

ALMENNIR SKILMÁLAR OG
SKILYRÐI VÁTRYGGINGARINNAR
SÖFNUNARLÍFTRYGGING

GENERAL TERMS AND CONDITIONS
FOR THE INSURANCE PRODUCT

Wealth
Insuring

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Almennir skilmálar og skilyrði vátryggingarinnar Söfnunarlíftrygging

NOVIS „Wealth Insuring“

Vátryggingarsamningurum NOVIS söfnunarlíftryggingu samanstandur af vátryggingarumsókn, þessum vátryggingarskilmálum útgáfum GTC-17190404 ásamt viðeigandi ákvæðum íslenskra laga.

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General Terms and Conditions for the Insurance Product

NOVIS „Wealth Insuring“

NOVIS „Wealth Insuring“ is governed by the individual insurance contract, these general terms and conditions version GTC-17190404 (further on "GTCs") and respective provisions of the Icelandic Law.

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6.

The insured event is a happening defined in the insurance contract, which occurs during the insurance for which the insurer provides an insurance benefit.

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18.

The insured sum of the agreed insurance risk is the amount, from which the amount of the insurance benefit is determined.

19.

The cumulative insured sum is the sum of all insured sums, agreed in the insurance contract. The cumulative insured sum must

achieve the minimum limit specified by the insurer.

20.

The insurance benefit is the settlement or other in monetary value expressed payment, which is provided by the insurer for the insured event agreed in the insurance contract. Based on the agreement between the policyholder and the insurer the insured event can also be paid in physical gold or in cryptocurrency.

21.

NOVIS Insurance Fund consists of various means of investment managed by the insurer or person appointed by the insurer.

22.

The investment unit is the basic unit of a NOVIS Insurance Fund with a stable value of 1 €.

23. The insurance account is an account, managed by the insurer for each insurance contract, and on which the investment units of each insurance fund of the policyholder are recorded.

24. The balance of the insurance account expressed in

Euro is identical to the number of investment units, because the value of individual investment unit is constantly 1 €. The number of investment units of the insurance account changes each month as per the investment process, described in article 8 of these GTCs.

25.

The allocation ratio is the distribution ratio of the investment funds of the insurance account, determined by the policyholder and managed by the insurer for the policyholder's insurance contract. The policyholder has the right to determine the allocation ratio in the insurance contract and to meet the other contract terms and conditions.

26.

The agreed premium is the sum of single premium and regular premiums based on the payment obligation period set in article 5 of these GTCs. The policyholder can decide before the conclusion of the insurance contract if he wants to have the combination of single premium and regular premium payment or just single premium or regular premium payment.

27.

The deductions from the insurance account in the sense of article 8 of these GTCs are the financial compensations for the coverage of the insurance risks agreed upon in the insurance contract and for the costs of the insurance company in connection with the insurance contract.

28.

The social security in these GTCs means Social Insurance Administration (Tryggingastofnun), which is justified in the sense of the legislation valid in Iceland to make decisions in the social security or social protection sphere.

Advanced payment for future insurance benefit (further on "advanced payment") is a settlement, that the insurer provides prior to the occurrence of an insured event.

Waiting period is the time period which postpones the start of

26. **Almannatryggingar** eru samkvæmt þessum vátryggingarskilmálum stjórnun almannatrygginga eða Tryggingastofnun, þar sem almannatryggingar og gildissvið félagslegra trygginga er ákváða samkvæmt gildandi lögum á Íslandi.
27. **Fyrirframgreiðsla vegna framtíðar tryggingarbotá** (nánar undir „fyrirframgreiðsla“) er greiðsla, sem vátryggjandi greiðir áður en vátryggður atburður gerist.
28. **Bjótiði** er titabeli þar sem gildistöku vátryggingarverndar er frestað vegna ákvæðinarr áhættu. Þau tilfelli þar sem vátryggjandi beitir þessari frestun sem tímalegt hennar fyrir ákvæðna vátryggingaráhættu eru útskýr nánar í 18. grein þessara vátryggingarskilmála eða í ákvæðum skilmálaus vegna þeirrar vátryggingarverndar sem um ræðir.
29. **Gjaldmiðill vátryggingarsamningsins** er Evrur.

Grein 3

Gildistaka vátryggingarsamningsins

1. Vátryggingasamningurinn tekur gildi um leið og vátryggingartaki fær tilkynningu um að umsókn hans um vátryggingu hafi verið samþykkt.
2. Vátryggingarskírteinir sem gefið er út af vátryggjanda er skjal til staðfestingar á því að vátryggingarsamningur hafi tekið gildi.
3. Samningsáðilar samþykja að það megi einnig gera alla lagagjöminga s.s. tilkynningar í gegnum tölvupóstsamskipti. Samningsáðilum er skilt að nota tölvupörfing, sem samþykkt voru í vátryggingarsamningnum (á vátryggingarumsókn) eða hafa verið gefin upp síðar.

Grein 4

Upphaf og lok vátryggingar

1. Vátryggingarvernd hefst kl. 0.00 á miðnætti bess dags sem samþykkt hefur verið að sé tæknilegur upphafsdagur vátryggingarverndarinnar, en í fyrsta lagi frá þeiri stundu þegar vátryggjandi sendir staðfestingu um að vátryggingarsamningurinn hafi tekið gildi.
2. Vátryggingarsamningi lýkur með andlátí vátryggingartaka. Þetta gerist hins vegar ekki ef vátryggingartaki er ekki sá sami og hinn vátryggjandi samþykkti vátryggingarsamningnum. Ef svo er, þá verður hinn vátryggjandi nyji vátryggingartakinum, ef vátryggjandi samþykkt það. Hlöð sama við ef lögáldi sem gerið samninginum um vátryggingu við vátryggjanda, er leystur upp (t.d. gjaldþrota-skipi, hættir).
3. Vátryggingunnin lýkur einnig ef uppsögn vátryggingarsamnings undirrituð af vátryggingartaka berst samkvæmt skilningi 11. greinar og einnig sem afleiðing þess að greiðsla iðjaldala hefur ekki borist samkvæmt skilningi 10. greinar þessara vátryggingarskilmála.

Grein 5

Greiðsla iðjajalda

1. Vátryggingartaka ber skylda til greiðjala iðjaldala samkvæmt vátryggingarsamningi. Umsamlið iðjald getur verið eingreiðsla eða reglulegt iðjajald eða blanda af þessu tvennu.
2. Vátryggingartaki hefur rétt til þess að greiða hærra iðjald en samþykkt var í vátryggingarsamningum. Ef mismunur greiddar upphæðar og umsaminnar greiðslu er jákvæður miðað við öll fyrir vátryggingartímabili, þá þarf vátryggingartaki ekki að greiða reglulegt iðjajald fyrir nágildandi vátryggingartímabili.
3. Heimilt heildargreiðslutímabili fyrir reglulegt iðjajald ef vátryggingartaki er ekki eldri en 35 ára, er 35 ár. Í því tilfelli þegar vátryggingartakinum er eldri en 35 ára, lýkur greiðslusluskyldutímabilinu í lok þess vátryggingarárs sem vátryggingartakinum nær 70. aldursári. Það hefur ekki áhrif á réttindi vátryggingartaka til þess að nota uppgreiðslutölu samnings sem byggir á 15. grein þessara vátryggingarskilmála.
4. Vátryggjandi hefur rétt til að lækka vátryggingabætur sem nemur fjarhæð iðjaldaskuldar, ef að umsaminn iðjöld hafa ekki verið greidd að fullu (skuldaðjún).

Grein 6

Tryggingareikningur

1. Vátryggjandi stýrir tryggingareikningi fyrir sérhvern

Article 7 NOVIS Insurance Funds

1. The insurer is obligated to offer to the policyholder several attractive insurance funds, of which at least one is a guaranteed insurance fund. The policyholder has the right to determine in what ratio will be the insurance funds used within the scope of the insurance contract, while none of the insurance funds can have a higher allocation than 50% and there is no mandatory insurance fund to be chosen. When concluding an insurance contract following insurance funds are available:

a) NOVIS Guaranteed Growth Insurance Fund

The insurer provides a one hundred percent capital guarantee for the entire duration of the insurance contract for the net invested amount in this Insurance Fund. Moreover, this fund includes positive appreciation each month which will be published on our website at the end of each calendar year for the next calendar year.

b) NOVIS ETF Shares Insurance Fund

The Fund is a non-guaranteed fund, which means that investment risks are fully borne by the policyholder and the Insurer does not provide either capital or yield guarantees. The insurer invest the resources of this fund into stock ETFs (Exchange Trade Funds), which are particular types of funds traded on stock markets whose investment objective is to replicate a benchmark stock index.

c) NOVIS Digital Assets Insurance Fund

The Fund is a non-guaranteed fund, which means that investment risks are fully borne by the policyholder and the Insurer does not provide either capital or yield guarantees. The insurer invest the resources of this fund into gold ETFs (Exchange Traded Funds) copying the changes in the price of gold although we do not invest in physical gold or other precious metals. Considering the fact that the development of the price of gold fluctuates, the value of Fund can decrease.

d) NOVIS Entrepreneurial Insurance Fund

The Fund is a non-guaranteed fund, which means that investment risks are fully borne by the policyholder and the Insurer does not provide either capital or yield guarantees. The insurer will have to inform the policyholder about this fact if this insurance fund is used in his insurance contract, and at the latest one month before the effectiveness of this decision. The Insurer has to ask the policyholder for new allocation ratio. If the policyholder does not set a new allocation ratio within the period mentioned, the current balance (assets) of the insurance account is distributed between the remaining insurance funds selected by the policyholder using the allocation ratio set before the dissolution of insurance fund. However, if the policyholder had selected only the insurance fund which is going to be canceled but has not set a new allocation ratio in period mentioned, then the balance of the insurance account is divided evenly between all insurance funds offered.

e) NOVIS Mortgage Insurance Fund

The Fund is a non-guaranteed fund, which means that investment risks are fully borne by the policyholder and the Insurer does not provide either capital or yield guarantees. The insurer invest the resources of this fund primarily in financial instruments linked with the real estate sector such as ETFs (Exchange Traded Funds) investing in covered bonds issued by financial institutions financing the real estate sector, real estate funds, corporate bonds dedicated to financing of real estate projects, mortgage bonds and in other financial instruments which are secured by loans or the value of which applies to real estate development. Considering the fact that real estate development fluctuates, in time the value of Fund can decrease.

f) NOVIS Family Office Insurance Fund

The Fund is a non-guaranteed fund, which means that investment risks are fully borne by the policyholder and the

Insurer does not provide either capital or yield guarantees. The insurer invest the resources of this fund into one or several Family Office Funds. Family Office funds are alternative investment funds for qualified investors that may significantly invest in non-listed financial instruments and various assets. Family Office Funds have a long-term tendency to grow but may experience a fall (depreciation in value) during a short to medium time period. In addition, it is possible to invest into investment tools which have their investment policy oriented toward long-term and stable value growth (for example the investment policies of private universities in the USA).

g) NOVIS World Brands Insurance Fund

The Fund is a non-guaranteed fund, which means that investment risks are fully borne by the policyholder and the Insurer does not provide either capital or yield guarantees. The insurer invest the assets of this insurance fund mainly into shares of the investment fund called Wealth Fund introduced by Mahrberg Wealth AG. The Wealth Fund is a Luxembourg investment fund with several sub-funds. The goal of the investment policy of this insurance fund is to earn an investment return above the return that can be achieved by investing in an equity index. The Insurance Fund has long term tendency to grow, but may experience a fall (depreciation in value) during a short or medium term period.

h) NOVIS Digital Assets Insurance Fund

The Fund is a non-guaranteed fund, which means that investment risks are fully borne by the policyholder and the Insurer does not provide either capital or yield guarantees. The insurer invest the assets of this fund into alternative investment funds focused mainly on arbitrage trading and providing of computing capacity.

2. The insurer can offer other insurance funds during the duration of the insurance contract. If the policyholder accepts a new insurance fund offered, he will inform the insurer how the allocation ratio should be changed. The insurer has the right to terminate the insurance funds offered, if he keeps the obligation defined in paragraph 1 of this article. In the event of the termination of one of the insurance funds offered, the insurer is obliged to inform the policyholder about this fact if this insurance fund is used in his insurance contract, and at the latest one month before the effectiveness of this decision. The Insurer has to ask the policyholder for new allocation ratio. If the policyholder does not set a new allocation ratio within the period mentioned, the current balance (assets) of the insurance account is distributed between the remaining insurance funds selected by the policyholder using the allocation ratio set before the dissolution of insurance fund. However, if the policyholder had selected only the insurance fund which is going to be canceled but has not set a new allocation ratio in period mentioned, then the balance of the insurance account is divided evenly between all insurance funds offered.

3. The above stated NOVIS Insurance Funds are own funds of the Insurance Company under the valid Insurance Act. Each insurance fund has its own statute, which contains the description of the particular focus and objectives of the investment policy of the Insurance Company including the fund's assets, especially what securities and investment vehicles are procured from the collected funds, as well as any sectoral or territorial division of investments and rules for risk spread. The statutes of own funds are an integral part of the insurance contract.

Article 8

Development of the balance of the insurance account, NOVIS Loyalty Bonus, NOVIS Survival Bonus

1. The value of the insurance account (number of investment units) changes each month due to the following factors:

- a) The entire paid insurance premium is credited to the insurance account.
- b) At the end of each month the investment return of the selected insurance funds based on their development is credited to the insurance account. If the monthly performance is positive, new investment units are credited; if the monthly value development

- sannleikanum samkvæmt (þetta á einnig við begar um er að ræða breytingar á gjeldandi vátryggingarsamningi).
- b) vátryggingartaka er skyt að greiða umsamin iðgjöld í síðasta lagi að þeiri dagsetningu sem samið hefur verið um í vátryggingarsamningnum.
 - c) Upplýsa þarf vátryggjanda um breytt heimilsfang eða aðrar samskiptaleiðir, sérstaklega tölvupóstfang, sem æftast er til að vátryggiandi noti til að senda upplýsingar eða tilkynningar.
 2. Vátryggiandi verður að uppfylla skyldur sínar, sem tilgreindar eru í ákvörðum í vátryggingarskilmálanum ásamt lagalegum reglum sem samningurin byggir á.
 3. Vátryggiandi hefur rétt a:
 - a) að krefjast bess að fá greiddar eingreiðslur eða reguleg iðgjöld samkvæmt samkomulagi í vátryggingarsamningnum.
 - b) að óska eftir því að hinn vátryggið gangist undir læknißkoðun hjá læknunum eða heilbrigðissotnum sem ákvæðin er af vátryggiandi og að lögð verði fram gögn úr lækneskýrslum eða sjúkraskrá.
 - c) að segja upp vátryggingarsamningi vegna meðvítöðra brota á skyldum, sem tilgreindar eru í málsgrein 1a) í þessari grein, að greina rétt og satt frá efnislegum upplýsingum sem vátryggiandi óskar eftir við vátryggingartökum. Samningsáðilum er skyt að skila til baka öllum færslum og ennfreymur hefur vátryggiandi rétt til að krefjast endurgreiðslu frá vátryggingartaka fyrir öllum kostnaði sem vátryggiandi hefur lagt út til gerðar vátryggingarsamningsins.
 - d) að hafna greiðslu vátryggingarbóta ef í ljós kemur eftir vátryggingarburð að rangar upplýsingar voru veittar við gerð vátryggingarsamningsins, eða síðar, enda hafi hinar röngu upplýsingar haft veruleg áhrif á ákvörðun vátryggiandi að veita vátryggingarsamninginn. Í slikum tilfelli er vátryggiandi sömuleiðis heimilt að segja upp vátryggingarsamningum.
 - e) að auðkenna vátryggingartaka og hinri vátryggjóða í ferlinu við samþykkt vátryggingarsamningsins og geyma þær upplýsingar í auðkenningargögnum sínum.
 4. Krafa um vátryggingabætur felur í gjaldagge 14 dögum eftir að vátryggiandi átti þess kost að aflu gagna sem þörf var á til þess að kanna ábyrgð sín og reikna út endanlega fjárhæð bóta.
 5. Ef að vátryggingartaki eða vátryggjóð brýtur vísvisitanti skyldur sínar samkvæmt pessum vátryggingarskilmála, eða öðrum almennum lagareglum og slikt brot hefur veruleg áhrif að að vátryggingaratburður gerist eða að afleiðingar hans verða meiri en ella, áskilur vátryggiandi sér rétt til þess að lækka eða hafna vátryggingabótum ásamt því að segja upp vátryggingarsamningi, allt eftir eðli og alvarleika brotsins.
 6. Ef að vátryggingartaki eða vátryggjóður gefur meðvítæða rangar eða ófylhnægjandi upplýsingar um vátryggjanda þá áskilur vátryggiandi sér rétt til að lækka vátryggingabætur hlutfallslega í sármæri við það áhættuiðgjald sem vátryggiandi hefði annars tekið af vátryggingareikningi ef vátryggiandi hefði vitið hið réttu. Í því tilfelli þegar að bótaskýlda er undanskilin samkvæmt skilgreiningu í grein 19, þýðir það að bótaskýlda er undanskilin vegna allrar vátryggingaráhættu sem er innan vátryggingarsamningsins.
 7. Vátryggingartaki og vátryggið gefa samþykki sitt fyrir flutningi persónuupplýsinga þeira yfir landamæri. Vátryggingartaki og vátryggið staðfesta að þessara upplýsinga var aflað samkvæmt viðeigandi löggjöf um persónuvemu.

Grein 15

Undanþága frá skyldu til iðgjaldagreiðslu Uppgreiðslusamningur (Paid-up policy)

1. Vátrygging sem hefur stöðu uppgeriðslusamnings er vátrygging án frekari greiðsluskylu iðgjaldi. Vátryggingartakkinn hefur samt sem aðr mógleika að greiða iðgjöld ef hann óskar þess. Einig eru allir vátryggingarsamningar þar sem óll umsamin iðgjöld hafa verið að fullu greiddi, í uppgeriðslustöðu.
2. Heigt er að breyta vátryggingarsamningum í uppgeriðslusamning, ef staðan á tryggingareikningum hefur náð í það minnsta 1.000 € (að frádegnum NOVIS tryggðarbónusnum). Vátryggingartaki

- vátryggingarfjárhæð vegna andlás.
- í því tilfelli þegar NOVIS lifunárþúsun hefur verið samþykktur í vátryggingarsamningi, fá allir vátryggingartakar sem einnig hafa samþykkt NOVIS lifunárþúsun, greidda inneign af tryggingareikningi þess sem lést, að meðtöldum NOVIS tryggðarþónusum. Hæri aldur og hæri inneign vátryggingartaka hefur áhrif á upphæðina sem lögð er inn á tryggingareikninga einstaka vátryggingartaka sem NOVIS lifunárþúsun. Ef við á, fá tilnefndir réthafar til bótageiðsna greidda út vátryggingarfjárhæð vegna andlás, ásamt vátryggingarfjárhæð vegna andlás af slysþórum, ef sú vátryggingarvermd var samþykkt í vátryggingarskilmála, þar sem umsamin vátryggingarvernd helst í gildi.
 3. Á gildistíma vátryggingarsamnings, sem hefur verið breytt í uppgeriðslusamning, er verðgildi samningins uppreiknað í hverjum mánuði samkvæmt 8. grein þessara vátryggingarskilmála, þar sem umsamin vátryggingarvernd hefur tiltekin. Að tilnefndir réthafar til bótageiðsna greidda út vátryggingarfjárhæð vegna andlás, ásamt vátryggingarfjárhæð vegna andlás af slysþórum, ef sú vátryggingarvermd var samþykkt í vátryggingarsamningum og ef andlátibar að höndum vegna andlás.
- Grein 18**
- Upphaf og lok vátryggingarverndar
Björtimi**
1. Vátryggingarvernd fyrir áhættupáttini „andlát“ og fyrir áhættuþéftingu „slys, viðbótar slístryggingarvernd“ og andlát af völdum slys“ tekur gildi um leið og staðfesting á því að ef vátryggingarsamningur hafi tekið gildi hefur verið móttekin, en samt ekki fyrir dagsetningu tækniligrar byrjunar sem tiltekin hefur verið í vátryggingarsamningum.
 2. Vátryggingarvernd fyrir áhættupáttini „sjúkdómar, skurðaðgerðir og langtíma umönnun“ tekur gildi þremur mánuðum eftir gildistóku vátryggingarsamningsins (björtimi). Björtimin á ekki við ef vátryggingartaki hafi áður gilda sjúkdómatryggingu hjá öðru vátryggingarfjárhæð þar sem vátryggingarfjárhæð er að minnsta kosti sama upphæð og óskad er eftir í vátryggingarsamningum.
 3. Ef um er að ræða hækkan á vátryggingarfjárhæð fyrir áhættupáttina „sjúkdóma, skurðaðgerð og langtíma umönnun“ þá gildir þriggja mánuða björtimin fyrir þá hækknun. Á meðan á björtimanum stendur gildir upphaflega vátryggingarfjárhæðin.
 4. Ef sjúkdómur grineist samkvæmt skilningi 26. greinar þessara skilmála, þá setur vátryggiandi tveggja ára bítbíma fyrir greiningu annars sjúkdóms. Eftir að bótageiðsla hefur farið fram vegna eins sjúkdóms, þá verður sá sjúkdómr undanbeginn í vátryggingarvernd það sem eftir lífri af vátryggingarsamningsins.
 5. If a deliberate breach of the obligations set in these GTCs or generally binding legal regulations has a significant impact on the occurrence of an insured event or on the increase of the scope of consequences of the insured event, the insurer has the right to decrease the amount of insurance benefit or to terminate the insurance contract, depending on the impact of the breach on the extent of obligation to be fulfilled.
 6. In case of an insured event, the insurer is obliged to pay the insurance benefit within 15 days after finalization of the claim process.
 7. If the increase in the insured sum for the insurance coverage for "Illnesses, Operations and Long Term Care" becomes effective three months after the beginning of insurance (waiting period). The waiting period doesn't apply if the policyholder had an insurance coverage for critical illnesses previously with other insurance company for insured sum at least in the same amount as concluded in the insurance contract.
 8. In case of the diagnosis of a critical illness within the meaning of article 26 of these GTCs, the new waiting period of three months applies for such an increase. During the new waiting period the original amount of the insured sum remains.
 9. In the case of the diagnosis of a critical illness within the meaning of article 26 of these GTCs, the insurer applies a 2-year waiting period for the diagnosis of another critical illness. After diagnosing a critical illness for which an insurance benefit has been paid, this critical illness is excluded from the insurance coverage.
 10. The end of the insurance coverage for all insurance risks is the same as the date of termination of the insurance contract, and it differs only if the policyholder requires, in the context of a modification of the insurance contract, to terminate some of the agreed insurance risks within the meaning of Article 16 of these GTCs.
- Article 16**
- Contract modifications**
1. The policyholder has the right to request the reduction of the amount of the agreed regular premium after 5 years. The insurer can reject this demand only if the reduced regular premium is not sufficient for the payment of the insurance coverage agreed in the insurance contract.
 2. The policyholder has the right to request the change of the agreed insurance coverage once a year in writing free of charge if it keeps the minimum amount of the cumulative insured sum agreed in the insurance contract. The insurer reserves the right to reject the increase of the insurance coverage in its entirety or partly if:
 - a) it results from the outcome of the individual insurance risk assessment;
 - b) the insured party with a change of the insurance coverage does not submit all of the documents and information demanded by the insurer within the period determined by the insurer;
 - c) one of the insured sums to be changed exceeds the limit acceptable for the insurer for risk coverage.
 3. Changes in accordance with this article come into force starting from the first day of the month, which follows the month of the delivery of written request for contract modification (e-mail or letter), if the written request as well as all necessary documents were provided to the insurer for the evaluation of the requested modification in time before the end of the given month. If the insurer rejects a change requested by the policyholder in accordance with the provisions of these GTCs, the insurance shall remain unchanged.
- Article 17**
- Beneficiaries**
1. The insured party has the right to the insurance benefit, except in case of his death.
 2. If it is agreed in the insurance contract that the insured event is the death of the insured party, the policyholder has the right to appoint the beneficiaries to receive the insurance benefit with their name, surname, social security number, or the whole name of the company. Until the occurrence of the insured event, the policyholder may change the beneficiaries. If the policyholder is not at the same time insured, he can do so only with the consent of the insured party. The change of the beneficiaries is effective upon delivery of the notification to the insurer.
 3. In case that in the insurance contract there is no beneficiary appointed and an insured event occurs, the insurer shall determine the person entitled to the insurance benefit under the relevant legal provisions.
 4. In case of death of the policyholder the beneficiaries receive a full value of the insurance account incl. NOVIS Loyalty Bonus and it is paid out proportionately. If no beneficiaries can be determined, the provision of paragraph 3 of this article applies. If the policyholder is at the same time the insured party in the case of death, the beneficiaries are proportionately paid the value of the insurance account incl. NOVIS Loyalty Bonus as well as the insured sum for the death.
 5. In case that the NOVIS Survival Bonus is agreed in the insurance contract, all policyholders who have agreed the NOVIS Survival Bonus at the time of the occurrence of the insured event are entitled to the insurance account balance including NOVIS Loyalty Bonus. The higher age and the higher value of the insurance account of the policyholder affect the amount of the NOVIS Survival Bonus credited to individual policyholders. In this case beneficiaries appointed by the policyholder will receive the insurance sum for the event of death and the insurance sum for the event of accidental death, if this insurance coverage was agreed in the insurance contract and if the death was caused by the accident.
 6. Both the insured party and insurer have the right to request the decision of the medical committee.
 7. The insured party is obligated to be examined by the doctors of the committee and to comply with all measures which this committee considers necessary.
 8. Costs of the medical committee are borne either by the insurer or the insured party, depending on who requested the investigation of the state of health by the medical committee.
- Article 20**
- Medical committee**
1. In the case of different opinions of the insured party and the insurer on the type and extent of the insurance benefit, a medical committee consisting of two doctors and a chairman will decide on the insurance benefit. One doctor is appointed by the insurer to the medical committee and the other one by the insured party. The chairman is selected by these two doctors. The chairman should be an expert in the relevant medical issue. If the doctors do not agree on the appointment of the chairman within a month, at the request of the insurer or the insured party the chairman will be appointed by the Medical Chamber.
 2. Both the insured party and insurer have the right to request the decision of the medical committee.
 3. The insured party is obligated to be examined by the doctors of the committee and to comply with all measures which this committee considers necessary.
 4. Costs of the medical committee are borne either by the insurer or the insured party, depending on who requested the investigation of the state of health by the medical committee.
- SECOND PART**
- Provisions on the Insurance Risks**
- 1. Death**
- Article 21**
- Insured event**
1. The insured event of the insurance risk "Death" is the death of the insured party during the insurance period, unless the insurance cover has expired for other reasons. The death of the insured party must be notified to the insurer without undue delay and the following documents have to be presented to the insurer:
 - a) notarized death certificate of the insured party
 - b) any medical and official evidence and information to clarify the insured event

- z) Útlíamissir
- aa) Öfningur usit vegna blóðjafar, vegna árasar eða vegna tiltekkina starfa
- ab) Þróðja stigs bruni
- ac) Heilahirmubólga af völdum bakteriusýkingar (Bacterial Meningitis)
- ad) Alvarlegur höfuðáverki sem skerðir heila starfsemi

2. Nákvæm skilgreining sjúkdóma

2.1 Hjartadrep

Öfturkraeft dreip í hjartavöðva vegna bráðrar lokunar kransæðar. Greining verður að fylgia eftirfarandi einkeni:

- Dæmigerður miðbörðstverkur sem gefur til kynna hjartaaffall.
- Hækkun hjarta lífmarka, þar með talinn CK-MB haðri en almennt viðkerkun sem eðilegt gildi á rannsóknarstofum eða hjartatrópóni T eða I 500ng/L eða haðra.
- Nýtt hjartalínumur sem sýnir breyttingar vegna dreps.
- Sönnun á minnkaðri starfsemi í vinstri slegli, eins og til dæmis minnkadur skeglahraði í vinstri slegli eða alvarlegur vinhreyni, hreyfingrða eða afbrigðilegar hreyfingar hjartaveggis.

Hljóðlætt hjartadrep þar sem dæmigerð lœknisfræðileg einkenningur eru ekki augljós eða finnast ekki, er undanskilið. Haegt er að óska eftir greiðslu bótar þegar greining sjúkdóms hefur verið staðfest af hjartasérfræðingi.

2.2 Hjáveituaðgerð

Framkvæmd opinnar skurðaðgerðar þar sem brengsli eða lokun tveggja eða fleiri kransæða er lögum með hjáveitugræðulu hjá þeim sem hafa fengið afmörkuð einkenni hjartakeusis. Áðgerð þar sem ekki er um að ræða opnum á bjóðsholi (hjartárþróend, vikkun með blöðri, leiser aðgerð) og framkvæmd hjartalokauðgerðar án notkunar gervillfærðar, flokkast ekki undir það að vera „bótaskyldir sjúkdómar“. Bótakrafa myndast eftir að aðgerðin hefur verið gerð.

2.3 Krabbamein

Allir illkyrja sjúkdómar sem einkennast af stjórlausum vexti og dreifingu illkyrja fruma sem eru íarfandi í vefi af mismunandi veifafræðilegri gerð. Greining verður að vera staðfest með veifagreiningu eða ef um er að ræða kerfisbundin krabbamein – frumufræðilegri staðfestingu.

Samkvæmt ofangreindri skilgreiningu eru eftirlældin krabbamein ekki tryggt:

- Staðbundin krabbamein
- Illkyrja sjúkdómur í huð nema illkyrja sortuæxi sem hefur ráðist inn fyrir húðþekjuna
- Illkyrja sjúkdómur í blöðruháskurli nema það hafi próst til að minnsta kosti TNM flokkun T2NOMO
- Öll tólfþekjuverf skrabbamein í skjaldkirtli nema það hafi próst i að minnsta kosti TNM flokkun T2NOMO
- Allir Hodgkins sjúkdómar og ekki-Hodgkin's sjúkdómar nema þeir hafi próst í að minnsta kosti í Ann Arbor flokkun, stig 2
- Allt hvítblæði sem hefur ekki orsaka blóðleysi
- Öll æxli í meltingarvegi nema þau hafi próst að minnsta kosti í TNM flokkun stig T2NOMO eða hafi mitósu hlutfall > 5/50 hpf.
- Til útsýningar þá eru allir sjúkdómar eða ástand sem lyst er eða flokkast sem eittvæð af eftirfarandi ekki talið til krabbameina samkvæmt ofangreindri skilgreiningu:
- Forstig
- Ekkí íarfandi
- Er á mórkum þess að vera illkyrja eða hefur litla möguleika á að verða illkyrja.
- Frumubreytingar í leghási CIN-1, CIN-2 eða CIN-3

2.4 Heillaslag

Heillaslag verður að orsakast af heilableðingu eða heiladrepum vegna lokunar eða rifu á heila eða blóðrekí frá örðum lífferum.

Heillaslag verður að leida til óvæntra viðvarandi taugasérfræðinga. Varanlegar taugskemmdir þarf að meta hlautust með taugaprófunum og sneiðmyndatökum af miðtaugakerfi, þar sem einkenni fótlunar þurfa að hafa verið viðvarandi í 3 mánuði frá

- New ECG changes of infarction,
- Proof of reduction in left ventricular function, such as reduced left ventricular ejection fraction or significant hypokinesia, akinesia, or wall motion abnormalities.

Silent myocardial infarction in which the typical clinical symptoms for a myocardial infarction are not apparent or cannot be traced is excluded.

The request for an insurance benefit arises with the diagnosis confirmed by a cardiology clinic or a cardiology specialist.

2.2 Bypass operation

The performance of an open heart surgical procedure in which the narrowing or shut off of two or more coronary arteries is remedied by a bypass implant in persons with circumscribed angina pectoris symptoms. The procedure of an operation without opening of the thorax (angioplasty, balloon dilation, laser operation) and the performance of valve operations without the use of prostheses are not critical illnesses. The requirement for an insurance benefit arises after the operation is performed.

2.3 Cancer

Any malignant disease characterized by uncontrolled growth and spread of malignant cells invading tissue of different histological type. The diagnosis must be supported by histological or – in case of systematic cancers – cytological evidence.

For the above definition, the following are not covered:

- Cancer in situ
 - Malignant diseases of the skin other than malignant melanoma that has caused invasion beyond the epidermis
 - Malignant diseases of the prostate unless having progressed to at least TNM classification T2NOMO
 - Any papillary carcinoma of the thyroid unless having progressed to at least TNM classification T2NOMO
 - Any Hodgkin's disease and non-Hodgkin's disease unless having progressed to at least Ann Arbor classification Stage 2
 - Any leukaemia that has not caused anaemia
 - Any gastrointestinal stromal tumour unless having progressed to at least TNM classification stage T2NOMO or having a mitotic rate > 5 per 50 hpf
- For the sake of clarification any disease or condition described or classified as any one of the following is not deemed to be cancer for the above definition:
- Move indoors from room to room on level surfaces or
 - Feed him/herself once food has been prepared and made available

The insured event occurs when the disease has been clearly diagnosed by a specialist neurological development and the disability continues for at least three months without interruption. The first acute appearance of this disease and the appearance of an unclear neurological diagnosis are not considered an insured event. The right to receive the insurance benefit arises with a diagnosis confirmed by a neurological clinic or a specialist or a neurologist.

2.8 Paralysis

(Paraplegia – complete paralysis of two extremities and quadriplegia – paralysis of all four extremities)

Total and persistent paralysis of both legs or both hands or both legs and hands with persistent damage to the spinal cord, which lasts at least three months.

Paralysis of one extremity, partial paralysis, monoplegia and temporary paralysis are not critical illnesses. The right to receive an insurance benefit arises with the diagnosis confirmed by a neurological specialist clinic or a neurologist.

2.9 Blindness

A complete and irreversible loss of vision in both eyes due to an acute illness or accident. Complete loss of vision in both eyes in the sense of these provisions only exists:

- When visual field restriction to 20° or less in both eyes
- When vision is measured at 3/60 or worse using e.g. Snellen test types

The blindness must be confirmed by ophthalmological findings. An accident in the sense of these provisions is physical injury, which was caused by an unexpected, sudden and one-time effect of extreme influences, except that caused by attempted suicide or intentional self-injury. In the case of blindness in one eye, a claim to the insurance benefit arises in the amount of 10% of the insured sum. The insured event occurs after three months of continuous blindness from the day on which the doctor of a specialized medical institution has made the diagnosis. The right to receive the insurance benefit arises with the diagnosis confirmed by an eye specialist clinic or an ophthalmologist.

2.5 Kidney failure

The permanent failure of the function of both kidneys (terminal renal failure), which requires permanent dialysis or a kidney transplant. The insured event occurs only after three months of treatment with an artificial kidney, even if this treatment continues beyond this time. The failure or the removal of one kidney or a compensated failure of the kidneys are not critical illnesses.

The claim for an insurance benefit arises after the performance of the kidney transplant or three months after the start of permanent dialysis

2.10 Essential care

A person who requires essential care within the sense of these provisions is a person who following an illness or loss of strength is likely to be permanently helpless so that they meet at least four of the points listed below (a-e) as well as require the use of technical or medical aids to a considerable extent requiring the daily help of another person.

- a) Moving around a room:
Even if the disabled person uses a walker or wheelchair, the support of another person is required to move around. 1 care point
- b) Standing up and lying down:
When getting out of bed or lying down the support of another person is necessary. 1 care point
- c) Getting dressed and undressed:
When getting dressed and undressed the patient needs the help of another person to put clothes on and take them off. 1 care point
- d) Hygiene:
The help of another person is needed when washing, combing or shaving of the insured party because the insured party can no longer perform the necessary movements. 1 care point
- e) Taking care of needs:
The help of another person is necessary because the insured party:
 - a) Cannot clean up alone after bowel movements, or
 - b) He/she needs to use a bedpan, or
 - c) The colon and bladder can only be emptied with the help of others.

2.11 HIV infection caused by the occupational exposure

The insured party must have come into contact with confirmed HIV-positive materials during the performance of his/her usually professional activities when helping with injections, cuts.

To recognize the insured event the following conditions in addition to the other provisions of these GTCs must also be met:

- a) The insured party must undergo a blood test within 24 hours of the accident that detects the presence of HIV antibodies.
 - b) The proof of the existence of HIV virus or HIV antibodies must be provided within 4 months after the accident using another blood test.
 - c) The accident must be recognized and reported according to the corresponding occupational regulations and the instructions and guidelines for ensuring occupational safety and health protection in the workplace.
- This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention of the occurrence of AIDS.

2.12 HIV infection (or HIV transmission) caused by the blood transfusion or transfusion of blood products

The insured being infected by HIV provided that:

- a) The infection is due to a blood transfusion received after the start of insurance coverage and
 - b) The institution which provided the transfusion admits liability or there is a final court verdict that cannot be appealed indicating such liability and
 - c) The infected insured is not a haemophiliac
- This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention of the occurrence of AIDS. Infection in any other manner, including infection as a result of sexual activity or intravenous drug use is excluded. The insurer must have open access to all blood samples and be able to obtain independent testing of such blood samples.

2.13 Parkinson's Disease

Degenerative process, which attacks the subcortical structures participation in the centralized control of motility. It must be expressed by the typical hypokinesia (reduced motility), rigidity (solidification) and asymmetric tremor (shaking). The disease must be unequivocally diagnosed and the following conditions must be fulfilled:

SKURÐAÐGERÐIR VEGNA SJÚKDÓMA		
Hlutfall bóta af vátryggingarfjárhæð í %		
KVIÐARHOL		
1 Kviðarholsspeglun- vegna rannsókna þar sem niðurstöður reynst neikvæðar eða óþáðgerðarhæfar	10	
2 Botnlangaskurður	5	
3 Frárennsl (dren) frá ígerð í kviðarholi	7,5	
4 Haull: í nára, nafla, lærlegg, vatnshauill, kófsæðavíkkun, eistnahauill, haull neðan nafla, haull eftir aðgerð	5	
5 Brottnám maga (hluta), skreytungauskurður, lögum magaports (skrifugórn)	15	
6 Magasár sem hefur farið í gegnum magavegginn saumað saman	10	
7 Brottnám smáarmað hluta-vegna bólgbreytinga	10	
8 Brottnám góðkynja æxlis í kviðarholi	15	
9 Spangarskurður- brottnám endabarms frá spöng	40	
10 Framfall endabarms	15	
11 Rifur á endabarmssvæði	2	
12 Brottnám gyllinaði	2	
13 Ígerð í lífur	20	
14 Brottnám gallblöðru	10	
15 Brottnám milti	20	
16 Brottnám þarmatota	5	
17 Ristilrafun, dausgarnarrafun, blöðruraufun	25	
18 Garnasamgötun	15	
19 Brottnám ristils að hluta eða öllu leyti	25	
20 Prengislögun eða gallgangahjáveita	15	
ADGERÐIR Í BRJÓSTHOLI		
21 Brjóstholslögun	20	
22 Fleygskurður til brottnáms lungnblaðs	25	
23 Aðgerð í hálsi	25	
24 Frárennsl (dren) úr brjóstholi	3	
25 Ástunga á brjóstholi	1	
26 Brjósthimnubólga	10	
27 Loftbrjóst með skurði í brjóstvegg (fleiðruraufun)	10	
28 Fleiðruraufun vegna rannsóknar	10	
29 Aðgerð vegna berkjum- eða barkaskemmda	5	
KVENSJÚKDÓMAR		
30 Brottnám legs með eggjastokkum og eggjaleiðurum	20	
31 Brottnám legs	15	
32 Brottnám eggjaleiðara	10	
33 Brottnám eggjastokka	10	
34 Brottnám bandvefsvöðvahnuts (sléttvöðvaæxlis)	5	
35 Brottnám leghásspepa	1	
36 Laseraðgerð til að fjarlægja óeðilegla vefi í leghálsi, skjóðuðgerð eða brottnám Bartholin kirtils	3	
37 Keiluskurður legháls	3	
38 Fremri og aftari leggjavæðgerð	10	
39 Viðgerð á eggjaleiðurum (vatnsvyllir eggjaleiðarar)	5	
40 Brottnám eggjaleiðara með keiluskurði	5	
41 Kviðarholsspeglun til læknings	10	
42 Legspeglun	2	
ALMENNAR SKURÐAÐGERÐIR		
43 Naglabæðaðgerð vegna inngróinnar naglar	0,5	
44 Skorð í ígerð með stáðeyfingu	0,5	
45 Brottnám skjaldkirtils	5	
BRJÓST		
46 Róttækta brottnám brjósts með skurði í holhönd (öðrum megin eða báðum megin)	25	
47 Einfalt brottnám brjósts (öðrum megin eða báðum megin)	15	

ILLNESS-CAUSED SURGICAL PROCEDURES		
Percentage benefit from the insured sum		
LYMPH NODES		
50 Removal of the axillary, inguinal lymph nodes	2	
51 Laparotomy - explorative with negative or inoperable findings	10	
52 Arthrotomy, including removal of a free body	5	
53 Appendix removal	5	
54 Drainage of an abscess in the abdominal cavity	7,5	
55 Hernia: inguinal, at the belly navel, femoral, hydrocele, varicocele, testicular hernia, hernia in the Linea alba, post-operative hernia	5	
56 Removal of a ganglion	0,5	
57 Stomach removal (partial), vagotomy, pyloroplasty (duodenum)	15	
58 Small intestine removal - partial - due to inflammatory changes	10	
59 Suturing a perforated ulcer	10	
60 Removal of a benign tumor in the abdominal cavity	15	
61 Suturing torn tendons or nerves (except traumatic causes)	3	
62 Perineal removal of the rectum	40	
63 Rectal prolapse	15	
64 Tears in the rectal area	2	
65 Removal of hemorrhoids	2	
66 Total endoprosthesis of the hip, knee joint, total arthroplasty of the shoulder joint	20	
67 Operative spinal column and disk treatment, spondylodesis	12,5	
ORTHOPEDIC SURGERY		
68 Rupture of the Achilles' tendon with subsequent suturing	5	
69 Removal of a sebaceous gland cyst - atheroma, lipoma	1	
70 Removal of a pterygium	0,5	
71 Skin biopsy (also several foci)	0,5	
72 Removal of a sebaceous gland cyst - atheroma, lipoma	1	
73 Removal (Electrocoagulation) of papillomas	0,5	
DERMATOLOGY		
74 Anterior vitrectomy	3	
75 Posterior vitrectomy	5	
76 Skin biopsy	0,5	
77 Extrication of a sebaceous gland cyst - atheroma, lipoma	1	
OPHTHALMOLOGY		
78 Removal of a chalazion, sty	0,5	
79 Removal of cataracts	5	
80 Operation for glaucoma	5	
81 Removal of a pterygium	1	
82 Removal of a conjunctival lesion	3	
83 Removal of a chalazion, sty	0,5	
84 Removal of a cataract	5	
85 Removal of a pterygium	1	
UROGENITAL SURGERY		
86 Removal of the prostate gland	10	
87 Removal of benign tumors or stones from kidneys, ureter, bladder - operative	9	
88 Removal of benign tumors or stones from kidneys, ureter, bladder - endoscopic	5	
89 Removal of the kidney	15	
90 Removal of the bladder	9	
91 Removal of the ureter	5	
92 Removal of a kidney stone	5	
93 Removal of a bladder stone	1	
94 Removal of a kidney tumor	5	
95 Removal of a bladder tumor	3	
THORAX SURGERY		
96 Removal of the liver	15	
97 Removal of benign tumors or stones from kidneys, ureter, bladder - operative	9	
98 Removal of benign tumors or stones from kidneys, ureter, bladder - endoscopic	5	
99 Removal of the gall bladder	20	
100 Removal of the spleen	20	
101 Removal of intestinal polyps	5	
102 Colostomy, ileostomy, cystostomy	25	
103 Enterostomy	15	
104 Removal of the large intestine, partly or completely	25	
105 Sphincteroplasty or biliodigestive anastomosis	15	
GYNECOLOGY		
106 Removal of the uterus	20	
107 Removal of ovaries and fallopian tubes	20	
108 Removal of the ovaries	10	
109 Removal of a fibromyoma by enucleation	5	
110 Removal of a cervical polyp	1	
111 Removal of a uterine fibroid	10	
112 Removal of a uterine fibroid	10	
113 Removal of a uterine fibroid	10	
114 Removal of a uterine fibroid	10	
115 Removal of a uterine fibroid	10	
116 Removal of a uterine fibroid	10	
117 Removal of a uterine fibroid	10	
118 Removal of a uterine fibroid	10	
119 Removal of a uterine fibroid	10	
120 Removal of a uterine fibroid	10	
LARYNGOLOGY		
121 Removal of the thyroid gland	15	
122 Removal of the parathyroid gland	5	
123 Removal of the pituitary gland	5	
124 Removal of the adrenals	5	
125 Removal of the ovaries	10	
126 Removal of the uterus	15	
127 Removal of the gall bladder	20	
128 Removal of the liver	25	
129 Removal of the lungs	25	
130 Removal of the heart	25	
PLASTIC SURGERY		
131 Repeated suturing of tendons and nerves	5	
132 Decompression of the facial nerve	10	
133 Frontofacial osteotomy	15	
VASCULAR SURGERY		
ARTERIES		
134 Angioplasty	10	
135 Operation on aneurysms of the abdominal aorta, the femoral arteries, the iliac artery	17,5	
136 Operation on the abdominal aorta	17,5	
137 Echocardiography	5	
138 Aortocarotid bypass or aortosubclavian bypass	25	
139 Arterial embolectomy, thrombectomy	5	
140 Endarterectomy of the carotid	10	
VEINS		
141 Removal of varicose veins - in one leg	3	
142 Removal of varicose veins - in both legs	6	
143 Prevention of varicose veins	2	
144 Sclerosis of varicose veins (also in both extremities)	1	

82	Mar í liðnum milli viðbeins og bringubeins, meðhöndlað með skurðaðgerð	65
83	Liðhlauplið í liðnum milli viðbeins og bringubeins meðhöndlað á hefðbundinn hátt	30
84	Mar í liðnum milli viðbeins og herðablaðs, meðhöndlað með skurðaðgerð	60
85	Slit/frárlífa sinarinnar í langhöfði tvihöfða í upphandlegs-vöðva, meðhöndlað á hefðbundinn hátt	40
86	Slit/frárlífa sinarinnar í langhöfði tvihöfða í upphandlegs-vöðva, meðhöndlað með skurðaðgerð	60
87	Slit annars vöðva, sem hefur verið meðhöndlað hefðbundið	35
88	Brákað nökkvabein	60
89	Brot á nökkvabeini	90
90	Brot á nökkvabeini bar sem komið hefur drep	100
91	Brot á upphandlegsbeini, (humerus) sem hefur verið meðhöndlað á hefðbundinn hátt samkvæmt læknisráði	50
92	Brot á upphandlegsbeini sem hefur verið meðhöndlað með skurðaðgerð	60
93	Olnbogabrot, sem hefur verið meðhöndlað á hefðbundinn hátt samkvæmt læknisráði	50
94	Olnbogabrot sem hefur verið meðhöndlað með skurðaðgerð	65
95	Únliðsbrot (liðhlauplið mánabeins og beina umhverfis mánabeinið), sem hefur verið meðhöndlað á hefðbundinn hátt samkvæmt læknisráði	50
96	Únliðsbrot (liðhlauplið mánabeins og beina umhverfis mánabeinið), sem hefur verið meðhöndlað með skurðaðgerð samkvæmt læknisráði	70
97	Brot á herðablaðsstofni eða hálsi herðablaðs	55
98	Brot á axlarhymu	35
99	Brot á krummanesbeini herðablaðs (processus cora coldeus)	40
100	Brot á efri hluta upphandlegsbeins, stóra hnúðsins án tilfærslu	40
101	Brot á efri hluta upphandlegsbeins, stóra hnúðsins með tilfærslu	45
102	Brot á efri hluta upphandlegsbeins, flísast úr axlarkúlu upp handleggsbeins	70
103	Brot á efri hluta upphandlegsbeins, stóri hnúðurinn án tilfærslu	45
104	Brot á efri hluta upphandlegsbeins, fleygur úr stóra hnúðnum	45
105	Brot á efri hluta upphandlegsbeins, hálssinn með tilfærslu brots	50
106	Brot á efri hluta upphandlegsbeins, liðhlauplið í hálsi upphandlegsbeins, meðhöndlað með skurðaðgerð	90
107	Brákað upphandlegsbein	40
108	Brotið upphandlegsbein, án tilfærslu brots	60
109	Brotið upphandlegsbein, með tilfærslu brots, opið brot eða brot meðhöndlað með skurðaðgerð	90
110	Upphandlegsbein brákað yfir leggjarnóðu	50
111	Upphandlegsbein brotið yfir leggjarnóðu, án tilfærslu brots	60
112	Upphandlegsbein brotið yfir leggjarnóðu, með tilfærslu brots	70
113	Upphandlegsbein brákað yfir leggjarnóðu, opíð eða meðhöndlað með skurðaðgerð	90
114	Brotið neðri hluti upphandlegsbeins inni í olnbogalið, (transintercondyllic fracture) upphandleggsbófuð er brotið eða hluti af upphandleggsenda, án tilfærslu brota	70
115	Brotið neðri hluti upphandlegsbeins inni í olnbogalið, (transintercondyllic fracture) upphandleggsbófuð er brotið eða hluti af upphandleggsenda, með tilfærslu brota	85

153	Öklabeinsbrot án tilfærslu brota	80
154	Öklabeinsbrot með tilfærslu brota	100
155	Öklabeinsbrot, þar sem dreip veldur vandravæðum	130
156	Öklabeinsbrot sem er opíð eða hefur verið meðhöndlað með skurðaðgerð	80
157	Öklabeinsbrot sem hefur verið meðhöndlað á hefðbundinn hátt	60
158	Hliðlægt brákaður ökli	40
159	Hliðlægt öklabrot án tilfærslu brota	55
160	Hliðlægt öklabrot með tilfærslu brota	70
161	Hliðlægt öklabrot sem hefur verið meðhöndlað með skurðaðgerð eða er opíð	85
162	Hliðlægt öklabrot sem hefur verið meðhöndlað hefðbundið vegna liðskekku	90
163	Hliðlægt öklabrot, sem hefur verið meðhöndlað með skurðaðgerð vegna liðskekku	100
164	Brákun, brot innanfótar á ökla	60
165	Brot innanfótar á ökla með tilfærslu brota, meðhöndlað hefðbundið	75
166	Brot innanfótar á ökla meðhöndlað með skurðaðgerð	90
167	Brot innanfótar á ökla með liðskekku á öklalíð	100
168	Brot innanfótar á ökla meðhöndlað með skurðaðgerð	120
169	Brákun á báðum öklum	70
170	Brot á báðum öklum án tilfærslu brota	80
171	Öklabrot án tilfærslu brota, meðhöndlað hefðbundið eða með skurðaðgerð	110
172	Brot á geislabeini eða hálsi geislabeins með tilfærslu brota	70
173	Brot á öðrum eða báðum öklum þar sem flísast hefur úr sköflungsbrún, án tilfærslu brota	80
174	Brotinn neðri hluti geislabeins, með tilfærslu brota	70
175	Brotinn neðri hluti geislabeins, opíð brot eða meðhöndlað með skurðaðgerð	80
176	Kastlos eða aðskilnaður kasts frá leggpípu (epiphyseolysis) neðri hluta geislabeins	30
177	Kastlos eða aðskilnaður kasts frá leggpípu (epiphyseolysis) neðri hluta geislabeins, með tilfærslu brota	60
178	Brot á ölnbogabeini, meðhöndlað hefðbundið	45
179	Brot á ölnbogabeini, meðhöndlað með skurðaðgerð	55
180	Brot á krákuhymu (coronoid process) olnbogans	50
181	Brákaður upphandleggur (humerus shaft)	45
182	Upphandlegsbrots án tilfærslu brota	55
183	Upphandlegsbrots með tilfærslu brota	70
184	Upphandlegsbrots, opíð eða sem hefur þarfst parfаст aðgerðar	90
185	Brot á kjóku stóru tár, án tilfærslu brota	40
186	Brot á kjóku stóru tár, með tilfærslu brota	40
187	Brot á kjóku stóru tár, opíð eða sem hefur þarfst parfást aðgerðar	50
188	Monteggia brot (með liðhlaupli) á framhandlegg, meðhöndlað hefðbundið	70
189	Monteggia brot (með liðhlaupli) á framhandlegg, meðhöndlað með skurðaðgerð	80
190	Slitin aftari réttisín (dorsal aponeurosis)	50
191	Samfall útlíma eða hluta þeirra ásamt slitnum vöðvum, af alvarlegum toga	20
192	AVERKAR Á NEDRI ÚTLIMUM (FÓTLEGGJUM)	15
193	Brot á aftari öklabeinsnibbu (posterior ankle bone process)	40

82	Bruise of the joint between the collarbone and breastbone, treated surgically	65
116	Intraarticular fracture of the lower (transintercondyllic fracture, fracture of the head or role of the humerus end) open or operated on	90
83	Dislocated joint between collarbone and breastbone, treated conservatively	30
153	Fracture of the medial epicondyle of the humerus without fragment shift	45
154	Fracture of the medial epicondyle of the humerus with fragment shift	40
155	Fracture of the lateral epicondyle of the humerus without fragment shift	55
156	Fracture of the lateral epicondyle of the humerus with fragment shift	70
157	Conservatively treated fracture of the lateral ankle	85
158	Incomplete fracture of the lateral ankle	90
159	Complete fracture of the lateral ankle without fragment shift	100
160	Complete fracture of the lateral ankle with fragment shift	120
161	Fracture of the lateral ankle, operated on or open	130
162	Conservatively treated fracture of the lateral ankle with conservatively treated ankle bone	90
163	Fracture of the lateral ankle, with surgically treated ankle joint subluxation	100
164	Fracture of the lateral ankle, with surgically treated ankle joint subluxation	120
165	Fracture of the lateral ankle, with surgically treated ankle joint subluxation	130
166	Fracture of the lateral ankle, with surgically treated ankle joint subluxation	140
167	Fracture of the lateral ankle, with surgically treated ankle joint subluxation	150
168	Surgically treated fracture of the lateral ankle with ankle joint subluxation	160
169	Incomplete fracture of both ankles	170
170	Complete fracture of both ankles without fragment shift	180
171	Complete fracture of both ankles without fragment shift, treated conservatively or surgically	190
172	Fracture of both ankles with ankle bone subluxation, treated conservatively or surgically	200
173	Fracture of one ankle or both ankles with avulsion of a tibia edge, without fragment shift	210
174	Fracture of one ankle or both ankles with avulsion of a tibia edge, with fragment shift, treated conservatively	220
175	Fracture of one ankle or both ankles with avulsion of a tibia edge, with fragment shift, treated surgically	230
176	Ankle fracture	240
177	Tear of the inner or outside lateral ankle joint ligament	250
178	Avulsion of the inner or outside lateral ankle joint ligament	260
179	Fracture of the sphenoid bone, treated conservatively or surgically	270
180	Fracture of a member in the big toe, without fragment shift	280
181	Fracture of a member in the big toe, with fragment shift	290
182	Fracture of a member in the big toe, open or operated on	300
183	Amputation of the big toe or another part	310
184	Comminuted fracture of the nail process on the big toe	320
185	Fractures of the members of several toes or several members of a toe, open or operated on	330
186	Complete or incomplete fracture of a member of a toe other than the big toe	340
187	Fracture of a member of a toe other than the big toe, open or operated on	350
188	Fractures of members of several toes or several members of one toe	360
189	Amputation of toes except the big toe, or their parts	370
190	Compression of the extremities or their part and muscle tear of severe degree	380
191	Fracture of the base or interim members of the toe joint	390
192	not applicable	400

INJURIES OF A LOWER EXTREMITY		
152	Fracture of the posterior ankle bone process	40

410	Aðskotahlutur numinn brott eða ekki, með einfaldri meðferð (nauðsynleg skilyrði er skurðaðgerð)	10
411	Heildaráhrif geislunnar og efnaeitrunar – milt stíg, eitrun vegna gufu eða gass	20
BRUNI, YFIRBORÐSBRUNI, FROSTBIT		
412	Bruni, yfirborðsbruni, frostbit – fyrstu og annarrar gráðu upp að 2% af yfirborði líkamans (fyrr utan UV geislun)	14
413	Bruni, yfirborðsbruni, frostbit – fyrstu og annarrar gráðu meira en 2% af yfirborði líkamans (fyrr utan UV geislun)	14
414	Bruni, yfirborðsbruni, frostbit – fyrstu og annarrar gráðu á 3-5% af yfirborði líkamans (fyrr utan UV geislun)	35
415	Bruni, yfirborðsbruni, frostbit – fyrstu og annarrar gráðu á 6-20% af yfirborði líkamans (fyrr utan UV geislun)	50
416	Bruni, yfirborðsbruni, frostbit – fyrstu og annarrar gráðu á 21-40% af yfirborði líkamans (fyrr utan UV geislun)	100
417	Bruni, yfirborðsbruni, frostbit – fyrstu og annarrar gráðu yfir 41% af yfirborði líkamans (fyrr utan UV geislun)	150
418	Bruni, yfirborðsbruni, frostbit – þriðja eða annars stígs djúpur bruni þar sem skurðaðgerð er nauðsynleg allt upp í 5 cm ²	21
419	Bruni, yfirborðsbruni, frostbit – þriðja eða annars stígs djúpur bruni þar sem skurðaðgerð er nauðsynleg yfir 5 cm ²	25
420	Bruni, yfirborðsbruni, frostbit – þriðja eða annars stígs djúpur bruni þar sem skurðaðgerð er nauðsynleg upp að 6-10 cm ²	40
421	Bruni, yfirborðsbruni, frostbit – þriðja eða annars stígs djúpur bruni þar sem skurðaðgerð er nauðsynleg frá 11 cm ² til 5% af yfirborði líkamans	50
422	Bruni, yfirborðsbruni, frostbit – þriðja eða annars stígs djúpur bruni þar sem skurðaðgerð er nauðsynleg frá 6-10% af yfirborði líkamans	90
423	Bruni, yfirborðsbruni, frostbit – þriðja eða annars stígs djúpur bruni þar sem skurðaðgerð er nauðsynleg frá 11-15% af yfirborði líkamans	100
424	Bruni, yfirborðsbruni, frostbit – þriðja eða annars stígs djúpur bruni þar sem skurðaðgerð er nauðsynleg frá 16-20% af yfirborði líkamans	140
425	Bruni, yfirborðsbruni, frostbit – þriðja eða annars stígs djúpur bruni þar sem skurðaðgerð er nauðsynleg frá 21-30% af yfirborði líkamans	160
426	Bruni, yfirborðsbruni, frostbit – þriðja eða annars stígs djúpur bruni þar sem skurðaðgerð er nauðsynleg frá 31-40% af yfirborði líkamans	160
427	Bruni, yfirborðsbruni, frostbit – þriðja eða annars stígs djúpur bruni þar sem skurðaðgerð er nauðsynleg yfir 41% af yfirborði líkamans	180
AFALLALOST, AÐEINS VEGNA ATVIKA SEM HAFA PARFNAST SJÚKRAHÚSVÍSTAR		
428	Áfallalost, aðeins vegna atvika sem hafa þarfnað sjúkrahúsvistar – mild	20
429	Áfallalost, aðeins vegna atvika sem hafa þarfnað sjúkrahúsvistar – í meðallagi	35

430	Áfallalost, aðeins vegna atvika sem hafa þarfnað sjúkrahúsvistar – alvarleg	50
ÁVERKAR AF VÖLDUM RAFMAGNS		
431	Áverkar af völdum rafmagns – mild áhrif	15
432	Áverkar af völdum rafmagns – í meðallagi	35
433	Áverkar af völdum rafmagns – heilt yfir alvarleg	60
HEILDARÁHRIF SÓLSTINGS OG HITASLAGS		
434	Á ekki við	

410	Foreign body, surgically removed or not removed, with uncomplicated treatment (necessary condition is the surgical treatment)	10
FOLLOWING AN INJURY CAUSED BY ELECTRICITY		
431	Injury by electricity - mildly affected	15
432	Injury by electricity - moderate strength	35
433	Injury by electricity - overall severely affected	60
TOTAL EFFECTS OF A SUNSTROKE AND HEATSTROKE		
434	not applicable	
430	Traumatic shock, only hospitalized cases - severe	50
TRAUMATIC SHOCK, ONLY HOSPITALIZED CASES		
428	Traumatic shock, only hospitalized cases - mild	20
429	Traumatic shock, only hospitalized cases - moderate	35

Mánaðarlegur frádráttur áhættuiðjalds vegna vátryggingarfjárhæðar sem er 10.000 € vegna „andláts“

Aldur	Í €	Aldur	Í €
0 - 18	0.50	43	1.36
19	0.50	44	1.53
20	0.50	45	1.74
21	0.50	46	1.96
22	0.50	47	2.19
23	0.50	48	2.42
24	0.50	49	2.66
25	0.50	50	2.92
26	0.50	51	3.20
27	0.50	52	3.52
28	0.50	53	3.87
29	0.50	54	4.25
30	0.50	55	4.67
31	0.52	56	5.13
32	0.54	57	5.62
33	0.56	58	6.16
34	0.60	59	6.75
35	0.63	60	7.41
36	0.68	61	8.18
37	0.73	62	9.10
38	0.80	63	10.22
39	0.87	64	11.59
40	0.97	65 - 99	*
41	1.07		
42	1.20		

Mánaðarlegur frádráttur áhættuiðjalds vegna 10.000 € vátryggingarfjárhæðar vegna „slysa, viðbótar slysatryggingar, andláts vegna slyss“
3.60 €

* Frá 65 ára aldri er mánaðarlegur frádráttur fasti vegna vátryggingarverndar fyrir andlát af slysþórum sá sami og fyrir 64 ára aldur. Vátryggingarfjárhæð lækkar árlega um 10% af vátryggingarfjárhæð fyrra árs. Á 100 ára afmælisdegi er viðeigandi vátryggingarfjárhæð greidd út.

** Frá 65 ára aldri er mánaðarlegur frádráttur fasti vegna vátryggingarverndar sá sami og fyrir 64 ára aldur. Vátryggingarfjárhæð lækkar árlega um 10% af vátryggingarfjárhæð fyrra árs. Á 100 ára afmælisdegi er viðeigandi vátryggingarfjárhæð greidd út.

Verðskrá vegna gerðar vátryggingarsamnings og umsýslu

Frádráttur	Upphæð frádráttar
Umsýslugjald	5 € á mánuði
Fjárfestingargjald	0,1% mánaðarlega af innregn af vátryggingarrekningi, minnst 2 €
Vegna gerðar vátryggingarsamnings fyrir samþykkt mánaðarlegt iðgjald á fyrstu 60 mánuðum vátryggingarinnar	35% af mánaðarlegu iðgjaldi
Fyrir gerð vátryggingarsamnings með eingreiðslu	6% af eingreiðslu
Vegna breytinga á hlutfalli í tryggingarsjóðum NOVIS	0 €
Vegna áminninga	0 €
Vegna breytinga vátryggingarsamnings í uppgreiddan samning (undanþága frá greiðslu iðgjaldar)	0 €
Vegna uppsagnar að hluta eða öllu leyti eftir 10 ár frá upphafi samnings	0 €
Vegna uppsagnar að hluta eða öllu leyti upp að 10 árum frá upphafi samnings	3% af úttektarinnregn
Vegna reikningshalds ef vátryggingartaki lífir út samningin	0 €
Vegna breytinga á upphæð iðgjalds	0 €

Mánaðarlegur frádráttur áhættuiðjalds vegna vátryggingarfjárhæðar sem er 10.000 € vegna „sjúkdóma, skurðaðgerða og langtimaumönnunar“

Aldur	Í €
0 - 18	0.55
19	0.99
20	0.99
21	1.10
22	1.21
23	1.32
24	1.43
25	1.54
26	1.76
27	1.87
28	2.09
29	2.42
30	2.64
31	2.97
32	3.19
33	3.74
34	4.29
35	4.95
36	5.72
37	6.49
38	7.15
39	7.81
40	8.47
41	9.02
42	9.57

Monthly Deduction
for 10 000 € of the insured sum
for „Death“

Age	In €
0 - 18	0.50
19	0.50
20	0.50
21	0.50
22	0.50
23	0.50
24	0.50
25	0.50
26	0.50
27	0.50
28	0.50
29	0.50
30	0.50
31	0.52
32	0.54
33	0.56
34	0.60
35	0.63
36	0.68
37	0.73
38	0.80
39	0.87
40	0.97
41	1.07
42	1.20

Monthly Deduction
for 10 000 € of the insured sum
for „Illnesses, Operations and Long Term Care“

Age	In €
0 - 18	0.55
19	0.99
20	0.99
21	1.10
22	1.21
23	1.32
24	1.43
25	1.54
26	1.76
27	1.87
28	2.09
29	2.42
30	2.64
31	2.97
32	3.19
33	3.74
34	4.29
35	4.95
36	5.72
37	6.49
38	7.15
39	7.81
40	8.47
41	9.02
42	9.57

Monthly Deduction
for 10 000 € of the insured sum
for „Illnesses, Operations and Long Term Care“

Monthly deduction for 10 000 €
of the insured sum „Accident, Extended Accident Coverage, Accidental Death“

3.60 €

* Starting from the age of 65 the monthly deduction is constant for the insurance cover for accidental death as for age 64. The insured sum decreases annually by 10% of the insured sum of the previous year. Upon reaching the 100th birthday the relevant insured sum is paid off.

** Starting from the age of 65 the monthly deduction is constant for the insurance cover as at the age of 64. The insured sum decreases annually by 10% of the insured sum of the previous year. Upon reaching the 100th birthday the relevant insured sum is paid off.

Deduction Table for conclusion and administration of the insurance contract

Deduction	Deduction Amount
Administrative Fee	5 € p.m.
Investment Fee	monthly 0.1% of the balance of the insurance account, at least 2 €
for conclusion of the insurance contract from the agreed regular monthly premium in the first 60 insurance months	35% of the regular monthly premium
for conclusion of the insurance contract from the single premium	6% of the single premium
for changes of the allocation ratio of the NOVIS Insurance Funds	0 €
for reminders	0 €
for the transfer of the insurance into paid-up policy status (exemption from premium payment obligation)	0 €
for partial or full surrender after 10 years starting from the beginning of insurance	0 €
for partial or full surrender up to 10 years starting from the beginning of insurance	3% of the amount of the surrender value
for the disbursement in the case of survival	0 €
for the change in the amount of the insurance premium	0 €

