

AGREED

By the Central Bank of the Republic of
Azerbaijan (CBAR)

General Director

Ziya Aliyev

1 June 2023

APPROVED

By the Meeting Protocol of
the Management Board of “PASHA Life
Insurance” Open Joint Stock Company

№ 072–23

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Chairman of the Management Board

Niyaz Ismailov

23 May 2023

LIFE INSURANCE REGULATIONS

BAKU 2023

Disclaimer

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GENERAL PROVISIONS

The Life Insurance Regulations (hereinafter referred to as the "Regulations") established by the Company set forth the specific rules and conditions governing various types of voluntary insurance.

Unless otherwise explicitly stated within the content of these Regulations, the terms and expressions used herein shall be defined as follows:

Policy Owner (Policyholder) – the contracting Party in the Insurance Agreement responsible for paying the Insurance Premium and holding an insurable interest in safeguarding the insured object.

Insurer - "PASHA Life Insurance" OJSC, a locally registered legal entity, holding the requisite license for conducting insurance activities in accordance with the Law of the Republic of Azerbaijan “On insurance activities”. The insurer is a party to the insurance contract and is obligated, either by law or by the terms of the contract, to disburse the insurance payment in case of an occurrence of insured event outlined in the insurance agreement.

Insured - an individual whose property interests are covered by an insurance contract.

Beneficiary - The individual designated to receive the insurance payment in accordance with the terms of the insurance contract.

Actuary - a specialist responsible for determining the basis for calculating insurance premiums through economic-mathematical computations in accordance with the law. Actuaries are also tasked with calculating insurance reserves (technical provisions).

Insurance Contract - an agreement in which the liability for compensating losses, damages, or an agreed-upon sum of money contingent upon the occurrence of a specified event is accepted by the insurer. This is done in exchange for the Policy owner's payment of the corresponding insurance premium.

Insurance Policy - a document issued by the insurer to the Policy owner and (or) insured, confirming the execution of the insurance contract.

Subject of Insurance - an individual to whom the property interests covered by the insurance contract belong.

Insurance Risk - refers to the probability of an event or circumstance leading to losses or damages associated with the insured object. It also encompasses the liability assumed by the insurer in response to this potential occurrence.

Insured Event - an occurrence or situation that aligns with Article 5 of this Regulations within the insurance contract's effective period, serving as the foundation for disbursing the insurance payment to the Policy owner, the insured party, or other designated beneficiaries as outlined in the insurance contract.

Sum Insured - the maximum threshold of the insurer's responsibility for covered risks, quantified by the amount specified in the insurance contract.

Insurance Premium - the amount the Policy owner is obligated to remit to the insurer in return for assuming or distributing risks, as detailed in the terms of the insurance contract.

Indemnity - financial compensation disbursed by the insurer in accordance with the terms of the insurance contract when an insurable event takes place.

Accident - a sudden, unexpected, and unintentional incident characterized by an external and brief physical impact, leading to harm to the health of the insured characterized by an abrupt and severe deterioration of health, involving damage to body parts or tissues.

Illness - a condition characterized by an abnormal functioning of the human body diagnosed by a qualified medical professional.

Insurance Tariffs - The percentage rate applied to the insurance amount for calculating the insurance premium.

Waiting Period - The duration during which the insurer is not held responsible for occurred events.

Pre-existing Condition/Illness - A deterioration of health, injury, trauma, pathology, chronic or acute illness, mental or neurological disorder, and other conditions or diseases that have been previously diagnosed or exhibited symptoms at the time of entering into the insurance contract. These are conditions of which the insured/Policy owner was aware or should have been aware before the contract was established.

Disability - the presence of stable physical, mental, and emotional disorders preventing the insured or Policy owner from fully and effectively participating in social life at the same level as others, particularly when faced with various obstacles. Disability shall be determined by a body authorized by legislation.

Disabled Person – an individual whose daily activities are limited due to mental or physical impairments resulting from birth, illness, or injury, and who requires social assistance and protection.

Electronic document (E-document) - a document presented in electronic form for use in the information system and authenticated with an electronic signature.

Electronic signature (E-signature) - data appended to or logically linked with other data that enables the identification of the signatory.

1. Insurance Class

1.1. The insurance coverage specified in these Regulations pertains to personal insurance falling under the following categories (classes):

1.1.1. Death Insurance - This category encompasses insurance that facilitates the disbursement of insurance payments upon the demise of the insured or Policy owner.

1.1.2. Total permanent Disability/Incapacitation – Disability insurance (covering total or partial disability), which provides payments to compensate the insured for lost income in the event of full or partial incapacitation resulting from an illness or accident.

2. Insured Object

2.1. Based on the Regulation, the insured object is property interests related to the life and health of the insured or the Policy owner.

3. Subject of Insurance

3.1. Under these regulations, the individual who holds the property interests covered by the insurance contract is recognized as the insured party.

3.2. As per the terms of the insurance contract, both the Policy holder and another person explicitly designated in the contract (the insured) can be covered by insurance.

4. Insurance Premium and Sum Insured

4.1. The agreed-upon amount of the insurance premium is specified in the insurance contract.

4.2. The insurance contract allows for the agreement of a lump sum or partial payment of the insurance premium.

4.3. In case the insurance premium or a portion thereof is not paid on time, the insurer may, in accordance with the provisions of paragraph 4.4 of these Regulations, provide a written notice specifying a grace period of up to 15 days for payment.

4.4. In every instance, the insurance premium or its specified initial portion, must be paid no later than 1 month upon the execution of the insurance contract.

4.5. The payment of the insurance premium through an electronic document serves as confirmation of the Policy owner's thorough understanding of these Regulations and the terms of the insurance contract, signifying agreement with both the Regulation and conditions, and the execution of the insurance contract.

4.6. The insurance amount is specified in the insurance contract.

4.7. The amount of the indemnity for a covered event is outlined in the insurance contract. The aggregate sum of indemnity (indemnities) made under the contract cannot exceed the insurance amount. Specifically, for insurance contracts where the risk mentioned in subsection 5.1.1 of these Regulations serves as coverage, the indemnity for that risk is set at 100% of the insurance amount.

4.8. In instances defined by the insurance contract, following a payment of indemnity, the insurance amount is reduced by the paid amount. Such reduction takes effect from the date of the insurance payment.

4.9. By mutual agreement between the parties, the Policy owner has the option to recover the initial insurance amount in exchange for an additional insurance fee.

4.10. Subject to the mutual agreement of the parties, insurance coverage can be extended to one or more risks outlined in these Regulations for an incident/condition that qualifies as an insured event.

4.11. By mutual agreement between the parties, total or distinct insurance amounts can be specified for each insurance coverage.

5. Insurance risks

5.1. Under the insurance contract established in accordance with these Regulations, the Insurer may choose to extend insurance coverage to the Insured for one or more of the following risks, considering conditions specified in the "Exceptions" clause of the Regulations and the Annexes attached hereto:

5.1.1. Death of the insured during the period of insurance coverage;

5.1.2. Determination of disability resulting from an 81-100 percent impairment of body functions of the insured due to an accident or illness (as regulated by Annex No. 1);

5.1.3. Determination of disability resulting from a 61-80 percent impairment of body functions of the insured due to an accident or illness (as regulated by Annex No. 1);

5.1.4. Determination of disability resulting from a 31-60 percent impairment of body functions of the insured due to an accident or illness (as regulated by Annex No. 1);

5.1.5. Temporary disability of the insured due to an accident or illness (as regulated by Annex No. 1);

5.1.6. Physical injury of the insured resulting from an accident or illness (as regulated by Annex No. 1);

5.1.7. Temporary loss of working capacity resulting from the hospitalization of the insured due to an accident or illness (as regulated by Annex No. 2);

5.1.8. Insurance against temporary loss of working capacity of the insured resulting from an accident or illness following a surgical operation (as regulated by Annex No. 3);

6. Exceptions

6.1. Unless explicitly stated otherwise in the insurance contract, events are not considered covered insured events under contracts concluded in accordance with these Regulations if they result from the following:

6.1.1. Suicide and/or attempted suicide during the first 2 years of the insured's contract (excluding cases where the insured is compelled to commit suicide by the illegal actions of third parties);

6.1.2. The insured's involvement in military operations, civil conflicts, acts of terrorism, military coups, mass riots, violent seizure of power, as well as military service, military gatherings, military exercises, war (officially declared or undeclared), etc.;

6.1.3. Exposure of the insured to ionized radiation or radioactive radiation, poisoning, exposure to epidemics and pandemics;

6.1.4. Consumption of alcoholic beverages by the insured (not considered for other coverages except for events caused by accidents);

6.1.5. Intake of any toxic substances or drugs by the insured (not considered for other coverages except for events caused by accidents);

6.1.6. The condition in which the insured is in an irrational state, characterized by a lack of comprehension of the true nature of their actions or inactions, or an inability to control such actions due to chronic mental illness, temporary impairment of mental activity, mental retardation, or any other mental disorder.

6.1.7. The insured's participation in air flights, except as a passenger in a flight operated by a certified air crew and in a special manner, or the accident involving an aircraft controlled by the Insured;

6.1.8. Insured driving without the right to drive or driving a vehicle under the influence (impaired by alcohol);

6.1.9. The insured's engagement in professional or amateur dangerous sports (auto-moto sports, mountaineering, diving, parachuting, hand-to-hand combat, shooting, etc.) and participating in dangerous activities, competitions and rallies;

6.1.10. Intentional endangerment, self-inflicted injuries, or harm to health by the insured, except in cases aimed at saving human life;

6.1.11. The insured undergoing medical examinations, receiving treatment, or taking medications prescribed by individuals not authorized and lacking the right to practice medicine;

6.1.12. Death in penitentiaries or prisons;

6.1.13. Acquired Immunodeficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV), or similar diseases, and all conditions arising in connection with such diseases.

6.2. By mutual agreement of the parties, diseases and dangerous occupational activities reported by the insured in advance shall not be considered as insured events.

6.3. Exceptions and limitations stipulated in these Regulations can be incorporated into the insurance coverage by agreement in the insurance contract.

7. Insurance Contract

7.1. In accordance with the life insurance contract executed under these Regulations, the Insurer commits to disbursing the agreed-upon insured sum, as outlined in the contract in exchange for the insurance premium that has been agreed upon and paid by the Policy owner. This payment is made following an insured event related to insurance risks specified in the insurance contract involving either the Policy holder or another person explicitly designated in the contract as the insured. The insurance amount, as detailed in the contract, is paid out either in a lump sum or in periodic installments to the designated beneficiary.

7.2. The insurance contract is considered established when an individual submits an application for insurance, whereas for legal entities, it is based on the request form and the list of insured individuals as determined by the Insurer. Alternatively, if mutually agreed upon by the parties, the insurance contract may be formalized through a verbal request.

7.3. The insurance contract may be formalized in written form through either of the following methods:

7.3.1. The parties involved jointly prepare a document referred to as an insurance contract in accordance with these Regulations, which is subsequently executed with the signatures of the relevant Parties.

7.3.2. The insurer issues an insurance policy to the policyholder once the policyholder has reviewed these Regulations and provided written consent.

7.4. In the scenario outlined in Clause 7.3.2 of these Regulations, the risks covered must be explicitly detailed in the insurance policy.

7.5. In the process of executing insurance contracts, the use of a signature facsimile through mechanical or other copying means, an electronic signature, or any other equivalent to a personal signature shall be permitted as specified by the legislation, other legal provisions, or mutual agreement between the Parties.

7.6. In the process of executing an insurance contract, the Insurer is required to provide the Policy owner with a concise document, presented in a clear and comprehensible manner, comprising the following details:

7.6.1. Guidelines on appropriate actions in the event of a situation qualifying as an insured event;

7.6.2. The legal basis for the Insurer's potential denial of indemnity.

7.7. When executing an insurance contract, the Insurer shall have the option to request a health examination, either at its own cost or at the expense of the policy owner (insured), as determined by the terms specified in the insurance agreement, to evaluate the current health conditions of the insured individual.

7.8. The Insurer is obligated to provide the Policy Owner with an official document confirming the execution of the insurance contract, referred to as an insurance policy, within a period of 10 days. This requirement remains applicable even if the insurance contract is formalized and executed as per Clause 7.3.1 of these Regulations.

7.9. The contract may include the provision to involve multiple individuals as contributors to the payment of the insurance premium. In this scenario, these individuals act as co-insured parties.

7.10. Throughout its term, the insurance contract may be subject to amendments and supplements in compliance with the effective legislation and the stipulations outlined in these Regulations. Any modifications and additions shall be considered integral parts of the insurance contract.

8. Insurance Policy Period and Coverage Territory

8.1. The term of the insurance coverage shall be specified in the insurance contract.

8.2. The waiting period for insurance risks can be mutually agreed upon by the involved parties.

8.3. Unless otherwise explicitly stated in the insurance contract, in the event of the initial partial or full payment of the insurance premium, the coverage period commences at midnight (00:00) on the day of concluding the insurance contract and concludes at midnight (00:00) on the last day of the insurance contract's validity.

8.4. Unless otherwise explicitly stated in the insurance contract, no limitations shall not be applied to the region covered by the insurance contract.

9. Rights and Obligations of the Parties to the Insurance Contract

9.1. Rights of the Policy Owner and the Insured are as follows:

9.1.1. To review the Insurer's annual financial results, annual balance sheet and activity results, as verified by an independent auditor, upon executing an insurance contract.

9.1.2. To request a duplicate of the insurance policy from the Insurer in the event of its loss or destruction.

9.1.3. To seek clarifications from the Insurer regarding the terms of the insurance contract and these Regulations.

9.1.4. To propose modifications to the terms and conditions of the Insurance contract.

9.1.5. In the event of the death of the Policy owner (individual) or the dissolution of the legal entity, to fulfill the obligations of the Policy owner as outlined in the contract and the Regulations, as per the provisions of the effective legislation and the agreement between the Policy owner and the Insurer.

9.1.6. To receive the indemnity from the Insurer for the policyholder, insured and designated beneficiaries.

9.1.7. To exercise any other rights and entitlements as outlined in the Civil Code of the Republic of Azerbaijan and these Regulations.

9.2. Obligations of the Policy Owner and the Insured party:

9.2.1. To provide accurate responses to the queries posed in the insurance application.

9.2.2. To fulfill the obligation of paying the insurance premium within the timeframe and at the amount stipulated in the insurance contract.

9.2.3. When executing an insurance contract, to disclose to the Insurer all circumstances within the knowledge of the Policy owner, as well as those specifically requested in writing by the insurer, which could impact the decision to either reject the contract or modify its terms and conditions.

9.2.4. To promptly notify the Insurer or the insurance intermediary, acting on behalf of the Insurer, of any changes and modifications that have occurred after the finalization of the insurance contract, particularly concerning the circumstances reported in accordance with clause 9.2.3 of these Regulations.

9.2.5. To provide accurate information about the designated beneficiary to the Insurer.

9.2.6. In the event of an occurrence covered by the insurance, the Policy owner or the insured person, or beneficiary shall be obligated to promptly notify the Insurer or its representative, along with the relevant authorized state bodies that require notification about the event. This notification shall be made through any means available immediately upon learning about the event or within the shortest feasible timeframe.

9.2.7. To facilitate the Insurer or its representative in obtaining information pertinent to the insured event without any hindrance.

9.2.8. To fulfill any other responsibilities as determined by the Civil Code of the Republic of Azerbaijan and emanating from these Regulations.

9.3. Rights of the Insurer:

9.3.1. To verify the accuracy of the information provided by the policyholder and the Insured.

9.3.2. To request medical examination to assess the present health condition of the insured person at the insurer's own expense or at the expense of the Policy owner, contingent on the terms and conditions as stipulated in the insurance contract.

9.3.3. In case the policy owner deliberately withholds information and thereby fails to execute relevant obligations to provide the information during the execution of the insurance contract, the Insurer shall retain the right to refuse performance of its obligations under the contract and may seek premature termination of the insurance agreement within 5 years from the contract's commencement.

9.3.4. In the event of the initiation of a criminal case related to the incident causing the death of the insured person, postpone the disbursement of the insurance payment until a relevant decision is reached by the competent authority.

9.3.5. To charge any overdue or delayed insurance premium owed by the Policy owner from the insurance payment amount during the disbursement of the indemnity.

9.3.6. To exercise any other rights outlined in the Civil Code of the Republic of Azerbaijan and arising from these Regulations.

9.4. Obligations of the Insurer:

9.4.1. To inform the Policy owner about these Regulations when executing an insurance contract based on these Regulations.

9.4.2. To provide the Policy owner with an easily comprehensible memory sheet at the time of concluding an insurance contract.

9.4.3. To issue an insurance policy accompanied by these Regulations to the Policy owner.

9.4.4. In case of an insured event, to disburse the insurance payment no later than 7 working days from the date of receiving the documents outlined in clauses 13.3 of these Regulations. Alternatively, the insurer may provide a written and reasoned notice of refusal to provide the indemnity to the policy owner, insured, or beneficiary.

9.4.5. If the insured, the policyholder, or the beneficiary, who reported the insured event to the Insurer, has not informed the relevant state authorities about the event, the Insurer shall be required to promptly notify the specified authorities about the occurrence of such event.

9.4.6. To safeguard the confidentiality of information classified as Insurance secrecy under the Law of the Republic of Azerbaijan "On Insurance Activity".

9.4.7. To send a written request to the competent state authorities concerning events that may be deemed an insured event and necessitate investigation or registration to obtain a document confirming the occurrence and/or cause of such events, as well as the results.

9.4.8. To fulfill any other obligations mandated by the Civil Code of the Republic of Azerbaijan and arising from these Regulations.

10. Premature Termination of the Insurance Contract

10.1. The Insurance Contract may be prematurely terminated in the following cases:

10.1.1. If the subject of insurance ceases to exist;

10.1.2. Except for the scenarios outlined below, in the event of the death of the Policy owner (individual) or the suspension or liquidation of the activities of the Policy owner (legal entity):

10.1.2.1. In the case of the death of the Policy owner who entered a life insurance contract in favor of another person, the rights and obligations shall be transferred to the individual for whom the insurance contract was made, provided there is written consent from that person.

10.1.2.2. If the Policy owner (legal entity) undergoes reorganization during the insurance contract's validity, the relevant rights and obligations under the contract shall be transferred to its legal successor.

10.1.3. When the Insured (not the Policy owner) passes away, and the insurer objects to the replacement of the Insured with another party.

10.1.4. If the possibility of the insured event occurring ceases to exist, and the existence of the insured risk ends due to circumstances unrelated to the insured event.

10.1.5. Upon the insurer's complete fulfillment of obligations to the Policy owner.

10.1.6. If the insurable interest no longer exists.

10.1.7. In case the Policy owner fails to pay the insurance premium as specified in the insurance contract.

10.1.8. If the Policy owner or the insurer request premature termination of the insurance contract during its term.

10.2. If throughout the effective term of the insurance contract, the Policy owner, who is an individual, is declared as incapacitated or has their legal capacity limited by a court decision, the rights and duties of the Policy owner shall be exercised by their guardian or curator.

11. Notification of Premature Termination of the Insurance Contract

11.1. In case of scenario outlined in the Clause 10.1 of these Regulations, the party seeking to terminate the contract must promptly inform the other party. This notification should be made in consideration of Clause 11.2 of these Regulations and should be caused by the emergence of circumstances that form the basis for premature termination of the insurance contract.

11.2. When the premature termination of the insurance contract is requested by either the Policy owner or the Insurer, as per Clause 10.1.8 of these Regulations, the notifying party must inform the other party with a minimum advance notice of 30 days (or 60 days if the insurance contract spans over five years). In cases where the contract duration is up to three months, the notification should be provided at least 5 working days before such termination. A written justification supporting the termination request must be provided alongside the notification.

12. Consequences of Premature Termination of the Insurance Contract

12.1. In case the Policy owner initiates the premature termination of the insurance contract, the Insurer shall refund the insurance premiums for the unused period. The refund amount shall be calculated by deducting a proportionate share of the costs incurred for the work conducted from the returned portion of the insurance premium. However, if the Policy owner terminates the contract due to the Insurer's failure to fulfill its obligations, the insurer will refund the full amount of the insurance premiums.

12.2. In the event of the Insurer's request for premature termination, the Insurer shall refund the entire insurance premiums to the Policy owner. If the termination occurs as a result of the Policy

owner's failure to meet contractual obligations, the Insurer shall return the insurance premiums for the unexpired term of the contract. In such cases, the Insurer may deduct from the returned part of the premium a proportionate share of the costs incurred for the remaining term of the contract.

12.3. In instances of premature termination of the insurance contract, if the insurance indemnity amount is equal to or exceeds the insurance premium paid by the insurer to the Policy owner before termination, the Policy owner shall not be entitled to a refund of the insurance premium.

12.4. In the event of premature termination of the insurance contract, if the indemnity made is less than the total insurance premium paid up to the termination point, the difference between the insurance premium and the indemnity shall be refunded to the insured following the procedures outlined in clauses 12.1 and 12.2 of these Regulations, respectively.

13. Procedure for Paying Indemnity

13.1. The payment of the agreed-upon insured sum, as determined at the contract's execution, shall be paid by the insurer to the beneficiary. The payment is contingent upon the condition that the insurance premium has been paid in the specified amount and manner as outlined in the contract.

13.2. In the event that the insured event occurs after the expiration of the grace period for paying the next installment of a gradually paid insurance premium, and the corresponding premium remains unpaid by the end of that grace period, the Insurer reserves the right to decline insurance payment (indemnity) and terminate the insurance contract according to the prescribed procedure.

13.3. Insurance payment (indemnity) shall be processed upon submission of the following documents:

- a) In case of an insured event, the insurance claim addressed to the Insurer by the insured, policyholder, or beneficiary
- b) If any state authority needs to be informed about an event that qualifies as an insured event, the relevant document submitted by that body concerning the event
- c) Copy of the document validating the identity of the insured (if alive)
- d) A notarized statement confirming the insurance request and identity document of the beneficiary (or beneficiaries) upon receipt of the insurance payment (indemnity)
- e) Documentation verifying the occurrence, reason, and results of events that may be deemed an insured events and necessitate investigation or registration by competent state bodies and medical institutions. This includes a court decision if the event is criminal, or a copy of the decision to initiate or reject a criminal case.
- f) In the case of the insured's demise, a notarized copy of the death certificate (or any document equivalent to the death certificate in cases of death outside the country).
- g) In the event of the insured's death, a medical certificate detailing the cause of death.
- h) Epicrisis, extracts from the medical history

- i) Outpatient card extracts
- j) Employment contract
- k) If the beneficiary remains unidentified, a notarized copy of the inheritance certificate
- l) Any other documents specified in the Annexes to these Regulations, as necessary

13.4. In the event that the beneficiary passes away without receiving the entitled insurance coverage, the indemnity shall be directed to the heirs of the specified beneficiary.

13.5. Payment may be made to the authorized representative of the insured (beneficiary) upon presentation of a legally approved power of attorney.

13.6. Unless explicitly noted otherwise in the insurance contract, the Insurer is obligated to disburse the insurance payment (indemnity) within 7 working days from the receipt of the specified documents outlined in clause 13.3 of these Regulations, following the occurrence of an insured event. In the event of refusal, the Insurer shall promptly notify the policyholder, insured, or beneficiary in writing, providing a detailed and justified explanation. The Insurer reserves the right to waive the requirement for all documents if, based on the submitted documents, there are sufficient grounds to make an insurance payment (indemnity) or refusal.

13.7. If the designated beneficiary is below 18 years of age, the indemnity intended shall be deposited into an account opened in the beneficiary's name, in a bank specified with the written consent of a legal representative.

14. Grounds for Refusal to Pay Indemnity

14.1. The Insurer refuses to pay indemnity in the following situations:

14.1.1. Failure to adhere to the requirements outlined in the Clause 9.2.7 of these Regulations, leading to the Insurer's inability to ascertain whether the event qualifies as an insured event.

14.1.2. Determination that the incident does not meet the criteria of an insured event as per the legislation, these Regulations, or the insurance contract.

14.1.3. Beyond cases specified as waiving responsibility of the Policy owner, beneficiary and insured in the Civil Code of the Republic of Azerbaijan, the Code of Administrative Offenses of the Republic of Azerbaijan, and the Criminal Code of the Republic of Azerbaijan, intentional actions, or inactions by the Policy owner, and where applicable, the victim, aimed at causing the relevant event, as well as the intentional committing of a crime directly causally linked to the event.

14.1.4. If the insurance contract does not encompass coverage for military risks, the occurrence of an event resulting from military operations or events of a military nature leads to a refusal.

14.1.5. In cases where the Policy owner deliberately provides false information to the Insurer regarding the subject of insurance, the insured individual, and/or the insured event, and such misinformation completely or partially hinders the Insurer from evaluating the insurance risk and determining the causes of the insured event and/or the extent of the damage. In this context, if the

insurer was aware of the inaccuracy of the information provided at the time of concluding the insurance contract, or if the Policy holder was not at fault for providing incorrect information, or if the insurance contract was executed despite the Policy holder not providing to the required information, the insurer cannot refer to the provision of false information or the lack of required information as grounds for refusing to pay indemnity.

14.1.6. If the corresponding portion of the insurance premium remains unpaid in the occurrence of an insured event 15 days after the expiration of the deadline for payment of the subsequent installment of the insurance premium as outlined in the contract, and 3 days following the conclusion of the period specified by the Policy owner in the case specified in the clause 4.3 of these Regulations.

14.1.7. Unless specified otherwise in the contract, a ground for refusal is the occurrence of the event due to circumstances considered as exceptions to the coverage.

14.1.8. Hindering the insurer's investigation into the causes of the insured event by the policy owner, insured, or beneficiary.

15. Responsibilities of the Parties

15.1. The Parties shall be held accountable for any failure to fulfill or improper fulfillment of the contractual terms in accordance with the legislation.

16. Dispute Resolution

16.1. Disputes arising from the execution of the insurance contract shall be resolved through mutual agreement between the Parties.

16.2. If the Parties are unable to reach a mutual agreement to resolve disputes arising from the execution of the insurance contract, such disputes shall be resolved in court.

16.3. If the policyholder, insured, or beneficiary believes that their rights under the insurance contract have been violated by the Insurer, they have the option to lodge a complaint with the Central Bank of the Republic of Azerbaijan.

17. Terms and Conditions

17.1. Based on the Article 900.1.14 of the Civil Code, the insurance contract may include additional conditions based on the mutual agreement of the parties.

18. Final Provisions

18.1. The Parties shall send all notices and information related to the performance or termination of the contract to the addresses or communication methods specified in the contract (such as postal address, email address, or any other designated means of communication). If there is a change in the addresses or communication methods, the party making the change must provide prior written notice to the other party. Failure to do so will result in any notices or information sent to the previous address or communication method being deemed as properly delivered.

19. Insurance Tariffs and Economic Justification

19.1. The determination of minimum insurance premiums shall be carried out in accordance with paragraph 4 of the "Instructions for Conducting Actuarial Calculations", as approved by Resolution No. Q-08 of the Collegium of the Ministry of Finance of the Republic of Azerbaijan dated 27 March 2014.

19.2. In the case of group insurance for individuals within the life insurance class, the following expenses shall be discounted upon the conclusion of the contract:

- Clerical Expenses - no separate insurance policy is issued for each insured person; instead, a contract is concluded with adding the list of insured persons.
- Underwriting Costs - the underwriting requirements are more flexible for group-insured individuals. Consequently, due to the increased number of insured persons, underwriting is individually conducted for specific persons included in the group, not for all individuals.
- Annual Administrative Expenses - considering that administrative expenses encompass maintenance of the insurance company's building, vehicle maintenance, bank (investment) charges, utilities, communication, salaries, licensing, data processing, etc., for a group of insured individuals these expenses remain fixed regardless of the number of insured individuals. For group-insured individuals, this fixed cost is evenly distributed among the individuals in the group, resulting in the equitable calculation of an insurance premium for each insured person. For individuals insured in a group under the life insurance class, when computing insurance premiums for each insured included in the group, if the conditions specified below are satisfied, the guidelines encompass the expenses accrued at the initiation of the insurance contract and the yearly administrative costs incurred throughout the insurance contract period as follows:

The alpha coefficient (α) is incorporated into the formula as a/n , where 'n' is the number of insured individuals in the group, provided that the total number of insured persons exceeds 10.

The gamma coefficient (γ) is incorporated into the formula as y/n , where 'n' is the number of insured persons included in the group, subject to the condition that the number of insured persons must exceed 1,500.

Note 1 - *In case of a group insurance contract, it is essential that the termination date of insurance coverage for each insured aligns with the termination date of the insurance contract.*

Note 2 - *The Policy owner and the beneficiary cannot simultaneously be a bank, non-bank credit institution, mortgage fund, or any other financial fund.*

Note 3 - *When new insured individuals are added to the insurance contract, the calculation of the α and γ coefficients will be based on the number (n) of insured persons covered under the original contract. These coefficients will be expressed as a/n and γ/n for the newly added individuals.*

Annex 1 to the Life Insurance Regulations

Additional Terms for Disability Insurance

These Additional Terms serve
as an addition to the Life Insurance Regulations
(hereinafter referred to as the “Regulations”) treated in conjunction
with all general conditions and exclusions
outlined in the Regulations and are not intended for independent use.

1. Insurance Coverage

1.1. Based on the insurance contract established under these Additional Terms, the Insurer extends insurance coverage to the Policy Owner, safeguarding against the risks of incapacity/disability due to accidents or illnesses as specified in the insurance contract. This coverage is subject to the exceptions outlined in the Regulations.

1.2. The insurance risk referred to in section 1.1 of this Annex No. 1 encompasses the following:

1.2.1. The determination of disability due to impairment of the body functions of the insured resulting from an accident or illness. This risk includes:

1.2.1.1. Determination of disability resulting from an 81-100 percent impairment of body functions of the insured due to an accident or illness;

1.2.1.2. Determination of disability resulting from a 61-80 percent impairment of body functions of the insured due to an accident or illness;

1.2.1.3. Determination of disability resulting from a 31-60 percent impairment of body functions of the insured due to an accident or illness;

1.2.2. Temporary disability of the insured due to an accident or illness;

1.2.3. Physical injury of the insured resulting from an accident or illness.

2. Procedure for Paying Indemnity

2.1. The indemnity for the insurance risk outlined in subsection 1.2.1 of Annex No. 1, along with the method of disbursement, shall be determined by the insurance contract, based on the duration, cause, and degree of disability resulting from the impairment of bodily functions.

2.2. The determination of the indemnity amount for the insurance risk outlined in subsection 1.2.2 of Annex No. 1, as well as the disbursement process, is specified by the insurance contract. Within 7 working days of receiving the necessary documents, the insurer shall either disburse the indemnity or provide a written, justified notice of refusal to the policyholder, insured, or the beneficiary.

2.3. The amount of indemnity for the insurance risk outlined in subsection 1.2.3 of Annex No. 1 and the method of disbursement depend on the interest rate stipulated in the insurance contract, varying based on the nature of the sustained injury. Injuries covered under this specified insurance risk are governed by the provisions set forth in Table No. 1. The Insurer may offer insurance coverage for one or more of the injuries specified in Table No. 1 to the insurance contract.

TABLE 1

Injury	
Total blindness in both eyes	≤100%
Loss of both arms (up to the elbow joint) or complete loss of both hands (wrist)	≤100%
Complete and irreversible deafness in both ears due to trauma	≤100%
Resection (removal) of the lower jaw	≤100%
Total and irreversible loss of the ability to speak	≤100%
Loss of one arm (up to the elbow joint) and one leg	≤100%
Complete loss of one arm (up to the elbow joint) and a foot	≤100%
Complete loss of one hand (wrist) and one foot	≤100%
Complete loss of one hand (wrist) and one leg	≤100%
Complete loss of both legs	≤100%
Complete loss of both feet	≤100%
Partial resection (removal) of the lower jaw, complete or partial resection (removal) of the upper jawbone	≤100%
Complete loss of one eye	≤100%
Complete and irreversible deafness in one ear	≤100%

UPPER BODY	Right	Left
Loss of one arm (up to the elbow joint) or one hand (wrist)	≤60	≤50
Complete paralysis of the upper limbs due to untreated nerve damage	≤65%	≤55%
Complete paralysis of the vagus nerve	≤20%	≤15%
Ankylosis of the shoulder joint	≤40%	≤30%
Favorable ankylosis of the elbow joint (15 degrees at a right angle)	≤25%	≤20%
Ankylosis of the elbow joint in an unfavorable position	≤40%	≤35%
Complete paralysis of the median nerve	≤45%	≤35%
Complete paralysis of the spinal cord	≤40%	≤35%
Complete paralysis of the ulnar nerve	≤20%	≤15%
Complete paralysis of the spinal nerve of the forearm	≤30%	≤25%
Ankylosis of the wrist joint in a favorable position (straight and palm down)	≤20%	≤15%
Ankylosis of the hand in an unfavorable position (flexion or extension or palm up)	≤30%	≤25%
Loss of the thumb	≤20%	≤15%
Complete ankylosis of the thumb	≤20%	≤15%

Complete amputation of the index finger	≤15%	≤10%
Complete loss of two phalanges of the index finger	≤10%	≤8%
Simultaneous amputation of the thumb and index fingers	≤35%	≤25%
Loss of a finger other than the thumb and index finger	≤25%	≤20%
Loss of two or more fingers other than the thumb and index finger	≤12%	≤8%

UPPER BODY	
Complete loss of the lower limb - above the lower 1/3 of the femur	≤60%
Complete loss of the lower limb - below the lower 1/3 of the femur	≤50%
Complete loss of the foot (tibial-toe disarticulation)	≤45%
Partial loss of the foot (ankle-bone disarticulation)	≤40%
Partial loss of the foot (disarticulation of the metatarsal joint)	≤35%
Partial loss of the foot (hind-toe disarticulation)	≤30%
Complete paralysis of the lower limbs due to irreparable nerve damage	≤60%
Complete paralysis of the external popliteal sciatic nerve	≤30%
Complete paralysis of the internal popliteal sciatic nerve	≤20%

Complete paralysis of both nerves (external and internal popliteal sciatic nerves)	≤40%
Ankylosis of the hip	≤40%
Ankylosis of the knee	≤20%
Loss of the patellar bone with significant separation of fragments and considerable difficulty in leg extension	≤40%
Shortening of the lower limb by at least 5 cm	≤10%
Shortening of the lower limb from 3 cm to 5 cm	≤5%
Amputation of all toes	≤25%
Amputation of four toes, including the big toe	≤20%

Note 1 - In Table No. 1, "loss" – when referring to any organ signifies complete and permanent loss (amputation), "loss of sight" or "loss of speech" mean a complete and irreversible absence of sight or speech.

3. Procedure for Payment of Indemnity

3.1. To facilitate the payment process, the Policyholder is required to submit the following documents to the Insurer:

3.1.1 Completed application in the prescribed form;

3.1.2 A copy of the document confirming disability, duly approved by an institution authorized by the legislation;

3.1.3 Copy of the document verifying the identity of the Policy Owner (applicable if alive);

3.1.4 Epicrisis, medical history extract, ambulatory card extract, and any documentation as mandated by the legislation for submission to the approving authority.

Annex 2 to the Life Insurance Regulations

Additional Terms and Conditions for Temporary Incapacity for Work Resulting from Hospitalization of the Insured due to Illness or Accident

These Additional Terms serve as an addition to the Life Insurance Regulations (hereinafter referred to as the “Regulations”) treated in conjunction with all general conditions and exclusions outlined in the Regulations and are not intended for independent use.

1. Insurance Coverage

1.1. Pursuant to the insurance contract established under these Additional Terms, the Insurer extends insurance coverage to the Policy Owner, safeguarding against the risks of temporary incapacity for work resulting from hospitalization of the Insured due to illness or accident. This coverage is subject to the exceptions outlined in the Regulations and these Additional Terms.

2. Amount of Indemnity and Payment Procedure

2.1. Unless otherwise stipulated in the insurance contract, the indemnity amount for the insured, irrespective of their health condition, is provided for a maximum period of 90 days within a year. In case of daily payments, it is provided in the amount up to AZN 150 subject to the condition that the payment does not exceed 70% of the insured's net income

2.2. The following documents are required for processing the indemnity payment:

2.2.1. Copy of the document verifying the identity of the insured (if alive).

2.2.2. Completed application in the prescribed form.

2.2.3. Any other necessary documents required to ascertain the cause and circumstances of the insured event, such as an epicrisis or extract from the medical history.

3. Specific exceptions

3.1. Unless explicitly outlined in the insurance contract, temporary loss of working capacity resulting from the insured person's stay in the hospital shall not be considered as an insured event if it arises due to the following circumstances:

3.1.1. Illnesses and conditions that have existed (or occurred) within 3 years before the date of the insurance contract's execution and have an impact on the occurrence of the insured event.

3.1.2. Cosmetic surgery (except for cosmetic defects caused by an accident).

3.1.3. Preventive medical examinations.

3.1.4. Contraception and sterilization operations.

3.1.5. Examinations related to infertility.

3.1.6. Abortion (unless required for direct medical reasons).

3.2. If an illness or condition influencing the occurrence of an insured event is identified within the period specified in Clause 3.1.1 of these Additional Terms and Conditions, insured events linked to this illness and condition shall not be covered within 24 months from the commencement date of insurance coverage.

Annex 3 to the Life Insurance Regulations

Additional Terms for the insured's temporary incapacity for work arising from a surgical procedure due to illness or accident

These Additional Terms and Conditions serve as an extension to the Life Insurance Regulations (hereinafter referred to as the Regulations) treated in conjunction with all general conditions and exclusions outlined in the Regulations and are not intended for independent use.

1. Insurance Coverage

1.1. Pursuant to the insurance contract established under these Additional Terms, the Insurer extends insurance coverage to the Policy Owner, safeguarding against the risks of the insured's temporary incapacity for work arising from a surgical procedure due to illness or accident. This coverage is subject to the exceptions outlined in the Regulations and these Additional Terms.

№	<i>Types of Surgery</i>	Payment (%) from sum insured
1.	Cerebral tissue	
1.1.	Excision of a significant portion of cerebral tissue	≤100%
1.2.	Excision of the affected area of cerebral tissue	≤75%
1.3.	Stereotaxic ablation of cerebral tissue	≤75%
1.4.	Open biopsy of the affected area of cerebral tissue	≤50%
1.5.	Other open surgical procedures involving cerebral tissue	≤50%
2	Cerebral ventricles and subarachnoid space	
2.1.	Creation of a passage through the cerebral ventricles	≤50%
3	Cranial nerves	
3.1.	Intracerebral dissection of cranial nerves	≤50%
4	Spinal cord and other spinal cord tissues	

4.1.	Partial excision of the spinal cord	≤75%
4.2.	Other open surgical procedures on the spinal cord	≤75%
4.3.	Other injuries to the spinal cord	≤75%
4.4.	Other surgical interventions on the spinal cord	≤50%
4.5.	Operations on the nerve stumps of the spinal cord	≤50%
5	Other parts of the nervous system	
5.1.	Excision of the cervical sympathetic nerve	≤75%
5.2.	Chemical ablation of the sympathetic nerve	≤50%
5.3.	Cryotherapy of the sympathetic nerve	≤50%
5.4.	Thermal ablation of the sympathetic nerve with high-frequency control	≤50%
6	Endocrine system and mammary glands	
6.1.	Pituitary and pineal gland	
6.1.1.	Excision of the pituitary gland	≤75%
6.1.2.	Destruction of the pituitary gland	≤75%
6.1.3.	Other surgical procedures on the pituitary gland	≤75%
6.1.4.	Procedures on the pineal gland	≤75%
6.2.	Thyroid and parathyroid glands	
6.2.1.	Operations on the tissue of the thyroid gland	≤50%
6.2.2.	Other procedures on the parathyroid gland	≤50%
6.3.	Other endocrine glands	
6.3.1.	Gonad removal	≤50%
6.3.2.	Other procedures on the gonad	≤50%
6.3.3.	Adrenal gland excision	≤50%
6.3.4.	Other procedures on aberrant adrenal gland	≤75%
6.3.5.	Other operations on the adrenal gland	≤50%
6.4.	Mammary glands	
6.4.1.	Complete excision of the mammary gland	≤50%

6.4.2.	Restoration of the mammary gland	≤50%
6.4.3.	Other plastic surgeries for the breast	≤50%
7	Eye	
7.1.	Eye pit	
7.1.1.	Reconstructive surgery of eye pit	≤50%
7.1.2.	Eye pit opening	≤50%
7.1.3.	Other procedures on eye pit	≤50%
7.2.	Tear apparatus	
7.2.1.	Creation of a duct between the lacrimal gland and the nasal cavity	≤50%
7.3.	Extrinsic ocular muscles	
7.3.1.	Combined operations on eye muscles	≤50%
7.4.	Cornea and conjunctiva of the eye	
7.4.1.	Surgery of cornea of the eye	≤50%
7.5.	Eye iris and sclera	
7.5.1	Scleral immersion surgery for fixation of the retina	≤50%
7.6.	Anterior chamber and the lens of the eye	
7.6.1.	Prosthetics replacing the lens of an eye	≤50%
7.7.	Eye retina and other eye parts	
7.7.1.	Vitreous body related surgeries	≤50%
8.	Ear	
8.1.	Protrusion and middle ear	
8.1.1.	Restoration of the chain of middle ear bones	≤50%
8.1.2.	Other procedures on the middle ear bones	≤50%
8.2.	Inner ear and eustachian tube	
8.2.1.	Procedures related to the vestibular apparatus	≤50%
8.2.2.	Other ear operations	≤50%
9.	Respiratory System	

9.1.	Pharynx	
9.1.1.	Restoration of the pharynx	≤50%
9.2.	Larynx	
9.2.1.	Larynx Removal	≤50%
9.2.2.	laryngeal reconstruction surgery	≤50%
9.3.	respiratory tract and bronchi	
9.3.1.	partial removal of airway	≤50%
9.3.2.	plastic surgery on the respiratory tract	≤50%
9.3.3.	other open procedures on the respiratory tract	≤50%
9.3.4.	open surgery in airway division	≤50%
9.4.	Lung and Inter-alveolar septum	
9.4.1.	Lung transplantation	≤50%
9.4.2.	Open procedures on the Inter-alveolar septum	≤50%
10.	Oral Cavity	
10.1.	Salivary glands	
10.1.1.	Salivary duct transposition	≤50%
11.	Upper segment of the digestive system	
11.1.	Esophagus, including esophageal hernia	
11.1.1	Esophagus and stomach removal	≤75%
11.1.2	Complete esophagus removal	≤100%
11.1.3	Partial esophagus removal	≤50%
11.1.4.	Excision of the pathologically altered section of the esophagus	≤50%
11.1.5.	Esophageal dissection	≤50%
11.1.6.	Open surgery for esophageal varicose veins	≤50%
11.1.7	Other open procedures on the esophagus	≤50%
11.1.8.	Excision of esophageal lesions using fibro endoscopic method	≤50%

11.2.	Endoscopy of the upper part of the stomach and digestive system	
11.2.1.	Total gastrectomy (complete removal of the stomach)	≤50%
11.2.2.	Partial gastrectomy (partial removal of the stomach)	≤50%
11.2.3.	Surgical extirpation of pathological alterations in the stomach through an open procedure	≤50%
11.2.4.	Stomach plastic surgery	≤50%
11.2.5.	Gastroduodenal anastomosis (joining the stomach and duodenum)	≤50%
11.2.6.	Gastrointestinal anastomosis (connecting the stomach and small intestine)	≤50%
11.3.	Duodenum	
11.3.1.	Duodenectomy (Removal of the duodenum)	≤50%
11.3.2.	Excision of pathological changes in the duodenum through an open procedure	≤50%
11.3.3.	Duodenal ulcer surgery	≤50%
11.3.4.	Other procedures on the duodenum	≤50%
11.4.	Ileum	
11.4.1.	Removal of ileum	≤50%
11.4.2.	Open excision of pathological changes in the ileum	≤50%
12.	Lower part of the digestive system	
12.1.	Intestinum crassum	
12.1.1.	Complete removal of the Intestinum crassum and rectum	≤75%
12.1.2.	Complete removal of the Intestinum crassum	≤50%
12.1.3.	Extensive Resection of the Right section of the Colon	≤50%
12.1.4.	excision of the right half of the colon using alternative methods	≤50%
12.1.5.	resection of the transverse portion of the colon	≤50%
12.1.6.	removal of the left half of the colon	≤50%
12.1.7.	Sigmoid Colectomy	≤50%
12.1.8.	Anastomosis of the Large Intestine	≤50%
12.1.9.	Open Endoscopic Operations on the Large Intestine	≤50%
12.2.	Rectum	
12.2.1.	Rectal Resection	≤75%
12.2.2.	Excision of Pathological Changes in the Rectum	≤50%

13.	Other Abdominal Organs	
13.1.	Liver	
13.1.1.	liver transplantation	≤100%
13.1.2.	partial hepatectomy (partial removal of the liver)	≤75%
13.1.3.	excision of pathological lesions in the liver	≤75%
13.1.4.	liver repair	≤75%
13.1.5.	Liver Dissection	≤50%
13.1.6.	Other Procedures on the Liver	≤50%
13.2.	Biliary Tract	
13.2.1.	Plastic Reconstruction of the Sphincter of Oddi with Access to the Duodenum	≤50%
13.3.	Pancreas	
13.3.1.	Pancreas Transplantation	≤100%
13.3.2.	Complete Pancreas Removal	≤100%
13.3.3.	Removal of the Pancreatic Head	≤75%
13.3.4.	Partial Pancreas Resection	≤75%
13.3.5.	Excision of Pathological Lesions in the Pancreas	≤75%
14.	Heart	
14.1.	Cardiac Septum and Chambers of the Heart	
14.1.1.	heart and lung transplantation	≤100%
14.1.2.	heart transplantation	≤100%
14.1.3.	tetralogy of fallot correction (TOF correction)	≤75%
14.1.4.	atrial inversion surgery for transposition of the great arteries	≤75%
14.1.5.	correction of anomalous pulmonary vein	≤75%
14.1.6.	repair operation for atrioventricular septal defect	≤50%
14.1.7.	repair operation for atrial septal defect	≤50%
14.1.8.	interventricular septal defect repair surgery	≤50%
14.1.9.	repair of other heart septal defects	≤50%
14.1.10	other open procedures on the heart septum	≤50%
14.1.11	closed procedures on the heart septum	≤50%
14.1.12	creation of a channel in the heart valve	≤50%
14.1.13	creation of another channel in the heart	≤50%

14.1.14	atrial reconstruction	≤50%
14.1.15	other operations on the atrial wall	≤50%
14.1.16	other operations on the heart wall	≤50%
14.2.	heart valves and connective structures	
14.2.1.	plastic reconstruction of the mitral valve	≤75%
14.2.2.	plastic reconstruction of the aortic valve	≤75%
14.2.3.	plastic restoration of the tricuspid valve	≤75%
14.2.4.	plastic reconstruction of the pulmonary stump valve	≤75%
14.2.5.	plastic reconstruction of an indeterminate heart valve	≤75%
14.2.6.	open rupture of the heart valve	≤50%
14.2.7.	other open procedures on the heart valve	≤75%
14.2.8.	transluminal therapeutic operations on the heart valve	≤50%
14.2.9	removal of obstruction of a structure connected to the heart valve	≤50%
14.2.10	other operations on the structure connected to the heart valve	≤50%
14.3.	carotid artery	
14.3.1.	Transplantation of the carotid artery with the subcutaneous artery of lower limb	≤75%
14.3.2.	another auto transplantation operation in the carotid artery	≤75%
14.3.3.	Auto transplantation of carotid atria	≤75%
14.3.4.	replacement of carotid artery with a prosthesis	≤75%
14.3.5.	replacement of carotid artery by other methods	≤75%
14.3.6.	connection of the carotid artery and the chest artery	≤75%
14.3.7.	other carotid artery bypass surgery	≤75%
14.3.8.	carotid artery reconstruction surgery	≤50%
14.3.9.	other open surgeries on the carotid artery	≤75%
14.4.	Other Parts of the Heart and Pericardium	
14.4.1.	open procedures on the conduction system of the heart	≤75%
14.4.2.	other open procedures on the heart	≤75%
14.4.3.	other heart operations	≤50%
15.	Arteries and Veins	
15.1.	Large arteries and Pulmonary Artery	
15.1.1.	Open surgery of combined defects in large arteries	≤50%

15.1.2.	bypass operation between aorta and pulmonary artery using tube	≤50%
15.1.3.	another fusion operation of aorta and pulmonary artery	≤50%
15.1.4.	pulmonary artery reconstruction surgery	≤50%
15.2.	Aorta	
15.2.1.	extra-anatomic bypass surgery of the aorta	≤75%
15.2.2.	emergency replacement of aneurysmal segment of the aorta	≤100%
15.2.3.	replacement of aneurysmal segment of the aorta by another method	≤75%
15.2.4.	other emergency bypass surgery of aortic segment	≤100%
15.2.5.	other bypass surgery of aortic segment	≤75%
15.2.6.	plastic restoration of the aorta	≤75%
15.2.7.	other open procedures on the aorta	≤75%
15.2.8.	transluminal operations on the aorta	≤50%
15.3.	Carotid, cerebral, and subclavian arteries	
15.3.1.	carotid artery reconstruction surgery	≤75%
15.3.2.	other open procedures on the carotid artery	≤50%
15.3.3.	operations on aneurysmal segment of the cerebral artery	≤50%
15.3.4.	other operations on the cerebral artery	≤50%
15.3.5.	reconstruction of the subclavian artery	≤50%
15.3.6.	abdominal branches of the aorta	
15.3.7.	renal artery reconstruction	≤50%
15.3.8.	other open procedures on the renal artery	≤50%
15.3.9.	reconstruction of another visceral branch of the abdominal aorta	≤50%
15.3.10	other open procedures on another visceral branch of the abdominal aorta	≤50%
15.4.	Iliac and Femoral Arteries	
15.4.1.	emergency replacement of iliac artery aneurysm	≤75%
15.4.2.	other replacement of iliac artery aneurysm	≤50%

15.4.3.	emergency bypass surgery of the iliac artery	≤50%
15.4.4.	iliac artery reconstruction surgery	≤50%
15.4.5.	emergency replacement of femoral artery aneurysm	≤50%
15.4.6.	other replacement of femoral artery aneurysm	≤50%
15.4.7.	another emergency femoral artery bypass surgery	≤50%
15.4.8.	other femoral artery bypass surgery	≤50%
15.4.9.	femoral artery reconstruction surgery	≤50%
16.	Excretory System	
16.1.	Kidneys	
16.1.1.	Kidney Transplantation	≤100%
16.2.	Bladder Outlet and Prostate Gland	
16.2.1.	Combined abdominal and uterine procedures for preserving the female bladder	≤75%
16.2.2.	Abdominal procedures for preserving the female bladder	≤50%
16.2.3.	Uterine procedures for preserving the female bladder	≤50%
17.	Skin	
17.1.	Skin and subcutaneous tissue	
17.1.1.	Removal of the scalp and neck skin	≤50%
17.1.2.	removal of pathological changes of the skin with microscopic control	≤50%
17.1.3.	hair flap surgery	≤50%
17.1.4.	skin flap surgery	≤50%
18.	Soft tissues	
18.1.	The Pleura of the chest wall and the diaphragm	
18.1.1.	partial rupture of the chest wall	≤50%
18.1.2.	chest wall reconstruction	≤75%
18.1.3.	other operations on the chest wall	≤50%
18.1.4.	open pleural dissection	≤50%
18.1.5.	other open procedures on the pleura	≤50%
18.1.6.	diaphragmatic hernia surgery	≤50%

18.1.7.	other restoration operations on the diaphragm	≤50%
18.1.8.	other operations on the diaphragm	≤50%
18.2.	Peritoneum	
18.2.1.	operations on the intestinum tenue mesentery	≤50%
18.2.2.	operations on the intestinum crassum mesentery	≤50%
18.2.3.	operations on the posterior peritoneum	≤75%
18.2.4.	other operations on the peritoneum	≤50%
18.3.	Fascia knots (trigger points) fascial sleeve	
18.3.1.	Fascia transplantation	≤50%
18.4.	Tendon	
18.4.1.	Tendon Transplantation	≤50%
18.5.	Muscle	
18.5.1.	Muscle Transplantation	≤75%
19.	Bones and Joints of the Skull and Spinal Column	
19.1.	Brain and Facial Bones of the Skull	
19.1.1.	plastic reconstruction of the skull	≤75%
19.1.2.	other operations on the skull	≤50%
19.1.3.	upper jaw fracture repair	≤50%
19.1.4.	repair of fractures of other facial bones	≤50%
19.1.5.	fixation of the facial bone	≤50%
19.2.	lower jaw and temporomandibular joint	
19.2.1.	resection of the lower jaw	≤50%
19.2.2.	fixation of the lower jaw	≤50%
19.2.3.	jaw joint reconstruction surgery	≤75%
19.2.4.	other operations on the temporomandibular joint	≤50%
19.3.	bones and joints of the spine	
19.3.1.	Initial Decompression Operations in the Cervical Spine	≤75%
19.3.2.	Decompression Operations in the Thoracic Part of the Spine	≤75%
19.3.3.	Initial Decompression Operations in the Lumbar Region of the Spine	≤75%

19.3.4.	Decompression procedures in any segment of the spine	≤75%
19.3.5.	primary rupture of the intervertebral disc in the neck	≤50%
19.3.6.	diagnostic dissection of the intervertebral disc in the neck	≤50%
19.3.7.	primary rupture of the thoracic intervertebral disc	≤50%
19.3.8.	diagnostic dissection of the thoracic intervertebral disc	≤50%
19.3.9.	primary rupture of the lumbar intervertebral disc	≤50%
19.3.10.	diagnostic dissection of the lumbar intervertebral disc	≤50%
19.3.11.	intervertebral disc dissection in any part of the spine	≤50%
19.3.12.	initial joining of cervical spine joints	≤75%
19.3.13.	joint joining in another part of the spine	≤75%
19.3.14.	diagnostic fusion of spinal joints	≤50%
19.3.15.	removal of the damaged part of the spine	≤75%
19.3.16.	spinal fracture decompression	≤75%
19.3.17.	spinal fracture repair	≤75%
19.3.18.	denervation of the spinal articular surface of the vertebral	≤75%
19.3.19.	other operations on the intervertebral disc	≤50%
19.3.20.	other operations on the spine	≤75%
20.	Other bones and joints	
20.1.	Complex rehabilitation of hands and feet	
20.1.1.	complex reconstruction of wrist and thumb	≤100%
20.1.2.	another complex reconstruction of the wrist	≤100%
20.1.3.	complex reconstruction of metatarsal and metatarsal bones (anterior part)	≤100%
20.1.4.	complex reconstruction of metatarsal and metatarsal bones (posterior part)	≤100%
20.2.	Bones	
20.2.1.	fracture of the angular curvature of the articular part of the bone	≤50%
20.2.2.	fracture of another articular part of the bone	≤50%
20.2.3.	diaphyseal division of the bone	≤50%
20.2.4.	split leg surgery	≤50%
20.2.5.	another division of the bone	≤50%

20.2.6.	other bone reconstruction	≤75%
20.2.7.	bone marrow transplantation	≤100%
20.3.	Joint	
20.3.1.	cemented hip replacement with prosthesis	≤75%
20.3.2.	replacement of the hip joint with a complete prosthesis (uncemented)	≤75%
20.3.3.	replacement of the hip joint with another complete prosthesis	≤75%
20.3.4.	replacement of the knee joint with a complete prosthesis (cemented)	≤75%
20.3.5.	complete prosthetic replacement of the knee joint without using cement	≤75%
20.3.6.	replacement of the knee joint with another complete prosthesis	≤75%
20.3.7.	joint replacement with another complete prosthesis using cement	≤75%
20.3.8.	joint replacement with another complete prosthesis without the use of cement	≤75%
20.3.9.	replacement of another joint with another complete prosthesis	≤75%
20.3.10.	replacement of the femoral head with a prosthesis using cement	≤75%
20.3.11.	replacement of the femoral head with a prosthesis without the use of cement	≤75%
20.3.12.	replacement of the femoral head with another prosthesis	≤75%
20.3.13.	replacement of the humerus head with prosthesis using cement	≤75%
20.3.14.	replacement of the humerus head with prosthesis without using cement	≤75%
20.3.15.	replacement of the humerus head with other prosthesis	≤75%
20.3.16.	Replacement of another bone joint with a prosthesis using cement	≤75%
20.3.17.	Replacement of another bone joint with a prosthesis without the use of cement	≤75%
20.3.18.	Reconstruction and Replacement of the Joint with a Prosthesis	≤75%

20.3.19.	other joint reconstruction and replacement	≤75%
20.3.20.	other joint reconstruction	≤75%
20.3.21.	placement of the traumatic dislocation of the joint in its original position	≤50%
20.3.22.	Initial Recovery of Trauma with a Plate	≤50%
21.	Combined surgeries	
21.1.	Operations involving multiple systems	
21.1.1.	Upper Extremity Replantation	≤100%
21.1.2.	Lower extremity replantation	≤100%
21.1.3.	Replantation of other organs	≤100%
21.1.4.	Intersystemic transplantation	≤100%
21.1.5.	Prosthetic implantation of any limb	≤75%
21.1.6.	Hand amputation	≤50%
21.1.7.	Leg amputation	≤50%
21.1.8.	Pelvic clearance	≤50%

Amount of Indemnity and Payment Procedure

2.1. The indemnity amount shall be determined based on the percentage rate specified in the insurance contract, depending on the type of surgery conducted, and disbursed as a lump-sum payment.

2.2. The determination of the surgery type, as per the table, or establishing the corresponding indemnity amount in case the surgery type is not listed in the table, shall be undertaken by the insurer. This depends on the documents submitted by the insured and the severity of the surgery.

2.3. The following documents are deemed necessary for processing the indemnity:

2.3.1. Extract from the medical history, including diagnoses (if the treatment was carried out in a hospital).

2.3.2. Extract from the outpatient card, along with diagnoses (if the treatment was carried out on an outpatient basis).

2.3.3. A certificate from a medical institution indicating the diagnosis and treatment dates (if the insured event resulted from an accident).

3. Specific exceptions

3.1. Unless otherwise stipulated in the insurance contract, health loss resulting from the insured's surgical operation shall not be considered an insured event if arising from the following:

3.1.1. Diseases and conditions existing (or suffered) within 3 years before the insurance contract's execution, influencing the occurrence of an insured event.

3.1.2. Cosmetic surgery (excluding cosmetic defects caused by an accident).

3.1.3. Preventive medical examinations.

3.1.4. Contraception and sterilization operations.

3.1.5. Examinations related to infertility.

3.1.6. Artificial termination of pregnancy and other related surgical operations (unless for direct medical reasons).

3.2. If a disease or condition that leads to an insured event is diagnosed within the timeframe specified in Clause 3.1 of these Additional Terms, any insured events related to such diseases or conditions will not be covered for a period of 24 months from the start date of the insurance coverage.