RULES No. 3
OF VOLUNTARY ACCIDENT AND HEALTH INSURANCE DURING FOREIGN TRAVELS
(as revised by Order No. 3-пр dated 24.02.2025
and amended by
Order No. 7-пр dated 21.03.2025 and Order No. 29-пр dated 08.10.2025)

Chapter 1. GENERAL PROVISIONS

1. In accordance with the laws of the Republic of Belarus and Rules No. 3 for Voluntary Accident and Health Insurance During Foreign Travels (hereinafter referred to as the "Rules), Belarusian Republican Unitary Insurance Company "Belgosstrakh" (hereinafter referred to as the "insurer") enters into contracts on voluntary accident and health insurance during foreign travels (hereinafter referred to as "insurance contracts) with persons specified in clause 4 hereof (hereinafter referred to as "policyholder").

2. Key terms used in the present Rules include:

an accident is a sudden, unforeseen, and unintentional event which occurs to an insured person during the term of an insurance contract and is accompanied by injuries, wounds, mutilations or other health damage that results in health problems or death of an insured person;

an illness is an unexpected change in the physical state of an insured person that poses a threat to their health and/or life and requires urgent and emergency medical care and/or medical repatriation;

a chronic disease is a disease characterized by an established clinical diagnosis, prolonged course, remissions, relapses, and exacerbations, whose symptoms emerged and/or caused an insured person to seek medical attention prior to signing an insurance contract;

chronic disease exacerbation is a stage in the course of a chronic disease characterized by an increase in existing symptoms or the appearance of new ones in the insured person.

urgent and emergency medical care is a combination of medical services provided when an insured person suffers acute deterioration of health that poses a threat to their life or health of other people, or when an insured person's state requires urgent medical intervention, including urgent (emergency) surgical interventions (in the event of accidents, injuries, poisonings, and other medical emergencies and acute (serious) conditions), until threat to life has been eliminated and/or an insured person has been made fit for transportation that allows for medical repatriation, if appropriate;

medical evacuation is medical transportation to the nearest specialized medical institution which is performed in the event when provision of medical

care to an insured person, whose life is under threat, is not possible at the current location;

medical repatriation is a system of treatment and evacuation activities aimed at transporting an insured person from a medical institution in the country of such person's current whereabouts to a medical institution in the country of such person's permanent residence for further treatment, along with emergency medical care provided to such person during transportation, if appropriate;

dental care is a combination of medical services provided for diseases (conditions) which are classified as diseases of oral cavity, salivary glands and jaws (K11) (K00–K14, Chapter XI) under the Tenth International Statistical Classification of Diseases and Related Health Problems (ICD-10). Under the present Rules, provision of medical care for other diseases (conditions) is regarded on general terms as part of urgent and emergency medical care;

emergency dental care is a pain-relieving treatment in the event of an injury and/or acute inflammation of a natural tooth or tissues around it, which makes part of dental care that includes the following services: dental examination, X-ray, anaesthesia, dissection of inflamed tissue, drainage, haemostasis, tooth removal, and tooth filling;

an urgent (emergency) surgical intervention is a surgical operation performed immediately after diagnosing or within 48 hours after diagnosing, when non-performance of such operation poses a threat to a person's life;

legal assistance is professional services provided by appropriately licensed organisations or individuals (lawyers) when an insured person is getting claims under the current civil, administrative or criminal laws of the country of such person's stay, as a result of damage caused to such person's life or health due to an accident or illness;

medical institution is a medical organisation or a doctor having a special permit to provide medical care (medical services) obtained in compliance with the requirements of the country where medical care is provided to an insured person;

an **assistance service is an organisation that, bas**ed on an agreement with the insurer, acts as its representative abroad and, in accordance with such agreement, arranges the provision of medical services to an insured person (or provision of medical services to another person related to the occurrence of an insured event to an insured person) and/or pays for medical and/or other assistance in the territory covered by an insurance contract upon the occurrence of an insured event;

a family member is a husband (wife), as well as close relatives;

close relatives include a husband (wife), parents (including adoptive parents), children (including adopted children), biological siblings, grandparents, and grandchildren;

active recreation is sports tourism, mountain climbing, rock climbing, caving, riding a mountain bike, motor bike, motorcycle, scooter, self-balancing scooter, segway, electric scooter, all-terrain vehicle/quad bike, jet ski, underwater scooter, snowmobile, skiing, snowboarding, skateboarding, hunting, safari, kiting, surfing, windsurfing, kitesurfing, skydiving, paragliding, hang gliding, hot air ballooning, water skiing, car racing, motorcycle racing, rafting, geocaching, kayaking, arm wrestling, diving, participating in medieval combat tournaments, and aerostation;

training is a systematic, organized, and purposeful process of transferring knowledge, skills, abilities, and social experience from a trainer to a trainee;

country of permanent residence of an insured person is a foreign state whose citizenship an insured person possesses; foreign state in which an insured person has the right of permanent residence based on officially issued documents (residence permit, green card, etc.); foreign state in which an insured person does not have the right of permanent residence based on officially issued documents (residence permit, green card, etc.), but which has been an insured person's place of residence for more that 1 (one) year, and, at the insurer's request, an insured person cannot provide confirmation that their stay in such country is associated with employment (employment agreement, contract, civil law contract), official trip, training or staying abroad with a family member whose going abroad is associated with employment (employment agreement, contract, civil law contract), training or official trip.

If an event occurred within a foreign state, whose citizenship an insured person possesses, it can qualify as an insured event on the condition that the insurer is provided official documents confirming that such country is not an insured person's country of permanent residence. Such documents may include a residence permit in the Republic of Belarus; document confirming consular registration of an insured person as a citizen permanently residing abroad.

3. Insurance parties include insurer, policyholder, insured person, and a beneficiary.

4. The following individuals/legal entities that entered into an insurance contract with the insurer and paid (are paying) an insurance premium under such contract can be **policyholder**:

4.1 individuals;

4.2 organisations (including foreign and international ones), the Republic of Belarus and its administrative and territorial units, and foreign states (hereinafter referred to as "organisations");

4.3 individual entrepreneurs.

5. An insured person can be an individual whose property interests related to damage caused to their life or health during their stay abroad are an object of insurance.

By entering into an insurance contract, an insured person releases the doctors from an obligation to maintain doctor-patient confidentiality when interacting with the insurer (assistance service).

6. Beneficiary is a medical institution or another legal entity/individual that provided medical, or other, assistance (services, works, goods) to an insured person who experienced an insured event, or a legal entity/individual that paid, under the terms of an insurance contract, for medical, or other, assistance (services, works, goods) to an insured person who experienced an insured event.

Under subclause 8.2 of clause 8 of the present Rules, in case of occurrence of an insured event, a beneficiary is an insured person; and in the event of death of an insured person, beneficiaries are such person's successors.

If a beneficiary is an underage person, insurance indemnity is paid to such person or its legal representative in compliance with the laws of the Republic of Belarus.

Chapter 2. OBJECT OF INSURANCE INSURED EVENTS

7. Depending on the insurance program, objects of insurance are property interests, not inconsistent with the laws of the Republic of Belarus, related to:

damage caused to the life or health of an insured person during their stay abroad that resulted in such person (beneficiary) incurring the costs of urgent and emergency medical care and/or other assistance;

damage caused to the life or health of an insured person during their stay abroad.

8. Under the present Rules, an insured event is:

8.1 damage caused to the life or health of an insured person as a result of an accident or illness during their stay abroad and during the term of an insurance contract which resulted in an insured person (beneficiary) incurring costs related to the:

provision of urgent and emergency medical care to an insured person (clause 12 hereof);

provision of medical transportation assistance (clause 13 hereof);

death of an insured person (clause 14 hereof).

searching and rescuing an insured person, if there are grounds to believe that such person is in distress (clause 15 hereof, except the Tourist insurance program);

other services that were deemed necessary upon the occurrence of an insured event (clause 16 hereof);

8.2. under the Maximum insurance program, an insured event additionally includes damage caused to the life or health of an insured person as a result of an accident that occurred and caused, during their stay abroad and during the term of an insurance contract, health problems and/or death of an insured person; an

accident that occurred during an insured person's stay abroad and during the term of an insurance contract and caused an insured person's disability and/or death within a year after the occurrence.

9. Insured events do not include events related to causing damage to the life or health of an insured person that resulted from:

9.1. accidents, illnesses, or their complications and/or consequences that:

9.1.1. resulted from consumption by an insured person of alcoholic beverages, narcotic substances, psychotropic substances or their equivalents, toxic and other intoxicating substances, if there is a direct causal link between such consumption and an insured person's state (except when an insured person's state of intoxication developed against their will as a result of medical procedures (treatment) or unlawful deliberate acts by third parties);

9.1.2. occurred prior to the effective date of an insurance contract, except for exacerbations of chronic diseases during the term of an insurance contract (insurance coverage), provided that such exacerbations are unrelated to the circumstances (including diseases) specified in other subclauses of this clause (costs shall be covered (reimbursed) within the limits provided in clause 11 hereof);

9.1.3. resulted from unfinished treatment that was discontinued prior to the effective date of an insurance contract; non-compliance with medical regimen; non-compliance with doctor's recommendations, including contraindications to travel;

9.1.4. resulted from an insured person's attempted suicide, or in the event of their death by suicide, except when such person has been driven to such state by unlawful acts by third parties;

9.1.5. resulted from an insured person committing an unlawful act which is classified as a criminal offence under the laws of the country of their stay and is confirmed by competent authorities;

9.1.6 resulted from an insured person driving a vehicle without an appropriate license (except persons undergoing driver training (retraining)); or driving a vehicle under the influence of alcohol or narcotic substances, psychotropic substances or their equivalents, toxic and other intoxicating substances; or voluntarily handing over control of a vehicle to a person without an appropriate license, or under the influence of alcohol or narcotic substances, psychotropic substances or their equivalents, toxic and other intoxicating substances;

9.1.7. occurred during an insured person's stay abroad with the purpose of (if such circumstance has not been taken into account by the insurer when calculating an insurance premium, because such stay implies a higher premium compared to that specified in an insurance contract): performing works (engaging in business activities in a foreign state which are unrelated to an official trip

assigned to an insured person by their employer which is a tax resident of the Republic of Belarus); participating in sports (except intellectual sports) competitions (marathons, championships, training camps, etc.), dance festivals (championships, contests, etc.); other purposes different from those specified in an insurance contract;

9.1.8. occurred during active recreation and/or at a ski resort (if such circumstance has not been taken into account by the insurer when calculating an insurance premium, because engaging in active recreation and/or staying at a ski resort implies a higher premium compared to that specified in an insurance contract);

9.1.9. occurred after the expiration of an insurance contract (after an insured person's stay abroad, after the expiration of insurance protection), including related to complications and/or consequences of an illness and/or accident for which emergency medical care was provided during the term of an insurance contract (except for the insured event specified in subclause 8.2 of clause 8 hereof: an insured person's disability and/or death within a year after the occurrence of an accident qualified as an insured event);

9.1.10. occurred in a country which is not covered by an insurance contract, the Republic of Belarus, or the country of permanent residence of an insured person;

9.1.11. occurred to a person insured under the "Tourist" insurance program during such person's stay abroad:

- with the purpose other than touristic, as well as due to study, work, official trip, participating in sport competitions (marathons, championships, training camps, etc.), dance festivals (championships, contests), staying abroad with a family member who went to the foreign state for work, official trip;

- within a country (group of countries) specified in an insurance contract, if an insured person's stay in such country (group of countries) has commenced prior to the effective date of an insurance contract, unless otherwise agreed by the parties;

- while engaging in active recreation, such as mountain climbing, rock climbing, and caving;

9.1.12. occurred to a person insured under the Standard insurance program:

- during their stay abroad unrelated to the performance of their employment (professional, etc.) duties as an international driver and/or freight forwarding agent employed by a carrier which is a tax resident of an EAEU state (for insurance contracts that only provide coverage during a driver's (freight forwarding agent's)) staying abroad for the purpose of performing their employment (professional, etc.) duties;

- on the 31st or subsequent day of uninterrupted stay abroad, unless otherwise provided by an insurance contract and/or the present Rules;

9.1.13. occurred under the circumstances which are viewed as important factors in determining the probability of occurrence of an insured event, which have been known to a policyholder, but have not been communicated to the insurer, and therefore not taken into account by the insurer when calculating an insurance premium;

9.2. the following diseases, conditions, their complications and/or consequences, except cases specified in clause 10 hereof:

9.2.1. mental disorder or behavioral disorder classified as injuries and diseases caused by mental disorders, including epileptic seizures (F00–F99, Chapter V), under the Tenth International Statistical Classification of Diseases and Related Health Problems (ICD-10);

9.2.2. acquired immunodeficiency syndrome (AIDS), HIV, acquired immunodeficiency of unknown origin, chronic hepatitis B, chronic hepatitis C, liver cirrhosis;

9.2.3. venereological diseases and/or other sexually transmitted diseases (infections);

9.2.4. oncological diseases;

9.2.5. hematological cancers;

9.2.6. tuberculosis, sarcoidosis, and mucoviscidosis, regardless of clinical form or stage;

9.2.7. systemic connective tissue diseases, non-differentiated collagenoses, rheumatoid arthritis, Bekhterev's disease, autoimmune diseases (conditions);

9.2.8. abortion, vacuum aspiration, pregnancy, childbirth, except cases specified in subclauses 12.4–12.6 hereof;

9.2.9. orthodontic problems; repairs of prosthetic dentures, braces, dental implants; depulped tooth restoration;

9.2.10. acute and chronic radiation sickness;

9.2.11. chronic skin diseases, including psoriasis, neurodermitis, eczema, detrmatitis;

9.2.12. chronic liver failure and chronic kidney failure that require hemodialysis or other extracorporeal treatments;

9.2.13. sunstrokes, sunburns, and other acute skin damage due to ultraviolet radiation, except when occurring in insured persons that are 16 years old or younger;

9.2.14. mycoses, including nail mycoses;

9.2.15. helminth infection, lice infestation, scabies.

10. The insurer shall cover the costs related to the diseases (including conditions, complications, and consequences caused by such diseases) specified in subclauses 9.2.4–9.2.7 hereof only if the disease has been first diagnosed during the term of an insurance contract and during an insured person's stay abroad, and only for one insured event for each disease. In all other cases, costs

shall not be covered (reimbursed) by the insurer. The insurer shall only cover the costs of providing urgent and emergency medical care (clause 12 hereof) and medical transportation assistance (subclauses 13.1–13.4 hereof) to an insured person. Other costs, including costs related to medical repatriation (clause 13.5 hereof), death (clause 14 hereof), and other services (clause 16 hereof), shall not be covered (reimbursed) by the insurer. Costs of any subsequent event related to an already diagnosed disease shall not be covered (reimbursed) by the insurer.

The insurer shall cover the costs related to the diseases (including conditions, complications, and consequences caused by such diseases) specified in subclauses 9.2.1–9.2.3, 9.2.10–9.2.15 hereof only if the existence of a diagnosis is not known to the insurer and an insured person, and only in the amount of costs of providing urgent and emergency medical care (clause 12 hereof) and medical transportation assistance (subclauses 13.1–13.4 hereof) to an insured person prior to the diagnosis. Other costs, including costs related to medical repatriation (clause 13.5 hereof), death (clause 14 hereof), and other services (clause 16 hereof), shall not be covered (reimbursed) by the insurer. Costs of urgent and emergency medical care and medical transportation assistance following the diagnosis shall not be covered (reimbursed) by the insurer. The insurer shall not cover (reimburse) the costs paid by an insured person (beneficiary), regardless of the amount of such costs, related to the diseases (including conditions, complications, and consequences caused by such diseases) specified in subclauses 9.2.1–9.2.3, 9.2.10–9.2.15 hereof, including the costs of urgent and emergency medical care (clause 12 hereof) and medical transportation assistance (subclauses 13.1–13.4 hereof) provided prior to the diagnosis.

11. The total amount of insurance indemnity under an insurance contract related to the provision of urgent and emergency medical care (clause 12 hereof), medical transportation assistance (clause 13 hereof), and death (clause 14 hereof) for all events related to chronic diseases (including conditions, complications, and consequences of caused by such diseases) shall not exceed 10% of the insurance amount for an insured person during the entire term of an insurance contract, and for the VIP insurance program, 20% of the insurance amount for an insured person.

The total amount of insurance indemnity under an insurance contract related to the provision of urgent and emergency medical care (clause 12 hereof), medical transportation assistance (clause 13 hereof), and death (clause 14 hereof) for all events related to repeated myocardial infarctions and repeated acute cerebrovascular disorders that occurred abroad during the term of an insurance contract shall not exceed 10% of the insurance amount for an insured person during the entire term of an insurance contract.

12. Upon the occurrence of an insured event, the insurer shall cover the following costs of providing urgent and emergency medical care:

12.1. costs of urgent and emergency medical care provided to an insured person in outpatient and/or inpatient setting, including performance of clinical diagnostic tests, resuscitation procedures, urgent (emergency) surgical interventions, and other medical services (depending on the nature and severity of each case) that are deemed necessary in terms of urgent and emergency medical care;

12.2. costs of purchasing medicines, dressing and immobilization materials, standard auxiliary individual tools for patient mobility that are deemed necessary for the provision of urgent and emergency medical care to an insured person;

12.3 costs of emergency dental care provided to a person insured under:

Standard insurance program, in the amount not exceeding 100 EUR/USD (depending on the currency of insurance amount) for an insured person and only for one event that occurred to an insured person during the term of an insurance contract;

Bank & Travel and Maximum insurance programs, in the amount not exceeding 250 EUR/USD (depending on the currency of insurance amount) for an insured person during the entire term of an insurance contract, regardless of the number of visits;

VIP insurance program, in the amount not exceeding 800 EUR/USD (depending on the currency of insurance amount) for an insured person during the entire term of an insurance contract, regardless of the number of visits.

Costs of non-emergency dental care shall not be covered (reimbursed) by the insurer.

Costs of emergency dental care are not covered (reimbursed) under the Tourist insurance program.

12.4. costs of urgent and emergency medical care provided to an insured woman in the event of an abortion or vacuum aspiration which resulted from spontaneous miscarriage or accident, if there was a threat to such woman's life;

12.5. costs of urgent and emergency medical care provided to an insured woman in relation to a normal or abnormal pregnancy, or abnormal labor, if there was a threat to such woman's life;

12.6. costs of urgent and emergency medical care provided to a premature infant (born before 37 weeks) born as a result of an accident to a woman insured under the Maximum or VIP insurance program; and for the Standard insurance program, only if an appropriate adjustment factor established by the insurer's local legal act has been applied by the insurer when calculating an insurance premium. Such costs are not covered (reimbursed) under the Tourist and Bank & Travel insurance programs;

12.7. costs of urgent and emergency medical care provided to an insured person during medical repatriation.

13. Upon the occurrence of an insured event, the insurer shall cover the following costs of providing medical transportation assistance to an insured person:

13.1. costs of medical evacuation of an insured person for the purpose of providing urgent and emergency medical care to such person;

13.2. costs of dispatching a doctor to an insured person for the purpose of providing urgent and emergency medical care to such person;

13.3. costs of dispatching a doctor to an insured person, if currently provided treatment is of no effect and the patient is unfit for transportation;

13.4. costs of medical evacuation of an insured person to another medical institution or dispatching a doctor from another medical institution, but only with full prior consent of the insurer (otherwise, such costs shall not be covered (reimbursed) by the insurer).

The insurer retains the right to make a decision regarding the transportation of an insured person to a medical institution or dispatching a doctor to such person's current location for the purpose of providing urgent and emergency medical care to such person. An insured person may use the services of a carrier, including a taxi, to be transported to a medical institution to receive urgent and emergency medical care. In that event, mode of transportation shall be determined by the insurer.

For persons insured under the Maximum, Bank & Travel, or VIP insurance program, the insurer shall cover the costs of transportation of an insured person from a medical institution to their place of temporary residence, including by taxi. In that event, mode of transportation shall be determined by the insurer.

Such costs shall only be reimbursed if an insured person required urgent and emergency medical care following the occurrence of an insured event;

13.5. costs of medical repatriation.

The insurer retains the right to make a decision regarding the repatriation of an insured person, if, based on attending doctor's report, such person has been made fit for transportation that allows for medical repatriation, if appropriate. To assess the physical condition of an insured person, who, according to their attending doctor, is fit for medical repatriation, the insurer may send its representative to the medical institution, where an insured person has been admitted, to make a decision regarding the possibly and necessity of medical repatriation.

In the event of medical repatriation to the Republic of Belarus, the insurer shall cover the costs of repatriation both outside and within the Republic of Belarus to the nearest state-run healthcare facility, which specializes in treating an insured person's disease, for further inpatient treatment. For persons insured

under the Maximum or VIP insurance program, with consent of a medical institution and insured person (or their legal representative, if an insured person is unable to make decisions due to their condition), the insurer shall cover the costs of medical repatriation to a state-run medical institution at an insured person's place of residence in the Republic of Belarus, or to a medical institution in Minsk, which specializes in treating an insured person's disease, for further inpatient treatment.

If an insured person, who is a foreign citizen, is repatriated to a country different from the Republic of Belarus, the insurer shall cover the costs of repatriation to the border of a foreign state, whose citizenship such person possesses. With the insurer's consent, an insured person can be repatriated to the border of the country of such person's permanent residence.

Costs incurred after medical repatriation of an insured person to the location provided in this subclause, including costs of post-repatriation treatment, shall not be covered (reimbursed) by the insurer.

Based on the physical condition of an insured person, the insurer shall, at its own discretion, determine if such person needs to be accompanied by a healthcare professional(s) or other person. The insurer shall, at its own discretion, determine mode of transportation and travel class, based on the physical condition of an insured person and duration and cost of a trip.

If an insured person is repatriated with an accompanying person(s), the insurer shall cover the costs related to such accompanying person(s), including travel costs (round trip) and accommodation and meals while waiting for the departure. In that event, the insurer shall, at its own discretion, determine mode of transportation, flight number, travel route, travel class, and address and type of accommodation for an accompanying person(s).

If medical repatriation costs have not been agreed with the insurer in advance as provided in clause 58 hereof, costs related to an insured event shall only be covered (reimbursed) if the insurer approves such medical repatriation and within the limits specified below (both for an insured person and accompanying person), and the insurer may, at its own discretion, limit the number of accompanying persons whose costs are to be covered (reimbursed):

- round-trip travel costs in the amount not exceeding 200 EUR/USD (depending on the currency of insurance amount) for 1 (one) person (for an insured person, only one-way travel costs shall be covered (reimbursed));

- accommodation and meals while waiting for the departure in the amount not exceeding 100 EUR/USD (depending on the currency of insurance amount) per day for 1 (one) person, but no longer than 5 (five) days.

An insured person or — if an insured person is underage, fully or partially incapacitated, or in a condition (coma, loss of speech, etc.) that prevents them from making their own decisions — their legal representative or close relative

may refuse from medical repatriation. Refusal from medical repatriation shall be sent to the insurer in writing, including by email or via SMS message, or communicated by phone, provided that such phone conversation is recorded and makes it possible to establish that the refusal has been made by an insured person or their legal representative, or close relative.

After the insurer's receipt of the refusal from medical repatriation, all further costs shall be paid by an insured person (beneficiary) and shall not be covered (reimbursed) by the insurer.

14. Upon the occurrence of an insured event, the insurer shall cover the following costs related to an insured person's death:

14.1. costs of performing a clinical autopsy in the country of insured event;

14.2. costs of cremation, only provided that such costs have been agreed between an insured person's relatives and the insurer in advance (prior to cremation) and an insured person has no close relatives living in the country of insured event. Costs of funeral arrangements (wreaths, religious funeral service, viewing, etc.) and interment shall not be covered (reimbursed) by the insurer.

14.3. costs of repatriation of an insured person's body (body remains) from the country of insured event:

14.3.1. to the Republic of Belarus. With consent of an insured person's relatives obtained by the insurer before the repatriation, to a settlement in the Republic of Belarus where the internment of the body (body remains) shall be held;

14.3.2. if an insured person is a foreign citizen and the internment of the body (body remains) shall be held outside the Republic of Belarus, to the border of a foreign state, whose citizenship an insured person possesses. With the insurer's consent, the body (remains) can be repatriated to the border of an insured person's country of permanent residence.

Costs of repatriating the body (body remains), besides transportation costs, include the following costs (provided that an insured person has no close relatives living in the country of insured event, otherwise such costs shall not be covered (reimbursed) by the insurer):

- costs of body storage while waiting for international transportation;
- costs of preparing the body for international transportation (autopsy, embalming);
- costs of purchasing appropriate clothing for international transportation of the body (body remains);
- costs of purchasing a coffin (funeral urn) for international transportation.

The insurer shall, at its own discretion, determine mode of transportation, transportation route, and organisation(s) to provide services (works, goods) related to the cremation and/or repatriation of the body (body remains). The insurer shall reimburse the costs of preparing the body for international

transportation (autopsy, embalming), purchasing appropriate clothing for international transportation of the body (body remains), and purchasing a coffin (funeral urn), provided that such costs have been incurred in the country of an insured event, otherwise the insurer may refuse to cover (reimburse) such costs.

In preparing the body (body remains) for international transportation, the insurer shall be guided by transportation rules, requirements of the national legislation of the country of an insured event, and accepted norms of international law. The insurer may refuse to cover (reimburse) the costs of preparing the body to international transportation, purchasing appropriate clothing for international transportation, and purchasing a coffin (funeral urn) in the amount exceeding the average costs of international transportation of the body (body remains).

In the event of an insured person's death, the insurer shall communicate with corresponding public authorities for the purpose of preparing documents related to the repatriation of an insured person's body (body remains) and cover the costs of obtaining permits (documents) required for international transportation.

In the event of death of an insured person, who has no legally competent relatives, or if the insurer failed to obtain consent for repatriation of an insured person's body (body remains) from an insured person's relative, the insurer shall make decisions and incur costs within the amounts specified in an insurance contract for repatriation or internment of the body (body remains) in the country of insured event, while consulting the Ministry of Foreign Affairs of the Republic of Belarus and/or a public authority of a country, whose citizenship an insured person possessed;

14.4. costs of internment in the country of insured event, provided that such costs have been paid independently. The insurer shall reimburse the above-listed costs for an insured person, including all costs related to an insured person's death (except costs specified in subclause 14.1 of clause 14 of the present Rules) in the amount not exceeding 1,000 EUR/USD (depending on the currency of insurance amount); and for persons insured under the VIP insurance program, in the amount not exceeding 1,500 EUR/USD (depending on the currency of insurance amount). Costs specified in subclause 14.1 of clause 14 of the present Rules shall be covered (reimbursed) on a separate basis. If the insurer receives an application for coverage (reimbursement) of internment costs, the insurer shall not cover (reimburse) costs related to an insured person's death specified in subclauses 14.2–14.4 of clause 14 of the present Rules exceeding 1,000 EUR/USD (depending on the currency of insurance amount); and for persons insured under the VIP insurance program, exceeding 1,500 EUR/USD (depending on the currency of insurance amount). Under no circumstances shall the insurer cover (reimburse) the costs of internment, if the country of insured event was the country of citizenship or country of permanent residence of a deceased insured person.

Costs related to an insured person's death (clause 14 of the present Rules) shall only be covered (reimbursed) if such costs have been agreed with the insurer in advance as provided in clause 58 of the present Rules. If said costs have not been agreed with the insurer, such costs shall only be covered (reimbursed) in the amount deemed necessary and reasonable by the insurer. In that event, the insurer may cover (reimburse) said costs at a local average cost charged at the location where such services (works, goods) have been provided (local average cost of a specific service (works, goods) is determined by the insurer at its own discretion based on the data provided by an assistance service or organisation(s) providing such services (works, goods) in the country of insured event, as of the date of the insurer's request).

15. Upon the occurrence of an insured event, the insurer shall cover the following costs of searching and rescuing an insured person, if there are grounds to believe that such person is in distress (such costs are not covered (reimbursed) under the Tourist insurance program):

15.1. costs of search and rescue operations;

15.2. costs of using special technical means, including search helicopters and sea vessels.

The total amount of insurance indemnity for search and rescue costs (clause 15 of the present Rules) shall not exceed 10% of the insurance amount established for an insured person during the entire term of an insurance contract. The amount of insurance indemnity for search and rescue costs (clause 15 of the present Rules) during an insured person's participation in a Belarusian Arctic and/or Antarctic expedition shall not exceed the amount of the insurance amount established for such insured person.

Search and rescue costs shall only be covered (reimbursed) if such costs have been agreed with the insurer in advance as provided in clause 58 of the present Rules. If said costs have not been agreed with the insurer, such costs shall only be covered (reimbursed) in the amount deemed necessary and reasonable by the insurer. In that event, the insurer may cover (reimburse) said costs at a local average cost charged at the location where such services have been provided (local average cost of a specific service is determined by the insurer at its own discretion based on the data provided by an assistance service or organisation(s) providing such services in the country of insured event, as of the date of the insurer's request).

16. Upon the occurrence of an insured event, the insurer shall additionally cover the following costs:

16.1. costs of returning to the Republic of Belarus of insured person's underage children (up to 18 years old) (including adopted children), underage or legally incapacitated persons under insured person's care, or partially incapacitated (due to a mental disorder (illness)) persons under insured person's

care, who were staying abroad with an insured person and, as a result of an insured event, have been left unattended and cannot stay abroad on their own.

Said costs cover a ticket fare to the Republic of Belarus, as well as accommodation and meals while waiting for the departure.

The insurer shall, at its own discretion, determine mode of transportation, flight number, travel route, travel class, and address and type of accommodation.

If said costs have not been agreed with the insurer in advance as provided in clause 58 of the present Rules, such costs shall only be covered (reimbursed) if deemed necessary and reasonable by the insurer and within the following limits:

- travel costs in the amount not exceeding 200 EUR/USD (depending on the currency of insurance amount);

- accommodation and meals while waiting for the departure in the amount not exceeding 100 EUR/USD (depending on the currency of insurance amount) per day, but no longer than 5 (five) days;

In any case, the insurer shall only cover the costs of travel, accommodation, and meals for a returning person if such costs have been incurred after an insured event. The insurer shall not cover (reimburse) costs incurred before an insured event.

The insurer limits the number of accompanying persons for a returning person to one close relative (legal representative or other person). If a returning person travels with an accompanying person, the insurer shall cover the costs related to an accompanying person, including round-trip travel costs and accommodation and meals while waiting for the departure. In that event, the insurer shall, at its own discretion, determine mode of transportation, flight number, travel route, travel class, and address and type of accommodation for an accompanying person. Costs shall only be reimbursed for 1 (one) accompanying person.

If accompanying person's costs have not been agreed with the insurer in advance as provided in clause 58 hereof, costs related to an insured event shall only be covered (reimbursed) if the insurer deems an accompanying person necessary and within the limits specified below (costs shall only be reimbursed for 1 (one) accompanying person):

- round-trip travel costs in the amount not exceeding 200 EUR/USD (depending on the currency of insurance amount);

- accommodation and meals while waiting for the departure in the amount not exceeding 100 EUR/USD (depending on the currency of insurance amount) per day, but no longer than 5 (five) days;

16.2. costs of arriving and staying in the country of insured event for one close relative or legal representative of an underage insured person, if such insured person is staying abroad unaccompanied by a close relative (legal representative) or has been left unattended by a close relative (legal

representative), in the event that, following the occurrence of an insured event, an underage insured person has been admitted to hospital to receive urgent and emergency medical care.

Said costs include: round-trip travel costs for a close relative or legal representative of an underage insured person, their accommodation and meals abroad during an underage insured person's stay in hospital and/or while waiting for the departure to return home with an underage person, but no longer than 5 (five) days. The insurer shall, at its own discretion, determine mode of transportation, flight number, travel route, travel class, and address and type of accommodation. Costs shall only be reimbursed for 1 (one) accompanying person.

If said costs have not been agreed with the insurer in advance as provided in clause 58 of the present Rules, such costs shall only be covered (reimbursed) if deemed necessary and reasonable by the insurer and within the following limits (costs shall only be reimbursed for 1 (one) person):

- round-trip travel costs in the amount not exceeding 200 EUR/USD (depending on the currency of insurance amount);

- accommodation and meals while waiting for the departure in the amount not exceeding 100 EUR/USD (depending on the currency of insurance amount) per day, but no longer than 5 (five) days;

These expenses shall not be covered (reimbursed) in the event that they have been covered under subclause 13.5 of clause 13 hereof;

16.3. for insured woman stay in a hotel or healthcare institution together with her preterm baby (in case of childbirth earlier than on 37th week) due to an accident with a baby but not more than USD/EUR 100 (depending on the insured amount currency) per day during the period of emergency medical care for baby – in case of insurance of a woman under Maximum or VIP insurance program, and in case of insurance under Standard insurance program only provided that the insurer has applied a required adjustment factor when calculating the premium for the insured woman, which implies paying for the expenses under subclause 12.6 of clause 12 of these Rules. Such costs are not covered (reimbursed) under the Tourist and Bank & Travel insurance programs;

16.4. for stay of one of the parents (other legal representative) abroad in a ward together with an insured child under or of the age of three (3) years old due to insured accident with the child during the period of emergency medical care for the child which cost are covered by the insurer under clause 12 of these Rules;

16.5. for legal assistance provided in a country where the insured accident has occurred to protect the interests of the insured person (their legal representative, heir) in connection with any claims against this person in that country due to an event that occurred with the insured person and recognised as the insured accident – in general for the insured person for the entire term of the

insurance contract in the amount up to EUR/USD 1,500 (depending on the insured amount currency), and in case of insurance under VIP insurance program – in general for the insured person for the entire term of the insurance contract in the amount up to EUR/USD 2,500 (depending on the insured amount currency). These expenses shall not be covered (reimbursed) under Tourist insurance program;

16.6. for telecommunication of the insured person (their legal representative, near relative) being in a country where the insured accident has occurred with the insurer, assistance, public bodies, healthcare institutions, other organisations for receiving any aid in connection with the insured event in the country this event has occurred, coordinating actions with the insurer (assistance) – subject to provision to the insurer of the complete breakdown sealed (stamped) by the appropriate organisation and containing information about date, time, duration, cost of communication services, called party. These expenses shall not be covered (reimbursed) under Tourist insurance program;

16.7. expenses for translation of medical documents concerning the event acknowledged to be the insured event covered by the insured person (beneficiary) at own expense in the country where the medical document is issued – in case of insurance under VIP insurance program. These expenses shall not be covered (reimbursed) under Standard, Maximum, Bank & Travel or Tourist insurance programs;

Insurance indemnity amounts under the insurance contract for the expenses provided for under clause 16 hereof may not exceed in aggregate 10% of the insured person's insured amount for the insured person for the entire term of the insurance contract under , and in case of insurance under VIP insurance program – 20% of the insured amount for the insured person.

17. The insurer shall not cover (reimburse) under insurance contract any expenses incurred (suffered) for:

17.1. provision of emergency medical care due to insured event (clause 12 of these Rules), medical transportation services (subclauses 13.1 to 13.4 of clause 13 of these Rules) independently without pre-approval by the insurer in accordance with the procedure provided for in clause 58 of these Rules in the amount of EUR/USD 200 (depending on the insured amount currency) in aggregate for the event (accident) irrespective of the insurance program;

17.2. treatment, examination, purchasing of medicines, other aid (services, works, goods) related to chronic diseases (including their exacerbation), except for the cases where such expenses fall within the terms of clauses 10 and 11 of these Rules;

17.3. medical services provided to the insured person by a healthcare institution that does not hold any qualifying licence;

17.4. treatment of a chronic disease if an exacerbation (complication, deterioration in the condition) is caused by routine violation, including untimely administration or omission of administration of medicines (injections) to be administered regularly and/or course of treatment prescribed by doctor, except for the cases where the reason of the violation is in third party wrongdoing;

17.5. treatment of complications suffered as a result of treatment of an accident or disease, which are not recognised as the insured events under these Rules;

17.6. treatment, medical services, purchase of medicines that are not medically necessary or urgent and that have not been prescribed at the time of diagnosing or illness treatment; purchasing medicines before seeking medical advice, except for purchasing anti-febrile drugs and non-steroidal anti-inflammatory medicines provided that the insured person further seeks medical advice which then shall be acknowledged by the insurer as the insured event and purchase of these medicines is grounded by medical evidence;

17.7. medical services that are part of current (routine) examination or health checkup; consulting a medical professional in order to receive medical certificates, examination results, temporary disability leaves or other documents;

17.8. conducting clinical diagnosis if later it is established that the accident or disease is not an insured event under these Rules;

17.9. provision of services and medical care in health resort, preventative clinic, balneotherapy, except for provision of emergency medical care;

17.10. providing rehabilitation treatment services, including physiotherapy, with alternative therapies (dry needling, manual therapy, hirudotherapy, apitherapy, etc.);

17.11. providing preventive services, including vaccination, except for immunisation against tetanus, rabies carried out urgently at the occurrence of an insured event;

17.12. conducting a routine examination of vision and hearing, eye refraction, as well as purchase of glasses, contact lenses or hearing aids;

17.13. performing planned (not related to an accident) oral and maxillofacial or plastic surgeries;

17.14. performing surgery which is not urgent (emergency) surgical treatment;

17.15. dental treatment except for the cases specified in subclause 12.3 of clause 12 of these Rules;

17.16. purchasing prostheses, ensuring prosthetics, including dental, applying correcting devices or medical apparatus;

17.17. removal of corns, warts, callosities;

17.18. flat foot orthopaedic treatment, deformed or ingrown toenails or fingernails treatment, including purchasing arch supports and foot correction inserts;

17.19. psychotherapy, autotraining, sleep therapy, treatment of alcoholism, drug addiction, toxic substance abuse;

17.20. purchasing oral and other means of contraception, performing in vitro fertilization, gender reassignment surgery, infertility treatment, sexual disorder treatment;

17.21. lithotripsy;

17.22. performing heart and vascular surgery, coronary artery bypass surgery, insert of inferior vena cava filter, angioplasty, vascular stenting, except for the cases of urgent (emergency) surgical intervention when there was a threat to the life of the insured person; performing endoprosthetics surgery, save for the cases of urgent (emergency) surgical intervention when there was a threat to the life of the insured person and the need for endoprosthetics arose as a result of an accident, while the insurer shall not pay (reimburse) the cost of the endoprosthesis;

17.23. in the amount exceeding the average cost in the region of a specific service, medicine, etc., charged in such a place where such services (medicines, etc.) are provided if the cost increase is driven by unauthorised actions of the insured person and/or beneficiary, including if the insured person (beneficiary) having a choice has sought the service in an organisation or a person that provides services (supplies goods) at an obviously higher price. In this case, the average cost in the region of a specific service (medicine, etc.) is determined by the insurer independently based on data provided by assistance or organisation(s) supplying relevant services (works, goods) in the country where the insured event has occurred as of the date of the insurer's request;

17.24. due to the insured person's death if a close relative of the insured person lives in the country where the insured event has occurred (except for the costs of post-mortem examination (subclause 14.1 of clause 14 of these Rules), transportation cost for repatriation of the body (body remains) (subclause 14.3 of clause 14 of these Rules, herewith, however, other costs and expenses specified in subclause 14.3 of clause 14 hereof shall not be covered by this exception), funeral costs (subclause 14.4 of clause 14 of these Rules)); the insurer shall not cover (reimburse) under insurance contract any costs of post-mortem examination (subclause 14.1 of clause 14 of these Rules), funeral costs (subclause 14.4 of clause 14 of these Rules) in any other country other than the country where the insured event has occurred;

17.25. medical services related to removal of earwax blockages from auditory meatus except for the cases where there is a determined diagnosis being

an insured event according to these Rules after performance of the removal procedure;

17.26. applying bandages, removal of sutures, cast, wound cleaning, follow-up visits, except for the cases where such procedures are performed with a prior approval by the insurer (e.g. deterioration of health, emergence of new medical conditions). Follow-up visits to the doctor shall not be arranged, approved or covered by the insurer in cases where the first visit does not occur due to the insured person's absence at the address specified at the time of reporting the insured event when the doctor comes to visit or where the insured person (their representative, accompanying person) refuses medical care after the date and time of doctor's visit has been approved. In case of insurance under VIP insurance program, the insurer reserves the right to approve the follow-up visit for the insured person and payment for such visit subject to the insurer's approval;

17.27. performing CT scan, magnetic-resonance imaging except for the cases where they are performed with approval by the insurer or during emergency treatment in medical settings;

17.28. treatment of chronic diseases in remission;

17.29. provision of emergency medical care (clause 12 of these Rules), medical transportation services (clause 13 of these Rules), due to death (clause 14 of these Rules), due to events related to recurrent myocardial infarction, recurrent acute cerebrovascular accident, in the amount that exceeds in aggregate of all such events 10% of the insured amount established for the insured person.

17.30. due to the death (clause 14 of these Rules) when the death of the insured person is of natural cause and not related to infliction of health or life harm as a result of an accident or disease;

17.31. treatment of diseases, injuries if the trip purpose was for treatment;

17.32. treatment of conditions caused by toxic, drug, or alcohol poisoning (except for cases where intoxication occurred beyond insured person's will during medical procedures (treatment) or as a result of wilful misconduct of a third party); drug addiction, toxic substance abuse, alcoholism treatment;

17.33. services received due to insured person's seeking medical advice before the commencement date and/or after termination date of the insurance contract (term of stay, insurance coverage);

17.34. in the amount that is not supported by any documents;

17.35. medicines that have not been prescribed at the time of disease diagnosing or treatment;

17.36. treatment, including surgical intervention, which can be postponed before the insured person's return;

17.37. medical examination (including clinical diagnosis), diagnostics, treatment that are not emergency medical care;

17.38. treatment of insured person's family members except for the expenses paid under subclause 12.6 of clause 12 of these Rules;

17.39. services (works, goods) paid (or to be paid) by means of charitable contributions, donations; services (works, goods) reimbursed to the insured person (beneficiary) with insurance indemnity;

17.40. bank fees (e.g. for cash withdrawal, currency exchange, money transfer).

18. Insurance contract shall be valid within the time frames for which it has been concluded, for the period of the insured person's stay in the country (within the group of countries) specified in the insurance contract, as well as in transit countries along the route to the country and/or group of countries specified in the insurance contract and back, except for the countries listed in part two of this clause.

Insurance contract shall not cover the Republic of Belarus, as well as the territory of the country of permanent residence of the insured person. Insurance contract under Tourist insurance program shall also not cover the territories of the USA, Canada, and Australia.

When determining the territorial limits of the insurance contract, it is implied that Azerbaijan, Armenia, Georgia, Kazakhstan, Russia, Republic of Cyprus, Türkiye are included into both European countries and Asian countries.

Chapter 3. INSURED AMOUNT

19. Insured amount shall be established either in euro or in US dollars.

Insured amount in respect of the insured person shall be established by agreement of the parties and may be equal to:

under Standard, Tourist insurance programs – 30,000 EUR or USD; 40,000 EUR or USD; 50,000 EUR or USD; 70,000 EUR or USD; 100,000 EUR or USD; 150,000 EUR or USD;

under Maximum insurance program – 40,000 EUR or USD; 50,000 EUR or USD; 70,000 EUR or USD; 100,000 EUR or USD; 150,000 EUR or USD;

under VIP insurance program – 70,000 EUR or USD; 100,000 EUR or USD; 150,000 EUR or USD;

under Bank & Travel insurance program – 35,000 EUR or USD; 40,000 EUR or USD; 45,000 EUR or USD; 50,000 EUR or USD; 55,000 EUR or USD; 70,000 EUR or USD; 100,000 EUR or USD; 150,000 EUR or USD.

If there is more than one insured person under insurance contract, the insured amount shall be established individually for each insured person and shall be specified in the insurance contract, or statement of insurance, or list of insured persons.

Total insured amount under insurance contract is an amount equal to the sum of insured amounts of all insured persons under the insurance contract.

Chapter 4. INSURANCE PREMIUM

20. The Insurance premium under the insurance contract shall be determined on the basis of the insured amount and the insurance rate.

Insurance rate shall be determined by multiplication of the basic insurance rate (Annex 1 to these Rules) by the applicable adjustment factors approved under local regulation of the insurer.

21. Insurance premium shall be calculated in the currency of insured amount.

Insurance premium may be paid both in foreign currency (if it does not contradict the law of the Republic of Belarus) and in Belarusian rubles.

Payment in Belarusian rubles shall be made based on the official exchange rate of Belarusian ruble established by the National Bank of the Republic of Belarus to the currency of insured amount as of the date of the insurance premium payment, except for payment of the insurance premium from public funds in accordance with clause 25 of these Rules. Payment of deferred insurance premium from public funds under clause 25 of these Rules shall be made at the official exchange rate of Belarusian ruble established by the National Bank of the Republic of Belarus to the currency of insured amount as of the date of insurance contract.

If the insurance premium is paid in foreign currency other than the currency of insured amount, the insurance premium to be paid shall be determined based on official rates established by the National Bank of the Republic of Belarus as of the date of payment of the insurance premium (by consecutive conversion of the insurance premium calculated in insured amount currency to Belarusian rubles and the resulted amount in Belarusian rubles to the payment currency) unless other exchange rate or other date of rate establishment are determined by the law or agreement of the parties.

22. Insurance premium shall be paid by the policyholder in a lump sum.

Insurance premium shall be paid by the policyholder at the time of insurance contract conclusion or within the period determined in the insurance contract but no later than on the commencement date of the insurance contract, except for the case specified in clause 25 of these Rules.

23. If there is more than one insured person under insurance contract, then the total insurance premium for all the insured persons shall be specified in the insurance contract.

The total insurance premium under the insurance contract shall be determined by summing up the insurance premiums calculated in respect of each insured person.

24. Insurance premium shall be paid by wire transfer to the insurer's (its representative's) account or in cash to the insurer (its representative) in accordance with the laws of the Republic of Belarus.

25. If the insurance premium is paid from public funds, the insurer may entitle the policyholder to pay the insurance premium within 30 calendar days from the date of insurance contract. In such a case, the policyholder is obliged to fill in the statement of insurance according to the form established by the insurer and provide necessary documents to prove the public funding upon insurer's request.

26. Date of payment of the insurance premium under insurance contract shall be considered as follows:

- in case of non-cash payments, including in case of cash transfer via bank or other institution to transfer funds (except for the use of a bank card to make payments, payments via payment system in a single settlement and information environment, payment systems that ensure e-money transactions (hereinafter referred to as the payment system)) – the day of crediting the funds to the account of the insurer (its representative);

- in case of cash payments – the day of cash funds payment to the insurer (its representative);

- in case of payments using a bank card, payments via payment system – the day of transaction which is confirmed by a card receipt and/or other document proving transaction (subject to presentation of the card receipt (other document) to the insurer (its representative) immediately upon request; in case of failure to satisfy the request, the insurer may indicate the date of funds crediting to the account of insurer (its representative) as the date of payment of the insurance premium).

27. In case of failure to pay the insurance premium under the insurance contract within the period and/or in the amount established in the insurance contract, the insurer shall be entitled to terminate the insurance contract from 00 hours 00 minutes of the day following the last day of the established period for insurance premium payment under the insurance contract.

The insurer is entitled not to notify the policyholder of early termination of the insurance contract.

If the insurance contract is terminated due to failure to pay the insurance premium for the payment of which a deferment was granted, the insurer shall not be liable for insurance indemnity in relation to events occurred during the deferment, except for the case where the insurer accepted the event for settlement, in which case the policyholder must pay the insurance premium under the insurance contract in full.

Insurer is entitled to set off the unpaid insurance premium when calculating the insurance amount payable.

Chapter 5. EXECUTION, VALIDITY PERIOD AND TERMINATION OF THE INSURANCE CONTRACT

28. Insurance contract shall be executed in writing (including document in electronic form (including electronic document)) by all means stipulated by law. Insurance contract shall be executed in electronic form in accordance with the procedure and conditions established by the legislative acts and/or pursuant to them.

Existence of the insurance contract can be proved by a notice of conclusion of the insurance contract containing information about the insurance contract, which shall be sent by the insurer to the policyholder with these Rules attached thereto. The notice with these Rules attached thereto can be sent to the policyholder in electronic form.

Insurance contract shall be concluded based on the terms and conditions of these Rules accepted by the policyholder by accession to the insurance contract. Insurance rules based on which the insurance contract is made shall be attached to the insurance contract (including in electronic form). Attachment of the insurance rules to the insurance contract shall be identified by the record in this contract.

The terms and conditions contained in the insurance rules, including those not included in the text of the insurance contract or insurance certificate are obligatory for both the insurer and the policyholder or beneficiary.

In case of loss of the insurance certificate during the term of the insurance contract, the policyholder can receive a duplicate copy of the insurance certificate based on their written application; thereafter the lost insurance certificate shall be deemed invalid, and no insurance indemnity shall be payable thereunder.

The insurer may use its standard applications, lists of insured persons, surveys (questionnaires) for execution of the insurance contract and making amendments and/or additions to the insurance contract. Insurer may require that the application, survey (questionnaire) of the insurer's standard form is completed personally by the insured person (their legal representative). The specified documents, if apply, shall be attached to the insurance contract and form an integral part thereof.

29. Insurance contract can be executed under Standard, Maximum, Bank & Travel, Tourist, VIP insurance programs.

30. Insurance (coverage) under Standard insurance program under insurance contract made for the period of stay exceeding 30 days shall be valid for each trip of the insured person within the first 30 days of stay abroad within the validity period of the insurance contract (period of stay). The insurance contract (coverage) shall not apply to the events that occur on the 31st day or later of the insured person's stay abroad. The exception (coverage shall apply irrespectively of the period of continuous stay abroad) applies when the insurer has applied a relevant adjustment factor approved under local regulation of the insurer when calculating the insurance premium for the insured person, as well as when the

insurance applies to an international driver, international forwarding agent employed with a carrier who is the resident of the EAEU member state with applicability of the insurance coverage only at the time of being abroad with the purpose of performance of job (professional) duties.

The drivers (forwarding agents) employed with carriers who are the residents of the EAEU member state can be insured under Standard insurance program with applicability of the insurance coverage only at the time of their stay abroad with the purpose of performance of their job (professional) duties (in course of official trip, truck trip, etc.) In this case, insurance contract (coverage) shall only be valid for the time of the insured person's stay abroad with the purpose of performance of their job (professional, etc.) duties as a driver and/or forwarding agent employed in international transport and with a carrier who is the resident of the EAEU member state (in course of official trip, truck trip, etc.)

31. Insurance contract under Maximum insurance program shall be concluded in relation to the insured persons who, at the date of execution of the insurance contract, have not reached the age of 70 years (age shall be determined based on completed years as of the date of the contract).

32. Insurance contract under Bank & Travel insurance program shall be concluded with a policyholder being a holder of a premium segment bank card provided that the insurer has a cooperation agreement with the issuing bank or payment service provider.

The age of the insured persons under Bank & Travel insurance program shall be at least 14 and maximum 80 years as of the date of the insurance contract execution (age shall be determined based on completed years as of the date of the contract).

33. Insurance contract under Tourist insurance program shall be concluded in relation to the insured person who goes abroad as a tourist (except for the USA, Canada, Australia).

Insurance contract (coverage) shall not apply to any events that have occurred during the insured person's stay abroad:

- with the purpose other than touristic, as well as due to study, work, official trip, participating in sport competitions (including in marathons, championships, training camps, etc.), dance festivals (including championships, contests), staying abroad with a family member who went to the foreign state for work, official trip;
- within a country (group of countries) specified in an insurance contract, if an insured person's stay in such country (group of countries) has commenced prior to the effective date of an insurance contract, unless otherwise agreed by the parties;
- in case of doing such type of active recreation as alpine climbing, rock climbing, and caving.

34. Insurance contract under Standard, Maximum, VIP insurance programs with a policyholder being an organisation, individual entrepreneur, shall be made based on a written statement, and with a policyholder being an individual – based on an oral statement or, at the request of the insurer, based on a written statement.

Insurance contract under other insurance programs shall be made based on an oral statement of the policyholder or, at the request of the insurer, based on a written statement.

Insured person(s) shall be specified in the insurance contract, or statement of insurance, or list of insured persons.

35. In case of insurance contract execution in respect of several insured persons, a group of persons, it is possible to execute one insurance contract for all insured persons (entire group of persons) or separate insurance contracts, including in respect of each insured person.

However, if these insurance contracts are made on the basis of the written statement of the policyholder, it is allowed to draw up only one statement for all insurance contracts.

36. Insurance contract can be concluded for the period between 1 day and 1 year (365 (366) days) inclusive, as well as the period multiple of a year from 2 to 6 years inclusive.

Insurance contract may provide for a period of stay of the insured person abroad within which the insurance is valid and which is different in days from the term of the insurance contract. The period of stay shall be established in days. The insurer shall not be liable for any events (accidents) occurred within the term of the insurance contract but beyond the period of stay specified in the insurance contract.

The period of stay under the insurance contract may not exceed the term of insurance contract or 365 (366) days inclusive; in case of Bank & Travel insurance program, it may not exceed 180 days.

The period of stay shall be as follows:

under Standard, Maximum, Tourist, VIP insurance programs under insurance contract with the policyholder being an individual with the validity term of at least 3 years – at least 90 days;

under Bank & Travel insurance program under insurance contract with the validity term of at least 2 years – at least 60 days.

Insurance contract under Standard, Maximum, Tourist, VIP insurance programs with territorial limits covering a country (group of countries) which border control services do not make any relevant notes in the insured person's passport concerning border crossing (e.g. Russian Federation, Republic of Kazakhstan, the State of Israel) shall stipulate for the period of stay which is equal to the term of the insurance contract (otherwise allowed in case of insurance under Standard insurance program for drivers, forwarding agents with insurance

coverage only for the period of stay abroad with the purpose of performance of their job (professional, etc.) duties or by agreement of the parties).

Under insurance contract with territorial limits covering a country (group of countries) which border control services make relevant notes in the insured person's passport concerning border crossing, the period of actual stay of the insured person abroad (number of used days of stay) shall be determined based on the relevant notes of the border control service in the insured person's passport.

If the territorial limits established in the insurance contract include at least one country which border control services do not make any relevant notes in the insured person's passport concerning border crossing (e.g. Russian Federation, Republic of Kazakhstan, the State of Israel), the period of actual stay of the insured person abroad (number of used days of stay) shall be calculated from the commencement date of the insurance contract unless parties have agreed other procedure for determination of the period of actual stay of the insured person abroad (number of used days of stay). The same procedure for calculation of the period of actual stay of the insured person abroad (number of used days of stay) may be applied by the insurer to the insurance contract without regard to its territorial limits if the insurer has not received the documents (including passport) which could be used for travelling abroad by the insured person during the validity term of the insurance contract, or has received only a part of such documents (e.g. the insured person holds more than one passport), or when the insurer becomes aware that the insured person has had an opportunity to leave (enter) the country (-ies) included in the territorial limits established in the insurance contract using the document where the border control services do not make any notes of border crossing.

The insurer shall be entitled, at own discretion, to use other documents to determine the period of actual stay of the insured person abroad (number of used days of stay).

In case of insurance under Standard insurance program for a driver (forwarding agent) employed with a carrier who is the resident of the EAEU member state with insurance coverage only for the period of stay abroad with the purpose of performance of their job (professional, etc.) duties, the insurer, notwithstanding the country (group of countries) specified in the insurance contract, shall be entitled to use trip tickets, customs declarations, etc. for determining the period of actual stay of the insured person abroad (number of used days of stay).

37. Insurance contract shall become effective at the time and on the date specified in the insurance contract as a valid from date but no earlier than on the date of payment of the insurance premium except for the case where the insurance premium is paid pursuant to clause 25 of these Rules.

In the event that the valid from date of the insurance contract coincides

with the date of payment of the insurance premium, the insurance contract must specify the time (hours and minutes) from which the insurance contract becomes valid.

Effective time and termination time of the insurance contract shall be determined based on Minsk time.

38. Insurance contract may be amended by agreement of the parties before its effective date or during its validity period.

An agreement to amend and/or add the terms and conditions of the insurance contract (agreement on amendment and/or addition to the insurance contract terms and conditions) shall form an integral part of the amended insurance contract. The terms of insurance set forth in the insurance certificate can be amended by drawing up a new insurance certificate.

Upon insurance contract commencement, any amendments (additions) thereto shall be made subject to the condition that the insured person is staying in the Republic of Belarus; any other circumstances are allowed subject to the insurer's approval provided that the policyholder has notified the insurer of the insured person's staying outside the Republic of Belarus. Should this condition be violated, the agreement to amend and/or add the terms and conditions of the insurance contract (agreement on amendment and/or addition to the insurance contract terms and conditions) shall be considered void.

If the prolongation of the insurance contract results in conflict between the number of days of stay and part four of clause 36 of these Rules, then the prolongation of the insurance contract shall be allowed subject to simultaneous increase of the period of stay.

If amendments and/or additions to the terms and conditions of insurance contract result in additional payment for insurance premium, such additional payment shall be made in a lump sum before the effective date of the amendments and/or additions.

In the event that the amendments and/or additions to the terms and conditions of the insurance contract entail refund of the insurance premium (any part thereof), such refund shall be made to the policyholder within five (5) business days from the date of amendment to the insurance contract (agreement on amendment and/or addition to the insurance contract terms and conditions). If the policyholder is an organisation, individual entrepreneur, then, by agreement of the parties, refund can be postponed until the insurance contract termination or the accrued amount of refund can be set off against insurance premium (its part(s)) under insurance contract(s).

Amendments shall become effective from the date specified in the agreement to amend and/or add the terms and conditions of the insurance contract (agreement on amendment and/or addition to the insurance contract terms and conditions, new insurance certificate).

The number of insured persons shall be reduced (insured person shall be removed) subject to the conditions stipulated in clauses 39 and 40 of these Rules.

39. Policyholder being an organisation, insured individual entrepreneur may request the insurer to reduce the number of insured persons.

The policyholder is obliged to provide documents allowing the insurer to calculate the remaining unused and paid days of the period of stay of the insured person.

If the parties agree so, the insurer shall refund to the policyholder the insurance premium (its part) for the removed person for the remaining unused and paid days of the period of stay of the insured person based on the cost of one day of stay under the insurance contract.

Refund of insurance premium (its part) for the removed insured person shall not be paid if any insured event is claimed for the removed insured person; there is any information about insured event occurrence, unless otherwise agreed by the parties; and/or any insurance indemnity has been paid.

40. Policyholder being an individual may request the insurer to reduce the number of insured persons (remove the insured person) before the insurance contract commencement date.

An insured person can be removed provided that there is no valid visa (visa that has not expired yet) in the insured person's passport which validity term falls within the insurance contract term, in full or in part, and which entitles the insured person to travel to the country specified or being a part of the group of countries specified in the insurance contract. Herewith, the policyholder shall provide the insurer with the original passport of the insured person and provide its copy or copies of the specific pages of the passport containing information necessary for the insurer before the insurance contract commencement date. By agreement with the insurer, the original passport may not be presented if the insured person is visa-exempt in relation to the country (group of countries) specified in the insurance contract.

The insurer shall also be entitled to request a copy of the identity document of the policyholder (copies of the specific pages containing information necessary for the insurer). Subject to agreement of the parties, the insurer shall fully refund the actually paid insurance premium for the removed insured person.

The provisions of this clause shall not apply to the insurance contracts made under Bank & Travel insurance program.

41. The policyholder may withdraw from the insurance contract before its commencement date provided that there is no valid visa (visa that has not expired yet) in the insured person's passport which validity term falls within the insurance contract term, in full or in part, and which entitles the insured person to travel to the country specified or being a part of the group of countries specified in the insurance contract. Herewith, refund of the actually paid insurance premium shall

be made based on request of the policyholder and only provided that the policyholder shows to the insurer the original passport of the insured person and provides its copy or copies of the specific pages of the passport containing information necessary for the insurer before the insurance contract commencement date. By agreement with the insurer, the original passport may not be presented if the insured person is visa-exempt in relation to the country (group of countries) specified in the insurance contract.

In case of insurance contract termination based on the above ground, the actually paid insurance premium shall be refunded in full.

The insurer shall also be entitled to request a copy of the identity document of the policyholder (copies of the specific pages containing information necessary for the insurer).

The provisions of this clause shall not apply to the insurance contracts made under Bank & Travel insurance program.

42. The insurance contract shall terminate in the following events:

42.1. expiry of the insurance contract;

42.2. fulfilment of the insurer's obligations under the insurance contract in full;

42.3. failure of the policyholder to pay the insurance premium within the contractual term and/or in the established amount;

42.4. liquidation of the policyholder who is a legal entity, termination of the activity of the policyholder who is an individual entrepreneur;

42.5. if after entry of the insurance contract into force the possibility of occurrence of the insured event no longer exists, and the insurance terminated due to circumstances, other than the insured event. Such circumstances include only the following: declined visa application and/or revocation of a visa (provided that there is no valid visa (visa that has not expired yet) covering, in full or in part, the term of the insurance contract and giving a right to travel to the country specified or being a part of the group of countries specified in the insurance contract); dismissal of the insured person who is an employee of the policyholder (unless there are other insured persons under the same insurance contract in respect of whom the insurance coverage can continue); death of the insured person, including when the insured person and the policyholder are the same; due to circumstances other than the insured event (unless there are other insured persons under the same insurance contract in respect of whom the insurance coverage can continue);

42.6. by agreement of the parties.

43. The policyholder may apply to the insurer for early termination of the insurance contract only until the insurance contract expiration. Application of the policyholder filed to the insurer after expiration of the insurance contract shall

not be considered by the insurer (insurance contract shall not be terminated under this application).

In the event that the policyholder applies for refund of the insurance premium (its part), then along with the application, the policyholder shall provide the document (or its copy subject to provision of the original upon policy holder's request) necessary for the insurer to determine the period of actual stay of the insured person abroad during the validity period of the insurance contract, supporting the basis for the insurance contract termination (based on the grounds stated) (e.g. show the insurer with the passport of the insured person and provide its copy or copies of the specific pages of the passport containing information necessary for the insurer).

The insurer shall also be entitled to request a copy of the identity document of the policyholder (copies of the specific pages containing information necessary for the insurer).

44. In case of early termination of the insurance contract pursuant to subclauses 42.4, 42.5, 42.6 of clause 42 of these Rules, the insurer shall refund to the policyholder the actually paid insurance premium (its part) for the remaining unused and paid days of stay.

Unused and paid days of stay mean the difference between the number of paid days of stay under the insurance contract and the period of actual stay of the insured person abroad (if there is more than one insured person, the longest period of actual stay of the insured person abroad shall be used for calculation).

In case of termination of the insurance contract pursuant to subclause 42.4, 42.5 of clause 42 of these Rules, the insurance contract shall be terminated from the date of the policyholder filing of the notice of early termination of the insurance contract together with the documents specified in clause 43 of these Rules. In case of termination of the insurance contract under subclause 42.4 of clause 42 of these Rules, the document evidencing that the legal entity (individual entrepreneur) is in the process of liquidation (termination of activity) or there is a decision made against it to make the entry in the Unified State Register of Legal Entities and Individual Entrepreneurs excluding it from this Register shall be the document evidencing the grounds for insurance contract termination.

In case of termination of the insurance contract under subclause 42.6 of clause 42 of these Rules, the date of termination shall be determined by agreement of the parties.

In any other cases of the insurance contract termination, the insurance premium shall not be refunded.

45. The policyholder shall be entitled to withdraw from the insurance contract at any time if, by the time of withdrawal, the possibility of insured event has not vanished due to any circumstances other than the insured event.

Insurance contract shall be terminated from the time of receipt by the insurer of the written withdrawal of the policyholder.

In case of early termination of the insurance contract by the policyholder, the paid insurance premium shall not be subject to refund with the exception of the termination under clause 41 of these Rules.

46. In any case of the insurance contract termination, the insurance premium (part thereof) shall not be subject to refund if any insured event has been claimed under the insurance contract; there is information about the insured event occurrence, unless otherwise established by agreement of the parties; and/or there has been an insurance indemnity paid.

47. Refund of insurance premium (part thereof) shall be made by the insurer within five (5) business days from the date following the date of termination of the insurance contract, and in case of the contract termination due to withdrawal of the policyholder pursuant to clause 41 of these Rules – from the date following the date of provision of application for withdrawal to the insurer along with all necessary documents; and by agreement of the parties – from the date following the date of agreement.

48. Refund of the insurance premium (part thereof) shall be made in a non-cash form to the account opened with a bank in the Republic of Belarus, unless the parties have agreed otherwise in regard of the refund procedure and this procedure does not contradict the law of the Republic of Belarus.

The policyholder shall be liable for accuracy and completeness of information provided (presented) to the insurer for refund of the insurance premium (part thereof) in a non-cash form.

49. For late refund of the part of the insurance premium under the insurance contract, the insurer shall pay the policyholder a default payment equal to 0.1% of the late refund for each day of delay.

50. Insurance premium (part thereof) shall be refunded in the same currency as it has been paid, unless otherwise provided for by law or agreement of the parties.

51. The insurer's obligations related to the insurance indemnity that have arisen before the insurance contract termination shall remain applicable until their fulfilment in accordance with the procedure stipulated by these Rules taking into account the provisions of clause 27 of these Rules.

Chapter 6. RIGHTS AND OBLIGATIONS OF THE PARTIES

52. The insurer shall be entitled:

52.1. to check that the policyholder (beneficiary) fulfils the requirements of these Rules and the insurance contract;

52.2. to demand that the beneficiary, upon claiming for insurance indemnity, to fulfil its obligations under the insurance contract, including obligations

assigned to the policyholder but not fulfilled by it;

52.3. to require amendments to the terms and conditions of the insurance contract and/or addition payment of the insurance premium proportionate to the increased insured risk in case of notice of significant changes in circumstances resulting in the increased risk;

52.4. to demand insurance contract termination or withdraw from the insurance contract in cases stipulated by these Rules;

52.5. to adopt such measures, which it sees appropriate to reduce the amount of the insurance indemnity;

52.6. to suspend a decision to recognise or reject the event as the insured event when there is a need of additional information to determine the cause, circumstances, date (time) and/or nature of the event that can be recognised as the insured event; to determine the amount of indemnity – until the time such information is provided upon request of the insurer sent to the competent authorities, organisations, including medical, other persons;

52.7. to suspend a decision to recognise or reject the event as the insured event when the insurer has not got all the necessary documents – until the time of their provision; in addition, if there are any reasonable doubts in respect of the authenticity of the documents evidencing the insured event – until the authenticity of such documents is confirmed by the person who has provided this document (at the insurer's request provided within seven (7) business days from the date of receipt thereof), or by the insurer itself (based on the insurer's request to the issuing authority provided within seven (7) business days from the date of receipt of this document); and in case of initiation of a criminal case due to occurrence of the insured event against the policyholder (insured person, beneficiary) or its employees – until the time of pronouncement of sentence by the court, suspension or termination of the legal proceedings;

52.8. to challenge the amount of beneficiary's claims in accordance with the procedure established by law;

52.9. to involve, at own expense, third party experts to establish cause and nature of the claimed event and/or amount of insurance indemnity;

52.10. to refuse to pay the insurance indemnity in the cases as follows:

52.10.1. stipulated in clause 72 of these Rules;

52.10.2. when the necessary information, including that requested by the insurer under subclause 52.6 of this clause, is not provided to the insurer within three (3) or more months from the date of submission of the report on insured event;

52.11. to pay (including for the period of deferred payment without its discontinuation) to the policyholder (insured person, beneficiary), upon their request, a part of insurance indemnity equal to the amount of actually determined and documented damage before complete determination of the amount of

reimbursable damage;

52.12. to demand to acknowledge the insurance contract invalid in the cases and according to the procedure stipulated by law;

52.13. to request contact details (phone number, e-mail) from the policyholder, insured person, beneficiary;

52.14. to inform the policyholder, insured person, beneficiary about execution of the insurance contract, insurance terms and conditions, payment terms for insurance premium (part thereof), progress of performance, termination of the insurance contract, including by mobile phone and/or the Internet;

52.15. to provide support to the insured person at the medical care and other care institution through support (assistance) service if such support is available at the location of the insured person.

In case of declining a service arranged by the insurer (assistance), including failure to be present at the time of arranged visit, the insurer may refuse to arrange the service repeatedly, which shall not relieve the insured person from the obligation to coordinate with the insurer the course of its actions pursuant to clause 58 of these Rules.

53. The insurer shall:

53.1. attach the Insurance Rules to the insurance contract;

53.2. for cases acknowledged to be insured events:

53.2.1. draw up a claim report within the period established in clause 67 of these Rules. In case of receipt of 150 or more reports on insured event in one business day under voluntary accident and health insurance during foreign travels, the period of making a decision to recognise or reject the claimed event as the insured event shall be extended by the insurer by one month;

53.2.2. pay insurance indemnity within the term established in clause 69 of these Rules;

53.3. not disclose secret information about insurance or information obtained in course of performance of the insurance contract, including privileged medical information, except for the cases stipulated by law;

53.4. perform other activities stipulated by the legislation, these Rules, and the insurance contract.

54. The policyholder shall be entitled:

54.1. to familiarise itself with these Rules;

54.2. to replace the insured person subject to consent of this person and insurer;

54.3. to obtain information about the insurer in accordance with the legislation.

55. The policyholder shall:

55.1. notify the insured person of execution the insurance contract in its favour;

55.2. pay the insurance premium on time, in the amount and according to the procedure provided for in the insurance contract;

55.3. upon entry into the insurance contract, inform the insurer of all circumstances known to the insured that are essential for determining the probability of occurrence of an insured event and the extent of possible losses from its occurrence, if such circumstances are not and shall not be known to the insurer. The same obligation lies upon the insured person.

The circumstances stipulated in the insurance contract or insurance certificate on the basis of the written or oral statement of the policyholder (insured person) shall in all cases be deemed material;

55.4. within the term of the insurance contract, notify the insurer in writing within three (3) business days of any significant changes in circumstances communicated to the insurer at the time of execution of the insurance contract, of which the insured has become aware and which might significantly affect the increase of the insured risk.

Changes in the information provided in the insurance contract or insurance certificate and in the Insurance Rules provided to the policyholder shall be deemed material;

55.5. in case of occurrence of an event that might be recognised as the insured event under the insurance contract, contact the insurer immediately in accordance with the procedure set forth in clause 58 of these Rules before seeking medical or other necessary aid (works, services, goods) at a medical establishment (other organisation, person);

55.6. communicate messages (information) to the insurer within the terms and in the form as set forth in these Rules and the insurance contract.

The insurer shall not be liable for any risks arising when the information is communicated to the insurer in electronic form;

55.7. make the insured person aware of the terms and conditions of their insurance under insurance contract; provide them with information about any changes in the terms and conditions of their insurance under insurance contract;

55.8. perform other activities stipulated by the legislation, these Rules, and the insurance contract.

56. The insured person shall be entitled:

56.1. to request from the policyholder and insurer any information about amendment of the terms and conditions of insurance contract;

56.2. in case of insured event occurrence, to require that the insurer fulfils its obligations under insurance contract made in favour of the insured person.

56^{1}. Insured person shall immediately call an ambulance, personally or with help of people near the insured person, if there is a threat to life of the insured person and their condition requires immediate medical care.

57. For book accounting purposes, each party to the insurance contract may solely draw up primary accounting documents evidencing the fact of provision of services under insurance contract.

Chapter 7. ESTABLISHMENT OF AMOUNT AND PROCEDURE OF INSURANCE INDEMNITY PAYMENT

58. In case of occurrence of an event that might be recognised as the insured event under the insurance contract, the insured person (policyholder) shall contact the insurer immediately before seeking medical or other necessary aid (works, services, goods) at a medical establishment (other organisation, person) in such manner as it thinks fit based on the contact details of the insurer specified in the insurance contract (insurance certificate, notice) to coordinate its actions after receiving needed aid, and then strictly follow the instructions of the insurer (its representative).

When contacting the insurer, the insured person (policyholder) shall communicate the following information:

number of insurance contract (insurance certificate);

surname, given name, age of the insured person (other person who needs help), as well as the surname and given name of the caller, kinship to the insured person;

address of location of the insured person (other person who needs help);

contact phone number to maintain contact with the insured person (their representative, relative, etc.);

cause of communication, nature of needed help and person who needs it;

other information requested by the insurer (its representative), as well as on demand of the insurer (its representative), provide, if possible, a copy of the passport of the insured person or copies of the specific pages of the passport containing information necessary for the insurer, the document entitling (giving the grounds for) the insured person to stay in the territory of a foreign state.

In the event where it is impossible to contact the insurer due to external factors or waiting for insurer's response abroad is clearly poses a threat to insured person's life, which is then confirmed by documents, the insured person (beneficiary) may pay for the services provided in such situation on their own. In case of payment for such services, the amount limit established in part six of this clause for self-payment without insurer's prior approval shall not apply. However, the insured person (policyholder, beneficiary) shall notify the insurer of the insured event as soon as possible.

The beneficiary who is aware of the insurance contract executed in its favor shall have the same obligation if the beneficiary is willing to exercise the right of indemnity in respect of costs incurred at own expense and/or the insured event under subclause 8.2 of clause 8 of these Rules.

The insurer shall not be liable for any risks arising when the information is communicated to the insurer in electronic form.

Without prior approval by the insurer in accordance with the procedure established in this clause, the insured person (beneficiary) may cover the expenses at their own account (irrespective of the insurance program) that do not exceed in general for the event (accident) EUR/USD 200 (depending on the insurance amount currency) for emergency medical care (clause 12 of these Rules), medical transportation services (subclauses 13.1 to 13.4 of clause 13 of these Rules) provided due to the insured event.

In case of self-payment and/or occurrence of an event that, pursuant to the terms and conditions of the insurance contract, can be recognised as the insured event under subclause 8.2 of clause 8 of these Rules, the insured person (policyholder, beneficiary) is obliged to file a claim for indemnity and necessary documents to establish the fact and circumstances of the insured event occurrence, determine the amount of insurance indemnity, to the insurer within 30 calendar days from the date of payment of the costs at own expense; and in case of the event that, pursuant to the terms and conditions of the insurance contract, can be recognised as the insured event under subclause 8.2 of clause 8 of these Rules – within 30 calendar days from the date of the event.

59. Insurance indemnity shall be paid by the insurer:

to the insurer's representative abroad (assistance) if medical care, other aid provided in the insured event was arranged and/or paid by the insurer's representative abroad (assistance) by money transfer to such representative based on presented invoices for services provided under the insured event based on claim report in accordance with the terms and conditions of the contract made with the assistance;

to medical facility (other organisation, person) provided medical, medical transportation, other aid (works, services, goods) under insured event, by money transfer to its account based on invoices for services (works, goods) issued to the insurer for the insured event based on the claim report pursuant to its agreements with the insurer;

to the insured person (beneficiary) if the insured person (beneficiary) has paid costs related to the insured event by itself. In the event where such costs are paid by a party who is not insured under the insurance contract, the insurer may pay the indemnity to the insured person subject to written consent of the party incurred expenses. The obligation to provide the insurer with such consent shall lie upon the insured person. Insured person shall be liable for accuracy, validity and voluntariness of such consent. In the event of an invoice issue to the insured person (their representative, close relative) for medical and emergency medical care, other aid (works, services, goods) within the insured event occurred with the insured person abroad, the insurer shall be entitled to pay this invoice directly

to the medical institution (other organisation, person) that has provided the above based on the claim report and in accordance with the agreements reached between the medical institution (other organisation, person) and the insurer. Herewith, the amount limit and requirement for prior coordination with the insurer in accordance with the procedure stipulated by clause 58 of these Rules shall apply to such invoices as well as to the self-paid expenses (costs incurred at own expense).

60. In order the issue about the insurance indemnity of expenses paid by its own to be resolved, the insured person (beneficiary) shall provide the following documents based on the nature of such expenses:

statement of insured event (according to the form established by the insurer);

document (it is allowed to provide a copy but upon request of the insurer, the original shall be presented) evidencing that the insured person sought medical care, the date of such event, diagnosis or description of the medical services provided, total amount payable;

copies of prescriptions issued by consulting doctor due to an accident or illness (upon request of the insurer, the original prescriptions shall be presented or a medical document containing the list of medicines prescribed by consulting doctor shall be provided);

original documents (receipts, invoices, etc.) that evidence payment for medical care, medicines, other works (services, goods) related to the claimed event and/or, in case of payment with a bank card or via payment system, statement of bank accounts;

at the request of the insurer (if it is not evidenced by the document evidencing payment, statement of account) – document (it is allowed to provide a copy but upon request of the insurer, the original shall be presented) with information about names of paid works (services, goods), their cost by each line (name), with itemised cost breakdown for medical care provided;

complete breakdown sealed (stamped) by the appropriate organisation and containing information about date, time, duration, cost of communication services, called party (for expenses for telecommunication);

copies of documents that evidence that the event has occurred (reports of the law enforcement authorities), reports on investigation and determination of causes of the insured event, written statements of the authorised persons, authorities (institutions) about existing external factors due to which the event has occurred, etc.) (upon request of the insurer, the original copies shall be presented);

copy of identity document of the beneficiary (recipient of the insurance indemnity) or copies of its specific pages containing information necessary for the insurer;

copy of the document that evidences that the person is an heir of the insured person (in case of indemnity payment to the heir);

copy of the document evidencing the representative's authorities (in case where representative files a statement and/or is a recipient of indemnity);

upon the request of the insurer – a copy of passport of the insured person or copies of its specific pages containing information necessary for the insurer, other documents that allow reliably ascertain the actual time of insured person's stay abroad and also that evidence the right (grounds) of stay of the insured person in the foreign country.

The documents provided by the insured person (beneficiary), which are issued in foreign language, shall be accompanied with translation into Belarusian or Russian. The insurer shall be entitled to accept the documents issued in foreign language and translate them by itself and/or send them for translation at its own account.

Failure to provide the documents stipulated in this clause of the Rules can form the ground for declining insurance indemnity in such a part that has not been evidenced by documents.

61. In order the issue about the insurance indemnity under Maximum insurance program in respect of the insured event under subclause 8.2 of clause 8 of these Rules to be resolved, the insured person (their heirs) shall provide the insurer with the following documents:

statement of insured event (according to the form established by the insurer);

document that evidences occurrence of an accident, including country and date of the accident, and that contains description (diagnosis) of a sustained bodily injury (trauma). Subject to the insurer's consent, it is allowed to provide a copy;

copy of the document that evidences establishment of disability, disability degree (degree of loss of health) issued in accordance with the established procedure (in case of establishment of disability);

copy of the certificate of death of the insured person issued in accordance with the established procedure; and upon insurer's request in case of post-mortem examination – a copy of the post-mortem examination report (in case of death of the insured person);

copy of identity document of the beneficiary (recipient of the insurance indemnity) or copies of its specific pages containing information necessary for the insurer;

copy of the document that evidences that the person is an heir of the insured person (in case of indemnity payment to the heir);

copy of the document evidencing the representative's authorities (in case where representative files a statement and/or is a recipient of indemnity);

upon the request of the insurer – a copy of passport of the insured person or copies of its specific pages containing information necessary for the insurer, other documents that allow reliably ascertain the actual time of insured person's stay abroad and also that evidence the right (grounds) of stay of the insured person in the foreign country.

The documents provided by the insured person (their heir), which are issued in foreign language, shall be accompanied with translation into Belarusian or Russian. The insurer shall be entitled to accept the documents issued in foreign language and translate them by itself and/or send them for translation at its own account.

62. Should the expenses under the insured event provided for under subclause 8.1 of clause 8 hereof exceed the insurance amount (limit set for the insurance indemnity) established for the insured person, then, within the established limits, expenses incurred due to provision of emergency medical care to the insured person (clause 12 of these Rules) shall be covered first, then the medical transportation services expenses (clause 13 of these Rules) shall be covered; and then the expenses related to death of the insured person (clause 14 of these Rules); then the expenses related to search and rescue of the insured person (clause 15 of these Rules); any additional expenses (clause 16 of these Rules). The insurer may, at own discretion, change the sequence of payment of the expenses based on information the insurer has about the expenses.

The insurer, in case of insurance indemnity payment under subclause 8.1 of clause 8 of these Rules, shall be entitled to cover costs incurred by the assistance, medical institution, etc., first, and then the costs incurred by itself.

Insurance indemnity of expenses incurred at own account without prior agreement with the insurer in accordance with the procedure established in clause 58 of these Rules, shall be paid within the limit established by these Rules unless it contradicts the terms and conditions of these Rules.

The amount of insurance indemnity in case of the insured event under subclause 8.2 of clause 8 of these Rules shall be determined pursuant to Annex 2 to these Rules. However, if disability is established pursuant to the legislation of a foreign state (except for the Commonwealth of Independent States member states) and there is no decision of the medical rehabilitation expert board established and acting in the Republic of Belarus under the laws of the Republic of Belarus on acknowledgement of the insured person as a disabled person, group of disability (degree of loss of health), reason of disability, then the disability indemnity amount for the insured event according to subclause 8.2 of clause 8 of these Rules shall be determined pursuant to Annex 2 to these Rules under column "Third-degree disability (first degree of loss of health)".

If the insured event(s) under subclause 8.1 and subclause 8.2 of clause 8 of these Rules is (are) subject to indemnity, the insurer may cover (indemnify)

expenses related to the insured event under subclause 8.1 of clause 8 of these Rules first. If the amount of indemnity due to the insured event under subclause 8.1 of clause 8 of these Rules made 100% of the insured amount established for the insured person, indemnity under the insured event pursuant to subclause 8.2 of clause 8 of these Rules shall not be paid.

If within one year from the date of the accident under subclause 8.2 of clause 8 of these Rules there are more severe consequences for the life or health of the insured person, the insurer shall pay the insurance indemnity pursuant to Annex 2 to these Rules taking into account the indemnity amount previously paid and remaining indemnity established in respect of the insured person. The insurer shall not pay any insurance indemnity for any consequences arisen after expiration of one-year term after the accident.

Insurance indemnity of expenses covered at own account, as well as of the insured event provided for in subclause 8.2 of clause 8 of these Rules shall be paid upon the insured person's return to the Republic of Belarus; otherwise is allowed subject to the insurer's consent.

63. Total amount of insurance indemnities for all insured events occurred with the insured person under insurance contract cannot exceed the insured amount established in respect of the insured person under the insurance contract.

64. Insurance indemnity shall be paid in the same currency as the currency of insurance premium payment, unless otherwise envisaged by agreement between the insurer and the beneficiary or it contradicts the law of the Republic of Belarus.

Indemnity of costs covered at own account shall be paid by the insurer in the currency of insurance premium under insurance contract, unless otherwise stipulated by law or agreement of the parties.

If the insurance premium is paid in Belarusian rubles but the costs are incurred in foreign currency, the amount of the insurance indemnity in Belarusian rubles shall be determined based on the official rate of Belarusian ruble established by the National Bank of the Republic of Belarus to the foreign currency in which the expenses are incurred as of the date of the claim report.

Insurance indemnity in foreign currency shall be calculated based on the official rates established by the National Bank of the Republic of Belarus as of the date of claim report made by the insurer.

If the insurance premium was paid in foreign currency, and expenses were incurred in a foreign currency other than the currency of insurance premium payment, then the amount of insurance indemnity in the currency of insurance premium payment shall be calculated based on official rates established by the National Bank of the Republic of Belarus as of the date of the claim report drawn up by the insurer (by consecutive conversion of the expenses amount to

Belarusian rubles and the resulted amount in Belarusian rubles to the insurance premium payment currency (insurance indemnity currency)).

Indemnity payment under the insured event according to subclause 8.2 of clause 8 of these Rules shall be made in Belarusian rubles at the official exchange rate established by the National Bank of the Republic of Belarus to the currency of insured amount as of the date of the claim report.

In the event that the beneficiary under the insurance contract is a foreign citizen, the insurance coverage can be paid in US dollars or euro provided that the insurer approves it and it does not contradict the laws of the Republic of Belarus (based on official rates established by the National Bank of the Republic of Belarus as of the date of claim report made by the insurer).

65. Indemnity shall be paid after establishment of the fact of insured event occurrence, its cause and circumstances, determination of amount of the indemnity and execution of the claim report.

66. In case of any disputes concerning circumstances, nature of the claimed event and amount of indemnity, the policyholder (insured person, beneficiary) shall be entitled to demand an expert examination. Expert examination shall be conducted at the expense of its initiator(s).

67. Based on the necessary documents received, including information obtained upon request of the insurer, the insurer shall, within seven (7) business days from the date of the last required document receipt, make a decision whether recognise the claimed event as insured or not (except for the case of decision suspension pursuant to subclause 53.2.1 of clause 53 of these Rules).

If it is needed to translate the provided documents to make the decision, the insurer shall be entitled to accept the documents issued in foreign language and translate them by itself or send them for translation at its own account.

The date of provision of the document issued in foreign language shall be considered the date of receipt of this document's translation into Belarusian or Russian by the insurer.

Decision on recognition of the claimed event as insured event shall be documented in form of the claim report (according to the form established by the insurer);

68. In case of refusal to recognise the claimed event as insured, the refusal shall be sent to the applicant in writing (electronically) specifying the reasons of refusal within five (5) business days from the relevant decision of the insurer.

Refusal may be sent to the applicant electronically without additional sending of a hard copy of the document in any of the below manners:

- to personal account on the insurer's official website;
- by e-mail specified in the report on insured event;
- by phone number specified in the report on insured event.

Refusal must be sent to the applicant in a hard copy if:

- there is lack of required information in the report on insured event to send the refusal in electronic form;

- the applicant in their application asks for a written response sent by mail or both by mail and electronically.

Refusal shall contain surname and initials of the insurer's representative who signed the refusal to recognise the claimed event.

The insurer may use a facsimile representation of the manual signature using mechanical or other copying means, electronic digital signature or other equivalent of a manual signature when signing the refusal.

69. Insurance indemnity of expenses covered by the insured person (beneficiary) personally, as well as under insured event provided for in subclause 8.2 of clause 8 of these Rules shall be paid within five (5) business days from the date of approval by the insurer of claim report, in a non-cash form to the account opened with a bank in the Republic of Belarus, unless the parties have agreed otherwise in regard of the payment procedure and this procedure does not contradict the law of the Republic of Belarus.

Indemnity recipient shall be liable for accuracy and completeness of information provided (presented) to the insurer for payment of the insurance indemnity in a non-cash form.

70. The policyholder (insured person), on demand of the insurer, shall reimburse the expenses covered by the insurer in cases where within the statutory limitation periods, such circumstance is discovered that, by law or these Rules, in full or in part, deprives the policyholder (insured person, beneficiary) of the right to the insurance indemnity and/or payment of expenses, for instance, where based on the results of review of the documents provided to the insurer and clarifying the circumstances of the event, it is established that the insurer, in accordance with the terms and conditions of the insurance contract and/or the Insurance Rules, should not have paid such expenses.

The beneficiary shall return the received amount of the insurance indemnity (or its appropriate part) to the insurer if such circumstance is discovered that, by law or these Rules, in full or in part, deprives the beneficiary of the right to it in relation to the insured event under subclause 8.2 of clause 8 of these Rules.

The period for return (repayment) of the amount of insurance indemnity pursuant to this clause shall be 30 calendar days from the receipt of the insurer's relevant written request.

71. The insurer shall be relieved from indemnity payment when the insured event is the result of:

71.1. exposure to nuclear explosion, radiation or radioactive contamination, military hostilities, civil war, unless otherwise stipulated by the international treaties of the Republic of Belarus, applicable legislative acts, or insurance contract;

71.2. wilful act of the policyholder (beneficiary, insured person).

72. The insurer shall be entitled to refuse to pay the insurance coverage if the policyholder (insured person, beneficiary) has made it difficult for the insurer to determine the circumstances and nature of the occurred event and/or amount of insurance coverage, as well as if the policyholder (insured person, beneficiary), after becoming aware of the insured event, has failed to notify the insurer in the manner and within the terms specified in clause 58 of these Rules, unless it is proven that the insurer has become aware of the insured event in time or that unawareness of the insurer of this fact could not influence its obligation to pay indemnity.

73. The insurer's decision to deny recognition of the claimed event as an insured event or refuse to pay insurance indemnity can be appealed by the policyholder (beneficiary) through court proceedings.

74. The insurer bears liability set forth in the law for non-performance or improper performance of its obligations.

For each day of delay of the insurance indemnity due to the insurer's fault, they shall pay a penalty in the amount of 0.1% to a legal entity and 0.5% to an individual, including to an individual entrepreneur, of the amount payable.

Chapter 8. DISPUTE RESOLUTION

75. Disputes under the insurance contract between the insurer and the policyholder (beneficiary), not settled through negotiations, shall be settled through court proceedings.

Annex 1
to Rules No. 3 of Accident and Health Insurance During Foreign Travels

1. Basic insurance rates for Standard insurance program:

EUR/USD

Period of stay (days)	Insured amount					
	30,000	40,000	50,000	70,000	100,000	150,000
	Basic insurance rate in the currency of the insured amount					
1-2	1	1	1	1	2	2
3-4	2	2	2	2	3	4
5	2	2	2	3	4	5
6-7	3	3	3	4	5	7
8-9	3	4	4	5	7	9
10	4	4	4	6	8	10
11-12	4	5	5	7	9	11
13-14	5	6	6	8	10	13
15	6	6	7	9	11	14
16-17	6	7	7	10	13	16
18-19	7	8	8	11	14	18
20-21	8	9	9	12	15	20
22-23	8	9	10	13	17	21
24	9	10	10	14	17	22
25-26	9	11	11	15	19	24
27-28	10	11	12	16	20	26
29-30	11	12	13	17	22	27
31-32	11	13	13	18	23	29
33-34	12	14	14	19	24	31
35-36	13	14	15	20	25	32
37-38	13	15	16	21	27	34
39-40	14	16	16	22	28	35
41-42	14	16	17	23	29	37
43-44	15	17	18	24	30	39
45-46	16	18	19	25	32	40
47-48	16	18	19	26	33	42
49-50	17	19	20	27	34	43
51-52	17	20	21	28	35	45
53-55	18	21	22	29	37	47
56-57	19	21	22	30	38	48
58-59	19	22	23	31	39	50
60-61	20	23	24	32	40	51

62-63	20	23	24	32	41	53
64-66	21	24	25	34	43	55
67-70	22	25	26	35	45	57
71-90	24	27	28	38	48	61
91-96	29	32	34	46	58	74
97-101	30	34	35	47	60	77
102-107	31	35	37	49	63	80
108-116	33	37	39	52	67	85
117-122	34	39	41	54	69	88
123-129	35	40	42	56	72	91
130-135	37	42	43	58	74	94
136-139	37	42	44	59	76	96
140-146	38	44	46	61	78	99
147-153	40	45	47	63	81	102
154-161	41	47	49	65	83	106
162-173	43	49	51	68	87	110
174-186	45	51	53	71	91	115
187-195	46	52	55	73	93	118
196-205	47	54	56	75	96	122
206-210	48	54	57	76	97	123
211-215	48	55	58	77	98	125
216-226	50	56	59	79	101	128
227-243	51	58	61	82	104	133
244-256	53	60	63	84	107	136
257-269	54	61	64	86	109	139
270-284	55	63	66	88	112	142
285-300	56	64	67	90	114	145
301-327	58	66	69	93	118	150
328-347	59	68	71	95	121	153
348-359	60	68	72	96	122	155
360-366	60	69	72	96	123	156

2. Basic insurance rates for Maximum insurance program:

EUR/USD

Period of stay (days)	Insured amount				
	40,000	50,000	70,000	100,000	150,000
	Basic insurance rate in the currency of the insured amount				
1-2	2	2	2	4	4
3-4	4	4	4	6	8
5	4	4	6	8	10
6-7	6	6	8	10	13

8-9	8	8	10	14	17
10	8	8	12	15	19
11-12	10	10	14	17	21
13-14	12	12	16	19	25
15	12	14	18	21	27
16-17	14	14	20	25	31
18-19	16	16	21	27	34
20-21	18	17	23	29	38
22-23	18	19	25	33	40
24	20	19	27	33	42
25-26	21	21	29	37	46
27-28	21	23	31	39	50
29-30	23	25	33	42	52
31-32	25	25	35	44	55
33-34	27	27	37	46	59
35-36	27	29	39	48	61
37-38	29	31	41	52	65
39-40	31	31	43	54	67
41-42	31	33	45	56	71
43-44	33	35	47	58	74
45-46	35	37	49	62	76
47-48	35	37	51	64	80
49-50	37	39	53	66	82
51-52	39	41	55	68	86
53-55	41	43	57	71	90
56-57	41	43	59	73	92
58-59	43	45	60	75	96
60-61	45	47	62	77	97
62-63	45	47	62	79	101
64-66	47	49	66	83	105
67-70	49	50	68	87	109
71-90	53	54	74	93	117
91-96	62	66	90	112	141
97-101	66	68	92	116	147
102-107	68	72	96	122	153
108-116	72	76	101	129	162
117-122	76	80	105	133	168
123-129	78	81	109	139	174
130-135	82	83	113	143	180
136-139	82	85	115	147	183

140-146	86	89	119	151	189
147-153	88	91	123	156	195
154-161	92	95	127	160	202
162-173	96	99	133	168	210
174-186	99	103	138	176	220
187-195	101	107	142	179	225
196-205	105	109	146	185	233
206-210	105	111	148	187	235
211-215	107	113	150	189	239
216-226	109	114	154	195	244
227-243	113	118	160	201	254
244-256	117	122	164	207	260
257-269	119	124	168	210	265
270-284	123	128	172	216	271
285-300	125	130	176	220	277
301-327	129	134	181	228	287
328-347	133	138	185	234	292
348-359	133	140	187	235	296
360-366	135	140	187	237	298

3. Basic insurance rates for VIP insurance program:

EUR/USD

Period of stay (days)	Insured amount		
	70,000	100,000	150,000
	Basic insurance rate in the currency of the insured amount		
1-2	5	7	8
3-4	10	13	16
5	12	16	19
6-7	17	23	27
8-9	21	29	35
10	24	32	38
11-12	28	38	46
13-14	33	44	53
15	35	47	57
16-17	39	53	64
18-19	44	59	71
20-21	48	65	78
22-23	52	71	85
24	55	74	89

25-26	59	80	96
27-28	63	85	102
29-30	67	91	109
31-32	71	96	116
33-34	75	102	122
35-36	79	107	129
37-38	83	113	135
39-40	87	118	142
41-42	91	123	148
43-44	95	128	154
45-46	99	134	161
47-48	102	139	167
49-50	106	144	173
51-52	110	149	179
53-55	115	156	187
56-57	119	161	193
58-59	122	166	199
60-61	126	170	205
62-63	129	175	210
64-66	134	182	219
67-70	141	191	229
71-90	151	204	245
91-96	181	245	295
97-101	188	255	306
102-107	196	266	320
108-116	208	282	339
117-122	216	292	351
123-129	224	304	365
130-135	231	314	377
136-139	236	320	384
140-146	244	330	397
147-153	251	340	409
154-161	259	352	422
162-173	271	367	441
174-186	283	383	460
187-195	290	394	473
196-205	299	405	486
206-210	302	410	492
211-215	306	415	499
216-226	314	426	512

227-243	326	441	530
244-256	334	452	543
257-269	341	462	555
270-284	349	473	568
285-300	357	484	581
301-327	369	500	600
328-347	376	510	613
348-359	381	516	620
360-366	383	519	623

4. Basic insurance rates for Tourist insurance program:

EUR/USD

Cost (days)	Insured amount					
	30,000	40,000	50,000	70,000	100,000	150,000
	Basic insurance rate in the currency of the insured amount					
1	0.83	0.86	0.98	1.05	1.13	1.23

5. Basic insurance rates for Bank & Travel insurance program:

EUR/USD

Period of stay (days)	Insured amount							
	35,000	40,000	45,000	50,000	55,000	70,000	100,000	150,000
	Basic insurance rate in the currency of the insured amount							
1-15	9	10	10	11	12	12	14	16
16-31	18	19	20	21	23	24	28	32
32-62	33	35	37	39	42	44	52	58
63-90	44	47	50	53	57	60	70	79
91-180	71	76	81	85	92	97	113	127

Annex 2
to Rules No. 3 of Voluntary
Accident and Health Insurance
During Foreign Travels

**TABLE of insurance indemnity amounts
in relation to the insured events
for Maximum insurance program**

EUR/USD

Bodily injury (trauma) sustained in the result of an accident	Insured amount				
	40,000	50,000	70,000	100,000	150,000
	Insurance indemnity amount				
Death, first-degree disability (fourth degree of loss of health)	1 000	1 500	2 000	2 500	3 000
Second-degree disability (third or second degree of loss of health)	700	1 050	1 400	1 750	2 100
Third-degree disability (first degree of loss of health)	500	750	1 000	1 250	1 500
Traumas:					
1. Skull bones					
1.1. Cranial vault fracture	100	150	200	250	300
1.2. Skull base fracture	200	300	400	500	600
1.3. Cranial vault and skull base fracture	250	375	500	625	750
1.4. Visceral cranium bones fracture	80	120	160	200	240
2. Brain:					
2.1. Intracranial hematoma	100	150	200	250	300
2.2. Cerebral edema	200	300	400	500	600
2.3. Brain contusion, subarachnoid haemorrhage	100	150	200	250	300
3. Nervous system					
3.1. Spinal cord concussion, contusion, compression	150	225	300	375	450
3.2. Complete spinal cord injury (break)	1 000	1 500	2 000	2 500	3 000

3.3. Nerve rupture, spared nerve injury (wound, tear, partial tear, disconnection) (other than such injuries on fingers/toes)	150	225	300	375	450
3.4. Nerve plexus rupture	700	1 050	1 400	1 750	2 100
4. Organ of sight:					
4.1. Eye injury, contusion	100	150	200	250	300
4.2. Enucleation	500	750	1 000	1 250	1 500
4.3. Traumatic decrease in visual acuity by more than 0.5 units	250	375	500	625	750
4.4. Complete vision loss resulting from eye injury	1 000	1 500	2 000	2 500	3 000
5. Acoustic apparatus:					
5.1. Cartilage fracture, auricle partial amputation	100	150	200	250	300
5.2. Total traumatic auricle amputation	150	225	300	375	450
5.3. Traumatic impaired hearing	150	225	300	375	450
5.4. Total hearing loss due to ear injury	350	525	700	875	1 050
6. Respiratory system:					
6.1. Lung, larynx, trachea, other respiratory organs injury (wound, trauma, burn)	100	150	200	250	300
6.2. Lung resection	400	600	800	1 000	1 200
6.3. Pneumonectomy	600	900	1 200	1 500	1 800
6.4. Rib fracture	30	45	60	75	90
6.5. Chest fracture, sternal fracture, penetrating chest injury	100	150	200	250	300
7. Cardiovascular system:					
7.1. Cardiac wound, contusion, pericardial wound, contusion	200	300	400	500	600
7.2. Major peripheral, great vessel rapture, disruption, tear	150	225	300	375	450
8. Digestive apparatus:					

8.1. Jaw dislocation (other than habitual dislocation)	50	75	100	125	150
8.2. Jaw fracture	100	150	200	250	300
8.3. Jaw injury resulted in partial or total jaw resection	250	525	700	875	1 050
8.4. Tongue injury, burn, frostbite	120	180	240	300	360
8.5. Tongue injury, burn, or frostbite resulted in partial or total tongue resection	250	375	500	625	750
8.6. Crown fracture (involving more than 1/3 of the crown), root fracture, tooth luxation, traumatic tooth loss	30	45	60	75	90
8.7. Gastrointestinal tract injury or burn	100	150	200	250	300
8.8. Gastrointestinal tract rupture	150	225	300	375	450
8.9. Gastrointestinal tract partial resection	300	450	600	750	900
8.10. Total excision of the organ of the digestive apparatus	500	750	1 000	1 250	1 500
9. Urinary system:					
9.1. Organ wound or injury	100	150	200	250	300
9.2. Organ rupture	100	150	200	250	300
9.3. Organ partial resection	250	375	500	625	750
9.4. Total excision of the organ	500	750	1 000	1 250	1 500
10. Genital system:					
10.1. Organ wound or injury	100	150	200	250	300
10.2. Organ rupture	200	300	400	500	600
10.3. Preterm birth, artificial termination of pregnancy, miscarriage caused by injury	200	300	400	500	600
10.4. Organ partial resection	250	375	500	625	750
10.5. Total excision of the organ	400	600	800	1 000	1 200

10.6. Preterm birth leading to infant mortality caused by injury	1 000	1 500	2 000	2 500	3 000
11. Spine					
11.1. Vertebral process fracture, vertebral subluxation, rupture of intervertebral ligaments	120	180	240	300	360
11.2. Sacral, vertebral body fracture, fracture-dislocation	200	300	400	500	600
11.3. Subluxation, dislocation, fracture of coccyx, vertebral arches, articular processes	100	150	200	250	300
12. Scapula, clavicle:					
12.1. Bone, joint fracture	100	150	200	250	300
12.2. Joint subluxation	80	120	160	200	260
12.3. Nonunion	200	300	400	500	600
12.4 Tendon rupture	100	150	200	250	300
13. Upper limb:					
13.1. Bone, bone fragment fracture	80	120	160	200	240
13.2. Double fracture	100	150	200	250	300
13.3. Nonunion	200	300	400	500	600
13.4. Joint subluxation	100	150	200	250	300
13.5. Tendon rupture	100	150	200	250	300
13.6. Limb amputation at any level other than the hand	500	750	1 000	1 250	1 500
13.7. Joint ankylosis six months after the injury	250	375	500	625	750
14. Hand, foot:					
14.1. Hand bone, foot bone fracture	50	75	100	125	150
14.2. Flexor (extensor) tendon injury	50	75	100	125	150
14.3. Finger or toe amputation	100	150	200	250	300
14.4. Hand or foot amputation	550	825	1 100	1 375	1 650

14.5. Hand or foot ankylosis six months after the injury	200	300	400	500	600
14.6. Finger joint or toe joint ankylosis six months after the injury	100	150	200	250	300
15. Pelvis:					
15.1. Pelvic bone fracture	100	150	200	250	300
15.2. Hip joint ankylosis six months after the injury	200	300	400	500	600
16. Lower limb:					
16.1. Bone fracture	100	150	200	250	300
16.2. Double fracture	200	300	400	500	600
16.3. Nonunion	30	45	60	75	90
16.4. Joint subluxation	100	150	200	250	300
16.5. Tendon rupture	100	150	200	250	300
16.6. Joint ankylosis six months after the injury	200	300	400	500	600
16.7. Limb amputation except for the foot	500	750	1 000	1 250	1 500
17. Accidental acute poisoning requiring inpatient treatment	80	120	160	200	240
18. Burns, frostbites, foreign bodies:					
18.1. 3rd and 4th degree burns	100	150	200	250	300
18.2. Third and fourth degree burns resulted in scarring four months after the injury	120	180	240	300	360
18.3. Foreign bodies in organs and tissues requiring inpatient treatment	80	120	160	200	240
18.4. 3rd and 4th degree frostbite	100	150	200	250	300
18.5. Third-degree frostbite resulted in scarring after four months	120	180	240	300	360
19. Other bodily injuries not specified in the table.	20	30	40	50	60