

SPECIAL TERMS AND CONDITIONS: ADDITIONAL INSURANCE AGAINST DISABILITY RESULTING FROM AN ACCIDENT NO. 006

Effective from 1 October 2018

1. GENERAL PROVISIONS

1.1. These special terms and conditions: Additional insurance against disability resulting from an accident No. 006 (hereinafter referred to as the Special Terms and Conditions) lay down the terms and conditions and requirements to be applied to the agreements between the Policyholder and the Insurer regarding Additional insurance against disability resulting from an accident concluded in addition to the principal life insurance contract and shall be considered as an integral part of such contracts.

1.2. The Special Terms and Conditions shall be applied only in conjunction with the General Insurance Terms and Conditions of the Insurer. In the event of any conflict between the Special Terms and Conditions and the General Insurance Terms and Conditions, the Special Terms and Conditions shall prevail.

1.3. The additional insurance shall be the integral part of the principal life insurance contract and shall be invalid without it. The additional insurance shall be subject to the Special Terms and Conditions of the respective principal life insurance to the extent they are not in contradiction of the provisions of these Special Terms and Conditions.

1.4. The Insurance Object shall be the property interests related to the damage to the health of the Insured.

2. ADDITIONAL DEFINITIONS

2.1. Definitions that begin with a capital letter and are used in the Contract and in communications between the parties or in other relative documents shall have the meaning specified in the General Insurance Terms and Conditions and, in addition to this, the following meanings and shall be interpreted respectively, unless the context explicitly requires otherwise or the above documents and correspondence indicates otherwise:

2.1.1. **Disability** shall mean the incurable disorder of the organization and/or functions of the body of the Insured, which has occurred/arisen due to an Accident and which is determined in accordance with the terms and procedures of these Special Terms and Conditions as well as Annexes hereto.

2.1.2. **Accident** shall mean the accident which occurs against the will of the Insured as a result of any abrupt, inadvertent, unexpected external forces and during which the Insured suffers any injury including but not limited to sinking, heatstroke, sunstroke, chilblain, exposure to the gas or other toxic substances which accidentally penetrate the body except for food poisoning.

3. INSURABLE EVENTS

3.1. The Insurable Event shall be the personal injury of the Insured caused by the Accident which occurred within the validity period of the Insurance Coverage and resulted in the Disability of the Insured.

4. UNINSURABLE EVENTS

4.1. The Insurer shall not pay the Insurance Indemnity due to occurrence of the following Uninsurable Events:

4.1.1. The personal injury of the Insured or any consequence thereof which is related to a War or any state of emergency as well as caused by the conscious and voluntary involvement of the Insured in any abuse or terrorist act;

4.1.2. The personal injury of the Insured or any consequence thereof which is related to Radiation or use of chemical or biological substances for non-peaceful purposes;

4.1.3. The personal injury of the Insured or any consequence thereof caused by an attempted suicide or self-inflicted wound;

4.1.4. The personal injury of the Insured or any consequence thereof which is related to mass disasters caused by natural disasters or acts of nature;

4.1.5. The personal injury of the Insured or any consequence thereof which has occurred/arisen as the result of any congenital or acquired physical or mental disabilities or illnesses, except for disabilities or illnesses caused by other Insurable Event occurred within the validity period of the Contract;

4.1.6. The personal injury of the Insured or any consequence thereof caused by the deliberate act of the Insured, Beneficiary, Policyholder or any other person who is interested in receipt of the Insurance Benefit; the attempt to commit a

criminal act, or direct or indirect involvement in any criminal act, except for the cases when these deliberate acts or omission have any social value (self-defence, performance of civic duty, etc.);

4.1.7. The personal injury of the Insured or any consequence thereof, if it occurred as a result of the influence of alcohol, narcotic drugs, psychotropic or toxic substances or medicines used to treat disorders of the central nervous system which, however, had not been prescribed by a doctor to the Insured or which had been prescribed but were used without following the instructions given by a doctor on the Insured or as a result poisoning of the Insured caused by abuse of the abovementioned substances;

4.1.8. The personal injury of the Insured or any consequence thereof occurred/arisen as a result of any actions of doctors, surgery or during medical procedures except for the cases when these medical procedures were performed as a result of occurrence of the other Insurable Event under the Special Terms and Conditions;

4.1.9. The personal injury of the Insured or any consequence thereof when the Accident of the Insured occurred when he was in prison or custody;

4.1.10. The personal injury of the Insured or any consequence thereof which is related to involvement of the Insured in the Professional Sport;

4.1.11. The personal injury of the Insured or any consequence thereof which is related to involvement of the Insured in the Dangerous activities and/or participation of the Insured in any sport or leisure activities where motorized land, air and water vehicles are used, unless otherwise provided in the Contract.

4.1.12. The personal injury of the Insured which occurred as the result of the flight made by any aeroplane which does not belong to any official registered airline and/or is not entitled to engage in passenger transport;

4.1.13. The personal injury of the Insured or any consequence thereof occurred during performance of any Military Service;

4.1.14. The personal injury of the Insured or any consequence thereof occurred as the result of control of any vehicle or self-propelled machinery by the Insured without the appropriate driving licence, adequate powers or under the influence of alcohol (when the blood alcohol level does not

comply with the permissible rates established by law), toxic substances or narcotic drugs.

4.2. The Insurer shall also be entitled to reduce the Insurance Indemnity or refuse to pay it in cases laid down in paragraph 11.13 of the General Insurance Terms and Conditions.

4.3. The Insurer shall not pay the Insurance Indemnity, if the documents certifying the Insured Event do not contain clearly specified date of occurrence of the personal injury and/or Accident, the respective documents do not prove that the Insured Event occurred within the validity period of the Insurance Coverage, or the abovementioned documents contain major objections.

5. BENEFICIARY

5.1. The Beneficiary under this Additional insurance contract may only be the Insured, unless otherwise provided in the Contract.

6. CHARGES

6.1. Charges for the Additional Insurance shall be deducted in accordance with the procedure and within the time limits laid down in the General Insurance Terms and Conditions, Special Terms and Conditions and/or the Pricelist.

7. INSURANCE INDEMNITY

7.1. Upon occurrence of the Insurable Event under these Special Terms and Conditions, the Insurance Indemnity shall be paid as the full amount of the Sum Insured or as its percentage depending on the extent of deterioration of health of the Insured. The specific amount of the Insurance Indemnity shall be determined according to the Table for determination of the insurance indemnities payable for disability resulting from an accident, which is attached hereto as Annex No 1.

7.2, The fact and level of medical severity of disability shall be determined by the Insurer's medical expert following the composite valuation of all circumstances related to the Insurable Event, the condition of health of the Insured, in accordance with the terms and requirements of Annex No.1 to these Special Terms and Conditions. Any level of loss of capability for work established for the Insured by competent public institutions shall not be considered as unconditional grounds for calculation and payment of the Insurance Indemnity under these Special Terms and Conditions and shall only be treated as an additional circumstance for evaluation of an event that is investigated seeking to recognize it

as the Insurable Event and/or for determination of the degree of the injury.

7.3. The sum of Insurance Indemnities paid by the Insurer for the period of validity of the Insurance Coverage may not be in excess of the Sum Insured.

7.4. If at the moment of the Insurable Event the Insured was also insured by Additional Insurance under Special Terms and Conditions applicable to insurance of the death resulting from an accident, then the Insurance Indemnity payable under these Special Terms and Conditions shall be deducted from the Insurance Indemnity payable for the death resulting from an accident if the death was caused by the same Accident.

8. CLAIM TO INSURANCE INDEMNITY

8.1. The Beneficiary, the Policyholder or their legal successors shall inform the Insurer of the Insurable Event under the procedure established in the General Insurance Terms and Conditions and shall submit the following documents the form and content of which is acceptable to the Insurer:

8.1.1. a notice on an event/the application for payment of the Insurance Indemnity executed in the form established by the Insurer;

8.1.2. documents confirming the personal identity of a person who has the right to the Insurance Indemnity and/or documents confirming respective rights;

8.1.3. documents certifying the fact and consequences of the Insurable Event (e.g., the documents issued by a health care institution with the detailed description of the injury and the consequences thereof, examinations and the prescribed medical treatment as well as a certificate of a disabled person, if any);

8.1.4. on request of the Insurer – other additional documents or information required for investigation of the Insurable Event or payment of the Insurance Indemnity (e. g., the original of the Insurance Certificate (Policy), the medical documents issued by health care institutions, the certificates, opinions or decisions issued by law enforcement or other competent institutions and etc.).

9. EXPIRATION OF THE ADDITIONAL INSURANCE CONTRACT

9.1. The Additional Insurance Contract expires:

9.1.1. if the total Sum Insured of additional insurance is paid for a one or more Insured Events;

9.1.2. in the event of the death of the Insured;

9.1.3. in the event of termination or expiration of the principal life insurance contract;

9.1.4. on other grounds for expiration of the Contract laid down in the General Terms and Conditions,

SPECIAL TERMS AND CONDITIONS: ADDITIONAL INSURANCE AGAINST DISABILITY RESULTING FROM AN ACCIDENT NO. 006

Annex No. 1 to

TABLE FOR DETERMINATION OF THE INSURANCE INDEMNITY PAYABLE FOR DISABILITY RESULTING FROM AN ACCIDENT

Effective from 1 October 2018

I. GENERAL PROVISIONS

I.1. The Insurance Indemnity is the part of the Sum Insured of the Additional Insurance against disability resulting from an accident whose accurate amount shall be calculated by the Insurer's medical expert on the basis of the table specified in this annex. The Insurance Indemnity shall be paid for personal injuries and any consequences thereof suffered at the time of occurrence of the Insured Event

I.2. The evaluation of the consequences of one or several Insured Events may not exceed 100% of the Sum Insured of the Additional Insurance against disability resulting from an accident. The percentage evaluation of all injuries to one part of the body suffered from one Accident may not exceed the percentage evaluation of the loss of this part of the body.

I.3. Disability shall only mean such incurable disorder/loss of the organization and/or function of the body which:

- a) is terminal and irreversible for more than 9 (nine) months from the date of the Insurable Event; and/or
- b) was determined by competent public institutions following at least 9 (nine) months from the date of the Insurable Event and for at least 1 (one) year period, which afterwards is extended for additional 1 (one) year period or a longer period; or
- c) is expressly and evidently terminal and irreversible during the investigation of the Insurable Accident. If the Insurable Event causes the incurable loss of the Insured's organ or limb (a function thereof) whose part (or part of the function thereof) was lost already before the Insurable Event, the percentage of the Insurance Indemnity payable in such a case shall be reduced considering the loss of the part of organ or limb (or part of function thereof) that existed before the Insurable Event.

I.4. The fact and level of medical severity of disability shall be determined by the Insurer's medical expert following the composite valuation of all circumstances related to the Insurable Event, the condition of health of the Insured (including but not limited to the loss of the Insured capacity for work, the disability degree, special needs of the Insured determined by competent public institutions and etc.) in accordance with the terms and requirements of Annex No. 1 to these Special Terms and Conditions. If a range of percentages is specified in the table, then the Insurer's medical expert shall determine the amount of the Insurance Indemnity depending on the extent of damage to health.

I.5. When the injury is not included in this table but in full complies with the definition of Disability and other terms and requirements of the Contract, the decision on payment of the Insurance Indemnity and the rate of evaluation of the injury consequences shall be made by the Insurer's medical expert.

I.6. If the loss of any organ/limb or functions thereof is partial, the Insurance Indemnity shall be respectively reduced in accordance with the conclusion made by the Insurer's medical expert.

2. MUSCULOSKELETAL SYSTEM

Clause	Consequences of the Accident	Insurance Indemnity, percentage of the Sum Insured
Injuries of limbs		
Note:		
1. In case of amputation of limbs or loss of their function, prostheses, orthoses and other compensatory measures		

shall not influence the establishment of the level of the loss of function.

2. Limb, joint movement disorders (contractures, ankylosis) shall be equated to the partial loss of the function of limbs, joints.

Upper limb lesions

Note: If a surgery or bone reposition is performed due to a nasal fracture, then the additional one-off payment equal to 3% of the sum insured shall be made.

1.	Bilateral loss of arms and hands.	100
2.	Loss of one arm and leg.	100
3.	Loss of arm from shoulder joint or very short stump (at the level of <i>collum chirurgicum</i>)	75
4.	Loss of arm from humerus or elbow joint.	70
5.	Loss of forearm.	50
6.	Short forearm stump (up to 7 cm).	60
7.	Loss of hand.	50
8.	Shoulder joint stiffening (ankylosis)	40
9.	Very limited shoulder joint range of motion (contracture) includes moving the arm: up in front of the body (flexion) – less than 75°; up behind the body (extension) – less than 30°; up from the side of the body – less than 75°.	35
10.	Severe shoulder joint instability, i.e. dangling joint.	40

Note:

Normal shoulder joint range of motion includes moving the arm: up in front of the body (flexion) – 180°; up behind the body (extension) – 60-70°; up from the side of the body – 180°; rotation: internal - 90°, external - 50°.
In case of stiffening of both shoulder joint and elbow joint, Clause 8 shall not be applied, and payment equal to 60% of the sum insured shall be made in accordance with Clause 11.

11.	Elbow joint stiffening (ankylosis):	
11.1	when the initial flexion angle is 60° – 90°.	30
11.2	when the initial flexion angle is less than 60° or more than 90°.	40
12.	Very limited elbow joint range of motion (contracture): flexion – less than 60°; extension – less than 140°.	30

Note:

Normal elbow joint range of motion: flexion – 30° - 40°; extension – 180°; rotation – 180°.
In case of stiffening of both shoulder joint and elbow joint, Clause 8 shall not be applied, and payment equal to 60% of the sum insured shall be made in accordance with Clause 11.

13.	Wrist joint stiffening:	
13.1	when extended;	25
13.2	when flexed.	35
14.	Very limited wrist joint range of motion (contracture): flexion – less than 160°; extension – less than 160°.	25

Note:

Normal elbow joint range of motion: flexion – 110° - 115°; extension – 135 - 140°.
In case of stiffening of both wrist joint and elbow joint, payment equal to 40% of the sum insured shall be made in accordance with Clause 11, and Clause 13 shall not be applied.

15.	Stiffening of two joints of the first finger (thumb) (ankylosis):	
15.1	when semiflexed;	10
15.2	when extended or flexed.	15
16.	Stiffening of two joints of the first finger (thumb) and carpometacarpal joint (ankylosis):	
16.1	when semiflexed;	15
16.2	when extended or flexed.	20
17.	Loss of at least a half of distal phalanx of the first finger (thumb).	5
18.	Loss of distal phalanx of the first finger (thumb) and a part of proximal phalanx.	10
19.	Loss of the first finger (thumb).	20
20.	Loss of both thumbs.	35
21.	Loss of one first finger (thumb), incl. metacarpus bone.	25
22.	Loss of the first finger (thumb) and one more – third, fourth or fifth – finger.	25
23.	Loss of one finger, excl. thumb, incl. a part of metacarpus bone.	10
24.	Loss of distal and intermediate phalanxes of the second finger (forefinger).	5
25.	Loss of the second finger (forefinger).	15
26.	Loss of the first finger (thumb) and the second finger (forefinger).	30
27.	Loss of the first finger (thumb) and three other fingers (excl. forefinger).	35
28.	Loss of the first finger (thumb), the second finger (forefinger) and one more other finger.	35

29.	Loss of two fingers, excl. thumb and forefinger.	15
30.	Loss of three fingers, excl. thumb and forefinger	20
31.	Loss of all five fingers of one hand.	40
32.	Loss of all fingers of both hands	70
Note: In case of injuries to a left hand of a right-handed person or to a right hand of a left-handed person, percentages specified in Clauses 15-32 shall be reduced by 5 %, except for the case when the said percentage is 5.		
Lower limb lesions		
33.	Loss of both legs (stump at the level of upper femoral third and above)	100
34.	Loss of one leg (stump at the level of upper femoral third and above) and shin of other leg.	100
35.	Loss of one leg (stump at the level of upper femoral third and above) and one arm (stump of humerus)	100
36.	Loss of one leg from hip joint or very short stump of thigh (amputation at trochanter minori level).	80
37.	Loss of one leg from thigh (stump at the level of upper femoral third and above).	60
38.	Loss of shin (stump at the level of upper third of shin and above).	50
39.	Loss of both shins (stumps at the level of upper third of shins and above).	80
40.	Total loss of foot at ankle joint.	45
41.	Partial loss of foot below ankle joint.	40
42.	Partial loss of foot at medio-tarsal joint.	35
43.	Partial loss of foot tarso-metatarsal joint.	30
44.	Hip joint stiffening depending on a position:	
44.1	when extended;	40
44.2	when flexed.	55
45.	Very limited hip joint motion (contracture): flexion – less than 60°; extension – less than 20°; external rotation (supination) – less than 35°;	
45.1	unilateral.	35
45.2	bilateral.	60
Note: Normal hip joint range of motion: flexion – 80° - 100°; extension – 60-70°; abduction – 60°.		
46.	Shortening of leg by:	
46.1.	up to 2.5 cm;	0
46.2.	2.5 up to 4 cm;	10
46.3.	4 up to 6 cm;	20
46.4.	more than 6 cm.	30
47.	Unilateral knee joint stiffening (ankylosis):	
47.1.	when extended;	30
47.2.	when flexed.	45
48.	Bilateral knee joint stiffening (ankylosis):	
48.1.	when extended;	50
48.2.	when flexed.	80
49.	Very limited knee joint motion (contracture): flexion – less than 100 %; extension – less than 150 %;	30
49.1.	unilateral.	50
49.2.	bilateral.	
Note: Normal knee joint range of motion: flexion – 30°; extension – 180°. In case of stiffening of both hip joint and knee joint, Clause 47 shall not be applied, and payment equal to 55% of the sum insured shall be made in accordance with Clause 44.		
50.	Ankle joint stiffening (ankylosis):	
50.1	in a functionally comfortable position;	20
50.2	in any position.	30
51.	Loss of one toe (excl. big toe).	3
52.	Total loss of big toe.	10
53.	Loss of big toe, incl. metatarsal bone or any part thereof.	15
54.	Total loss of four toes, excl. big toe.	10
55.	Loss of all toes of one leg.	20
56.	Loss of all toes of both legs.	30

Note:

In case of stiffening of both knee joint and ankle joint, Clause 50 shall not be applied, and payment equal to 45% of the sum insured shall be made in accordance with Clause 47.

3. HEAD AND FACE

57.	Disfigurement of the whole face resulting from burn, frostbite or injury which has changed its natural appearance: deformation or disfigurement of facial surface, contrastive unusual-colour spots or scars limiting movements of face; loss of nose; scalping remained after healing.	40
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4. CENTRAL NERVOUS SYSTEM AND PSYCHE

58.	<ul style="list-style-type: none"> • Dementia; • Paralysis of upper and lower limbs; • Very severe cortex lesions; • Totally uncoordinated movements; • Severe vestibular and cerebellar dysfunctions; • Frequent epileptic seizures (at least several times per week); • Persistent disorders of consciousness (vegetative state). 	100
59.	<ul style="list-style-type: none"> • Paralysis of lower limbs; • Severe cortex lesions related to speech; • Very severe coordination disorder; • Disorder of function of pelvic organs; • Severe cognitive disorders; • Epileptic seizures, at least once per week. 	75
60.	<ul style="list-style-type: none"> • Very severe decrease in movements and strength of 2 and more limbs • Strong organic lesions of cerebral nerves; • Strong coordination disorder; • Significant increase in limb muscle tone and decrease in muscle strength; • Severe cognitive disorders; • Epileptic seizures with average frequency (5-10 times every year); • Trephination defect of vault bones (although covered by plastics) – not less than 20 cm². 	60
61.	<ul style="list-style-type: none"> • Strong organic lesions of cerebral nerves; • Strong cortex lesions related to speech; • Severe coordination disorder; • Severe increase in limb muscle tone and decrease in muscle strength; • Severe disorders of movements of 2 and more limbs; • Rare epileptic seizures (5-10 times every year) • Very severe smell and taste disorder; • Trephination defect, not less than 10 cm². 	45
62.	<ul style="list-style-type: none"> • Organic lesions of cerebral nerves; • Smell and taste disorder; • Strong face asymmetry; • Coordination disorder; • Increase in limb muscle tone and decrease in muscle strength; • Disorders of movements of 2 and more limbs; • Individual epileptic seizures (3-4 time(s) every year); • Trephination defect, not less than 4 cm². 	25

Notes:

1. The insurance benefit due to the lesion to the central nervous system and psyche shall be paid, if the brain of the Insured has been damaged as a result of external factors and the residual effects have been approved on the basis of clinical evidence and data of objective tests.
2. The residual effects may be attributed to the particular clause of this chapter 4, only if at least 3 (three) symptoms of the particular group are present.
3. The Insurance Benefit for epilepsy shall be paid provided that the presence of epileptic seizures is duly and expressly confirmed by clinical symptoms and is supported by electroencephalograph findings. The Insurance Benefit due to epilepsy shall not be paid, if the Insured had epilepsy before an Accident.
4. If the insurance benefit is paid due the consequences resulting from the injury to the central nervous system in

accordance with Clauses 58-62, the insurance benefit payable due to the loss of limb function in accordance with clauses of Chapter 2 of this Annex shall not be paid.

5. INJURIES TO SPINAL CORD FUNCTION

63.	<ul style="list-style-type: none"> • paralysis of limbs (paraplegia, tetraplegia); • very severe pelvic organ dysfunction; • severe tissue trophism disorders; • severe cardiovascular and respiratory dysfunctions; • very strong pain syndrome. 	100
64.	<ul style="list-style-type: none"> • paralysis of limbs (hemiplegia); • severe sensation and movement disorders (medium paraparesis); • severe spasticity, pelvic organ dysfunction; • strong pain syndrome. 	80
65.	<ul style="list-style-type: none"> • paralysis of one limb (monoplegia); • sensation and movement disorders (monoparesis); • mild spasticity; • mild pelvic organ dysfunction; • pain syndrome. 	50

Notes:

1. The insurance benefit due to the injury to spinal cord function shall be paid if a spinal cord is injured due to external factors and the presence of disorders is approved on the basis of clinical evidence and data of objective tests (a X-ray, computer tomography image or other imaging findings).
2. The residual effects may be attributed to the particular clause of this chapter, only if at least 3 (three) symptoms of the particular group are present.
3. If the insurance benefit is paid due to the injuries to spinal cord function in accordance with Clauses 63-65, the insurance benefit payable due to the loss of limb function in accordance with clauses of Chapter 2 of this Annex shall not be paid.

1. PERIPHERAL NERVOUS SYSTEM

66.	Traumatic lesions of trigeminal, facial or hypoglossal nerves:	
66.1.	very severe unilateral function impairment;	15
66.2.	very severe bilateral function impairment;	20
67.	Lesion to neck and shoulder plexus and nerves thereof:	
67.1.	significant decrease in movements and strength and sensitivity disorder, severe muscle atrophy;	20
67.2.	very severe damage to movements and sensitivity, trophism disorders (ulcer, cyanosis, swellings).	30
68.	Lesion to lumbar and sacral plexus and nerves thereof:	
68.1.	significant decrease in movements, significant decrease in strength and sensitivity, severe muscle atrophy;	20
68.2.	very severe movement, sensitivity, trophism disorder (trophic ulcer), swellings.	30

1. The insurance benefit due to the injury to spinal cord function shall be paid, if presence of disorders has been approved on the basis of clinical evidence and data of objective tests.
2. If the insurance benefit is paid due to the injuries to spinal cord function in accordance with Clauses 67-68, the insurance benefit payable due to the loss of limb function in accordance with clauses of Chapter 2 of this Annex shall not be paid.

7. VISUAL ORGANS:

69.	Reduction in visual acuity of one eye:	
69.1.	when VA is 0.5-0.4;	10
69.2.	when VA is 0.3;	15
69.3.	when VA is 0.2;	20
69.4.	when VA is 0.1;	25
69.5.	total (non-correctable, incurable) blindness.	40
70.	Total blindness of both eyes.	100
71.	Decrease in vision as a result of intraocular and extraocular correction due to aphakia (in both eyes):	
71.1.	when VA is 0.4;	10
71.2.	when VA is 0.3;	20
71.3.	when VA is 0.1-0.4;	30

	when VA is less than 0.1.	
72.	Paralysis of accommodation:	
72.1.	in one eye;	10
72.2.	in both eyes.	25
73.	Decrease in visual field:	
73.1.	blindness for half the field of vision in one eye (hemianopsia);	15
73.2.	homonymous bitemporal.	15
74.	Concentric contraction of the visual field:	
74.1.	in one eye when the visual field of other eye is normal:	
74.1.1.	to 10° from the fixation point;	10
74.1.2.	to 5° from the fixation point;	20
74.2.	in both eyes:	
74.2.1.	to 50° from the fixation point;	10
74.2.2.	to 30° from the fixation point;	30
74.2.3.	to 10° from the fixation point;	70
74.2.4.	to 5° from the fixation point;	100
74.3.	in an only useful eye:	
74.3.1.	to 50° from the fixation point;	40
74.3.2.	to 30° from the fixation point;	60
74.3.3.	to 10° from the fixation point;	90
74.3.4.	to 5° from the fixation point.	100
75.	Central scotoma in both eyes or one eye:	
75.1.	if more 1/3 of visual field from fixation point is lost ;	20
75.2.	if more 2/3 of visual field from fixation point is lost.	40
76.	Ptosis and defects of eyelids (paralysis of eye muscles, eyelid adhesions):	
76.1	lid of one eye covers the entire pupil;	15
76.2	lids of both eyes totally cover the entire pupil.	25
77.	Absence of colour perception.	0
78.	Night-blindness.	0-5

Notes:

1. The Insurance Benefit for injury of visual organs shall be paid provided that the eye (-s) of the person is directly injured due to external factors and residual effects are supported by clinical symptoms and imaging findings.
2. The insurance benefit shall be paid due to reduction in visual acuity, if the visual acuity with correction is 0.5 or lower as a result of the injury. The insurance benefit shall be paid taking into consideration the visual acuity before an injury, i.e. the specified rate of evaluation is multiplied by the value of the visual acuity before an injury. When the visual acuity of the insured before the injury is unknown, it shall be considered that the visual acuity was normal (1.0) but not higher than the visual acuity of an uninjured eye.
3. Total blindness (0.0) shall be equated to visual impairment equal to less than 0.01 from light-perception (finger counting in front of a face).
4. When the consequences of injuries specified in several clauses then the percentages specified in them are summed up, but cannot be in excess of 40% for one eye.
5. Injury of an only useful eye shall be considered as the injury of both eyes.

8. HEARING AND VESTIBULAR ORGANS

80.	Total hearing loss (based on the data of instrumental and audiometric test) in one ear.	20
81.	Total hearing loss (based on the data of instrumental and audiometric test) in both ears.	50
82.	Severe vestibular function disorders:	
82.1	very severe – multiple dizziness attacks with vegetative reactions, severe coordination disorders when standing or walking short distances;	20-25

9. UPPER AND LOWER RESPIRATORY TRACTS, LUNGS

83.	Nasal obstruction (to be determined by rhinomanometer, normal values - exhalation and inspiration 380–400 ml/sec):	
83.1.	severe unilateral (less than 100 ml/sec) or severe bilateral (less than 200 ml/sec);	15
83.2.	total bilateral (0 ml/sec).	25
84.	Impairment of throat or trachea function:	
84.1.	severe – dyspnoea in the stable state;	30
84.2.	aphonia;	20
84.3.	very severe – permanent tracheostomy tube.	40

85.	Lung function disorders (respiratory failure):	
85.1.	moderate (II degree of failure);	30-50
85.2.	severe (III degree of failure).	50-70

Note:

The amount of the Insurance Benefit depends on dyspnoea, lung function tests and blood indicators: vital lung capacity, forced expiration capacity, blood saturation with oxygen and carbon dioxide – PaO₂, PaCO₂, blood Ph. When one injury results in several consequences listed in clauses of Chapter 9 in this annex, then the insurance benefit shall be paid in accordance with only one clause which refers to the most severe injury and the maximum insurance benefit.

10. CARDIOVASCULAR SYSTEM

86.	Cardio-vascular insufficiency caused by injuries of heart, pericardia or primary arteries:	
86.1.	moderate (C stage or III functional class according to NYHA);	30-50
86.2.	severe (C, D stage or IV functional class according to NYHA).	50-70

Note:

The amount of the Insurance Benefit depends on instrumental, functional and other indicators of the objective tests which prove the degree of circulatory failure.

11. DIGESTIVE SYSTEM

87.	Traumatic loss of jaw.	45
88.	Swallowing disorders caused by lesion to salivary glands, tongue, pharynx or esophagus:	
88.1.	difficulties in swallowing of soft food;	30
88.2.	difficulties in swallowing of liquid food;	40
88.3.	complete obstruction in case of gastrostomy.	70
89.	Injuries of digestive organs resulting in:	
89.1	bowel fistula (e.g. ileostomy, enterostomy), entrevaginal fistula (enterovaginal, rectovaginal), fecal incontinence;	40
89.2.	artificial fistula (colostomy).	25

Note: The residual effects of lesions to jaw joints or soft tissues in the oral cavity shall be assessed according to their influence on speech, chewing and swallowing functions. When one injury results in several consequences listed in clauses of Chapter 11 in this annex, then the insurance benefit shall be paid in accordance with only one clause which refers to the most severe injury and the maximum insurance benefit.

90.	Removal of gall-bladder, a part of liver as a result of injury.	15-25
91.	Removal of stomach, intestine as a result of injury.	50
92.	Liver lesions shall be determined according to severity of hepatic impairments. The amount of the benefit depends on concentrations of the indicators of liver function (bilirubin, GGT, GPT, GOT, prothrombin, protein fractions, etc.) in blood and urine.	0-60
93.	Pancreatic disorders shall be determined according to severity of functional disorders (on the basis of the indicators of endocrine / exocrine function)	0-50

12. URINARY TRACT

94.	Renal dysfunction:	
94.1	Moderate chronic renal failure (II degree) approved by laboratory tests;	15
94.2.	Severe chronic renal failure (III degree) approved by laboratory tests; when transplantation or regular dialysis is required.	70
95.	Ureteral, urethral obstruction as a result of injury.	25
96.	Removal of kidney as a result of injury.	30
97.	Urinary incontinence:	
97.1.	II-III degree of urinary incontinence;	20-30
97.2.	total urinary incontinence.	40
98.	Urogenital fistulas.	40

Note: When one injury results in several consequences listed in clauses of Chapter 12 in this annex, then the insurance benefit shall be paid in accordance with only one clause which refers to the most severe injury and the maximum insurance benefit.

13. GENITAL SYSTEM

99.	Removal of uterus (which was lesion-free prior to the insured event) as a result of injury in women aged under 35.	25
100.	Removal of uterus (which was lesion-free prior to the insured event) as a result of injury in women aged 35 to 45.	10
101.	Removal of one ovary as a result of injury, if other ovary is lesion-free.	0
102.	Removal of both ovaries or the only useful ovary as a result of injury in women aged under 45.	25

103.	Total penectomy.	25
104.	Loss of one testicle (as a result of injury), if other testicle is lesion-free.	0
105.	Loss of both testicles (as a result of injury), in men aged under 55.	25
14. BLOOD-FORMING ORGANS		
106.	Removal of spleen as a result of the injury:	
106.1.	in early childhood, under 8 years;	20
106.2.	above the age of 8 years.	10

SPECIAL TERMS AND CONDITIONS: ADDITIONAL INSURANCE AGAINST DISABILITY RESULTING FROM AN ACCIDENT NO. 006

Annex No. 2 to

PRICELIST
Effective from 1 October 2018

1. Fees for additional services

Service	Charge
Amendments to the Contract (reduction of the Sum Insured, amendment to the Insurance Period and etc.)* *Note: this charge shall be calculated for each amendment to the provision of the Contract separately.	EUR 5.00
Termination of the Contract, if only the Additional Insurance is terminated, and the principal life insurance remains in effect.	EUR 7.00

2. Other provisions

2.1. Minimum sum of the Additional Insurance: EUR 2,000.00.