations, X-rays performed before and after the procedure etc.; confirmed with an authorized person's signature and seal);

2.9.1.2.2 payment order of the person having received the amount and the original of the cash register receipt or printout of the POS-terminal confirming payment.

2.9.2 **Planned Dental Care at provider dental clinics** – provides for dentist's consultation, diagnostic X-ray, dental filling procedure, professional dental cleaning and treatment of the parodontal and mucous membrane acute diseases and odonthogenic diseases.

2.9.2.1 To be provided with **Planned Dental Care** the **Health Insured** shall apply to the **Provider** dental clinics preliminarily defined by the **Insurer.** The cost of planned dental care provided at non-provider dental clinics shall not be subject to reimbursement except the regions, where the **Insurer** cannot ensure any **Provider** dental clinic. In such cases, when appealing to non-provider licensed institution the **Health Insured** shall pay full cost of the service and then he/she shall appeal to the **Insurer** for reimbursement.

2.9.2.2 If the payment of costs for medical services is made by the **Health Insured** personally, in order to receive the reimbursement, along with the Card and ID Card of the **Health Insured**, the following documents shall to be presented to the Insurer:

2.9.2.2.1 medical documentation of the obtained service (the diagnosis and prescription, results of the conducted examinations, X-rays performed before and after the procedure etc.; confirmed with an authorized person's signature and seal);

2.9.2.2.2 payment order of the person having received the amount and the original of the cash register receipt or printout of the POS-terminal confirming payment.

2.9.3 **implantation at Dentagram Ltd. (Identification No. 205223783), New Dent (Identification No. 01026000085) and Dental Star Ltd (Identification No. 402003265)** – provides for reimbursement of costs for Implantation, herewith, costs for dental service (therapeutic and surgical) due to preparation for orthopedic dental service and implantation shall not be subject to reimbursement.

2.9.3.1 **In the course of implantation** the **Health Insured** shall apply to the specific clinics preliminarily defined by the **Insurer** and indicated in the **Card,** where services shall be rendered according to the **Limit** and **Co-Payment** defined for the corresponding **Card.**

2.9.3.2 The cost of the service provided at any other clinics, apart from Dentagram Ltd. (Identification No. 205223783), New Dent (Identification No. 01026000085) and Dental Star Ltd (Identification No. 402003265), shall not be subject to reimbursement.

2.9.4 **Discount on orthodontics and orthopedics at provider dental clinics** considers 10-60% discount at the **Insurer**'s dental clinics.

2.10 **Travel Insurance** Provides for the Insurance according to the terms of Insurer's Travel Insurance Policy. In order to activate this cover, the **Health Insured** shall notify **JSC Insurance Company Imedi L**, after this the Insurer shall deliver the corresponding travel insurance policy under the **Health Insured's** passport.

2.11 The deadline for submission of the abovementioned documentation and the demand for reimbursement from the Insurer is the period of 30 (thirty) days upon the payment of such sums by the **Health Insured** (representative authorized person). The **Health Insured** shall not be authorized to demand from the Insurer the payment of the insurance reimbursement after the expiration of the aforementioned period of time.

2.12 The payment of the reimbursement in cash shall be made by the Insurer only in case, when the sum to be reimbursed does not exceed GEL 200 (two hundred). The payment of sums exceeding the aforementioned amount shall be made via non-cash payment by the Insurer within 10 (ten) days from accepting all the necessary documents under the **Insurance Agreement**.

2.13 The insurance indemnity, apart from the manner defined by the health insurance agreement, can be paid by means of the **Insurer's electronic policy** at https://profile.imedil.ge/login/ge

2.13.1 In case of claiming the insurance indemnity through electronic policy the settlement will be caried out via bank transfer, on the basis of the documents electronically uploaded to the electronic policy, within the time limits **specified by the agreement.**

2.13.2 **Limit of** amount **uploaded to** the electronic policy is not defined

2.13.3 **The Insured shall be obliged to keep the** payment order and the cash register receipt in appropriate condition during 6 months, as in exceptional cases the Insurer may claim and the Insured shall be obliged to submit the original of specific document/payment order/cash register receipt in the term of 3 (three) working days, otherwise, the Insurer shall be authorized to claim back the reimbursed amount from the Insured if such reimbursement is already made or not to pay the insurance reimbursement;

2.14 **Waiting period -** 12 (twelve) months Waiting Period shall apply to planned hospital service, onco surgery, day hospital, planned cardio surgery and planned interventional cardiology.

When applying/calculating the Waiting Period for the insurance coverage/medical services envisaged by this paragraph for a specific health insured, the existing/calculated **Individual Insurance Period(s)** under the previous Insurance Agreement(s) (despite the Insured) concluded with the Insurer shall be considered, unless the period between the previous and following insurances exceeds 1 (one) month;

3. Terms of Receiving Insurance Services for optional services

3.1 Service Manager - considers phone consultation rendered by the Personal Manager, providing the information related to insuring and organization of medical service at the Insurer's provider clinics. To obtain any insurance related information and/or organize medical service the Health Insured Person can contact the Service Manager.

3.2 Planned out-patient service without exceptions at exclusive provider clinics – if the **Health Insured** is provided with **Planned Out-Patient Care at above-mentioned clinics** (according to the resources available at the Clinic), the exceptions defined under sub-paragraphs 3.1.1 - 3.1.7, 3.1.11, 3.1.12 and 3.1.16 of this Annex shall not apply to him/her. (The Insurer shall reimburse services provided by this cover according to limit and co-payment share indicated in corresponding card**).**

3.2.1 To be provided with the **Care** the **Health Insured** shall apply to private (personal) doctor. Private (personal) doctor shall identify the problem and provide the **Health Insured** with prescription for necessary examinations and specialists. **Health Insured** only may receive above mentioned service under the prescription of Private (personal) doctor. Under the prescription of Private (personal) doctor **Health Insured** shall only pay his/her co-payment share of the total costs for this service defined in the Card. The rest of the cost is paid by the Insurer directly to the medical institution. Services enjoyed without Private (personal) doctor's prescription are not subject for reimbursement.
service may also be carried out remotely – via electronic referrals issued by private (personal) doctor in specific provider medical institutions of the Insurer, which provide service via electronic referrals (corresponding medical institutions are listed at link https://imedil.ge/legal-info/UnoActiveandComfortproviders2026-eng/ge). The Health Insured is able to demand an electronic referral via the Insurer's electronic policy at https://profile.imedil.ge/login/ge;

3.3 Physiotherapy/laser under the personal doctor's prescription at specific provider clinics indicated by the Insurer – service can be received at the medical institutions indicated in electronic list of providers.

4. Exclusions

4.1 In compliance with the Insurance Agreement the following shall not be covered/compensated:

4.1.1 Costs for examination and treatment of sexual disorders, impotence, sterility, infertility, contraception and contraceptives, abortion without medical evidence, costs related to menopausal problems; costs of examination and treatment of reproductive problems; costs for diagnostics of fetal fluid and genetic examination of fetus;

4.1.2 Costs for examination and treatment of Mental and behavioral disorders (including: Organic disorders, including symptomatic ones; Mental and behavioral disorders due to psychoactive substance use; Schizophrenia; schizotypal disorders;; Neurotic, stress-related and somatoform disorders; Moos (affective disorders) Behavioral syndromes associated with physiological disturbances and physical factors; Disorders of adult personality and behavior (psychopathy); Mental retardation; Disorders of psychological development; Behavioral and emotional disorders with onset usually occurring in childhood and adolescence);

4.1.3 Costs for laser correction of refractive errors, intraocular lens implantation, purchase of (eye)glasses, contact lenses and hearing aids;

4.1.4 Costs for examination and treatment of pancreatic diabetes or diabetes insipidus, renal and/or liver chronic failure, systemic diseases (including: polyarteritis nodosa, necrotizing vasculopathies, lupus erythematosus, dermatopolymyositis, systemic sclerosis, other systemic involvement of connective tissue) examination and treatment of their complications; Herewith, will be reimbursed urgent hospital and urgent out-patient treatment, scheduled surgical treatment including any surgical intervention and primary diagnostics caused by diagnoses and/or their complications indicated in this article;

4.1.5 Examination and treatment of B, C hepatitis, HIV, AIDS and their complications. (Primary diagnostics is subject to reimbursement).

4.1.6 Costs for examination and treatment of gonorrhoea, syphilis, chancroid, venerial granuloma – donovanosis, chlamydial infections, genital herpes, genital papillomavirus, Cytomegalovirus, trichomoniasis, candidal vulvovaginitis, candidal balanoprosthitis. (primary diagnostics is subject to reimbursement);

4.1.7 Costs for treatment by means of alternative (traditional and/or nontraditional) medicine, acupuncture, plasmapheresis, physiotherapy/laser therapy (except for those defined in card), ozonotherapy, homeopathy, mesotherapy, speech therapist (logopedist); physician-homeopath; medical exercises and medical massage; rehabilitation and sanatorium-and-spa treatment; Platelet Rich Plasma Therapy – PRP injection, PET scan, monoclonal antibody treatment/therapy, medical services done for cosmetic purposes. Costs related to weight correction; Bariatric surgery;

4.1.8 Costs for treatment abroad, which is expanded beyond the boundaries of the established policy territory; Costs for consultation and treatment at the medical institutions which do not comply with the requirements of the existing legislation of Georgia and/or do not have appropriate license; costs for self-treatment and their complications (autotherapy); immunisation, vaccinations (except of antitetanus, antirabies, antibotulinum and anti-viper and those defined in card), Medicines not registered by the competent authority specified under the existing legislation of Georgia, as well as bioactive additives, homeopathic remedies; immunomodulators, immunostimulators and

immunosuppressants; as well as the cost of any non-medicinal agents (bandage, surgical corset, supinators, items of medical purpose, any supportive aids required during dental care etc.), hygienic and makeup preparation (including any kind of tooth-paste, mouth rinse, shampoo, soap);

4.1.9 Costs for treatment of the physical injuries suffered during committing of an illegal act provided for by the Criminal Code or costs for treatment of the physical injuries suffered by self-injury; Costs for treatment of injuries suffered as a result of participation in a civil war, any kind of military operations, anti-state appearances, armed conflicts, acts of terrorism; Costs for treatment of injuries suffered from the exposure to radiation; Costs for insurance events related to the speleological research, as well as participation in destroying the high explosives; Costs for treatment of aggravation of health condition as a result of epidemics, pandemics, environmental pollution or natural disasters;

4.1.10 Costs for treatment of drug addiction, alcoholism and toxic mania; Also costs for such cases, which resulted directly or indirectly by being under the influence of narcotics or/and toxic substances; Also costs related to medical services caused by accident, which happened during driving car under the influence of alcoholic, narcotic and/or toxic substances;

4.1.11 Events related to the participation of the **Health Insured** in any kind of professional sports or in sports as sportsmen (sports competition, training, demonstration show etc.) Herewith, will be reimbursed urgent hospital and urgent out-patient treatment, scheduled surgical treatment including any surgical intervention caused by cases indicated in this article and/or their complications;

4.1.12 Costs for examination and treatment of congenital and genetic diseases, defects, pathologies and their complications; Herewith, will be reimbursed urgent hospital and urgent out-patient treatment, scheduled surgical treatment including any surgical intervention caused by cases indicated in this article and/or their complications;

4.1.13 Costs for exoprosthesis (including dental health service) and orthopedic endoprothesis (except traumas); transplantation (including transplants), also costs for defibrillator and implanted artificial pacemaker equipped with apparatus for heart resynchronization therapy; Costs for robot-assisted surgery; Costs for therapeutic and surgical dental care which is needed for preparation by means of orthodontical and orthopedical treatment; (except those defined in card); as well as general anesthesia or laughing gas anesthesia during dental services;

4.1.14 Costs for ablation (interventional cardiology):

4.1.15 Costs for additional and exclusive services during hospitalization (for example: nonstandard room, hired doctor and etc.)

4.1.16 Costs for services carried out without medical evidence;

4.1.17 Costs related to examination of materials to be tested abroad (including costs for sending such materials abroad), no matter whether sending of the materials is organized by the **Health Insured** or by the medical Institution operating within the territory of Georgia (this restriction does not extend to Insurer's provider clinics).

4.1.18 Costs related to telemedicine;

4.1.19 Costs for treatment of diseases not disclosed by the **Health Insured** in the individual insurance application (if such application was filled in by **Health Insured**).

4.1.20 Cost of Medical Services provided in the period of imprisonment;

4.1.21 diagnostics, chemo and radio therapeutic treatment, hormone therapy of benign as well as malignant tumors, also costs for examinations and medications related to these procedures;

4.1.22 Costs for pregnancy and delivery (except for those defined in Card);

Note: In cases when in regard to specific Health Insured person medical service is provided for/covered by any federal/ referral/Health program(s) (which means aforementioned Health Insured fulfills the criteria defined for the beneficiaries of such programs), the **Insurer** undertakes to cover/reimburse the **Health Insured's** Share of the costs (if such is considered) defined per such program for specific medical service. Also, if the **Health Insured** enjoys medical services at a **medical institution** where corresponding state programs are not operating, the **Insurer** takes responsibility to cover fully the costs for medical services enjoyed by the **Health Insured** in accordance with the terms of the **insurance Agreement.**

Appendix N2 of the Health Insurance Contract

Standard terms and conditions of the Insurance Contract RH-Uno-Active-001-2026

1. **Insurance Contract** - a set of term and conditions provided in this **Health Insurance Contract** and its annexes, which constitutes a single health Insurance Contract and it is concluded between the Insurer and the Insured;

2. Rights and obligations of the parties

2.1. Insurer is obliged:

2.1.1 To provide an insurance in accordance with the terms and conditions stipulated in the **Insurance Contract ;**

2.1.2 **Give the Insurer an electronic insurance policy for the Insured**, immediately after the conclusion of the **insurance contrac**;

2.1.3 To issue the insurance compensation on time and in full in accordance with the terms and conditions specified in the **Insurance Contract** ;

2.1.4 In case of a **claim** submitted to the **Insurer by a party of the Insurance Contract** , the Insurer must provide a written response regarding the circumstances specified in the claim within 30 (thirty) calendar days from the date of receipt of the claim. Only **the claim** received in accordance with the procedure specified in the Insurance Contract (in accordance with Appendix #4) shall be reviewed by the **Insurer**.

2.2 The Insurer is entitled to:

2.2.1 require from the **Insurer/Insured** to properly fulfill the obligations stipulated in the **Insurance Contract** ;

2.2.2 Require **from the Insured** to pay **the full insurance premium (premium) in one-time and in advance, or the first and last month's insurance premium (premium) in advance, before the start of the insurance period, and to pay the remaining insurance premium in installments (monthly);**

2.2.3 Require from the **Insurer/Insured to submit the information necessary for concluding an Insurance Contract** in a form established by him/her, among them, by filling in an **insurance application**;

2.2.4 Not to reimburse the cost(s) of medical services not covered by the **Insurance Contract ;**

2.2.5 Refuse to pay the insurance compensation in case of non-fulfillment or improper fulfillment of the obligations assumed under **the Insurance Contract by the Insurer/Insured**;

2.2.6 Refuse to pay the insurance compensation if the medical service is provided after the end of the **insurance period,** regardless whether the **insurance event**/medical service has been completed by the end of the insurance period;

2.2.7 Refuse to finance the **medical service/insurance event** if, by the date of commencement of the service, the **insurance period** provided in the **Insurance Contract** has expired. Also, do not issue an **application/guarantee letter**, the validity period of which exceeds the **insurance period**;

2.2.8 Conduct an examination of the **Insured** by an authorized medical expert and to review (and, if deemed necessary, to request) his/her medical history. Also, the **Insurer's** representative is authorized to verify the volume of medical services and the incurred expense(s) for the **Insured** at the **medical facility**;

2.2.9 Change/remove/add a **provider** from the list of **providers** at any time, about which an updated information can be obtained via the Insurer's call center;

2.2.10 In case of detection of falsification or attempt to falsify the terms and conditions of the **Insurance Contract** by the **Insurer**, upon detection of each such case, the **Insured** shall be required to pay a penalty of 5,000.00 (five thousand) GEL. Alo, upon detection of such case(s), the **Insurer** shall be entitled to unilaterally terminate the **Insurance Contract** and to demand compensation for the damage/loss;

2.2.11 Not to issue insurance compensation in case of detectiing the fact of occurrence of an **insurance event** by the **Insured** (or with the participation of the **Insured**) and/or falsification of the document(s) necessary for receiving the compensation, as well as the fact of submission of false information. In addition, in case of detection of each such fact, the **Insurer** is entitled, as a penalty sanction, to demand from the Insured to pay 1,000.00 (one thousand) GEL and at the same time, unilaterally to terminate the insurance, and if the compensation has already been issued, to demand the payment of 2,000.00 (two thousand) GEL as a fine. The demand for a fine does not deprive the **Insurer** of the right to demand the compensation for the damage/loss;

2.2.12 If it is determined that the **Insurer** has in any way Insured/facilitated the insurance of the **persons** who are not considered to be **Insured under the Insurance Contract** , then **the Insurer** is entitled to demand payment of the penalty in the amount of 3,000.00 (three thousand) GEL for each such case, in addition, the **Insured event** related to such person(s) shall not be subject to compensation by the **Insurer**, and if the compensation has already been issued, the **Insurer** is obliged to unconditionally return it back to the **Insurer**, in such a case the **Insurer** is entitled to unilaterally terminate the insurance of the **Insured**;

2.2.13 In order to provide **the Insured** with the medical services timely and effectively in **medical institutions**, to provide information about the **Insured** (among them, personal data) to the **medical institutions**. The **Insurer** confirms that he/shee has obtained the written consent of the **Insured and** in this regard and, in cae of the **Insurer's** request, he/she immediately submits the relevant documentation to the **Insurer**.

2.2.14 After providing the reimbursement for the medical expenses to the **Insured**, the **Insurer** reserves the right to request compensation for the relevant expenses from the persons responsible for the damage caused to the health of the **Insured**;

2.3. The Insured is obliged to:

2.3.1 Provide a **one-time** and **advance** payment of the **full** insurance premium (premium), or the payment of the **first** and **last** month's **insurance deposit (premium), before the start of the insurance period**, and payment of the remaining insurance premium **in installments, monthly**.

2.3.2 Ensure the submission of accurate information necessary for concluding **an Insurance Contract to the Insurer** in the form established by the **Insurer**, among them, by filling in an **insurance application** (if any);

2.3.3 Ensure the delivery/transfer to the Insured of any information/documentation intended for the **policy and the Insured person**, among them, the **information sheet** intended for the insurance product, the document reflecting the **important terms of the Insurance Contract** , and the relevant document for submitting a claim to the **Insured person** within the framework of the **Insurance Contract** ;

2.3.4 To introduce the **Insured person** about the **insurance terms and conditions** specified in the **Insurance Contract** and the obligations imposed on them pursuant to the **Insurance Contract** .

4 The Insurer is entitled to:

2.4.1 Upon occurrence of an **insurance event**, request **from the Insurer** to issue the insurance compensation in accordance with the terms and conditions specified in the **Insurance Contract** ;

2.4.2 In case of loss or destruction of the **plastic card (if any),** to request the from **Insurer** to issue a duplicate of the lost plastic **card**, the costs of which shall be paid by the **Insurer**;

2.5 The Insured is entitled to:

2.5.1 receive insurance compensation from the **Insurer** in accordance with the terms and conditions stipulated in the **Insurance Contract** ;

2.5.2 require from the **Insurer** to provide him with any documentation/attachment/information within the scope of this **Insurance Contract** , both in written and electronic form.

2.6 The Insured is obliged to:

2.6.1 receive medical services only in **medical institutions** with the appropriate license/permit;

2.6.2 submit the documents in Georgian specified in Appendix #1 to the **Insurer**, in accordance with the insurance event,. Documents not in Georgian may be submitted to the **Insurer** only after translating into Georgian and their notarization.

3. Terms and condition of payment of insurance premium

3.1 The amount of the **insurance premium (deposit)** and the procedure/schedule for its payment shall be determined in accordance with the **electronic insurance policy of the Insurance Contract** ;

3.2. The Insurer/Insured is obliged to pay the first insurance premium, specified in the insurance policy, before the start of the insurance period. The insurance comes into force only upon the payment of the first or one-time insurance contribution of the insurance premium by the Insurer under the insurance policy.

3.3 In case of payment of the insurance premium in installments (monthly), if the next insurance premium is not paid in full within the established period, then the Insurer is entitled to set an additional two-week period for payment of the premium. If an Insured event occurs after this period and the payment is not made, then the Insurer is released from the obligation of payment, this period is determined by means of a short text message specified in the paragraph 3.4.

3.4 In case of payment of the insurance premium in installments (monthly), the Insurer/Insured will receive a short text message (SMS) (hereinafter referred to as the "notification") to the mobile phone number specified in the insurance policy one day before the payment of the due insurance premium provided for in the policy, and also no later than 3 (three) business days from the date of origin of the вуие, indicating the insurance policy, the amount of the premium and the payment date. In case of failure to pay the insurance premium within the period specified in the notification, on the following day from the expiration of the 2-week period specified in clause 3.3, a second notification will be sent to the Insurer/Insured, indicating that the Insurance Contract is subject to termination in case of failure of payment of the insurance premium within the term of 1 (one) month from the date of sending the notification to the recipient.

3.5 In addition, the Insurer/Insured is obliged to notify the Insurer in writing or electronically (by sending a letter to the address specified in the policy and/or by sending a message to the Insurer's email address uno_support@imedil.ge from the email specified in the policy), about the change in the mobile number specified in the insurance policy, otherwise the notification sent to the number specified by the Insurer/Insured in the insurance policy shall be deemed as to be delivered from the date of its sending.

3.6 The clearing specified in this Article is permitted only by means of billing, accordingly, in case of insurance premiums paid in any other way or insuch case if the insurance premium has not been paid in full, the insurance policy may be canceled by the Insur**er. 3.8 In** case of failure to pay the insurance premium within the period specified in the Insurance Contract , both the insurance premium in full and the income not received by the Insurer in the amount corresponding to the interest determined in case of placing each tranche of the insurance premium to be received on a deposit with a banking institution shall be subject to the claim.

4. Termination of the contract:

4.1 The start and end dates of the **Insurance Contract (insurance period)** are determined by the **Insurance Contract;**

4.2 The following may serve as grounds for termination of insurance provided in the **Insurance Contract** :

a) full fulfillment of the obligations assumed by the **Insurer**, i.e. full exhaustion of the relevant **compensation limit**, if the relevant premium has been paid in full;

b) failure to fulfill the obligations assumed by the other party;

c) written agreement of the parties;

d) without any grounds, by the initiative of the Insurer/employer/Insured, within 14 (fourteen) calendar days from the conclusion of the contract (by sending a request to all contact e-mail addresses of the Insurer provided in the contract). The right to terminate the contract does not occur if the receipt of the service is directly and clearly requested before the expiration of the contract;

e) other cases provided for by **legislation and/or the Insurance Contract** ;

4.3 In case of the **Insurer's** desire to terminate the **Insurance Contract** before its term or if the **Insurer**'s early termination of the **Insurance Contract** is due to the **Insurer's** failure to fulfill/improper fulfillment and/or violation of its obligations, the issue of payment of the **insurance premium to the Insurer** is regulated as follows: If the Insurer's desire to terminate the insurance relationship is due to a valid reason(s) confirmed/substantiated by evidence(s), and the condition set forth in Clause 4.4 is not applicable the **Insurer** shall be refunded the paid portion of **the total unearned premium**, however, for the avoidance of doubt, the **total earned insurance premium** shall be subject to payment by the Insurer in any case. In the absence of the above-mentioned valid reasons and Clause 4.4, or if the **Insurance Contract** is terminated at the initiative of the **Insurer**, which is due to the failure/violation/inadequate fulfillment of the obligations assumed by the **Insurer**, as well as in the event that the condition set forth in Clause 4.4 applies. the **insurance premium** provided for the remaining insurance period is not subject to return to the **Insurer**, and if the unearned premium has not been paid at the time of the cancellation request, payment must be made in full no later than 2 (two) business days after the request for termination of the contract. For the avoidance of doubt, in the above-mentioned case, the **insurance premium (earned and unearned)** is subject to full payment by the **Insurer** in any case.

4.4. **Special condition:** If at the time of requesting cancellation of the insurance, the Insured has requested and/or used the insurance service and/or gift/benefit and requests cancellation of the Insurance Contract , the **insurance premium** considered for the remaining insurance period **is not** subject to return to the **Insurer**, and if the unearned premium has not been paid at the time of requesting cancellation, payment must be made in full no later than 2 (two) business days after the request for termination of the contract, also, **any benefit/gift received within the framework of this Insurance Contract is subject to compensation/return by the Insurer.**

If at the time of the request, the Insured has not requested and/or used the insurance service and/or gift/benefit and requests cancellation of the contract, the premium already paid shall not be refunded, except for the cases provided in subparagraph 4.2 "d" of this contract.

For the purposes of this article, requesting/using the insurance means at least one visit to a family doctor and/or at least one issued and used referral/issued bill.

If the policyholder has purchased the policy from the financial institution and the insurance premium is paid in instalments and/or by a loan, in case of cancellation of the policy for any reason, both the earned and unearned insurance premiums are not subject to be refunded by the insurer.

5. Statements and Warranties of the Parties

5.1 By signing/confirming the **Insurance Contract** /paying the Insurance Premium, the **Insurer** confirms and warrants that:

5.1.1 The Insurance Contract has been concluded by him/her as a result of reasonable judgment;

5.1.2 has received all necessary information and explanations from the **Insurer** regarding the terms and conditions of the **Insurance Contract** ;

5.1.3 the **terms and conditions of the Insurance Contract** fully reflect the agreements and conditions reached between the parties at the stage of consideration and preparation of the contract.

5.1.4 has provided the **Insured** with comprehensive and complete information regarding the terms and conditions of the insurance, the **information sheet and the claim** form posted on the **Insurer's** website, as well as information that inclusion in the private insurance scheme will result in the cancellation of the state universal insurance policy of the Insured.

5.1.5 the **Insurance Contract** does not contain ambiguous terms or unusual obligations and/or notes for him/hert;

5.1.6 he/she has full authority to conclude and execute the **Insurance Contract** ;

5.1.7 In the event that the **Insurance Contract** is concluded for the benefit of third parties (**insured persons**), it has obtained all necessary consents from such third party(ies): (a) to conclude the **Insurance Contract** and to provide insurance in his/her/their favor and (b) to the fact that the **Insurer** will fully and unrestrictedly exercise the powers granted by the sub-clause 2.2.8 and (c) to cancel the general insurance policy; also, if the Insurer so requests, the Insurer is obliged to immediately submit the written consent of the insured, otherwise the insurance company is entitled to refuse the insurance compensation. In addition, in the event of failure to provide the aforementioned consent, all liability for the ensuing consequences shall lie with the Insurer.

5.1.8 If the **Insurance Contract** is concluded for the benefit of third parties (in favour of the **Insured Persons**), he/she shall thoroughly and completely explain to him/her all the conditions provided for by the **Insurance Contract**, as well as all the obligations and responsibilities that may be imposed on them based on them;

5.1.9 He/she is aware that only **persons subject to insurance** may be insured on the basis of the **Insurance Contract**.

5.1.10 Any change in the terms of the **Insurance Contract** that worsens the rights/obligations or conditions provided by the **Insurance Contract** of **the Insured/Insurer** shall be subject to prior notification to the party.

5.2 The **Insured** confirms that he is aware that the **Insurer** concludes the **Insurance Contract** with him/her based on his/her above-mentioned statements and guarantees.

5.3 By signing/confirming the **insurance contract**/paying the insurance premium, the **Insurer** confirms that in case of non-fulfillment or improper fulfillment of the obligations assumed by the **Insured** under the **Insurance Contract**, the **Insurer's** liability is **joint** with the liability of the **Insured/Insurer**;

6. Dispute, compensation of damages

6.1. Any dispute arising between the parties shall be resolved by mutual agreement of the parties, and in case of disagreement - through the Tbilisi City Court, in accordance with the **legislation**.

6.2 In the event of disputes/disagreements related to the performance of this Agreement, in order to resolve them by mutual agreement/settlement, the parties, as well as the Insured and the Beneficiary, have the right to contact the mediator of the Insurance Mediation of the Georgian Insurance Companies Association via the telephone line: 2555155, or at the address: 24 Mosashvili Street, Tbilisi, or by the e-mail address: mediacia@insurance.org.ge. The general expenses related to the Insurance Mediation process of the Georgian Insurance Companies Association are financed from the membership income of the Georgian Insurance Companies Association.

7. Force Majeure

7.1 The parties are exempted from fulfilling their obligations under the **Insurance Contract** if the reason for the failure to fulfill and/or improper fulfillment of the obligation(s) stipulated in the insurance contract was the occurrence of force majeure circumstances (natural disaster, war, military maneuvers, sabotage, as well as other events that, independently of the will of the parties, prevented and/or made it impossible for the parties to fulfill their obligations);

7.2 The validity of the **Insurance Contract** shall be suspended until the end of the force majeure circumstances;

7.3 If the duration/impact of force majeure circumstances continues for more than 3 (three) months, each party is entitled to request termination of the **Insurance Contract**;

7.4 Upon request by a party, confirmation of the existence/termination of force majeure circumstances shall be carried out by a competent authority.

8. Set-off of Mutual Claims

8.1. The **Insurer** is entitled to set off any mutual claims by providing the **Insurer/Insured** with appropriate notice; in the event of multiple claims, the necessity and sequence of set-offs shall be determined by the **Insurer** solely and at its own discretion;

9. Communication between the Parties

9.1 Any official communication between the Parties shall be in writing. Written notices to a Party may be delivered personally or sent by courier (including international courier) or postal mail (including insured mail). The Parties agree that for the purpose of expediency and subject to the provisions set forth below, it is permissible for the Insurer to provide notices to the **Insurer/Insured** in connection with any relationship arising under the **Insurance Contract** by fax, e-mail, short text message or any other operative means determined by the **Insurer**, provided that, upon request of the **Insured/Insured**, a written notice shall also be provided to him/her within a reasonable time after such request (for the avoidance of doubt, the Parties acknowledge, acknowledge and agree that if the **Insurer/Insured** does not request a written notice within a reasonable time, a notice sent in a non-written form shall not be deemed to have been sent without the proper form);

9.2 A notice shall be deemed to have been delivered on the day of its receipt by the addressee if the receipt of the notice is confirmed by the addressee (including by electronic document, receipt, etc.). If the receipt of the notice is not confirmed by the addressee, any such notice shall be deemed to have been sent and received in accordance with the appropriate procedure: a) in case of sending a written notice by courier or insured postal item – on the day of confirmation of delivery; b) in case of sending by e-mail, short text message and/or other electronic means – from the date of sending the relevant notice to the addressee, c) in case of sending by any other operational means established by the **Insurer** – on the second business day after the date of sending.

9.3. The **Insured** is entitled to request the cancellation of the **Insurance Contract** by the Insurer, both by writing a statement and by means of a notification sent via e-mail.

9.4. The notification is considered received even if the notification is returned to the sending party at the address sent due to the absence of the addressee of the notification, the recipient refuses to receive the notification, or avoids receiving it.

9.5. The parties shall communicate at the address specified in the **Insurance Contract** (or at any other address notified by one party to the other in writing). The party shall be obliged to promptly notify the other party of any change in the specified address(es) or any of their data, otherwise, the communication (sending of notices, etc.) carried out by the party at the specified address shall be deemed to have been duly performed.

10. Final provisions

10.1. An **Insurance Application** (if any) is an integral part of the **Insurance Contract**;

10.2 The parties confirm that the content of the **Insurance Contract** accurately expresses the will of the parties and that their will was expressed as a result of a reasonable assessment of the content of the **Insurance Contract** and not solely from its literal meaning.

10.3 The invalidity of any article(s), clause(s) and/or subparagraph(s) of the **Insurance Contract** shall not result in the invalidity of the entire **Insurance Contract** and/or other related contracts or/and their other articles, clause(s) and/or subparagraph(s). Instead of the invalid provision, a provision shall be applied that more easily achieves the purpose set forth in the **Insurance Contract** and/or other related contracts (including the invalid provision).

10.4 The terms of the **Insurance Contract** are confidential and any information/documentation related to the **Insurance Contract** (including the insurer/insured) shall be transferred to third parties only in accordance with the procedure established only by the **legislation**, as well as in cases provided for in writing by the parties. However, the above restriction shall not apply to:

a) information that will be released/disclosed for the purposes of conducting an audit of the **Insurer** and/or providing consulting services to the **Insurer**;

b) information that is or becomes publicly available independently of the parties;

c) information the disclosure of which the parties agree in writing;

d) information the disclosure of which will be made by either party in accordance with the requirements of the legislation and/or relevant regulations (including, in the case of the Insurer, in accordance with and in compliance with the requirements of the stock exchange where the shares of its beneficial owner are traded). Notwithstanding the above, by signing the Insurance Contract, the insurer grants the **Insurer** the unconditional right, if the **Insurer** violates the payment obligation provided for by the **insurance contract**, without any additional agreement, to transfer all types of credit and related information about the **Insurer** in its possession to an organization that maintains a unified database of dishonest payers.

10.5 The **Insurance Contract** and/or other related contract(s) shall fully apply and be binding on the parties' successors or heirs/legal successors.

10.6 The **Insurer/Insured** shall not have the right to transfer or assign to a third party any obligation or right assumed by him under the **Insurance Contract** (including its annex(es)) without the **Insurer's** prior written consent. The **Insurer's** refusal shall preclude the possibility of carrying out any of the above-mentioned actions and/or transactions, and accordingly any action or transaction carried out in violation of this rule shall be null and void and shall not produce any legal consequences, except for cases expressly provided for by the **legislation**.

10.7 In such cases which are not considered by the **Insurance Contract**, the parties shall be guided by the relevant regulatory norms established by the **legislation** and/or additionally agreed terms.

10.8 If the Insurance Contract is concluded in two or more languages and one of the languages of the Contract is Georgian, when interpreting the Insurance Contract and/or other related Contract(s), the text drawn up in Georgian shall prevail, and if the Insurance Contract is concluded only in the Russian and English languages, the English version shall prevail.

Appendix N3 to the Health Insurance Contract

Consent of the Insured Persons about processing the personal data under this Contract

Identity of the person responsible for the processing and his/her basic activities:

JSC "Insurance Company Imedi L" (I/N: 204919008; Address: Tbilisi, Vaja-Pshavela street 53A Tel.: +995 322 922 222 E-mail: personaldataofficer@imedil.ge) (hereinafter - the "Insurer") is an insurance organization, the main activity of which is the provision of insurance services in various fields, namely: insurance of health and life, travel, auto, property, etc.

The "Insurer" will process the personal data "Insured" as part of its basic activity, namely:

Directly identifiable data (name, surname, personal identification number, citizenship, date of birth, other information on a copy of the ID card), contact data, as well as marital status, employment, profession, workplace, education, details of the Insurance Contract, bank account details, information about the insurance policy, the object of insurance and other information necessary for the provision of insurance services. Depending on the specific insurance event, the following may also be processed: information related to the health status (in case of life and health insurance), information about the time the Insured was under the influence of alcohol, narcotics or psychotropic substances during a specific insurance event (in case of health/life insurance), the date of death of the Insured, the cause of death and medical documentation related to death (if any), including relevant expert opinions regarding the cause of death (in case of life insurance), the travel period of the Insured, country and passport data (in case of travel insurance), information about the property owned (in case of property insurance).

The Insurer processes the data of the Insured both automatically and non-automatically and semi-automatically. The processing includes the following actions:

Data collection, retrieval, recording, verification, storage, disclosure, use, deletion/destruction and all other actions necessary for the legitimate purpose of processing. Also, in individual cases (within the framework of a travel insurance, reinsurance agreement), data may be transferred to the partner of the Insurer, specialized service providers registered in another state. In such cases, the Insurer complies with the rules established by legislation, and on the basis of the agreement concluded between the Insurer and the relevant company, the Insurer and the receiving company provide appropriate guarantees of data protection and undertake taking the necessary organizational and technical measures for secure transfer of the data.

The purposes of processing the above-mentioned data are as follows:

Review of applications of the Iinsured (insurance application, claim/complaint, information request, etc.), provision of quality service to you, effective performance of the Insurer's main activities (among them, identification of insurance events and response to them, issuance of insurance policies), fulfillment of the Insurer's obligations under the legislation and the Contract.

All rights of the Insurer/Insured guaranteed by the Law of Georgia "On Personal Data Protection" are protected. The Insurer/Insured has the right to:

1. Request information (purposes, grounds, processing period, sources of data collection, etc.) regarding the processing of data and receive copies thereof free of charge;

2. Request the correction, updating and/or completion of incorrect, inaccurate and/or incomplete data;

3. Request the termination, blocking, erasure or destruction of data processed without grounds;

4. Request the automatically processed data in a structured, commonly used and machine-readable format or request the transfer of these data to another person responsible for its processing;

5. At any time, refuse the given consent, which implies the possibility of withdrawing the consent without any negative consequences. At the same time, upon withdrawal of the consent, the processing of data will be terminated, accordingly the legal relationship, the provision of insurance services to the Insured, unless there is another independent legal basis for the processing (in order to withdraw consent, the Insurer/Insured must contact the Insurer on the above-mentioned contact details);

6. In case of possible violation of the rights provided for by the Law of Georgia about Personal Data Protection, the Insurer/Insured may contact us by using the above –mentioned contact details and/or, in accordance with the procedure established by the law, address the Personal Data Protection Service or the court.

The Insurer is responsible for the confidentiality of the data of Insured/Insured and adheres to the organizational and technical data security measures. Other details related to the processing of personal data by the Insurer (grounds of processing, contact details of the personal data protection officer, data recipients, etc.) are provided in the privacy statement.
For the purposes of this consent, for the purpose of sharing the data, the following are considered as permitted third parties: the Company's shareholder - JSC "A Group" and its group companies, JSC "Mega-Lab", JSC "Gefa", JSC "Evex Clinics" (and its network of clinics), JSC "Evex Hospitals" (and its network of hospitals), as well as those medical institutions, laboratories, or pharmaceutical companies (providers of the healthcare services) which, on the basis of the relevant Iinsurance Contract, are defined as service provider companies, in order to ensure the provision of relevant

insurance services, both currently and in future, and to offer and/or provide insurance services tailored to the interests of the Insured.

Data processing includes any operation performed by the Insurance Company, including data collection, retrieval, access, photography, video and/or audio monitoring, organization, grouping, interconnection, storage, alteration, restoration, retrieval, use, blocking, erasure or destruction, as well as disclosure of the data by transmission, publication, dissemination or otherwise making available. Data will be processed by the Insurance Company only for the purpose it was collected and/or was/is provided for by legislation.

Transfer of the personal information to third parties (except the above-mentioned persons), in particular, the state, regulatory authorities, entities financing the service or its part, law enforcement agencies, etc., will be carried out in accordance with the procedure established by lelislation. Theis information may be transferred even in cases not directly provided for by legislation, to protect the legitimate interests, based on reasonable needs and/or the essence of the request;

When using the services of the Insurance Company, as well as after its termination, processing of the personal information by the Insurance Company for the specified purposes will continue for the period that corresponds to the purposes of the insurance service and/or is required by regulatory authorities and/or is provided by legislation.

The Insurer/Insured Person also agrees that his/her personal data may be processed for direct marketing purposes within the scope and manner permitted by legislation.

The Insurer confirms and agrees that the Insurer may process his/her personal data (name, surname, address, telephone number and e-mail address) for the purpose of direct marketing (offering or informing about goods, ideas, services, work and/or initiatives) (sending advertising messages by telephone, mail, e-mail or other electronic means), as well as for the same purpose, transfer the said data to the following related (affiliated) companies, 50% or more of whose shares/stocks are directly or indirectly owned by JSC "Georgia Capital" (ID number: 404549690)).

The Insurer is informed that consent to processing the data for the direct marketing purposes is not mandatory and the refusal or subsequent withdrawal of consent will not result in termination of the main service/refusal of the service. In addition, he/she has the right to request termination of the processing at any time, and the Insurer ensures the realization of this request completely free of charge. Among them, consent can be withdrawn by the phone number (+995 322 922 222), by E-mail (personaldataofficer@imedil.ge) or by submitting a request to any office of the Insurer.

The Insurer/Insured Person confirms that he/she has received the complete and exhaustive information about his/her rights under the legislation of Georgia, including that, upon his/her request, the Insurance Company is obliged to correct, update, add, block, delete or destruct the data if it is incomplete, inaccurate, not up-to-date, or if its collection and processing were carried out by violation of the law.

In addition, in order to implement a high standard of personal data protection and to manage/resolve any issues or problems related to their processing as effectively as possible, the Insurer/Insured person is entitled to contact the Personal Data Protection Officer of the Insurance Company for consultation at any time by the following e-mail address: personaldataofficer@imedil.ge and, based on the current needs, to receive the qualified and operational service in the shortest time limit.

The Insurer confirms that he/she has obtained the written consent of the Insured in this regard and, upon the Insurer's

request and shall immediately submit to the Insurer the relevant documentation - the consent signed by the Insured in accordance with the form specified in this Article. If the Insurer is subject to a fine and/or suffers any kind of damage/loss due to the violation of the above obligation by the relevant authorized person, then the Insurer undertakes the resposibility to fully pay the Insurer the fine imposed to it (including a fine, if any) and compensate him/her the incurred damage/loss.

The Insured confirms that he/she has read these terms and conditions and understands the above-mentioned information and gives his/her consent with the above-mentioned conditions,

Claim form Annex #4

Data of the insured cusstomer

Surname, name _____

Date, month, year of birth: _____ Personal number: _____

E-mail. Address: _____ Contact number: _____

Insurance policy number: _____ Insurance period: _____ from _____ until

Type of Insurance: ☐ Corporate ☐ other _____

Name of the organization from which the customer is insured _____

The applicant/customer and the insured/customer are the same person ☐

Data of the Applicant customer:

Surname, name/name of the organization: _____ Personal numer: _____

Contact number: _____ E-mail address: _____

Contact with the insured customer: _____

☐ Guarantee letter ☐ reimbursement Other _____

Type of medical service provided/carried out: ☐ Inpatient ☐ Medicines Other _____

	☐ Stomatology	☐ Hospitalization
Was it reviewed or not Your insurance case/claim?	☐ Yes	☐ No

Please, formulate your request: _____

Please select only one method of receiving the response:	☐ Receive the response via E-mail; ☐ Receive the response in the company's service center.
Please indicate one method of receiving the response if the **request made in this complaint is satisfied**:	☐ I agree to receive the response via E-mail; ☐ I agree to receive the response in the company's service center.
Signature of the insured/applicant customer: _____	Date: _____

The application will be reveiwed within 30 calendar days from the date of filing in the claim

Thank you for using our service

Appendix #5 of the Health Insurance Contract

Statement of refusal from the Contract

To: JSC "Insurance Company Imedi L"

Name of the applicant's, identification number:

Statement

(About cancellation of the policy)

Please cancel the health insurance contract # (----------) (hereinafter referred to as the "Contract"), in accordance with subparagraph “d” of the paragraph 4.2 of the Annex #1 of the contract.

Signatory:

Date:

Appendix #6 – Form of requesting the consent for processing the personal data

JSC "Insurance Company Imedi L" processes my personal data on ..... (date) based on the consent given by me.

I am aware that I have the right to canceel the above-mentioned consent, and I have been informed that refusal on processing my personal data will result in the termination of the service for me. In case of the request for termination, deletion or destruction of the data processing, as well as in the event of withdrawal of the consent about the data processing, all services/products that I receive from the company will be terminated. I am aware that the data processing must be terminated and/or the processed data must be deleted or destructed no later than 10 (ten) business days from the request, unless there is another basis for the data processing.

Request

- I am informed that withdrawal of the consent does not result in the cancellation of the legal consequences arising before withdrawal of the consent and within the scope of consent;
- I understand that processing of the personal data is necessary for the provision of services to me, the fulfillment of the obligations established by legislation for the Company, and that refusal to process the personal data will result in termination of the provision of the services/products to me;
- I exercise my right to request blocking, termination of processing, deletion and destruction of the personal data processed about me;
- I exercise my right to withdraw the consent I have issued for processing the data at any time.

☐ **I request my personal data:**

☐ **To be blocked**

☐ **To terminate its processing based on the withdrawal of the informed consent**

☐ **To be deleted**

☐ **To be destructed**

Name, surname, P/N:	**Signture:**
Date: (Day/month/year)	