

GENERAL TERMS AND CONDITIONS
FOR THE INSURANCE PRODUCT

Wealth
Insuring

powered by



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-17180903 (further on “GTCs”) and respective provisions of the Icelandic Law.

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FIRST PART General Provisions

Article 1

Subject matter of insurance

- The insurer agrees with the policyholder on life insurance for the case of an insurance risk or a combination of the insurance risks specified in the paragraph 2 of this article.
- The following risks are insurable:
 - Death
 - Endowment
 - Accident, extended accident coverage, accidental death
 - Illnesses, operations and long term care
 - Lifelong pension
- The selected combination of the risks specified in the paragraph 2 of this article, forms one insurance. Death coverage is compulsory with the insurance sum at the minimum amount of 10 000 €.

Article 2

Basic terms

- The insurance** is a legal relationship, in which the insurer undertakes the obligation to grant an insurance benefit if an event further identified in the insurance contract occurs.
- The insurance contract** is a bilateral legal transaction which consists of written proposal for the conclusion of an insurance contract and of the confirmation of acceptance of the proposal for conclusion of an insurance contract. With the insurance contract the insurer commits itself to provide insurance benefit agreed if the event further identified in the contract occurs. The insurer commits itself to pay also with notice the surrender value in the sense of these GTCs. The policyholder commits itself contractually to pay the agreed single and regular premium as agreed in the insurance contract and to meet the other contract terms and conditions.
- The insurer** is the NOVIS Poistovňa a.s., Námestie L. Štúra 2, 811 02 Bratislava, Company ID No.: 47 251 301, TIN: 202 388 5314, registered by Commercial registry of District court Bratislava I., section Sa, insert no. 5821/B. Furthermore and in the correspondence with the policyholder and insured party the insurer is referred to in shortened form as NOVIS Insurance Company Inc. (NOVIS Poistovňa a.s.).
- The policyholder** is the person who concludes the insurance contract with the insurer and commits to pay the insurance premium to the insurer. The policyholder doesn't have to be identical with the insured party.
- The insured party** is the person, to whose life, health or accident the insurance refers. The insured party is also referred to in these GTCs as the insured person.
- The beneficiary** is the person listed in the insurance contract

or determined in accordance with the Civil Code, which in the event of the death of the policyholder or the insured person, has the right to receive the insurance benefit.

- The entry age** of the insured party or the policyholder is the difference between the calendar year of the agreement of the insurance risk and the birth year.
- The technical beginning** of the insurance is the day stated in the insurance contract as the start of insurance, which is at the same time the maturity date of payment for the single and regular premium, as agreed in the insurance contract.
- The period of insurance** is the time for which the insurance contract is agreed upon. The insurance contract is concluded for unlimited period if not otherwise specified in the insurance contract.
- The insurance premium** is every payment, which the policyholder has made to the insurer as per the concluded insurance contract, including payments paid by the policyholder in cryptocurrency according to provisions agreed by policyholder and insurer. If NOVIS is authorized by the policyholder to collect insurance premiums per debit transfer system (e.g. direct debit, credit card debit), the incoming sum on the account of the insurer applies as insurance premium.
- The regular premium** is the minimum sum that the policyholder has to pay for each insurance period. If there is additionally to the regular premium also a single premium agreed, then the sum, which is the minimal first premium of the insurance contract due by the policyholder, is made up by single premium and the first regular premium.
- The single premium** is one time payment of premium agreed in the insurance contract. The maturity of payment of single premium is the latest on the day of beginning of the first insurance period.
- 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.
- 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.
- The insurance period** is the time period agreed in the insurance contract for which a premium is to be paid. If not otherwise agreed in the insurance contract, monthly insurance periods apply for an unlimited period.
- The insurance year** is a time span of 365 days (in the leap year 366 days); beginning on the day, which corresponds to the day and month of the technical beginning of insurance and ends with

the expiration of 365 days (in the leap year 366 days).

- The insured event** is a happening defined in the insurance contract, which occurs during the insurance for which the insurer provides an insurance benefit.
- The insured sum** of the agreed insurance risk is the amount, from which the amount of the insurance benefit is determined.
- 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.
- 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.
- NOVIS Insurance Fund** consists of various means of investment managed by the insurer or person appointed by the insurer.
- Invest, investment, investing, deemed to be invested or distributed:** the process by which the performance of the internal funds determine the monthly investment return that is credited to the insurance account.
The insurer acquires the assets, defined by the rules of the internal funds which are chosen within the clients policy, in an amount which is determined solely by the stipulations regarding the technical reserves as defined by the insurance law.
- The insurance account** is an account, managed by the insurer for each insurance contract, and on which premium and investment return are paid to and contract costs are deducted.
- The balance of the insurance account** is the monetary value of the insurance account which changes each month according to investment process as described in article 6 and article 8 of these GTCs.
- The allocation ratio** is the distribution ratio of the insurance account among NOVIS insurance funds, determined by the policyholder. The policyholder has the right to determine the allocation ratio in the proposal for the conclusion of the insurance contract and has the right to determine a new allocation ratio once per month free of charge. In case policyholder does not use the right to determine the allocation ratio before the conclusion of the insurance contract, insurer will use the even allocation into all insurance funds. The insurer keeps the allocation ratio unchanged in a way that the different performance of the funds don't have any influence on the allocation ratio set by the policyholder.
- 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.

28. **Waiting period** is the time period which postpones the start of insurance coverage for certain insurance risks. The cases where the insurer applies the waiting period and its length for certain insurance risks are stated in Article 18 of these GTCs or in the provisions for respective insurance risks.
29. **Currency of the insurance contract** is euro.

Article 3

Conclusion of the insurance contract

1. The insurance contract is concluded at the moment when the policyholder receives the notification of acceptance of his proposal for conclusion of an insurance contract or insurance policy.
2. The insurance policy submitted by the insurer is a document confirming the existence of the insurance contract.
3. The parties agree that any legal act may take place also via e-mail communication. The contracting parties must use the e-mail addresses, which have been agreed in the insurance contract or were redefined later.

Article 4

Start and end of insurance

1. The insurance coverage begins at 0:00 AM on the day agreed in the insurance contract as the technical beginning of the insurance, but earliest in the moment of receipt of the confirmation of conclusion of insurance contract.
2. The insurance contract ends with the death of the policyholder. This does not apply if the policyholder is not the insured party based on the insurance contract. In this case the insured person will become the new policyholder, if this is agreed with the insurance company. The same applies, if a legal entity, which concluded the insurance contract with the insurer, is dissolved.
3. The insurance ends also due to a notice of termination of insurance contract by the policyholder in the sense of article 11 and as a consequence of non-payment of the insurance premium in the sense of article 10 of these GTCs.

Article 5

Payment of the insurance premium

1. The policyholder is obligated to pay the premium agreed in the insurance contract. The agreed premium can be single premium or regular premium or the combination of both stated.
2. The policyholder has the right at any time to pay a higher premium than agreed in the insurance contract. If the difference between the sum of the paid insurance premiums and the sum of the agreed insurance premium is positive for all preceding insurance periods, the policyholder is not obligated to pay the regular premium for the current insurance period.
3. Agreed payment obligation period for regular premium in case the policyholder is not older than 35 years, is 35 years. In case the policyholder is older than 35 years, the payment obligation period ends in the end of the insurance year in which the policyholder reaches his 70th year. The right of policyholder for using the paid up state of the policy based on article 15 of these GTCs is not affected by this provision.
4. The insurer is entitled to reduce an insurance benefit by the owed amount of the insurance premium if the agreed premiums were not paid in full amount.

Article 6

Insurance account

1. The insurer manages an insurance account for each insurance contract.
2. Each paid insurance premium is credited to the insurance account in full amount.
3. At the end of each month the investment return based on the performance of the insurance funds is credited and the contractually agreed deductions are made. This results into monthly final balance, which is identical to the opening balance of the following month.

4. The opening balance except the NOVIS Loyalty Bonus is deemed to be invested according to the specified allocation ratio into the NOVIS Insurance Funds.

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

This insurance fund offers an one hundred percent capital guarantee during the whole duration of the insurance contract. Furthermore this Guaranteed Growth Insurance Fund includes also a positive performance every month as announced by the insurer on the official website at the end of every calendar year for following next 12 months.

b) NOVIS ETF Shares Insurance Fund

The NOVIS ETF Shares Insurance Fund is a non-guaranteed insurance fund. The insurer invests the capital of this insurance fund into several ETFs. These are quoted index funds with very low costs. The low costs allow a performance as with traditional stock investment funds. Their performance depends on the development of the relevant stock exchange indices. ETF equity funds have a long-term growth tendency and exhibit a lower volatility than traditional stock investment funds.

c) NOVIS Gold Insurance Fund

The NOVIS Gold Insurance Fund is a non-guaranteed insurance fund. The insurer invests the capital of this fund into physical gold or into financial instruments, whose value depends on gold price development. The performance of this insurance fund depends therefore directly on the change in the gold price. Based on the agreement between the Insurance Company and the policyholder, the value of this fund can be also paid out in physical gold.

d) NOVIS Entrepreneurial Insurance Fund

The NOVIS Entrepreneurial Insurance Fund is a non-guaranteed insurance fund. This insurance fund supports promising enterprises through participation in their equity capital.

Policyholders benefit directly from the increase of the value of companies and can thus invest their funds in a similar way as large investors.

The second form of investment is represented by credit instruments for enterprises.

The third form of investment of this insurance fund is represented by participation in private equity, venture capital and similar investment vehicles.

The fourth form of investment is represented by high yield ETFs, which are tradable on a daily basis and together with the cash guarantee the liquidity of this insurance fund.

e) NOVIS Mortgage Insurance Fund

The NOVIS Mortgage Insurance Fund is a non-guaranteed insurance fund. The insurer invests the capital of this fund particularly into loans secured by mortgages. Proceeds of this insurance fund are formed in particular by the interest paid on individual loans. A further part of the fund's capital is invested in mortgage deeds and other financial instruments, which are secured by pledge rights, or their value is oriented to the property development.

f) NOVIS Family Office Insurance Fund

The NOVIS Family Office Insurance Fund is a non-guaranteed insurance fund. The NOVIS Family Office Insurance Fund invests predominantly in investment vehicles which are run by asset management companies, which have extensive experience with the support of Family Offices.

g) NOVIS World Brands Insurance Fund

NOVIS World Brands Insurance Fund is a non-guaranteed insurance fund. This insurance fund invests its means directly or indirectly into enterprises with a particularly high brand value.

h) NOVIS Digital Assets Insurance Fund

The NOVIS Digital Assets Insurance Fund is a non-guaranteed insurance fund. The NOVIS Digital Assets Insurance Fund invests directly or indirectly into companies or investment vehicles that are oriented on the production (mining) or trading of cryptocurrencies.

2. 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 allocation ratio, 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, insurer sets allocation ratio so that it is distributed among 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 allocation ratio into the insurance fund which is going to be canceled but has not set a new allocation ratio in period mentioned, then the insurer sets new allocation ratio as even distribution among the insurance funds which are available and which are at the same time compatible with policyholder's risk profile.
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 monetary value of the insurance account 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 investment performance is credited to the insurance account by multiplying their investment performance in percentage points by balance of the insurance account and its investment allocation. If the monthly investment return is negative it is subtracted in the same way. The monthly performance of insurance funds depends on the performance of the assets in which the insurance funds invest.
 - c) Deduction for the insurance coverage:

The deductions which Insurer can deduct monthly from the insurance account for the insurance coverage are defined in the deduction table. Deductions for the insurance coverage may differ based on age but are not differentiated according to sex. The deduction table forms a component of the insurance contract and the insurer is not entitled to change

these during the entire duration of the insurance contract.

- d) Deductions related to the conclusion and administration of the insurance contract are deducted in the end of each month based on the description in Article 12 of these GTCs.
 - e) The balance of the insurance account may also be reduced by a partial surrender and a deduction for a partial surrender according to Article 13 of these GTCs.
 - f) The insurance premium paid is immediately credited to the insurance account in full. At the end of each month the costs and deductions defined in the GTCs are reflected. Insurance account balance is used as basis for the calculation of the monthly investment return and the calculated monthly investment return is thereafter credited to the insurance account. The investment return is on a monthly basis determined by multiplying the opening balance of the insurance account with the performance of the relevant internal insurance funds, chosen by the policy holder, expressed in percentage points.
2. If the balance of the insurance account is negative, the insurer can:
 - a) ask the policyholder to pay an additional premium at the amount necessary to secure at least a zero balance of the insurance account.
 - b) If the negative value of the insurance account is caused by the fact that the amount of the deductions for insurance coverage and administrative fees are higher than the regular premium, the insurer may request, on top of the extra payment described above, also the increase of regular premium.
 If the policyholder does not accept this request within 30 days after receiving it, the insurer can reduce the insurance sums for the insurance coverages chosen by the policyholder and/or insured persons to the level which is necessary for the increase of the balance of the insurance account to a positive value.

3. NOVIS Loyalty Bonus:

- a) The insurer grants the policyholder a NOVIS Loyalty Bonus in the amount of 1 000 €. This NOVIS Loyalty Bonus is credited to the insurance account in the month in which an insurance premium was first paid.
- b) If the insurance contract ends for a different reason than the death of the policyholder, the current value of the NOVIS Loyalty Bonus is deducted from the insurance account before the determination of the surrender value. The policyholder doesn't lose the NOVIS Loyalty Bonus in case of surrender, if the insurer have already received the sum of agreed premium for 20 years of the insurance contract. The change of the part or the whole amount of the insurance account into lifelong pension is not considered for termination of the insurance contract. This change doesn't result into the loss of NOVIS Loyalty Bonus and therefore increases the amount of pension. The NOVIS Loyalty Bonus is increased each year in the extent of the investment return of the NOVIS Guaranteed Growth Insurance Fund.

4. NOVIS Survival Bonus:

- a) If the NOVIS Survival Bonus has been agreed in the insurance contract, the insurance benefit will be transferred in the amount of the current balance of the insurance account to the authorized person who is the insurer in the event of the death of the policyholder. The total balance of the insurance account is subsequently split among all policyholders who have also agreed to the NOVIS Survival Bonus. For the distribution of the bonus, the age of policyholders and the balances of their insurance account are considered.
- b) At the end of each month the revaluation of the insurance accounts is credited in accordance with paragraph 4 of this article. The income obtained by the NOVIS Survival Bonus is credited to the insurance account at the end of the insurance month.
- c) The policyholder has the right to agree with the insurer about the termination of the NOVIS Survival Bonus, at least 6 months before the anniversary of the conclusion of this bonus.

Article 9

Individual insurance risk assessment

1. The policyholder and the insured party give their consent for the assessment of the state of health of the insured party. Furthermore, they authorize the insurer to collect health and medical history data from medical records, if applicable also other sensitive information such as biometric and genetic data and to obtain data from the health insurance company of the insured person or other relevant institutions. The insured party and the policyholder provide this consent and power of attorney in written form by signing the insurance proposal or by signing a request for modification of the insurance contract.
2. Facts, which the insurer obtained during the assessment of the state of health of the insured party, may only be used for the purposes of the agreed insurance contract, and in connection with the settlement of the insured event, and in the application and protection of the rights of the agreed insurance policy or insured event.
3. Each agreed insurance coverage is evaluated individually based on the available information and using insurance risk assessment manuals that the insurer acquires from major reinsurance companies. If the insured person represents a higher risk based on the available information compared to the society-wide average in the given age group, the deduction from the insurance account is increased for this insurance coverage proportionally and/or in absolute numbers.
4. The insurer may not change the assessed initial risk during the whole duration of the insurance contract to the disadvantage of the insured party, also not if the state of health or other risk circumstances worsen. The risk assessment can be changed only in favor of the insured party, if relevant new information is submitted.
5. Together with the notification of the acceptance of the insurance proposal the insurer must also inform the policyholder about the result of the individual risk assessment. If an increased deduction for the insurance coverage is specified by the insurer, the policyholder can withdraw within 30 days as of the receipt of the notification of an increased risk deduction from the insurance coverage concerned. A notice of withdrawal must be delivered within this period in writing by the policyholder to the insurer.

Article 10

Consequences of the non-payment of the agreed insurance premium

1. In the case of non-payment of premiums for the first insurance period within three months from its due date, the insurance contract ceases.
2. The regular premium if agreed in the insurance contract is due on the first day of the relevant insurance period. If the policyholder is delayed with the payment of the regular premium, the insurer sends the policyholder a request for payment. If the policyholder does not pay the owed insurance premium within a legal period, the insurance contract ceases. This does not apply, if the policy changes its status to paid-up policy as per the Article 15 of these GTCs.
3. The insurer may provide the client with the option of non-payment of the regular premium for a period of 6 months with the agreed risks remaining in force. The reason for non-payment may be the loss of income (e.g. loss of breadwinner or employment). In case that an insured event occurs, the insurer has the right to proceed with the payment of the insurance benefit as per the Article 5.3 of these GTCs.

Article 11

Cancellation of the insurance contract

1. The policyholder may cancel his insurance contract anytime without stating the reason. The policyholder is obliged to pay the premium in full, pro-rata to the date of cancellation. If the policyholder wishes to terminate accident or illness coverage upon the conclusion of the period of cover, he must give notice to the company not later than one month from the day the premium for the new insurance period is due.
2. The policyholder has the right to withdraw from the insurance contract in the period of 30 days upon the conclusion of the insurance contract even without stating a reason.

Article 12

Surrender value, costs and fees

1. The insurer will pay out the surrender value to the policyholder in the cases described by these GTCs or by the respective legislation. Surrender value during the first 10 years of the duration of the insurance contract is equal to 97% of the balance of the insurance account to the end of the last full month of the duration of the contract. Later on, the surrender value is equal to the balance of the insurance account. Actual value of NOVIS Loyalty Bonus is deducted from the insurance account unless the whole agreed premium has already been paid for the insurance contract or if the insurer have already received the sum of agreed premium for 20 years of the insurance contract. Based on the agreement between the policyholder and insurer the partial surrender can be paid out in physical gold or in cryptocurrency.
2. The deduction for the conclusion of the insurance contract from single premium amounts to 6% of the single premium and is deducted from the insurance account at the end of the month in which the single premium has been paid. Premium payments above the agreed amount do not increase deduction for the conclusion of the insurance contract for single premium.
3. In the first 60 insurance months the deduction for the conclusion of the insurance contract from regular monthly premium is charged in the amount of 35% of regular monthly premium. Premium payments above the agreed amount, do not increase these deductions.
4. In the event of termination of the insurance contract within the meaning of paragraph 1 of this Article in the first 60 months of duration of the insurance contract, the surrender value is reduced by the uncollected deductions for the conclusion of the insurance contract.
5. The administration fee is deducted at the end of each month in the amount of 5 €.
6. Investment fee is deducted from the opening monthly balance of the insurance account at the end of the month at the height of 0.1%, with a minimum amount of 2 €.
7. The risk coverage fees are deducted monthly from the insurance account and are stated in the deduction table, the risk coverage fees can be increased based on the result of health risk assessment.

Article 13

Partial surrender

1. The policyholder can request a partial surrender in writing with a period of notice of one month to the end of the next insurance period but not sooner than 12 month from the conclusion of the insurance contract. After the completion of the partial surrender at least value of 1,000 € must remain on the insurance account (excl. current value of NOVIS Loyalty Bonus). If there is a NOVIS Survival Bonus agreed in the insurance contract, the right on partial surrender exists only after the NOVIS Survival Bonus is terminated.
2. The minimum value of the partial surrender must amount to 500 €.
3. The partial surrender does not influence the period of insurance and the existing insurance coverage.
4. Based on the agreement between the policyholder and insurer the partial surrender can be paid out in physical gold or in cryptocurrency.

Article 14

Rights and obligations of the contracting parties

1. The policyholder and the insured party are obliged:
 - a) to truthfully and completely answer all questions that concern the insurance contract (this applies also in the case where it concerns the change to an already existing insurance contract),
 - b) the policyholder is obliged to pay the agreed insurance premiums at the latest by the dates agreed in the insurance contract,
 - c) to inform the insurer of a change in address or other communication data, above all the e-mail address, to which the insurer is to send information and decisions.

2. The insurer must keep its obligations, which result from the clauses of a contract, from these GTCs and from the legal provisions.
3. The insurer has the right:
 - a) to request the payment of single premium and regular premium as agreed in the insurance contract,
 - b) to request the insured party to undergo medical investigations in a medical facility determined by the insurer, and to submit data from the medical record,
 - c) to withdraw from the insurance contract due to conscious breach of the obligation specified in the paragraph 1 a) of this article, if the insurance contract was not concluded with truthful and complete answers to the questions. The contracting parties are obliged to return all transactions, and furthermore the insurer has the right to get a reimbursement of the costs associated with the conclusion and administration of the insurance contract from the policyholder.
 - d) in case the insurer finds out only after occurrence of the insured event that cause of this event was not known to him prior to conclusion of the contract due to knowingly untruthful or incomplete answers and in case this information has significant impact on the conclusion of the contract, insurer is entitled to refuse to pay the insurance benefit. By refusing to pay the insurance benefit the insurance contract terminates.
 - e) to identify policyholder and the insured party during the process of conclusion of an insurance contract and to keep their identification data in their records.
4. In case of an insured event, the insurer is obliged to pay the insurance benefit within 15 days after finalization of the claim process.
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. The insurer is entitled to reduce the insurance benefit accordingly, if based on consciously untruthful or incomplete answer of the insured party or the policyholder, a lower risk deduction from the insurance account was determined. In cases where insurance benefit is excluded within the meaning of Article 19, it means the exclusion of any insurance benefit on the basis of any insurance risk agreed in the insurance contract.

Article 15

Exemption from premium payment obligation - Paid-up policy status

1. The insurance in the paid-up status is an insurance without the obligation to pay further insurance premiums. The policyholder has however the possibility to pay insurance premiums voluntarily. Also all the insurance contracts for which the corresponding total agreed insurance premium was paid are in the paid-up status.
2. The insurance contract can be converted into a paid-up policy status, if the current balance of the insurance account amounts to at least 1,000 € (excl. NOVIS Loyalty Bonus). The policyholder has to request a desired premium exemption in written form (via e-mail or letter) to the insurer. After submission of this request for the premium exemption, starting from beginning of the next insurance period, the insurance contract is transferred into a paid-up policy status.
If the policyholder requests a premium exemption and the balance of the insurance account is lower than 500 €, then the insurer pays the surrender value and the insurance contract terminates.
3. During the period of the insurance in the paid-up status the value of the insurance account, will be calculated each month in the sense of article 8 of these GTCs, whereby the agreed insurance coverage remains valid.
4. The insurance, which is in the paid-up status, ends on the last day of the month, which follows the month, in which the balance

on the insurance account becomes the first time negative unless policyholder pays insurance premium again.

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.

Article 18

Beginning and end of the insurance coverage, Waiting period

1. The insurance coverage for the insurance risk "Death" and for the insurance risk "Accident, Extended Accident Coverage and Accidental Death" comes into effect in the moment of receipt of the confirmation of the conclusion of the insurance contract, but not before the technical beginning specified in the insurance contract.
2. The insurance coverage for the insurance risk "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.
3. In case of the increase in the insured sum for "Illnesses, Operations and Long Term Care", 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.
4. 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.
5. 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 19

Exclusions of the insurance benefit

If the insured person commits suicide within 1 year from the beginning of the insurance coverage, the insurance benefit is denied. If the insured sum is increased and the insured person commits suicide within 1 year of the increase, the insurer pays the insurance benefit as agreed before the increase and only if the waiting period of 1 year from the beginning of the insurance coverage was met.

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
2. In the event of death of the insured party and in case the age of insured party is not exceeding 65 years the entire insurance sum agreed in the insurance contract will be paid as insurance benefit. In case the age of the insured party exceeds 65 years, the sum insured which is going to be paid out is defined in the pricelist table of insurance coverage.

2. Accident, extended accident coverage, accidental death

Article 22

Definition of an accident

1. An accident refers to physical injury or death, which was caused by unexpected, sudden, violent and single impact of external influence.
2. A tick-borne childhood paralysis and meningoencephalitis is considered an accident as well as tetanus and rabies caused by infection during injury.
3. The following events, independent of the will of insured party, causing permanent physical damage or death are considered an accident:
 - a) Drowning,
 - b) Burns, scalding, effect of lightning strike or electric current,
 - c) Sudden and unconscious inhalation of gases or vapors, sudden and unintentional ingestion of toxic or corrosive substances.
4. The following is not considered an accident:
 - a) Suicide or suicide attempt,
 - b) Deliberate self-injury,
 - c) Myocardial infarction,
 - d) Degradation of an illness due to an accident,
 - e) Injury of degenerative changed organs (e.g. Achilles' tendon and meniscus) by a small indirect violent impact,
 - f) Internal physical damage due to lifting and moving objects.

Article 23

Insured event and insurance benefits

With the claim for insurance benefits the provisions of article 31 of these GTCs apply.

Article 24

Scope and maturity of the insurance benefit

The insurer grants to the insured party in case of an insured event the insurance benefit in three forms:

1. for extended accident coverage

- a) Includes insured events which result from accidents specified in the claims assessment table of the insurer for extended accident coverage. This extended accident coverage ensures that the insured party will in any case receive an insurance benefit after an event qualifying as an accident, even if the accident does not leave any permanent consequences for the insured party.
- b) If the insured accident occurs in accordance with a), the insurer pays the insured party the insurance benefit in the form of a daily allowance for the period corresponding to the insurer's claims assessment table for the extended accident coverage.
- c) The insurance benefit in the form of daily benefits is granted at a value of 1‰ of the insured sum for the accident.
- d) If the insured party suffered several physical damages as a result of a single accident, the insurer will pay only for the time of the longest essential treatment. If the insured party suffers another accident during the time of the treatment of an accident, the number of days for which the insurer would have to provide the daily allowance for the second accident is fixed. The overlapping time of the treatment of

both accidents is only taken into account once.

- e) In order for the daily allowance to be paid for the time of the essential treatment, the time of the essential treatment must reach at least 14 days after an accident.
- f) If the insured accident involves permanent consequences in the sense of 2. aa), the insurer will pay the insured party the insurance benefit for permanent consequences, as defined in point a) of this paragraph, diminished by the insurance benefit already granted by extended accident coverage.

2. Permanent consequences of an accident:

- a)
 - aa) Up to one year after the accident the insurance benefit will be paid to the insured party for permanent consequences due to an accident only in the case, if the kind and the minimum extent of the permanent consequences of the accident can be clearly determined from a medical viewpoint.
 - ab) If the scope of the permanent consequences due to an accident can not be clearly determined, both the insured party and the insurer have the right to request a medical re-determination of the scope of permanent consequences once a year during the first four years after the date of accident. Two years after the date of the accident the scope of the permanent consequences can be re-determined by the medical committee as well.
- ac) In the case that the insured party suffers several permanent consequences of a different kind due to single accident, the overall consequences are assessed based on the sum of the percentages of individual consequences, but not more than 100% in total.
- ad) If the insured party has suffered permanent consequences due to an accident and these permanent consequences concern a part of the body or an organ, whose function was for any reason already reduced before this accident, the insurer will lower the percentage for the extent of the permanent consequences due to an accident, by the amount corresponding to the percentage of the previous injury.
- ae) If the insured party suffers permanent consequences due to tick-borne child paralysis or meningoencephalitis, the insurer will pay the insurance sum for such an accident, if the illness is serologically determined at the earliest 15 days after the start, and at the latest 15 days after the end of the insurance coverage for the accident. The beginning of the illness (time of the insured event) is the day, on which a doctor was visited due to the diagnose of child paralysis or meningoencephalitis.
- b) If after one year starting from the day of the accident it is proven that the insured party suffered due to the accident:
 - ba) permanent consequences at the extent of at the most 35% in accordance with the claims assessment table, the insurer will pay an insurance benefit, with amount corresponding to the percentage of the insured sum for the accident.
 - bb) permanent consequences to the extent from 36% to 100% in accordance with the claims assessment table of the insurer, the insured party is paid the double amount of the insurance sum for the accident.

3. Accidental death:

- a) If the death of the insured party occurs due to an accident within one year after the day of the accident, the insurer pays the entire insured sum for the accident to the beneficiaries.
- b) If the insured party dies due to an accident, for which the insurer has already paid a benefit, the insurer will pay the beneficiaries the difference between the insured sum for the accident and the amount already paid out.
- c) If the death of the insured party occurs due to tick-borne child paralysis or meningoencephalitis, the insurer will pay

the insurance benefit for the accident to the beneficiaries. If the illness was serologically determined at the earliest 15 days after the beginning, at the latest however 15 days after the end of the insurance coverage for the death due to an accident. If the beginning of the illness (time of the insured event) is the day, on which a doctor was visited due to the diagnosis of child paralysis or meningoencephalitis.

3. Illnesses, Operations and Long Term Care

Article 25

Insured event and right to insurance benefit

1. An insured event of the insurance risk „Illnesses, Operations and Long Term Care“ includes the diagnosis of a critical illness, the performance of an operation, inpatient stay in a public health institution or inability to work, as well as the essential need for care in the sense of Article 26 No. 2.10.
2. In case the person insured is a parent, his/her children aged from 3 months to 18 years are automatically insured for the diagnosis of a critical illness in the amount of 30% of the insured sum of their parent amounting up to 30 000 €. Pre-existing conditions of critical illnesses are excluded from this coverage.

Article 26

Diagnosis of critical illnesses

If one of the following critical illnesses is diagnosed and in case the insured party does not exceed 65 years 100% of the insurance sum for the insurance risk of the „Illnesses, Operations and Long Term Care“ will be paid to the insured party. In case the insured party is older than 65 years the sum to be paid is defined by the pricelist of insurance coverage.

1. The first part of the insurance risk of „Illnesses, Operations and Long Term Care“ refers to diagnosing the following critical illnesses and/or the determination of an essential need for care:
 - a) Myocardial infarction,
 - b) Bypass operation,
 - c) Cancer,
 - d) Stroke,
 - e) Kidney failure,
 - f) Transplantation of organs,
 - g) Multiple sclerosis,
 - h) Paralysis,
 - i) Blindness,
 - j) Essential care,
 - k) HIV infection caused by the occupational exposure,
 - l) HIV infection caused by the blood transfusion or transfusion of blood products,
 - m) Parkinson's disease,
 - n) Alzheimer's disease,
 - o) Benign brain tumor,
 - p) Deafness,
 - q) Advanced stage of a lung disease,
 - r) Speech loss,
 - s) Replacement of the heart valve,
 - t) Operation on the aorta,
 - u) Coma,
 - v) Apallic syndrome (total cell death of the brain cortex),
 - w) Primary pulmonary hypertension,
 - x) Anemia caused by impairment of the bone marrow (aplastic anemia),
 - y) Motor neuron disease before the age of 60,
 - z) Loss of limbs,
 - aa) HIV infection in blood transfusions, due to physical assaults, or in the performance of certain tasks,
 - ab) Third degree burns,
 - ac) Bacterial meningitis,
 - ad) Serious head wounds which causes an injury and interference the function of the brain.

2. Detailed characteristics of the critical illnesses

2.1 Myocardial infarction

Irreversible damage to a part of the heart muscle by acute shut-off of the coronary artery. The diagnosis must be confirmed by the following characteristics:

- Typical central chest pain suggestive of Heart Attack,
- Elevation of cardiac biomarkers, including CK-MB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 500ng/L and above,
- 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:

- Pre-malignant
- Non-invasive
- Having borderline malignancy or low malignant potential
- Cervical dysplasia CIN-1, CIN-2 or CIN-3

2.4 Stroke

The stroke must be caused by the cerebral hemorrhage or cerebral infarction as a result of the shut off or rupture of the brain vessel or embolism from other organs. The stroke must lead to an unexpected occurrence of persistent neurological defects. The lasting neurological damage must be objectively determined with neurological findings and a CT examination of the central nervous system, whereby the symptoms of the disability must last for more than 3 months from start of the central brain stroke. The temporary neurological symptomatology (TIA, PRINT) is not a critical illness.

The right to receive the insurance benefit arises with the diagnosis confirmed by a neurological specialist clinic or a specialist. It can be completed at the earliest six weeks after the stroke.

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 treatment.

2.6 Transplantation of organs

Means the human to human organ transplant from a donor to the insured of one or more of the following organs: kidney, liver, heart, lung, pancreas or the transplantation of bone marrow using hematopoietic stem cells preceded by total bone marrow ablation. Heart transplant also involves the implantation of an artificial heart. The transplantation of any other organs, parts of organs, tissues or cells is excluded. The indication for the operation must be determined by a specialized medical institution on the territory of the European union or territory agreed upon between insurer and insured party. Any performance of the surgical procedure abroad must be discussed in advance and approved by the insurer. Failure to comply with this condition will result in the insurer not being obligated to provide the benefit. The right to the insurance benefit arises after the performance of the organ transplantation.

2.7 Multiple Sclerosis

Unequivocal diagnosis of Multiple Sclerosis that is a disease in which there are patches of demyelination in the white matter of the central nervous system, sometimes extending into gray matter. The diagnosis is proved by the corresponding examination technique (computer tomography, tomography with corpuscle division and magnetic resonance), with typical CSF findings (cerebrospinal fluid) and at least two relapses. A relapse is the unexpected appearance of new or early symptoms or corresponding worsening of existing symptoms. In respect of this contract, claims shall only be admitted if Multiple Sclerosis causes neurological deficit resulting in the permanent and irreversible inability of the insured to

- *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 and 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.

2.10 Essential care

A person who requires essential care within the sense of these provisions is a person who following an illness of 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.

- Moving around a room: 1 care point
Even if the disabled person uses a walker or wheelchair, the support of another person is required to move around.
- Standing up and lying down: 1 care point
When getting out of bed or lying down the support of another person is necessary.
- Getting dressed and undressed: 1 care point
When getting dressed and undressed the patient needs the help of another person to put clothes on and take them off.
- Hygiene: 1 care point
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.
- Taking care of needs: 1 care point
The help of another person is necessary because the insured party:
 - Cannot clean up alone after bowel movements, or*
 - He/she needs to use a bedpan, or*
 - 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:

- The insured party must undergo a blood test within 24 hours of the accident that detects the presence of HIV antibodies.
- The proof of the existence of HIV virus or HIV antibodies must be provided within 4 months after the accident using another blood test.
- 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:

- The infection is due to a blood transfusion received after the start of insurance coverage and
- The institution which provided the transfusion admits liability or there is a final court verdict that cannot be appealed indicating such liability and
- The infected insured is not a haemophilic

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:

- The disease cannot be controlled with medication
- The disease shows signs of progressive impairment
- The disease must cause neurological deficit resulting in the permanent and irreversible inability of the Life
- Insured to move indoors from room to room on level surface

The entitlement to a benefit arises with the diagnosis confirmed by a neurologist. This can be made not earlier than twelve months after the onset of the disease.

2.14 Alzheimer's Disease

Degenerative process that attacks the brain and is manifested by dementia, impaired cognitive function and progressive deterioration of memory. The entitlement to a benefit arises with a diagnosis confirmed by two specialists with one engaged by the insured party and the other engaged by the insurer. The diagnosis can be made no later than twelve months after the onset of the disease.

2.15 Benign brain tumor

The brain tumor that forms the picture of intracranial hypertension with the request for a neurological intervention. The right to receive the insurance benefit arises with the removal of the benign tumor with subsequent continuing neurological damage or in the case of inoperability with the confirmation of a state that has lasting neurological damage. Lasting neurological damage is considered to be at least 3 months of the persisting state. The diagnosis must be confirmed by the neurosurgeon and be documented with a CT and MRI of the brain. Excluded are: cysts, granulomas, vascular and venous deformities in the brain, hematomas, hypophysis tumors or spinal tumors.

2.16 Deafness

Means irrecoverable Loss of Hearing in both ears, with an auditory threshold of more than 90 decibels, as a result of sickness or injury. No benefits will be payable if in general medical opinion a hearing aid, device, or implant could result in the partial or total restoration of hearing.

The diagnosis must be confirmed by ENT specialists and be documented by an audiometric examination.

2.17 Advanced stage of a lung disease

Serious and permanent damage to the respiratory functions must be confirmed by a specialist and must meet all the following conditions:

- Permanent reduction of FEV 1 (respiratory minute volume under stress) to less than 1 liter per minute
- Permanent reduction of partial arterial pressure of O₂ below 55 mmHg
- Need for permanent oxygen inhalation.

2.18 Speech loss

Complete and irreversible speech loss due to an accident or a disease of the vocal cords. The condition must be confirmed by an ENT specialist and recognized for at least 6 months. The loss of speech of a psychogenic origin is not an insured event.

2.19 Replacement of the heart valve

Surgical replacement of one or more heart valves by artificial heart valves due to narrowing (stenosis), deficiency or a combination of these factors. The benefit includes the replacement of the aortic, mitral, pulmonary or tricuspid valve with an artificial valve. The

replacement must be confirmed by a specialist. Not considered an insured event are: modification of the heart valve, valvulotomy and plastic surgery on a valve. The claim to an insurance benefit arises after the performance of the operation, where its indispensability must be confirmed by a cardiologist.

2.20 Operation on the aorta

An operation that is essential to resolve chronic disease of the aorta in which it is necessary to perform an incision and replace the affected aorta with a graft. The aorta itself refers to the thoracic and abdominal aorta, not its branches. The right to an insurance benefit arises after the surgery is performed and its indispensability must be reliably confirmed by a cardiologist or vascular surgeon. The performance of a procedure without chest or abdominal opening (angioplasty, balloon dilation, laser surgery) and the performance of a procedure on the branches of the aorta (e.g. the carotid artery, the renal artery) are not considered critical illnesses.

2.21 Coma

A continuous loss of consciousness for at least 96 hours without a reaction to external stimulants and inner needs, whereby it is necessary to use medical equipment to ensure basic vital functions, resulting in permanent neurological damage, which is followed by a neurologist for at least three months. The entitlement to an insurance benefit arises with the diagnosis confirmed by a neurologist, which must be made at the earliest three months after the start of the coma.

2.22 Apallic Syndrome (total cell death of the brain cortex)

Total cell death of the brain cortex with the preservation of the functions of the brain stem. The diagnosis must be confirmed by a specialist and documented by a CT and MRI of the brain whereby the condition must have been under medical observation for at least one month.

2.23 Primary pulmonary hypertension

Condition in which the average pressure in the lungs exceeds the value of 20 mmHg while lying at rest due to primary damage to the pulmonary arterioles. The diagnosis must be clearly confirmed by a specialist based on cardiac catheterization with the finding of a value of the average pressure in the pulmonary artery of over 20 mmHg and the findings of hypertrophy or dilation of the right chamber and with signs of right-sided heart failure must be medically documented and must persist for at least three months.

2.24 Anemia caused by the impairment of bone marrow (aplastic anemia)

The diagnosis must be confirmed by a specialist based on a biopsy from the bone marrow. Macrocytic anemia, neutropenia and thrombocytopenia must be confirmed in the blood count and the following forms of treatment must be necessary: immunosuppressive treatment, treatment by bone marrow stimulating agents for a minimum of three months, transfusion treatment.

2.25 Motor neuron disease before the age of 60

Unequivocal diagnosis of motor neuron disease before the age of 60. The diagnosis must be confirmed by a specialist in neurological diseases.

2.26 Loss of limbs

The permanent loss of two or more limbs above the wrist or ankle joint.

2.27 HIV infection in blood transfusions, due to physical assaults, or in the performance of certain tasks

The insured is infected by HIV, or is diagnosed as having AIDS, that can be traced to any of the following factors:

- Blood transfusion as part of a medical treatment
- Physical assault suffered by the insured
- Event sustained by the insured in his job as a member of the

health professions, fireman, ambulance man or policeman

The event causing the infection must have occurred within the period of validity of the insurance policy and meet the following criteria:

- The event must have been reported to the relevant authorities and its investigation must have been carried out with recognized methods
- In the case of an HIV infection as a result of a physical assault, or as a result of an event occurring in the performance of regular job responsibilities, a negative result of an HIV antibody test carried out within 5 days from the event must be presented
- Furthermore, another HIV antibody test must be carried out within 12 months confirming that HIV has been revealed and HIV antibodies are present
- The event causing the infection must have occurred in Iceland

The insurance policy does not cover any HIV infection due to other causes, i.e. sexual activities or the use of narcotics.

2.28 Third degree burns

Third degree burns covering at least 20% of the surface of the insured's body, confirmed by a specialist.

2.29 Bacterial meningitis

A verified diagnosis of inflammation of the membranes surrounding the brain and the spinal cord. An analyst must confirm the diagnosis by blood and spinal fluid studies and CT scan or MRI of the head. The disease must have resulted in permanent inability to perform independently three or more daily activities (ADL), bathing, undress, getting dressed, going on and using the toilet, getting out of bed and on to a chair or from a chair in to bed, controlling stools and urination, eat, drink and take medicine or must have resulted in permanent bed rest and inability to get up without assistance. This situation must have lasted at least three months and confirmed by medical records. Meningitis caused by bacterial infections. Inflammation of the meninges or spinal cord which leads to significant and permanent impairment of neurological activity and has been confirmed by a specialist in neurological disorders. This has to be confirmed by spinal fluid analysis.

2.30 Serious head wounds which causes an injury and interference the function of the brain

Severe head injury that interferes with brain function. An analysis must be verified by an expert and supported by results of the diagnosis of the nervous system from CT scan or MRI. The injury must have resulted in permanent inability to perform independently three or more daily activities (ADL), bathing, undress, getting dressed, going on and using the toilet, getting out of bed and on to a chair or from a chair in to bed, controlling stools and urination, eat, drink and take medicine or must have resulted in permanent bed rest and inability to get up without assistance. This situation must have lasted at least three months and confirmed by medical records.

Article 27

Operation due to an illness

The second part of the insurance risk "Illnesses, Operations and Long Term Care" is an operation due to illness. The right to the benefit arises in the case of an operation due to an illness, which is listed in the claims assessment tables for operations of the insurer, however if the policyholder has received a benefit for the diagnosis of a critical illness, this point does not apply to related operations. The insurer will pay the insured party an insurance benefit, which corresponds to the percent of insured sum based on claims assessment table of the insurer, but not more than 100% for the total insurance period and at the same time not for more than 2 operations during the entire insurance period. If the insured party simultaneously undergoes multiple operations, the insurance benefit for the operation with the highest percentage is paid out. If the insured party undergoes an operation that is not listed in the claims assessment tables of the insurer, the insurer will determine

the scope of the percentage of the operation analogously to the percentage listed in the claims assessment tables of the operation, which is most similar by the degree of difficulty to the one undergone by the insured party.

If the insurer's claims assessment tables for operation include interventions performed by micro-invasive methods such as angioplasty, laser treatment, stent implantation and other non-surgical methods, the insurer considers these an operation. All micro-invasive methods have reduced percentage of insurance benefit by 30%.

Article 28

Hospital daily allowance and sickness allowance

1. If the insured party remains stationary hospitalized as a result of illness for more than fourteen days in a medical institution, the insurer pays the insured party the hospital daily allowance in the amount of 1% of the insured sum of the risk "Illnesses, Operations and Long Term Care" and namely for each day of inpatient treatment of the insured party in a medical institution.
2. The hospital daily allowance in the event of hospitalization in a medical institution refers to the inpatient stay in hospital. The discharge report from the medical institution serves as a basis for granting the hospital daily allowance in the event of inpatient treatment in a medical institution. The day of admission to the medical institution and the day of discharge from the medical institution is considered as one day of hospitalization for the purposes of a hospital daily allowance.
3. The granting of the hospital daily allowance in the case of inpatient treatment in a medical institution does not apply to recovery stays, reconditioning stays, stays as a result of cosmetic surgery or stays due to an illness caused by excessive consumption of alcohol, drugs or toxic substances nor spa treatments.
4. If the insured party as a result of illness remains unable to work for longer than thirty days, the insurer will pay the insured party the sickness allowance in the amount of 1% of the insured sum of the insurance risk of an illness and operation, and for each day of inability of the insured party to work, beginning on the 30th day of the inability to work.
5. Inability to work caused by an illness is the general medically diagnosed inability of the insured party to engage in any professional employment. The basis for granting sickness allowance in case of inability to work is a confirmation issued by a doctor or medical institution determining the appropriate number of diagnosis.
6. Entitlement to granting of a sickness allowance in the case of inability to work does not apply to inability to work resulting from recovery stays, reconditioning stays, an illness caused by excessive consumption of alcohol, drugs or toxic substances. Further exceptions are spa treatments, pregnancy or mental illnesses.
7. The sickness allowance in accordance with this article shall be granted for a maximum of 60 days in the event of inability to work during the entire duration of the insurance contract. During the period, when the entitlement to hospital daily allowance in case of hospitalization and the right to sickness allowance overlap, it is counted only once.
8. The hospital daily allowance based on this article does not apply to cases excluded from insurance contract under Article 19 of these GTCs.

Article 29

The right to claim insurance benefits

1. When exercising the right to claim insurance benefit, the insured party is obliged to submit the following:
 - a) description of the cause of the occurrence of the insured event on the designated document of the insurer,
 - b) detailed medical reports of doctors who simultaneously treat or treated the insured party regarding the cause, beginning, type and course of illness. Reports from medical health care and rehabilitation facilities that have performed treatment prior to the occurrence of the insured event have to be submitted as well.
2. In the case of the diagnosing of a critical illness or performing an operation outside the territory of Iceland, the insurer may require

documents for determining an insured event to be provided by a doctor resident in Iceland at the expense of the insured party.

3. When exercising the right to claim an insurance benefit the insurer can require further medical examinations by authorized doctors. The insured party authorizes the doctors, hospitals and other medical institutions in which he was or will be treated to provide upon request the required information to this insurer and to this extent they are released from the obligation for medical confidentiality.
4. In case the insured event is the accident of the policyholder or the insured party, the client is obliged to, immediately or at least within 24 hours, seek medical attention.

THIRD PART Lifelong Pension and Final Provisions

Article 30

Lifelong pension

The policyholder has the right at any time to convert a part of his balance of the insurance account into a lifelong pension for himself or another insured person. The conditions for payment of the lifelong pension are agreed in the form of an amendment to the insurance contract. Special insurance conditions apply to the lifelong pension.

Article 31

Notification rules

1. If written communication takes place by e-mail in the sense of article 3 paragraph 1, the e-mail is considered as delivered on the day the e-mail has been sent, except cases when the e-mail was returned as undeliverable.
2. Documents sent to the insurer are considered delivered on the day of their receipt by the insurer.

Article 32

Complaint management

1. Complaint may be filed by any client, potential client or his/her representative on the basis of power of attorney ("the complainant").
2. A complaint is considered filed if it is made by the complainant where he expresses his disagreement with the accuracy and quality of services provided by the insurer. Filing is not considered a complaint if it has a character of inquiry, statement, opinion, request, initiative or suggestion.
3. The complaint may be submitted in writing to the address of the insurer's headquarter, through the distribution partner or via email: fyrirspurnir@novis.eu.
4. From the complaint it must be clear who filed the complaint and the matters concerned. The period for handling the complaint is limited to 30 days from the date of its delivery to the insurer; in justified cases, especially if the solution depends on the statements of a third party the period for handling the complaint can be extended to the maximum of 60 days from the date of receipt of the complaint, the reasons for the extension of the deadline will be communicated to the complainant.
5. Further information about complaint management can be found on the website of the insurer.
6. If the complainant is unsatisfied with the solution of his/her complaint, the complainant has the right to contact the The Insurance Complaints Committee of The Financial Supervisory Authority, Iceland, with registered seat at Katrinartúni 2, 105 Reykjavík by submitting a written or electronic complaint or initiative.

Article 33

Final provisions

- a) The Insurer, as derived from the Regulation of the European Parliament and the Council of European Union 2016/679 from 27 April 2016, has the status of the Controller, which processes personal data of data subjects (particularly the policyholder, the insured, the entitled person) itself or through intermediaries.
- b) The policyholder and the insured persons note that providing personal data to the Insurer is always voluntary, but in case

of failure to provide it, it is not possible to fulfill all contractual obligations. The policyholder confirms that when he or she has disclosed personal data to the Insurer about others, he or she has done so based on their consent.

- c) Data subjects are obliged to provide the Insurer even without a consent a contact telephone number, fax number and e-mail address if they have them, documents and data demonstrating the client's ability to fulfill insurance contract obligations, to determine the extent of the obligation to provide insurance benefit, required provision of insurance obligation, authorization to represent, if it is a representative, fulfillment of other requirements and conditions for the conclusion of an insurance contract and the information about the health condition within the range necessary to assess the risk at the conclusion of the insurance contract. Furthermore, they are obliged, if it is a natural person, to provide data in the range of name, surname, permanent residence, temporary residence if they have it, birth identification number, date of birth, nationality, type and number of the identity document including the natural person through whom the legal entity acts; in case of a natural person, who is an entrepreneur, name, surname, place of business, nationality, subject of business and denotation of the official register or other official records in which this entrepreneur is registered and the number of the entry in that register or record. In addition, they are obliged, if it is a legal entity, to provide data in the range of name, company registration number if any is assigned, address, the scope of business or any other activity, location of the business or branch offices and a different address of its operation and a list of persons forming the statutory body of the legal entity; and the information about it within the scope of this point (c), the denotation of the official register or other official records in which the legal entity is registered and the number of the entry in that register or record.
 - d) The Insurer shall be entitled to obtain, by copying, scanning or otherwise recording, personal data from the identity document in its entirety as captured.
 - e) The Insurer processes personal data to identify clients and their representatives and to retain the possibility of subsequent verification of such identification, for concluding insurance contracts and administering insurance, for administering claims by the Insurer, for protecting and claiming the rights of the Insurer, for documenting Insurer's activity.
 - f) The Insurer shall publish a list of categories of its contractual partners to whom it provides or accesses personal data available for fulfilling contractual relationships or its legitimate interests on its website.
 - g) In case personal data are processed under consent, it may be revoked at any time. The Insurer accepts in case of revocation all forms of communication if the client is unambiguously identified.
2. The claims assessment tables of duration of an accident, for extended accident coverage and for operation due to illness can be supplemented and amended by the insurer in line with advances in medicine and medical practice. The claims assessment tables are an integral part of the insurance contract. In case of settlement of an insured event, the claim is processed based on the claims assessment table valid during the time of occurrence of the insured event.
 3. The contracting parties can agree upon amendment of mutual rights and obligations deviating from these GTCs, unless the law or provisions of these GTCs explicitly prohibit them.
 4. The contractual law of Iceland applies to the insurance contract.
 5. The tax obligations relating to the insurance contract are governed by relevant legislation on Income Tax. This law specifies which insurance benefits are exempt from income tax, as well as deductibles, respectively other tax issues relating to insurance.

Article 34

Advanced payment for future insurance benefit

The policyholder may apply for an advanced payment for future insurance benefit. For this purpose the insurer provides a request form

ILLNESS-CAUSED SURGICAL PROCEDURES		
Percentage benefit from the insured sum		
ABDOMEN		
1	Laparotomy - explorative with negative or inoperable findings	10
2	Appendix removal	5
3	Drainage of an abscess in in the abdominal cavity	7,5
4	Hernia: inguinal, at the belly navel, femoral, hydrocele, varicocele, testicular hernia, hernia in the Linea alba, post-operative hernia	5
5	Stomach removal (partial), vagotomy, pyloroplasty (duodenum)	15
6	Suturing a perforated ulcer	10
7	Small intestine removal - partial - due to inflammatory changes	10
8	Removal of a benign tumor in the abdominal cavity	15
9	Perineotomy - perineal removal of the rectum	40
10	Rectal prolapse	15
11	Tears in the rectal area	2
12	Removal of hemorrhoids	2
13	Liver abscess	20
14	Removal of the gall bladder	10
15	Removal of the spleen	20
16	Removal of intestine polyps	5
17	Colostomy, ileostomy, cystostomy	25
18	Enterostomy	15
19	Removal of the large intestine, partly or completely	25
20	Sphincter plasty or biliodigestive anastomosis	15
THORAX SURGERY		
21	Thoracoplasty	20
22	Wedge-shaped resection of the pulmonary lobes	25
23	Throat operation	25
24	Thorax drainage	3
25	Thorax puncture	1
26	Pleurodesis	10
27	Pneumothorax with thoracotomy	10
28	Explorative thoracotomy	10
29	Introduction of a bronchial or tracheal	5
GYNECOLOGY		
30	Removal of the uterus with ovaries and fallopian tubes	20
31	Removal of the uterus	15
32	Removal of the fallopian tubes	10
33	Removal of the ovaries	10
34	Removal of a fibromyoma by enucleation	5
35	Removal of a cervical polyp	1
36	Laser vaporization of the cervix, marsupialization or removal of the Bartholin gland	3
37	Conization of the uterine cervix	3
38	Anterior and posterior colporrhaphy	10
39	Salpingo plasty (hydrosalpine)	5
40	Wedge-shaped ovarian resection	5
41	Therapeutic laparoscopy	10
42	Hysteroscopy	2
GENERAL SURGERY		
43	Nail bed plasty with in-grown nail	0,5
44	Incision of an abscess under local anesthesia	0,5
45	Removal of the thyroid gland	5
BREASTS		
46	Radical breast amputation with resection in the armpit (on one or both sides)	25

47	Simple breast amputation (on one or both sides)	15
48	Partial removal of the breast	7,5
49	Tumor or cyst removal in the breast with benign disease	3
LYMPH NODES		
50	Removal of the axillary, inguinal lymph nodes	2
ORTHOPEDIC SURGERY		
51	Arthrotomy, including removal of a free body	5
52	Removal of a ganglion	0,5
53	Removal of exostosis	1
54	Carpal tunnel operation	1
55	Finger amputation (any finger)	3
56	Metacarpal, metatarsal amputation	5
57	Amputation at the wrist, tarsus	20
58	Trigger finger	1
59	Operation for correcting a bent large toe or toe deformities or a metatarsal reduction	2
60	Suturing torn tendons or nerves (except traumatic causes)	3
61	Knee or shoulder arthroscopy (except for traumatic causes)	5
62	Rupture of the Achilles' tendon with subsequent suturing	5
63	Total endoprosthesis of the hip, knee joint, total arthroplasty of the shoulder joint	20
64	Operative spinal column and disk treatment, spondylodesis	12,5
UROGENITAL SURGERY		
65	Kidney removal	15
66	Removal of benign tumors or stones from kidneys, ureter, bladder - operative	9
67	Removal of benign tumors or stones from kidneys, ureter, bladder - endoscopic	5
68	Removal of the prostate gland	10
69	Transurethral prostatectomy	5
70	Operation on the urethra	5
71	Plastic surgery on the ureter, the kidneys	6
72	Lithotripsy of kidney or ureter stones	5
73	Circumcision	1
74	Hydrocele, varicocele, orchidopexy	3
75	Insertion of a Pigtail catheter	2
76	Vasectomy	benefit is not provided
77	Removal of a urinary bladder projection	5
78	Partial removal of the ureter with anastomosis	10
LARYNGOLOGY		
79	Removal of the tongue frenulum	0,5
80	Operation for a benign tumor in the mouth	5
81	Removal of the parotid gland	5
82	Benign tumor at the parotid gland	5
83	Distance of a bronchial cyst, fistula	10
84	Removal of a neck fistula cyst, - fistula	10
85	Middle ear operation	5
86	Removal of the palatine and mouth tonsils	1
87	Vocal cord operation because of benign affections	2
88	Removal of the uvula	5
89	Tracheostomy, tracheotomy	8
90	Distance of the ventilation tube after a tracheostomy	0,5
91	Incision of an abscess or a hematoma in the oral cavity	2
92	Removal of ear polyps	1
93	Incision of a paratonsillar abscess	3
94	Paracentesis of the eardrum	1

95	Removal of an exostosis or osteoma from the outer ear canal	5
96	Neurectomy of the vestibular nerve	15
97	Strapedectomy	5
98	Myringoplasty	3
99	Labyrinthectomy	5
100	Transnasal ethmoidectomy	3
101	Trepanation of the antrum	3
NEUROSURGERY		
102	Aneurysm in the cranium	35
103	Operation of the cerebral membrane	20
104	Vascular deformity in the brain	20
105	Operation of the acoustic nerve	10
106	Hemilaminectomy	8
107	Benign spinal cord tumor	12,5
108	Removal of a sequester in the spinal cord - nerve root are	10
109	Sympatectomy	10
DERMATOLOGY		
110	Skin biopsy (also several foci)	0,5
111	Extirpation of a sebaceous gland cyst - atheroma, lipoma	1
112	Removal (Electrocoagulation) of papillomas	0,5
OPHTHALMOLOGY		
113	Anterior vitrectomy	3
114	Posterior vitrectomy	5
115	Removal of a chalazion, sty	0,5
116	Operation for cataracts	5
117	Operation for glaucoma	5
118	Removal of a pterygium	1
119	Operation ectropy, entropion	3
120	Operation for a retinal detachment	5
121	Distance of the tear gland	3
122	Iridectomy, iridotomy	5
123	Dakryocystorinostomy	5
124	Scleroplasty	5
125	Insertion, removal of an inner eye contact lens	5
126	Operation due to a surface injury of the conjunctiva	1
127	Tarsal suture blepharorrhaphy	1
128	Curettage of the corneal epithelium	0,5
129	Ablation of the eye lens, paracentesis of the anterior chamber, capsulotomy of a secondary cataract	5
130	Membranotomy	2
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
145	Venous thrombectomy	5

OTHER OPERATIONS		
146	Direct laryngoscopy	0.5
147	Lumbar puncture	2
148	C-section - only with vital endangerment of the fetus/mother	5
149	Endoscopic diagnostic and therapeutic benefits	benefit is not provided

All operations with mini-invasive methods have around a 30% reduced insurance benefit.

The payment of damages for operations concerns only operations for a medical case, not for an accident.

ACCIDENT-CAUSED REMAINING CONSEQUENCES		Percentage benefit of the insured sum
INJURY TO THE HEAD AND THE SENSORY ORGANS		
1	Complete defect in the skullcap to the extent up to 10 cm 2	8
2	Complete defect in the skullcap to the extent above 10 cm 2	15
3	Subjective complaints without objective findings after head injuries, which were documented by the treating physician	5,5
4	Serious brain or mental disorders after a severe head injury depending upon degree	50,5
5	Trauma disorder of the face nerve of mild and moderate degree	5,5
6	Trauma disorder of the face nerve of severe degree	10
7	Trauma damage to the trigeminus according too degree of damage	8
8	Unightly or repellent facial scars and facial injury, possibly accompanied by a mild or moderate degree of function disorder	8
9	Unightly or repellent facial scars and facial injury, possibly accompanied by a severe degree of function disorder	17,5
10	Oozing fistula after injury to the base of the skull (cerebrospinal fluid seepage), objectively documented	13
DAMAGE TO THE NOSE OR THE SENSE OF SMELL		
11	Loss of the tip of the nose	5,5
12	Loss of the entire nose without narrowing	10,5
13	Loss of the entire nose with narrowing	13
14	Nose deformation with functionally substantial passage disruption	5,5
15	Chronically atrophic inflammation of the nose mucosa after chemical burn or burn	5,5
16	Perforation of the nasal septum	3
17	Chronically purulent post-traumatic inflammation of the paranasal sinuses	5,5
18	Loss of smell and taste	10
EYE OR SIGHT DAMAGE		
19	With complete sight loss the evaluation of the entire lasting consequences for one eye cannot be over 25%, for the second eye not over 75% and for both eyes cannot amount to over 100%.	37,5
20	For an anatomical loss or eye atrophy the value is determined with calculation of the permanent sight decrease	5
21	Loss of the eye lens in one eye (including accommodation disorder) with a contact lens compatibility of at least 4 hours daily	15
22	Loss of the eye lens in one eye (including accommodation disorder) with a contact lens compatibility of less than 4 hours daily	20

23	Loss of the eye lens in one eye (including accommodation disorder) with complete contact lens compatibility	25
24	Eye lens loss in both eyes (including accommodation disorder), if visual acuity with aphakic correction is not worse than 6/12	15
25	Trauma nerve disorder or disorder of the equilibrium of eye movement muscles depending upon the degree	13
26	The concentric injury-caused restriction of the visual angle will be evaluated according to the internal support table No. 2 of the insurance company	x
27	The other restrictions of the visual angle will be evaluated according to the internal support table No. 3 of the insurance company	x
28	Partial disruption of tear duct patency in one eye	2,5
29	Complete disruption of tear duct patency in one eye	6
30	Partial disruption of tear duct patency in both eyes	4,5
31	Complete disruption of tear duct patency in one eye	10
32	Incorrect lash position, not correctable by surgery, in one eye	3
33	Incorrect lash position, not correctable by surgery, in both eyes	5,5
34	Pupil dilation and - paralysis (a seeing eye) depending upon the degree	3
35	Unightly or repellent deformity of the outside segment and its surrounding field, also ptosis of the upper eyelid, if it does not cover the pupil (independently of a damage to vision, which is evaluated separately) for each eye	3
36	Traumatic accommodation disorder on one side	3
37	Traumatic accommodation disorder on both sides	4,5
38	Lagophthalmus, post-traumatic, not correctable by surgery, on one side	5,5
39	Lagophthalmus, post-traumatic, not correctable by surgery, on both sides	8
40	Ptosis of the upper eyelid (a seeing eye), not correctable by surgery, if it covers the pupil, on one side	10,5
41	Ptosis of the upper eyelid (a seeing eye), not correctable by surgery, if it covers the pupil, on both sides	24,5
42	Chronic Uveitis (sympathetic ophthalmia) after provable eye injury (depending upon visual acuity)	13
INJURY TO EARS OR HEARING		
43	Loss of an auricle	5,5
44	Loss of both auricles	10,5
45	Lasting injury-caused eardrum perforation without obvious secondary infection	3
46	Chronic purulent middle ear inflammation, demonstrably as a consequence of an injury	8
47	Auricle deformity, is evaluated in accordance with points 8 and 9	
48	Hearing impairment, on one side, mild or moderate degree	4
49	Hearing impairment, on one side, severe degree	6,5
50	Hearing impairment, on both sides, mild or moderate degree	10,5
51	Hearing impairment, on both sides, serious degree	18
52	Hearing loss in one ear	15
53	Hearing loss in both ears	40

54	Labyrinth disorder, on one side, depending upon the degree	10,5
55	Labyrinth disorder, on both sides, depending upon the degree	25,5
TOOTH DAMAGE		
56	Loss of a tooth	1
57	Loss of each additional tooth	1
58	Loss of part of a tooth, if it is caused by loss of tooth vitality	1
59	Deformity of the front teeth due to provable injury of the baby teeth	3
60	Loss, breakage and damage of artificial dentures and baby teeth	0
TONGUE DAMAGE		
61	After tongue injuries with tissue defect or scar-like deformities, only if these are not evaluated according to point 67 and 68	8
NECK DAMAGE		
62	Laryngeal or bronchial tube narrowing of a mild degree	5,5
63	Laryngeal or bronchial tube narrowing of a moderate degree	12,5
64	Laryngeal or bronchial tube narrowing of a severe degree	22,5
65	Partial loss of voice	10,5
66	Loss of voice (aphonia)	25
67	Speech complications due to a damage of the speech organs	10,5
68	Speech loss due to damage to the speech organs	30
69	After tracheostomy with insertion of long-term drain tubes	50
THORAX, LUNG, HEART AND THROAT INJURIES		
70	Movement restriction of the thorax and adhesions of the chest wall, clinically confirmed, mild degree, without signs of breathing insufficiency	4
71	Movement restriction of the thorax and adhesions of the chest wall, clinically confirmed, moderate degree, with signs of breathing insufficiency	9,5
72	Movement restriction of the thorax and adhesions of the chest wall, clinically confirmed, severe degree, with signs of breathing insufficiency	21
73	Other consequences of a lung injury, each according to the degree of the function disorder and according to the extent, on one side	15,5
74	Other consequences of a lung injury, each according to the degree of the function disorder and according to the extent, on both sides	37,5
75	Heart and vascular disorders (only after direct injury), clinically confirmed, each depending upon the degree of the function disorder	40,5
76	Throat fistula after injury, if this cannot be solved by reconstruction	50
77	Post-traumatic throat narrowing of mild degree	5,5
78	Post-traumatic throat narrowing of moderate degree	15
79	Post-traumatic throat narrowing of severe degree	40
INJURIES OF THE ABDOMEN AND THE DIGESTIVE ORGANS		
80	Damage to the abdominal wall, accompanied by an injury from the abdominal press	10,5
81	Function damage of the digestive organs each depending upon the degree of the nutritional disorder	25,5

82	Spleen loss	30
83	Anal fistula, each depending upon situation and reaction in the surrounding field, if no surgical solution is possible	25,5
84	Closing disorder of the anal closing muscles, partly	12,5
85	Closing disorder of the anal closing muscles, completely	35
86	Post-traumatic narrowing of the rectum or the anal canal, mild or moderate degree	8
87	Post-traumatic narrowing of the rectum or the anal canal, severe degree	22,5
INJURIES OF THE URINARY TRACTS AND THE SEX ORGANS		
88	Loss of a kidney	40
89	Post-traumatic consequences of an injury to the kidneys and urinary tracts, including secondary infection of mild and moderate degree	10,5
90	Post-traumatic consequences of an injury to the kidneys and urinary tracts, including secondary infection of mild and severe degree	25
91	Fistula in the bladder or the urethra (cannot be evaluated at the same time in accordance with 089 and 090)	17,5
92	Chronic urinary tract inflammation and secondary kidney illness	25,5
93	Hydrocele after injury	3
94	Loss of a testicle (with cryptorchidism evaluated as loss of both testicles) before 45 years old	10
95	Loss of a testicle (with cryptorchidism evaluated as loss of both testicles) over 45 years old	5
96	Loss of both testicles or loss of potency before the age of 45 years	35
97	Loss of both testicles or loss of potency over the age of 45 years	25
98	Loss of the male member or serious deformity before the age of 45 years	12,5
99	Loss of the male member or serious deformity over the age of 45 years	17,5
100	Post-traumatic deformities of the female sex organs	20,5
INJURIES OF THE SPINAL COLUMN AND SPINAL CANAL		
101	Restriction of the backbone mobility of light and moderate degree	10,5
102	Restriction of the backbone mobility of severe degree	25
103	Post-traumatic damage of the spinal column, spinal canal, the dura and - roots with lasting objective symptoms of a damaged function of mild and moderate degree	22,5
104	Post-traumatic damage of the spinal column, spinal canal, the dura and - roots with lasting objective symptoms of a damaged function of severe degree	55
105	Post-traumatic damage of the spinal column, spinal canal, the dura - roots without objective symptoms, however with lasting subjective complaints, which were proven by medical observation	8
PELVIC INJURIES		
106	Damage of the homogeneity of the pelvic girdle with disruption of the spinal column static equilibrium and the function of the lower extremities in women under the age of 45 years	34
107	Damage of the homogeneity of the pelvic girdle with disruption of the spinal column static equilibrium and the function of the lower extremities in women over the age of 45 years	20,5

108	Damage of the homogeneity of the pelvic girdle with disruption of the spinal column static equilibrium and the function of the lower extremities in men	20,5
INJURIES OF THE UPPER EXTREMITIES		
109	Loss of the arm in the shoulder joint or within the range between the elbow and shoulder joint, on the right	60
110	Loss of the arm in the shoulder joint or within the range between the elbow and shoulder joint, on the left	50
111	Complete stiffness of the shoulder joint in unfavorable position (complete abduction, adduction or these similar positions), on the right	35
112	Complete stiffness of the shoulder joint in unfavorable position (complete abduction, adduction or these similar positions), on the left	30
113	Arm stiffness in more favorable or this similar position (abduction 50° to 70°, pre-stretching 40° to 45° and internal rotation 20°), on the right	30
114	Arm stiffness in more favorable or this similar position (abduction 50° to 70°, pre-stretching 40° to 45° and internal rotation 20°), on the left	25
115	Mobility restriction of the shoulder joint (stretching up tall by pre-stretching, pre-stretching incompletely over 135°), on the right	3
116	Mobility restriction of the shoulder joint of mild degree (stretching up tall by pre-stretching, pre-stretching incompletely over 135°), on the left	2,5
117	Mobility restriction of the shoulder joint of moderate degree (stretching up tall by pre-stretching, pre-stretching incompletely up to 135°), on the right	5,5
118	Mobility restriction of the shoulder joint of moderate degree (stretching up tall by pre-stretching, pre-stretching incompletely up to 135°), on the left	4,5
119	Mobility restriction of the shoulder joint of severe degree (stretching up tall to 90°), on the right	9,5
120	Mobility restriction of the shoulder joint of severe degree (stretching up tall to 90°), on the left	8
121	During restriction of the mobility of the shoulder joint of mild, moderate or severe degree during simultaneous restriction of the rotational movements the evaluation is increased in accordance with point 115 to 120 by 1/3	
122	Lasting consequences after tear of the supraspinatus muscle are evaluated in accordance with loss of the shoulder joint function	
123	Pseudarthrosis of the upper arm bone, on the right	40
124	Pseudarthrosis of the upper arm bone, on the left	35
125	Chronic bone marrow inflammation only after open breaks or after surgical procedures, which were necessary for the treatment of the consequences of an injury, active at the time of examination, on the right	30
126	Chronic bone marrow inflammation only after open breaks or after surgical procedures, which were necessary for the treatment of the consequences of an injury, active at the time of examination, on the left	25
127	Unstraightened sternoclavicular dislocation without function disorder, on the right	3

128	Unstraightened sternoclavicular dislocation without function disorder, on the left	2
129	Unstraightened acromioclavicular dislocation with possible function disorder of the shoulder joint, on the right	5
130	Unstraightened acromioclavicular dislocation with possible function disorder of the shoulder joint, on the left	4
131	Lasting consequences after tear of the long head of the biceps with unimpaired functioning of the shoulder and elbow joint, on the right	3
132	Lasting consequences after tear of the long head of the biceps with unimpaired functioning of the shoulder and elbow joint, on the left	2
DAMAGE IN THE ELBOW JOINT AND LOWER ARM		
133	Complete stiffness of the elbow joint in unfavorable position (complete stretching or complete flexion and these similar positions), on the right	30
134	Complete stiffness of the elbow joint in unfavorable position (complete stretching or complete flexion and these similar positions), on the left	25
135	Complete arm stiffness of the elbow joint in favorable position or these similar positions (flexion in an angle 90° to 95°), on the right	20
136	Complete arm stiffness of the elbow joint in favorable position or these similar positions (flexion in an angle 90° to 95°), on the left	15
137	Mobility restriction of the elbow joint of mild and moderate degree, on the right	6,5
138	Mobility restriction of the elbow joint of mild and moderate degree, on the left	5,5
139	Mobility restriction of the elbow joint of severe degree, on the right	10,5
140	Mobility restriction of the elbow joint of severe degree, on the left	9,5
141	Complete stiffness of the radioulnar joint (with impossible bending forwards and backwards of the lower arm) in unfavorable position and these similar positions (in maximum pronation or supination in the most extreme bending backwards, bending forwards) on the right	20
142	Complete stiffness of the radioulnar joint (with impossible bending forwards and backwards of the lower arm) in unfavorable position and these similar positions (in maximum pronation or supination in the most extreme bending backwards, bending forwards) on the left	15
143	Complete stiffness of the radioulnar joint in favorable position (middle position or mild pronation), on the right	8
144	Complete stiffness of the radioulnar joint in favorable position (middle position or mild pronation), on the left	5,5
145	Restriction of bending forwards and backwards and of moderate degree, on the right	5,5
146	Restriction of bending forwards and backwards and of moderate degree, on the left	4,5
147	Restriction of bending forwards and backwards of severe degree, on the right	10
148	Restriction of bending forwards and backwards of severe degree, on the left	8,5
149	Pseudarthrosis of both lower arm bones, on the right	40
150	Pseudarthrosis of both lower arm bones, on the left	35
151	Pseudarthrosis of the radius, on the right	25
152	Pseudarthrosis of the radius, on the left	20
153	Pseudarthrosis of the elbow, on the right	15
154	Pseudarthrosis of the elbow, on the left	10

155	Chronic bone marrow inflammation of the lower arm only after open injuries or after surgical procedures, which were necessary for the treatment of the consequences of an injury, active at the time of examination, on the right	25
156	Chronic bone marrow inflammation of the lower arm only after open injuries or after surgical procedures, which were necessary for the treatment of the consequences of an injury, active at the time of examination, on the left	20
157	Unstable elbow joint, on the right	10,5
158	Unstable elbow joint, on the left	8
159	Loss of the lower arm with preservation of the elbow joint, on the right	50
160	Loss of the lower arm with preservation of the elbow joint, on the left	45
LOSS OR DAMAGE OF THE HAND		
161	Loss of the hand at the wrist, on the right	50
162	Loss of the hand at the wrist, on the left	45
163	Loss of all fingers, including metacarpal bones, on the right	50
164	Loss of all fingers, including metacarpal bones, on the left	45
165	Loss of fingers, except thumb, on the right	40
166	Loss of fingers, except thumb, on the left	35
167	Complete stiffness of the wrist in more unfavorable or this position similar position(s) (complete flexion of the back of the hand or palm of the hand), on the right	30
168	Complete stiffness of the wrist in more unfavorable or this position similar position(s) (complete flexion of the back of the hand or palm of the hand), on the left	25
169	Complete stiffness of the wrist in favorable position (flexion of the back of the hand 20° to 40°), on the right	10,5
170	Complete stiffness of the wrist in favorable position (flexion of the back of the hand 20° to 40°), on the left	8
171	Pseudarthrosis of the scaphoid, on the right	10
172	Pseudarthrosis of the scaphoid, on the left	8
173	Mobility restriction of the wrist of mild or moderate degree, on the right	6,5
174	Mobility restriction of the wrist of mild or moderate degree, on the left	5,5
175	Mobility restriction of the wrist of severe degree, on the right	11,5
176	Mobility restriction of the wrist of severe degree, on the left	10
DAMAGE OF THE THUMB		
177	Loss of the last thumb member, on the right	8
178	Loss of the last thumb member, on the left	7
179	Loss of the thumb with metacarpals, on the right	25
180	Loss of the thumb with metacarpals, on the left	20
181	Loss of both thumb members, on the right	18
182	Loss of both thumb members, on the left	15
183	Complete stiffness of the central joint in the thumb in unfavorable position (extreme flexion), on the right	8
184	Complete stiffness of the central joint in the thumb in unfavorable position (extreme flexion), on the left	7
185	Complete stiffness of the central joint in the thumb outstretched in unfavorable position (in hyperextension), on the right	9
186	Complete stiffness of the central joint in the thumb outstretched in unfavorable position (in hyperextension), on the left	6

187	Complete stiffness of the central joint in the thumb in unfavorable position (mild flexion), on the right	3,5
188	Complete stiffness of the central joint in the thumb in unfavorable position (mild flexion), on the left	3
189	Complete stiffness of the base joint in the thumb, on the right	4,5
190	Complete stiffness of the base joint in the thumb, on the left	4
191	Complete stiffness of the carpometacarpal joint in the thumb in unfavorable position (complete abduction or adduction), on the right	9
192	Complete stiffness of the carpometacarpal joint in the thumb in unfavorable position (complete abduction or adduction), on the left	7
193	Complete stiffness of the carpometacarpal joint in the thumb in favorable position (complete abduction or adduction), on the right	3,5
194	Complete stiffness of the carpometacarpal joint in the thumb in favorable position (complete abduction or adduction), on the left	3
195	Lasting consequences after badly healed Bennett break with lasting subluxation, except achievement for function disorder, on the right	3
196	Lasting consequences after badly healed Bennett break with lasting subluxation, except achievement for function disorder, on the left	2
197	Complete stiffness of all thumb joints in unfavorable position, on the right	20
198	Complete stiffness of all thumb joints in unfavorable position, on the left	18
199	Disruption of the grab function of the thumb during mobility restriction of the intermediate joint, mild and moderate degree, on the right	2,5
200	Disruption of the grab function of the thumb during mobility restriction of the intermediate joint, mild and moderate degree, on the left	2
201	Disruption of the grab function of the thumb during mobility restriction of the intermediate joint, severe degree, on the right	3,5
202	Disruption of the grab function of the thumb during mobility restriction of the intermediate joint, severe degree, on the left	3
203	Disruption of the grab function of the thumb during mobility restriction of the base joint, mild degree, on the right	2,5
204	Disruption of the grab function of the thumb during mobility restriction of the base joint, mild degree, on the left	2
205	Disruption of the grab function of the thumb during mobility restriction of the base joint, severe degree, on the right	4,5
206	Disruption of the grab function of the thumb during mobility restriction of the base joint, severe degree, on the left	4
207	Disruption of the grab function of the thumb during mobility restriction of the carpometacarpal joint, mild and moderate degree, on the right	3
208	Disruption of the grab function of the thumb during mobility restriction of the carpometacarpal joint, mild and moderate degree, on the left	2,5
209	Disruption of the grab function of the thumb during mobility restriction of the carpometacarpal joint, severe degree, on the right	6
210	Disorder of gripping function of the thumb with mobility restriction of the carpometacarpal joint of severe degree, left	5

INJURY OF THE FOREFINGER		
211	Loss of the last index finger member, on the right	4
212	Loss of the last index finger member, on the left	3
213	Loss of two index finger members, on the right	8
214	Loss of two index finger members, on the left	6
215	Loss of all three index finger members, on the right	12
216	Loss of all three index finger members, on the left	10
217	Loss of the index finger with metacarpals, on the right	12
218	Loss of the index finger with metacarpals, on the left	11
219	Complete stiffness of all three index finger joints in complete extension, on the right	10
220	Complete stiffness of all three index finger joints in complete extension, on the left	8
221	Complete stiffness of all three index finger joints in complete flexion, on the right	12
222	Complete stiffness of all three index finger joints in complete flexion, on the left	10
223	Disruption of the grab function of the index finger, lacking 1 to 2 cm for complete flexion to the palm, on the right	2,5
224	Disruption of the grab function of the index finger, lacking 1 to 2 cm for complete flexion to the palm, on the left	2
225	Disruption of the grab function of the index finger, lacking 3 to 4 cm for complete flexion to the palm, on the right	4,5
226	Disruption of the grab function of the index finger, lacking 3 to 4 cm for complete flexion to the palm, on the left	3,5
227	Disruption of the grab function of the index finger, lacking more than 4 cm for complete flexion to the palm, on the right	6,5
228	Disruption of the grab function of the index finger, lacking more than 4 cm for complete flexion to the palm, on the left	5,5
229	Impossible complete stretching of one of the intermediate joints of the index finger with unrestricted grab function, on the right	2
230	Impossible complete stretching of one of the intermediate joints of the index finger with unrestricted grab function, on the left	1
231	Impossible complete stretching of the base joint of the index finger with abduction disorder, on the right	3
232	Impossible complete stretching of the base joint of the index finger with abduction disorder, on the left	2
DAMAGE TO THE MIDDLE FINGER, RING FINGER AND THE SMALL FINGER		
233	Loss of the whole finger with corresponding metacarpals, on the right	9
234	Loss of the whole finger with corresponding metacarpals, on the left	7
235	Loss of all three finger members or two members with stiffness of the base joint, on the right	9
236	Loss of all three finger members or two members with stiffness of the base joint, on the left	7
237	Loss of two index finger members, on the right	5
238	Loss of two index finger members, on the left	4
239	Loss of the last member of one these fingers, on the right	3
240	Loss of the last member of one these fingers, on the left	2

241	Complete stiffness of all three joints of one these fingers in complete stretching or flexion (in a position obstructing the function of the neighboring finger), on the right	8
242	Complete stiffness of all three joints of one these fingers in complete stretching or flexion (in a position obstructing the function of the neighboring finger), on the left	6
243	Disruption of the grab function of the finger, lacking 1 to 2 cm for complete flexion to the palm, on the right	1,5
244	Disruption of the grab function of the finger, lacking 1 to 2 cm for complete flexion to the palm, on the left	1
245	Disruption of the grab function of the finger, lacking 3 to 4 cm for complete flexion to the palm, on the right	3
246	Disruption of the grab function of the finger, lacking 3 to 4 cm for complete flexion to the palm, on the left	2,5
247	Disruption of the grab function of the finger, lacking more than 4 cm for complete flexion to the palm, on the right	4
248	Disruption of the grab function of the finger, lacking more than 4 cm for complete flexion to the palm, on the left	3,5
249	Impossible complete stretching of one of the intermediate joints of the finger with unrestricted grab function of the finger, on the right	2
250	Impossible complete stretching of one of the intermediate joints of the finger with unrestricted grab function of the finger, on the left	1
251	Impossible complete stretching of the base joint of the finger with abduction disorder, on the right	2
252	Impossible complete stretching of the base joint of the finger with abduction disorder, on the left	1
TRAUMA NERVE DAMAGE IN THE UPPER EXTREMITY		
253	Complete damage (lesion) of the plexus brachialis, on the right	35
254	Complete damage (lesion) of the plexus brachialis, on the left	30
255	Damage (lesion) of the plexus brachialis upper type, on the right	17,5
256	Damage (lesion) of the plexus brachialis upper type, on the left	15
257	Damage (lesion) of the plexus brachialis lower type, on the right	17,5
258	Damage (lesion) of the plexus brachialis lower type, on the left	15
259	Complete disruption (lesion) of the nervus axillaris, on the right	15
260	Complete disruption (lesion) of the nervus axillaris, on the left	12,5
261	Isolated disruption (lesion) of the nervus cutaneus brachii radialis without motor deficit on both sides	5,5
262	Disruption of the nervus thoracicus (long chest nerve), on the right	8
263	Disruption of the nervus thoracicus (long chest nerve), on the left	5,5
264	Disruption (lesion) of the nervus ulnaris, on the right	20,5
265	Disruption (lesion) of the nervus ulnaris, on the left	15,5
266	Disruption (lesion) of the nervus ulnaris, only the sensitive part, on both sides	5,5
267	Traumatic disorder of the median nerve, on the right (nervus medianus)	15
268	Traumatic disorder of the median nerve, on the left (nervus medianus)	12,5

269	Disruption of the nervus musculocutaneus, on the right	5,5
270	Disruption of the nervus musculocutaneus, on the left	4,5
271	Disruption of the nervus musculocutaneus, only the sensitive part, on both sides	4
272	Complete disruption (lesion) of the radial nerve, on the right	21,5
273	Complete disruption (lesion) of the radial nerve, on the left	19
274	Lesion of the distal part of the radial nerve in the hand area, on the right	11,5
275	Lesion of the distal part of the radial nerve in the hand area, on the left	9
276	Isolated disruption (lesion) of sensitivity of the radial nerve, on both sides	4
INJURIES TO THE LOWER EXTREMITIES		
277	Loss of a lower extremity in the hip joint or within the area between the hip and knee joint	50
278	Joint anomaly of the thigh bone in the neck or necrosis of the femoral head	40
279	Replacement of the femoral head or - neck by an endoprosthesis (without evaluation of the joint mobility), may not exceed however altogether % of the benefit for loss of an extremity	15
280	Active chronic bone marrow inflammation of the thigh bone only after open injuries or after surgical procedures, which were necessary for the treatment of the consequences of an injury, documented by x-rays	25
281	Shortening of a lower extremity from 2 to 4 cm	5
282	Shortening of a lower extremity up to 6 cm	8,5
283	Shortening of a lower extremity over 6 cm	13,5
284	Post-traumatic deformity of the thigh bone (break - heals with axial or rotator deviation), for each 5° deviation, documented by x-rays 3%	
285	Complete stiffness of the hip joint in unfavorable position (completely tightened or averse, stretched or bent and this similar positions)	40
286	Complete stiffness of the hip joint in favorable position (slightly averse and basic position or slightly bent)	25
287	Restriction of the mobility of the hip joint, mild and moderate degree	8
288	Restriction of the mobility of the hip joint, severe degree	10
KNEE DAMAGE		
289	Complete stiffness of the knee in unfavorable position (completely stretched or bent over 20°)	20
290	Complete stiffness of the knee in unfavorable position (bent over 30°)	17,5
291	Complete stiffness of the knee in unfavorable position	25
292	Endoprosthesis in the knee joint area (without evaluation of the restriction of the joint mobility), may not exceed however together % of the benefit for the loss of an extremity	10
293	Restriction of the mobility of the knee joint, mild and moderate degree	8
294	Restriction of the mobility of the knee joint, severe degree	16,5
295	Instability of the knee joint, if an orthopedic support device is not necessary, evident also in the patient chart	8
296	Instability of the knee joint, if an orthopedic support device is necessary, we do not consider a knee bandage as such	10,5

297	Lasting consequences after operational removal of a meniscus (with complete range of movement and good joint stability, otherwise depending upon function disorder).. If the function disorder is evaluated, this cannot be evaluated according to this diagnosis.	5
298	Lasting consequences after operational removal of both menisci (with complete range of movement and good joint stability, otherwise depending upon function disorder). If the function disorder is evaluated, this cannot be evaluated according to this diagnosis.	8
DAMAGE TO THE LOWER LEG		
299	Loss of a lower limb in the lower leg with the knee preserved	45
300	Loss of a lower limb in the lower leg with a stiff knee joint	50
301	Pseudarthrosis in the shin bone or both tibias	40
302	Active chronic bone marrow inflammation of the tibia only after open injuries and after operational interferences, necessary for the treatment of injury consequences, documented by x-rays	20
303	Post-traumatic deformities of the lower leg, resulted from healing of a break with axial or rotator deviation (the deviations must be evident in the x-rays), starting from a minimum of 5°. For each further degree the 5%-valuation is increased by 1%. Deviations over 45° are evaluated as loss of the lower leg. During the evaluation of the axial deviation the relative shortening of the limb cannot be taken into consideration at the same time.	
DAMAGE IN THE AREA OF THE ANKLE JOINT		
304	Loss of foot in the ankle joint or under this	40
305	Loss of foot in the Chopart joint with joint arthrodesi	30
306	Loss of foot in the Lisfranc joint or under this	25
307	Complete stiffness of the ankle joint in unfavorable position (dorsal flexion or higher stage of a plantar flexion)	17,5
308	Complete stiffness of the ankle joint in right-angled or this similar position	15
309	Restriction of the mobility of the ankle joint, mild and moderate degree	6,5
310	Restriction of the mobility of the ankle joint, severe degree	13
311	Complete loss of pronation and supination of the leg	12
312	Pronation and supination restriction of the leg	4,5
313	Unstable ankle joint	5,5
314	Flat foot, splay foot or club foot after trauma or other post-traumatic deformities in the ankle joint and leg area	8
315	Active chronic bone marrow inflammation in the area of the tarsus and metatarsus and heel bone only after open injuries and after surgical procedures, necessary for the treatment of injury consequences, documented by x-rays	8
DAMAGE IN THE FOOT AREA		
316	Loss of all foot toes	15
317	Loss of both members in the big toe	10
318	Loss of both members in the big toe with metatarsals or its part	15
319	Loss of the last member in the big toe	3
320	Loss of another toe, for each toe	2
321	Loss of the small toe with metatarsals or its part	8
322	Complete stiffness of an interim joint in the big toe	3

323	Complete stiffness of the base joint in the big toe	5
324	Complete stiffness of both joints in the big toe	8
325	Restriction of the mobility of the interim joint in the big toe	2
326	Restriction of the mobility of the base joint in the big toe	3
327	Malfunction at any other toe than the large toe, for each toe	1
328	Post-traumatic circulatory and trophic disorders in a lower extremity	5,5
329	Post-traumatic circulatory and trophic disorders in both lower extremities	10,5
330	Post-traumatic muscle atrophy in the lower extremities with unrestricted joint mobility, in the thigh over 2 cm in volume	3
331	Post-traumatic muscle atrophy in the lower extremities with unrestricted joint mobility, in the thigh over 1 cm in volume	2
332	Disorder (lesion) of the nervus glutei superior and inferior	8
333	Disorder of the nervus obturatorius	8
334	Sensitive lesion of the nervus obturatorius	4
335	Post-traumatic disorder of the nervus femoralis	15,5
336	Sensitive lesion of the crural nerve	5,5
337	Post-traumatic disorder of the nervus ischiadicus (sciatic nerve)	20,5
338	Sensitive lesion of the nervus ischiadicus	8
339	Nervus tibialis complete disruption	17,5
340	Nervus tibialis, distal part with disruption of the toe mobility	3
341	Sensitive disorder of the nervus tibialis	2
342	Disorder of the trunk of the nervus fibularis with involvement of all innervated muscles	15,5
343	Lesion of the deep branch of the peroneal nerve	10,5
344	Lesion of the surface branch of the peroneal nerve (only the sensitive part)	5,5
OTHER		
345	Extensive surface scars from 1% to 15% of the body surface, except face	5,5
346	Extensive surface scars over 15% of the body surface	25
347	Particularly disfiguring scars in exposed body places, if they do not reach 1% of the body surface	2
348	With the finger/toe distal phalanx we evaluate the loss of soft parts with a third of the phalanx affected for the loss of the extent stated	
349	With loss of a finger/toe phalanx part (even if the bone is damaged) we determine the loss of the phalanx in thirds. We determine the proportional damage extent as the corresponding number of thirds of the joint effected for the loss of the extended stated.	

If the customer is a left-handed person, the right upper extremity will be evaluated according to its range.

EXTENDED ACCIDENT COVERAGE - NECESSARY TREATMENT TIME	
TYPE OF INJURY	development time in days
SPINAL COLUMN INJURIES	
1 Fracture of the articular process	55

2	Fracture of the tooth axis (dens epistrophei)	180
3	Fracture of the spinal process	35
4	Fracture of the vertebral arch	85
5	Fracture of one or several transverse processes	50
6	Fracture of a vertebra of the cervical, thoracic or lumbar spine (compressive) with lowering of the anterior body part up to a third	140
7	Fracture of a vertebra of the cervical, thoracic or lumbar spine (compressive) with lowering of the anterior body part by more than one third	180
8	Split-type fracture of a vertebra of the cervical, thoracic or lumbar spine	180
9	not applicable	
10	not applicable	
11	not applicable	
12	Bruise of the cervical spinal column without damage of the spinal cord and its nerve roots	180
13	Bruise of the thoracic spinal column without damage of the spinal cord and its nerve roots	180
14	Bruise of the lumbar spinal column without damage of the spinal cord and its nerve roots	180
15	Atlanto-occipital bruise without damage of the spinal cord and its nerve roots	180
16	Bruise of the coccyx without damage of the spinal cord and its nerve roots	30
17	Subluxation of the thoracic spin (curvature of the sine, proven by CT, MRI or x-rays)	120
18	Contusion of the cervical, thoracic or lumbar, sacral spine and the coccyx of severe degree	30
19	Disk damage with simultaneous vertebral fracture - after injury	170
PELVIC INJURIES		
20	Coccyx fracture	40
21	Sacral bone fracture	60
22	Acetabulum edge fracture	70
23	Fracture of the pubic bone or the ischium with fragment shift on one side	70
24	Fracture of the pubic bone or the ischium without fragment shift on one side	60
25	Fracture of the pubic bone on both sides and fracture with opening of the pubic symphysis on one side	120
26	Pubic bone fracture with cross hip luxation of the hip bone	150
27	Iliac fracture without fragment shift	60
28	Acetabulum fracture with central luxation of the thigh bone	150
29	Iliac fracture with fragment shift	90
30	not applicable	
31	Sacral bone bruise	90
32	Demolition of the front mandrel or cusp of the hip bone	45
33	Pelvic compression of severe degree	20
34	Demolition of the ischial tuberosity	50
35	Opening of the pubic symphysis	60
INJURIES OF AN UPPER EXTREMITY		
36	Fracture of several metacarpals without fragment shift	50
37	Fracture of several metacarpals with fragment shift	60
38	Open fracture or fracture of several metacarpals that has been operated on	60

39	Fracture of some metacarpals treated by medical direction	45
40	Incomplete or complete fracture of a member, the nail process, a finger, without fragment shift	20
41	Fracture of a member of a finger, with fragment shift	40
42	Fracture of a member of a finger, open or operated upon	50
43	Fracture of some metacarpals treated by medical direction	35
44	Complete fracture of some metacarpals, without fragment shift	35
45	Complete fracture of some metacarpals, with fragment shift	40
46	Incomplete fracture of some metacarpals	25
47	Fractures of some metacarpals that are open or operate on	60
48	Luxation fracture of the basis of the first metacarpal (Bennett), conservatively treated	60
49	Luxation fracture of the basis of the first metacarpal (Bennett), surgically treated	60
50	Fracture of the members of a finger, treated by medical direction	25
51	Fracture of the members of several fingers, treated by medical direction	30
52	Complete fracture of another metacarpal	55
53	Fracture of some metacarpals	60
54	Incomplete or complete fractures of several members of a finger with or without fragment shift	50
55	Fractures of several members of a finger that are open or have been operated on	60
56	Incomplete or complete fractures of two or several fingers without fragment shift	50
57	Fractures of members of two or several fingers with fragment shift	60
58	Fractures of members of two or several fingers, open or operated on	60
59	Amputation of a finger or its part	40
60	Amputation of several fingers or their part	60
61	Incomplete break of extensor or flexor tendons in the finger or in the hand of a finger	30
62	Incomplete break of extensor or flexor tendons in the finger or in the hand of some fingers	40
63	Complete break of extensor or flexor tendons in the finger or in the hand of a finger	50
64	Complete break of extensor or flexor tendons in the finger or in the hand of a finger	55
65	Complete break of the flexor tendons in the finger or in the hand of a finger	40
66	Complete break of the flexor tendons in the finger or in the hand of a finger	45
67	Complete break of one or several extensor or flexor tendons of a finger and the hand in the wrist	60
68	Hand amputation	100
69	Amputation of both hands	110
70	Amputation of a lower arm	100
71	Amputation of both lower arms	120
72	Amputation of an arm	150
73	Exarticulation in the shoulder joint	150
74	Tear of the supraspinatus muscle	50
75	Complete tear supraspinatus muscle, treated conservatively or surgically	70
76	Incomplete collarbone fracture	20

77	Complete collarbone fracture, without fragment shift	35
78	Complete collarbone fracture, with fragment shift	40
79	Collarbone fracture operated on	45
80	not applicable	
81	Dislocated joint between collarbone and breastbone, treated conservatively	20
82	Bruise of the joint between the collarbone and breastbone, treated surgically	65
83	Dislocated joint between collarbone and breastbone, treated conservatively	30
84	Bruise of the joint between the collarbone and shoulder blade, treated surgically	60
85	Tear/avulsion of the tendon of the long head of the biceps upper arm muscle, treated conservatively	40
86	Tear/avulsion of the tendon of the long head of the biceps upper arm muscle, treated surgically	60
87	Conservatively treated tear of another muscle	35
88	Incomplete scaphoid fracture	60
89	Complete scaphoid fracture	90
90	Scaphoid fracture, complicated by necrosis	100
91	Fracture of the upper arm bone, (humerus), conservatively treated by medical direction	50
92	Fracture of the upper arm bone, treated surgically	60
93	Fracture of the elbow, conservatively treated by medical direction	50
94	Fracture of the elbow, treated surgically	65
95	Fracture of the wrist (the lunate bone and perilunar luxation), treated conservatively by medical direction	50
96	Fracture of the wrist (the lunate bone and perilunar luxation), treated surgically by medical direction	70
97	Fracture of the shoulder blade neck or body	55
98	Fracture of the shoulder level (Acromion)	35
99	Fracture of the hook-shaped shoulder blade process (processus coracoides)	40
100	Fracture of the upper part of the upper arm bone, the large cusp without shift	40
101	Fracture of the upper part of the upper arm bone, the large cusp with shift	45
102	Fracture of the upper part of the upper arm bone, fragment fracture of the head	70
103	Fracture of the upper part of the upper arm bone, the large cusp without shift	45
104	Fracture of the upper part of the upper arm bone, the large cusp wedged	45
105	Fracture of the upper part of the upper arm bone, the neck with fragment shift	50
106	Fracture of the upper part of the upper arm bone, the neck luxating, treated surgically	90
107	Incomplete fracture of the upper arm shaft body	40
108	Complete fracture of the upper arm shaft body, without fragment shift	60
109	Complete fracture of the upper arm shaft body, with fragment shift, open or operated on	90
110	Incomplete humerus fracture over the condyle	50
111	Complete humerus fracture over the condyle, without fragment shift	60
112	Complete humerus fracture over the condyle, with fragment shift	70
113	Humerus fracture over the condyle, open or operated on	90

114	Intraarticular fracture of the lower humerus end (transintercondylic fracture, fracture of the head or part of the humerus end) without fragment shift	70
115	Intraarticular fracture of the lower humerus end (transintercondylic fracture, fracture of the head or part of the humerus end) with fragment shift	85
116	Intraarticular fracture of the lower (transintercondylic fracture, fracture of the head or role of the humerus end) open or operated on	90
117	Fracture of the medial epicondyle of the humerus without fragment shift	45
118	Fracture of the medial epicondyle of the humerus with fragment shift at height of the joint space	60
119	Fracture of the medial epicondyle of the humerus with fragment shift at height of the joint space	90
120	Fracture of the outer epicondyle of the humerus without fragment shift	40
121	Fracture of the outer epicondyle of the humerus with fragment shift, open or operated on	90
122	Fracture of the styloid process of the radius without fragment shift	35
123	Fracture of the styloid process of the radius with fragment shift	45
124	Fracture of the radius head, treated conservatively	55
125	Fracture of the radius head, treated surgically	60
126	Incomplete fracture of the body or neck of the radius	45
127	Complete fracture of the body or neck of the radius without fragment shift	60
128	Complete fracture of the body or neck of the radius with fragment shift	70
129	Fracture of the body or neck of the radius, open or operated on	70
130	Incomplete fracture of the lower radius end	35
131	Complete fracture of the lower radius end without fragment shift	55
132	Complete fracture of the lower radius end with fragment shift	70
133	Fracture of the lower radius end, open or operated on	80
134	Epiphyseolysis of the lower radius end	30
135	Epiphyseolysis of the lower radius end, with fragment shift	60
136	Conservatively treated fracture of the olecranon	45
137	Fracture of the olecranon, treated surgically	55
138	Fracture of the coronoid process of the elbow	50
139	Incomplete humerus shaft fracture	45
140	Complete humerus shaft fracture, without fragment shift	55
141	Complete humerus shaft fracture, with fragment shift	70
142	Humerus shaft fracture, open or operated on	90
143	Fracture of the styloid process (processus styloideus)	30
144	Incomplete fracture of both lower arm bones	60
145	Complete fracture of both lower arm bones without fragment shift	60
146	Complete fracture of both lower arm bones with fragment shift	70
147	Fracture of both lower arm bones, open or operated on	70
148	Monteggia (luxation) lower arm fracture, treated conservatively	70

149	Monteggia (luxation) lower arm fracture, treated surgically	80
150	Avulsion of the dorsal aponeurosis	50
151	Compression of the extremities or their part and muscle tear of severe degree	20
INJURIES OF A LOWER EXTREMITY		
152	Fracture of the posterior ankle bone process	40
153	Ankle bone fracture without fragment shift	80
154	Ankle bone fracture with fragment shift	100
155	Ankle bone fracture, complicated by necrosis	130
156	Open or surgically treated ankle bone fracture	80
157	Conservatively treated ankle bone fracture	60
158	Incomplete fracture of the lateral ankle	40
159	Complete fracture of the lateral ankle without fragment shift	55
160	Complete fracture of the lateral ankle with fragment shift	70
161	Fracture of the lateral ankle, operated on or open	85
162	Conservatively treated fracture of the lateral ankle, with conservatively treated ankle bone subluxation	90
163	Fracture of the lateral ankle, with surgically treated ankle joint subluxation	100
164	Incomplete, complete fracture of the inner ankle	60
165	Complete fracture of the inner ankle, with fragment shift, treated conservatively	75
166	Complete fracture of the inner ankle with fragment shift, open or treated surgically	90
167	Fracture of the inner ankle with ankle bone subluxation, treated conservatively	100
168	Surgically treated fracture of the inner ankle with ankle joint subluxation	120
169	Incomplete fracture of both ankles	70
170	Complete fracture of both ankles without fragment shift	80
171	Complete fracture of both ankles without fragment shift, treated conservatively or surgically	110
172	Fracture of both ankles with ankle bone subluxation, treated conservatively or surgically	115
173	Fracture of one ankle or both ankles with avulsion of a tibia edge, without fragment shift	80
174	Fracture of one ankle or both ankles with avulsion of a tibia edge, with fragment shift, treated conservatively	100
175	Fracture of one ankle or both ankles with avulsion of a tibia edge, with fragment shift, treated surgically	100
176	Ankle fracture	30
177	Tear of the inner or outside lateral ankle joint ligament	35
178	Avulsion of the inner or outside lateral ankle joint ligament	45
179	Fracture of the ankle bone, cuboid bone or the sphenoid bone, treated conservatively or surgically	60
180	Fracture of a member in the big toe, without fragment shift	35
181	Fracture of a member in the big toe, with fragment shift	40
182	Fracture of a member in the big toe, open or operated on	50
183	Amputation of the big toe or another part	40
184	Comminuted fracture of the nail process on the big toe	30
185	Fractures of the members of several toes or several members of a toe, open or operated on	50

186	Complete or incomplete fracture of a member of a toe other than the big toe	25
187	Fracture of a member of a toe other than the big toe, open or operated on	35
188	Fractures of members of several toes or several members of one toe	30
189	Amputation of toes except the big toe, or their parts	30
190	Fracture of the base or interim members of the toe joint	15
191	not applicable	
192	Fracture of the metatarsals of the big or small toe without shift	60
193	Fracture of the metatarsals of the big or small toe with shift	60
194	Fracture of the metatarsals of the big or small toe, open or operated on	70
195	Fracture of the metatarsals of a toe other than the big or small toe, with shift, without shift	40
196	Fracture of the metatarsals of several toes with shift or without shift	50
197	Open fracture or fracture that has been operated on of the metacarpals of several toes	70
198	Conservatively or surgically treated fracture of the metatarsals (one or several)	45
199	Break of the base of the fifth metatarsal	50
200	Incomplete break of the posterior tibia edge	50
201	Complete break of the posterior tibia edge, without fragment shift	60
202	Complete break of the posterior tibia edge, with fragment shift, treated conservatively or surgically	80
203	Supramalleolar tibia fracture with subluxation of the lateral ankle, and/or with medial malleolus fracture, treated conservatively or surgically	120
204	Supramalleolar tibia fracture with subluxation of the lateral ankle, and/or with medial malleolus fracture with avulsion of the posterior tibia edge, treated conservatively or surgically	120
205	Destroyed intraarticular fracture of the distal tibia epiphysis (fracture of the lower pilon)	160
206	Incomplete, complete tibia fracture of fracture of both lower leg bones, without fragment shift	90
207	Complete tibia fracture or fracture of both lower leg bones with fragment shift	120
208	Tibia fracture or fracture of both lower leg bones, open or operated on	150
209	Intraarticular fracture of the upper tibia end of one or both condyles, without fragment shift	100
210	Intraarticular fracture of the upper tibia end of one or both condyles, with fragment shift	120
211	Intraarticular fracture of the upper tibia end of one or both condyles, with fragment shift and epiphysis	120
212	Avulsion of the tibia roughness, treated conservatively or surgically	65
213	Incomplete fibula fracture (without shift of the ankle)	25
214	Complete fracture of the fibula (without impairment of the ankle)	40
215	Fracture of the femoral head (in pelvis), treated conservatively by medical direction	70
216	Fracture of the femoral head (in pelvis), treated surgically by medical direction	80
217	Femoral neck break, not wedged, treated surgically	100
218	Femoral neck break, wedged	100
219	Conservatively treated femoral neck break, not wedged	150

220	Femoral neck break, complicated by necrosis of the head or treated by endoprosthesis	150
221	Traumatic epiphyseolysis of the femoral head with small fragment shift	100
222	Traumatic epiphyseolysis of the femoral head with significant fragment shift	120
223	Traumatic epiphyseolysis of the femoral head with necrosis	150
224	Incomplete femoral fracture	100
225	Complete femoral fracture, without fragment shift	120
226	Conservatively treated intraarticular femoral fracture with shift	160
227	Complete femoral fracture, with fragment shift treated conservatively or surgically	180
228	Femoral fracture, open	180
229	Complete femoral fracture over the condyle with or without fragment shift, treated conservatively	150
230	Femoral fracture over the condyle, open or treated surgically	180
231	Traumatic epiphyseolysis of the distal end of the femur with fragment shift	150
232	Break of the epicondyle of the femur, treated conservatively	90
233	Break of the epicondyle of the femur, treated surgically	100
234	Intraarticular femoral fracture (fracture of the condyle or intercondylic), without fragment shift	120
235	Intraarticular femoral fracture with shift, treated surgically	160
236	Patellar fracture with fragment shift, treated conservatively	70
237	Patellar fracture, open or treated surgically	80
238	Patellar fracture without fragment shift	60
239	Patellar luxation, treated conservatively by medical direction	35
240	Surgically treated patellar luxation	50
241	not applicable	
242	Tear of the knee ligaments	50
243	Complete tear or avulsion of the inner and outer lateral knee ligaments	60
244	Complete tear or avulsion of the cruciate ligament	70
245	Injury of the lateral or medial meniscus, treated conservatively	50
246	Injury of the lateral or medial meniscus, treated surgically	85
247	not applicable	
248	not applicable	
249	Fracture of the greater trochanter	70
250	Fracture of the minor trochanter	45
251	Incomplete or complete pertrochanteric fracture, without shift	110
252	Complete pertrochanteric fracture, with shift, treated conservatively or surgically	120
253	Complete subtrochanteric fracture, without or with fragment shift, treated conservatively	110
254	Complete subtrochanteric fracture, with fragment shift, treated surgically	120
255	Subtrochanteric fracture, open	150
256	Incomplete subtrochanteric fracture	80
257	Cuboid bone fracture, without fragment shift	60
258	Cuboid bone fracture, with fragment shift	70
259	Heel bone fracture without disruption of the statics (the Böhler angle)	90
260	Heel bone fracture with disruption of the statics (the Böhler angle)	110
261	Heel bone fracture without shift of the heel bone body	80

262	Fracture of the interim cusp elevation of the tibia, treated conservatively	90
263	Fracture of the interim cusp elevation of the tibia, treated surgically	100
264	Tear of a larger muscle without operation	35
265	Tear of a larger muscle with operation	50
266	Complete tear or dissection of a larger muscle or tendon, treated conservatively or surgically	60
267	Compression of some extremities or their part and muscle tear of severe degree	25
268	Tear, complete tear of the Achilles' tendon	70
269	Scaphoid fracture without fragment shift	60
270	Scaphoid fracture, complicated by necrosis	80
271	Scaphoid fracture, luxation	90
272	Trimalleolar fracture without fragment shift	90
273	Trimalleolar fracture with fragment shift, treated conservatively or surgically	110
274	Fracture of a sphenoid bone, without shift, with fragment shift	60
275	Fracture of several sphenoid bones, without shift	70
276	Fracture of several sphenoid bones, with shift	90
277	Exarticulation of the hip joint or femoral amputation	140
278	Amputation of both legs	140
279	Amputation of one leg	140
280	Amputation of both lower legs	140
281	Amputation of one lower leg	120
HEAD INJURIES		
282	Fracture of the nasal bone and the nasal septum	20
283	Fracture of the nasal rib and the nasal bone, with shift	20
284	Partial head scalping with skin defect	40
285	Complete head scalping with skin defect	60
286	Head contusion without concussion, diagnosed by a specialist	10
287	Bruise of the mandibular joint	15
288	Bruising of the mandibular joint on both sides	20
289	Fracture of the base of the skull	150
290	Fracture of the base of the skull without penetration of fragments	80
291	Fracture of the base of the skull with penetration of fragments	90
292	Front bone fracture without penetration of fragments	50
293	Frontal bone fracture with penetration of fragments	90
294	Parietal bone fracture without penetration of fragments	50
295	Parietal bone fracture with penetration of fragments	90
296	Occipital bone fracture without penetration of fragments	50
297	Occipital bone fracture with penetration of fragments	90
298	Temporal bone fracture without penetration of fragments	50
299	Temporal bone fracture with penetration of fragments	90
300	Upper and lower jaw fracture without penetration of fragments	50
301	Upper and lower jaw fracture with penetration of fragments	70
302	Orbital rim fracture	50
303	Facial bone fracture	60
304	Fracture of the gum tissue extension of the upper and lower jaw	35
305	Coupled Le Fort I fractures	80

306	Coupled Le Fort II fractures	110
307	Coupled Le Fort III fractures	150
INJURIES OF THE NERVOUS SYSTEM		
308	not applicable	
309	Lachrymal sac inflammation, evident after injury is treated surgically	40
310	Burn or scalding of the cornea epithelium	80
311	Burn or scalding of the cornea parenchyma	150
312	First degree scalding or burn of the conjunctiva	180
313	Second degree scalding or burn of the conjunctiva	180
314	Third degree scalding or burn of the conjunctiva	180
315	Post-traumatic corneal ulcer	180
316	Cornea or sclera wound with perforation, treated conservatively treated, complicated by a cataract	180
317	Cornea or sclera wound with perforation, treated conservatively, complicated by intraocular inflammation or non-magnetic foreign body in the eye	35
318	Cornea or sclera wound with perforation, treated surgically, complicated by Iris prolapse or wedged	50
319	Cornea or sclera wound with perforation, treated surgically, complicated by post-traumatic cataract or non-magnetic foreign body in the eye	80
EYE INJURIES		
320	Lachrymal sac inflammation, evident after injury is treated surgically	20
321	Burn or scalding of the cornea epithelium	20
322	Burn or scalding of the cornea parenchyma	120
323	First degree scalding or burn of the conjunctiva	20
324	Second degree scalding or burn of the conjunctiva	35
325	Third degree scalding or burn of the conjunctiva	50
326	Post-traumatic corneal ulcer	50
327	Cornea or sclera wound with perforation, treated conservatively treated, complicated by a cataract	50
328	Cornea or sclera wound with perforation, treated conservatively, complicated by intraocular inflammation or non-magnetic foreign body in the eye	70
329	Cornea or sclera wound with perforation, treated surgically, complicated by Iris prolapse or wedged	85
330	Cornea or sclera wound with perforation, treated surgically, complicated by post-traumatic cataract or non-magnetic foreign body in the eye	70
331	Cornea or sclera wound with perforation, treated surgically, complicated by intraocular inflammation or non-magnetic foreign body in the eye	70
332	Surgically treated cornea or sclera wound with perforation, without complications	50
333	Conservatively treated cornea or sclera wound with perforation, without complications	35
334	Surface graze or deep wound of the cornea without perforation and without complications	20
335	Deep wound of the cornea without perforation, by cataract and post-traumatic or intraocular inflammation	50

336	Perforating conjunctival injury in the fold with bleeding (without sclera injury)	15
337	Conjunctival wound, treated surgically	15
338	Bleeding in the vitreous body and the retina, without complications	100
339	Bleeding in the vitreous body and the retina, complicated by secondary increase of the intraocular pressure, surgical treatment necessary	120
340	Nasal bone fracture with interruption of the tear leaders, treated conservatively	20
341	Fracture of the small nasal bones with interruption of the tear leaders, treated surgically	40
342	Fracture of the paranasal sinus wall with subdermal emphysema	100
343	Surgically treated tear and laceration wounds of the eyelid	15
344	Tear and laceration wounds of the eye lid with interruption of the tear leaders	25
345	Retinal shaking	20
346	Wound penetrating into the eye socket, without complications	20
347	Wound penetrating into the eye socket, complicated by non-magnetic foreign body in the eye socket	70
348	Wound penetrating into the eye socket, complicated by magnetic foreign body in the eye socket	40
349	Eye compression with bleeding into the anterior chamber, without complications	40
350	Eye compression with bleeding into the anterior chamber, complicated by secondary increase of the intraocular pressure, surgical treatment necessary	80
351	Eye compressio with iris tear, without complications	40
352	Eye compression with iris tear, complicated by iris inflammation or post-traumatic cataract	70
353	Partial dislocation of the lens, without complications	35
354	Dislocation of the lens, without complications	70
355	Dislocation and partial dislocation of the lens complicated by secondary increase of the intraocular pressure, surgical treated necessary	80
356	Injury-caused damage to the optic nerve and the chiasma	100
357	Eye injury, which requires immediate removal of the eye, after injury	50
358	Injury of the eye movement apparatus with diplopia	70
EAR INJURIES		
359	Auricle compression with subsequent hematoma	10
360	Auricle wound with secondary aseptic perichondritis	20
361	Ear drum injury without fracture of the cranial bones and without secondary infection	15
362	Labyrinth vibration	30
TOOTH INJURIES		
363	Necessary extraction or loss of one to six teeth due to effect of outside force (no bite)	30
364	Loss or necessary extraction of six or more teeth due to effect of outside force (no bite)	40
365	Loosening of the connective tissue hanging apparatus with one or several teeth (subluxation, luxation, reimplantation) with necessary fixating splint	30
366	Fracture of one or several tooth roots with necessary fixating splint	40

NECK INJURIES		
367	Perforation or tear of the esophagus, scalding of the esophagus	90
368	Damage of the vocal cords by injury or inhalation of irritating vapors	15
369	Laryngeal or bronchial tube injury with perforation	110
370	Fracture of the tongue bone or the thyroid cartilage	60
THORAX INJURIES		
371	Lung rupture	80
372	Diaphragm rupture	85
373	Post-traumatic open or valvular pneumothorax	80
374	Post-traumatic closed pneumothorax	80
375	Post-traumatic thorax bleeding, treated surgically	100
376	Post-traumatic thorax bleeding, treated conservatively	50
377	Clinically proven injury-caused heart damage	150
378	Clinically proven fracture of one to six ribs	50
379	Doubled fracture of a rib	45
380	Doubled fracture of two to four ribs	60
381	Doubled fracture of five or more ribs	80
382	Thorax compression of severe degree	30
383	Breastbone fracture without fragment shift	35
384	Breastbone fracture with fragment shift	50
385	Doubled breastbone fracture	90
386	Post-traumatic mediastinal and subdermal emphysema	80
ABDOMINAL INJURIES		
387	Wound penetrating into the abdominal cavity (without organ damage)	35
388	Liver rupture	90
389	Large intestine rupture or tear without resection	60
390	Large intestine rupture or tear with resection	80
391	Diaphragm tear	80
392	Pancreas tear	110
393	Injury-caused stomach perforation	50
394	Injury-caused duodenum perforation	50
395	Mesenteric (mesenterium) rupture without intestinal resection	40
396	Mesenteric (mesenterium) rupture with intestinal resection	50
397	Small intestine rupture or tear without resection	50
398	Small intestine rupture or tear with resection	60
399	Abdominal wall compression of severe degree	20
INJURIES OF THE UROGENITAL ORGANS		
400	Urinary bladder rupture	60
401	Urethra rupture	60
402	Kidney compression with hematuria	35
403	Compression of penis, testicles and scrotum of severe degree	40
404	Compression of testicles and scrotum of severe degree with post-traumatic testicular and epididymis inflammation	60
405	Kidney destruction or rupture with surgery necessary	90
OTHER INJURIES		
406	Uncomplicated, surgically treated wound (also nail plate loss), primarily healed	10
407	Surgically treated wound with complications and secondary healing or extensive abrasion of soft finger/toe parts	25
408	Foreign body, surgically removed or not removed, with complicated treatment (necessary condition is the surgical treatment)	20
409	Bite by poisonous snake	20

410	Foreign body, surgically removed or not removed, with uncomplicated treatment (necessary condition is the surgical treatment)	10
411	Total effects of radiation and chemical poisons - mild stage, poisoning by vapors or gases	20
BURN, SCALDING, FROSTBITE		
412	Burn, scalding, frostbite - first and second degree to the extent to 2% of the body surface (except by UV radiation)	14
413	Burn, scalding, frostbite - first degree to the extent of more than 2% of the body surface (except by UV radiation)	14
414	Burn, scalding, frostbite - second degree to the extent of from 3% to 5% of the body surface (except by UV radiation)	35
415	Burn, scalding, frostbite - second degree to the extent of from 6% to 20% of the body surface (except by UV radiation)	50
416	Burn, scalding, frostbite - second degree to the extent of from 21% to 40% of the body surface (except by UV radiation)	100
417	Burn, scalding, frostbite - second degree to the extent of over 41% of the body surface (except by UV radiation)	150
418	Burn, scalding, frostbite - third or second deep degree (II.b) with necessary surgical treatment to the extent to 5 cm ²	21
419	Burn, scalding, frostbite - third or second deep degree with necessary surgical treatment to the extent of over 5 cm ²	25
420	Burn, scalding, frostbite - third or second deep degree (II.b) with necessary surgical treatment to the extent of 6 cm ² to 10 cm ²	40
421	Burn, scalding, frostbite - third or second deep degree (II.b) with necessary surgical treatment to the extent of from 11 cm ² to 5% of the body surface	50
422	Burn, scalding, frostbite - third or second deep degree (II.b) with necessary surgical treatment to the extent of from 6% to 10% of the body surface	90
423	Burn, scalding, frostbite - third or second deep degree (II.b) with necessary surgical treatment to the extent of from 11% to 15% of the body surface	100
424	Burn, scalding, frostbite - third or second deep degree (II.b) with necessary surgical treatment to the extent of from 16% to 20% of the body surface	140
425	Burn, scalding, frostbite - third or second deep degree (II.b) with necessary surgical treatment to the extent of from 21% to 30% of the body surface	160
426	Burn, scalding, frostbite - third or second deep degree (II.b) with necessary surgical treatment to the extent of from 31% to 40% of the body surface	160
427	Burn, scalding, frostbite - third or second deep degree (II.b) with necessary surgical treatment to the extent from 41%	180
TRAUMATIC SHOCK, ONLY HOSPITALIZED CASES		
428	Traumatic shock, only hospitalized cases - mild	20
429	Traumatic shock, only hospitalized cases - moderate	35
430	Traumatic shock, only hospitalized cases - severe	50

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	

Deduction Table for insurance coverage

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

Age	In €	Age	In €
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		

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

Age	In €	Age	In €
0 - 18	0.55	43	10.56
19	0.99	44	11.55
20	0.99	45	12.54
21	1.10	46	13.53
22	1.21	47	14.63
23	1.32	48	15.73
24	1.43	49	16.83
25	1.54	50	17.93
26	1.76	51	19.14
27	1.87	52	20.35
28	2.09	53	21.67
29	2.42	54	22.99
30	2.64	55	24.42
31	2.97	56	25.85
32	3.19	57	27.39
33	3.74	58	29.48
34	4.29	59	31.79
35	4.95	60	31.79
36	5.72	61	31.79
37	6.49	62	31.79
38	7.15	63	31.79
39	7.81	64	31.79
40	8.47	65 - 99	**
41	9.02		
42	9.57		

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 €