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(hereinafter referred to as the "Insurer")

Special Insurance terms and Conditions

Investment Life Insurance FORTE

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Part A I COMMON PROVISIONS

Article 1

Introductory Provisions

1. Special Terms and Conditions of Insurance for FORTE investment-linked life insurance (hereinafter also referred to as "ZPP FORTE" only) covers the FORTE investment-linked life insurance (hereinafter also referred to as "insurance") under which insurance for death or survival to the specified life expectancy of the insured (hereinafter also referred to as “basic insurance”) is always agreed. The investment risk in this insurance is borne by the policyholder himself or herself by selecting the investment programs to invest a proportion of the premiums.
2. Additional insurance can be arranged on top of the basic insurance in the insurance contract.
3. Basic insurance is arranged as fixed-benefit insurance.

Article 2

Interpretation of Terms

Allocation Ratio - the ratio in which a portion of the premium is placed in the individual investment programs.

Allocation Fee - a fee expressed as a percentage deducted from each premium paid and relating to the insurer's costs for the conclusion and duration of the insurance contract.

Automatic Investment Protection - Insurer-defined rule of automatic transfers of units of the investment programs applicable to regular premiums on the anniversary of the commencement of basic insurance that the policyholder may arrange within the insurance policy.

Unit Share Price - the price determined by the insurer on the basis of the documents provided by the asset manager applied to the purchase and sales of unit shares of the individual investment programs on a given day.

Value of an Investment Program - the amount calculated as the product of the given investment program unit shares credited to the share account and the price of the given investment program unit share.

Value of Insurance Generated on the Basis of the Payment of Regular Premiums for Basic Insurance - the amount calculated as the sum of the values of the investment programs for regular premiums (hereinafter referred to as the "value of the regular premium insurance").

Value of Insurance Generated on the Basis of the Payment of Extra Premiums - the amount calculated as the sum of the values of the investment programs for extra premiums (hereinafter referred to as the "value of the extra premium insurance").

Value of the Insurance - the amount calculated as the sum of the value of the regular premium insurance and the value of the extra premium insurance.

Collection Fee - a fee expressed as a percentage deducted from each premium paid and relating to the insurer's costs of accepting the payment of the premium.

Unit Share - proportional part of the value of the investment program.

Share account - an individual account managed by the insurer for the insurance contract, consisting of the unit shares of the individual investment programs.

Insurance paid in full - State of insurance with no obligation to pay regular insurance premiums where the insurance cover is maintained as arranged.

Investment program - a portfolio of different investment instruments set up and managed by the insurer or an administrator appointed by the insurer which has a common investment strategy and which was created solely for investment-linked life insurance purposes.

Risk premiums - the amount to cover the insurance risk from the individual insurance policies arranged in the insurance contract.

Administrative charge - A fee that is charged monthly for the duration of the insurance and is related to the insurance administration costs on the part of the insurer.

Loyalty Bonus - the amount the insurer grants to the policyholder as a reward for loyalty, which means the duration of the insurance contract or insurance policy for a specified period of time.

Article 3

Insurance Period

1. The insurance period for other insurance may not exceed the insurance period of the basic insurance.
2. The end of every other insurance is the anniversary of the commencement of the basic insurance in the calendar year in which the insured reaches the age stated in the insurance contract.

Article 4

Insurance Premiums

1. The premiums are regular and are paid for the insurance periods as specified in the insurance contract.
2. The insurer permits the payment of extraordinary premiums under a special variable symbol at any time during the term of the insurance except for times when the insurance has been paid in full.
3. The insurer's price list shall set a minimum limit for the payment of extraordinary premiums.
4. The insurer reserves the right to reject any extraordinary premium paid by the policyholder. The insurer shall inform the policyholder on the potential rejection of extraordinary premiums within 15 days of receipt thereof. The policyholder is obliged to inform the insurer of the account to which the rejected extraordinary premium should be refunded. The insurer is obliged to remit the rejected premiums to the policyholder without undue delay after the policyholder has

given the insurer instructions for refunding.

Article 5

Fees and Risk Premiums

1. The allocation and collection fees are deducted from both the regular and extraordinary premiums. The amount of these fees is shown in the price list.
2. The administrative charge and the risk premiums are deducted monthly from the value of the regular premium insurance until the time when the insurer is entitled to premiums. The amount of the administrative charge is stated in the price list; the amount of the risk premium is determined by the insurer according to the technical insurance bases.
3. The insurer also subtracts the fees for acts performed upon request or proposal of the policyholder from the value of the insurance. The price list states the acts for which fees are charged, and the amounts thereof.
4. The insurer shall determine the number of unit shares required to cover the amounts referred to in paragraphs 2 and 3 of this Article on the basis of their prices valid on the day of the execution of the relevant action by the insurer. Unit shares shall be deducted pro rata to the value of each investment program.
5. If regular premiums do not suffice to cover the allocation and collection fee and/or the value of the regular premium insurance does not suffice to cover the administrative charge and risk insurance premiums, a negative value is generated which will be recorded in the value of the regular premium insurance. Such negative value will be set off when unit shares purchased from the next regular premiums suffice to cover the payment.

Article 6

Purchase of Unit Shares

1. Unit shares of investment programs are purchased with the remainder of the premiums after the deduction of the allocation and collection fees according to the allocation ratio for the regular and extraordinary premiums separately.
2. Purchases of unit shares are made without undue delay, no later than in 10 calendar days after payment of premiums under the correct variable code. The insurer is not responsible for the consequences of the policyholder stating an incorrect account number or an incorrect variable code or an incorrect amount of the premium when paying premiums.
3. The unit shares of investment programs for regular premiums will be purchased on the due date of regular premiums at the earliest. The unit shares of investment programs for extraordinary premiums will be purchased on the day of the commencement of the basic insurance at the earliest.

Article 7

Payment from the Value of the Insurance

1. The payment from the value of the insurance under this article can only be claimed if the possibility of payment is stipulated in the insurance contract.
2. No payment from the value of regular premium insurance can be made in the case of insurance paid in full, and during periods when insurance premium payment is suspended.
3. The insurer's Price List shall stipulate the minimum amount of a pay-out and the maximum number of pay-outs in the insurance year.
4. The insurer shall allow such maximum amount of payment from the value of regular premium insurance that:
   a) the balance of the value of the regular premium insurance after the payment, reduced by any outstanding premiums and increased by increments from the subsequently paid regular premiums, suffices to cover the risk premium and the charges charged by the insurer in accordance with paragraphs 1 and 2 of Article 5 of this Part of ZPP FORTE until the end of the insurance period,

   and, at the same time,

   b) the balance of the value of the regular premium insurance after the deduction of any potential outstanding premiums has not fallen below the limit set in the Price List.
5. The insurer is entitled to make a condition of reviewing the health of the insured or reducing the insured amount in case of death in version D for the execution of the payment from the value of the regular premium insurance in the first day of the month following the date of payment. The insured amount will be reduced by the amount of the payment, including the disbursement fee and, if applicable, the tax charged on the payment at the most. The policyholder will be informed of the reduction of the insured amount.
6. The payment from the value of the insurance is made by the sale of unit shares applying the prices valid on the day of payment in the insurer's internal system.
7. Payments from the value of the regular premium insurance and/or payments from the value of the extraordinary

premium insurance are performed by the insurer on the basis of the policyholder’s written request filed on the insurer’s relevant form.

8. The insurer shall make a payment from the value of the insurance within six weeks from the date of delivery of the policyholder's written request to the address of the insurer's registered office at the latest, without undue delay after all the premium payments as well as other operations with an impact on the value of the insurance resulting from the insurance contract or based on the policyholder’s request have been settled in a chronological order.
9. The insurer shall reject the application if it is impossible to effect the payment within the relevant deadline in view of the aforementioned conditions.
10. The insurer charges a fee, the amount of which is set by the insurer’s Price List, for each payment from the value of the insurance. The fee is deducted from the value of the insurance from which the payment is made, pro rata to the value of the investment programs at the date when the insurer carries out the transaction.
11. By way of derogation from Section 1957 of the Civil Code, it is agreed that the payment from the value of the insurance has been completed once the insurer has transferred the amount of the payment from the value of the insurance according to the policyholder's instruction.

Article 8

Transfer of Unit Shares of Investment Programs

1. The insurer shall transfer unit shares between individual investment programs for regular premiums and/or extra premiums (hereinafter referred to as the "transfer") on the basis of an agreement with the policyholder where the policyholder makes a written request for the transfer on the insurer's relevant form or via the Online Client Zone Internet application.
2. The deadline for accepting a policyholder's proposal and for making a transfer is set to one month from the date of delivery thereof to the address of the insurer's registered office. If the insurer does not accept the policyholder’s request for a change within the time limit as arranged above, the request becomes ineffective.
3. The transfer will use the unit share price applicable as of the date of the relevant transaction performed by the insurer.
4. The insurer charges a fee, the amount of which is set by the insurer’s Price List, for each transfer. The fee is deducted from the value of the insurance under which the transfer is made, pro rata to the value of the investment programs prior to the transfer.

Article 9

Automatic Protection of the Investment

1. If automatic protection of the investment has been arranged in the insurance contract, the insurer shall:
   a) five years prior to the agreed end of the basic insurance, transfer 20% of the value of other investment programs for regular premiums to the Guaranteed Investment program for regular premiums and, subsequently, perform a transfer to the same amount annually until the time as specified in point (b) of this paragraph and Article of VPP FORTE, and
   b) one year prior to the end of the basic insurance as arranged, transfer the full amount of the other investment programs for regular premiums to the Guaranteed Investment Program for regular premiums.
2. The automatic protection of the investment is cancelled if a transfer of units is made during its term between individual investment programs for regular premiums at the policyholder's request.

Article 10

Change of the Allocation Ratio

1. The insurer shall change the allocation ratio for basic insurance for regular premiums and/or extraordinary premiums on the basis of a written agreement with the policyholder, whereas the policyholder makes a written proposal to change the allocation ratio on the insurer’s relevant form or via the “Online Client Zone” Internet application.
2. The deadline for accepting a policyholder's proposal and for making a change of the allocation ratio is set to one month from the date of delivery thereof to the address of the insurer's registered office. If the insurer does not accept the policyholder's proposal to change within the agreed time limit, the proposal becomes void.
3. The new allocation ratio applies to the purchase of unit shares after the change has been effected by the insurer.
4. The insurer charges a fee, the amount of which is set by the insurer’s Price List, for each change of the allocation ratio. The fee is deducted from the value of the insurance pro rata to the value of the investment programs at the date when the insurer carries out the transaction.

Article 11

Investment Programs, Investment Risk

1. The policyholder may choose out of investment programs of different investment strategies, natures of the underlying assets and, therefore, expected rates of return and risk levels. There are two types of investment programs, namely market investment programs and guaranteed investment programs. Prior to arranging the insurance as well as during the term of insurance, the insurer shall provide information about the investment strategies of the individual investment programs to the policyholder either in writing or by means allowing remote access.
2. Purchases of unit shares of the individual investment programs to a share account serve to determine the amount of performance and other claims arising from the relevant insurance. The underlying assets of individual investment programs and the proceeds thereof are, and remain for the entire term of the insurance, the property of the insurer.
3. The unit share prices in the investment programs will be set with a frequency stipulated by the insurer, once a month as a minimum. The insurer publishes the prices in a way that allows remote access.
4. If the insurer does not set the unit share prices as of a certain date, any purchase and sale of the unit shares shall apply the most recent unit share prices specified by the insurer on such date.
5. The insurer is entitled to change the underlying assets of the investment programs while preserving the nature of the underlying assets. When changing the underlying assets, the insurer does not guarantee maintaining the number of unit shares of the investment program; however, the insurer guarantees that the value of the underlying assets remains unchanged as of the date of the change of the underlying assets.
6. The insurer is entitled to decide to cancel the investment program, in particular as a result of the cancellation of the underlying assets by the asset manager. In such a case, the insurer will propose a new allocation ratio to the policyholder. If the policyholder does not agree with the proposed change of the allocation ratio, he or she must communicate a new allocation ratio to the insurer in writing within one month of receipt of the insurer's proposal. If the policyholder does not specify a new allocation ratio, unit shares will be purchased for the paid premiums based on the allocation ratio proposed by the insurer. The insurer may proceed in a similar way even in the case of a transfer of already existing unit shares of the relevant investment program. Upon cancellation of the investment program, the insurer does not guarantee maintaining the number of unit shares of the investment program; however, the insurer guarantees that the value of the investment program remains unchanged as of the date of the transfer.

Article 12

Market Investment Programs

1. In the case of market investment programs, the investment risk is borne by the policyholder. The unit share price in market investment programs is not guaranteed by the insurer, so it may grow and fall.
2. The unit share price is determined on the basis of the value of the underlying assets and the total number of unit shares of the relevant market investment program. The asset manager is entitled to subtract all costs, deductions, and other charges associated with the purchase, sale, valuation and management of those assets from the value of the underlying assets to which the investment program relates.

Article 13

Guaranteed Investment Programs

1. Guaranteed investment programs are investment programs where a minimum amount of appreciation is announced. The insurer is entitled to change the amount of the minimum appreciation unilaterally during the term of the insurance. The insurer shall announce the new amount of the minimum appreciation in a manner allowing remote access at least one month before the change shall be effected. The insurer offers guaranteed investment programs for regular premiums and extraordinary premiums separately.
2. The unit share prices in the guaranteed investment programs are determined in accordance with the currently announced minimum appreciation of the investment program.
3. The insurer is entitled to grant a financial bonus exceeding the minimum appreciation announced for the guaranteed investment programs. The financial bonus is granted by the insurer on the basis of a decision respecting the actuarial principles. The insurer grants such financial bonuses separately to guaranteed investment programs for ordinary premiums and to guaranteed investment programs for extraordinary premiums.
4. The insurer guarantees neither the granting nor the amount of the financial bonus exceeding the announced minimum; which also depends on the parameters of the insurance as arranged. This insurer does not grant a financial bonus on insurance paid in full.
5. The financial bonus exceeding the minimum appreciation announced shall be credited to the value of the relevant investment program by increasing the number of unit shares of the relevant guaranteed investment program.

Article 14

Termination of the Insurance and Common Provisions

1. Termination of the basic insurance also means termination of all other insurances arranged in the insurance contract.
2. The termination of the policyholder's insurable interest in the insurance of the primary insured person also terminates the basic insurance as well as all other insurances arranged in the insurance contract.
3. The termination of the policyholder's insurable interest in the insurance of the next insured or the insured child shall terminate all other insurances agreed for this insured person in the insurance contract.
4. As of the day of the policyholder's death or the day when it ceases to exist without a legal successor, the primary insured takes over its rights and obligations.

Article 15

Withdrawal from the Insurance Contract or Part thereof

1. The insurer has the right to withdraw from the insurance contract if, when arranging or changing the insurance, the primary insured has either intentionally or through negligence given false or incomplete answers to written inquiries regarding the insurance being arranged, if the insurer would not have entered into the insurance contract had the insured answered in a true and complete manner. A withdrawal from the insurance contract cancels the contract from the beginning, i.e. all the arranged insurance policies of all insured persons (primary insured, other insured and insured children) are cancelled from the beginning
2. The insurer has the right to withdraw from a part of the insurance contract if, when arranging or changing the insurance, the primary insured has either intentionally or through negligence given false or incomplete answers to written inquiries regarding the insurance being arranged, within the scope of those other insurance policies of the primary insured the insurer would not have concluded had the insured answered the written inquiries in a true and complete manner. Withdrawal from a part of the insurance contract cancels such policies of the primary insured from the very beginning.
3. The insurer has the right to withdraw from a part of the insurance contract if, when arranging or changing the insurance, the other insured has either intentionally or through negligence given false or incomplete answers to written inquiries regarding the insurance being arranged, within the scope of those other insurance policies of the other insured the insurer would not conclude had the insured answered the written inquiries a the true and complete manner. Withdrawal from a part of the insurance contract cancels such policies of the primary insured from the very beginning.
4. The policyholder has a right to withdraw from the insurance contract if the insurer breaches the obligation under Section 2789 of the Civil Code, i.e. the obligation to notify the person interested in the insurance (policyholder) of any discrepancies between the insurance offered and its requirements, if the insurer must be aware of such discrepancies.
5. The policyholder has a right to withdraw from the insurance contract if, when negotiating the conclusion of the insurance contract or subsequently negotiating a change of an insurance policy, he has asked the insurer in writing about the facts pertaining to the insurance and the insurer did not respond to these questions truthfully and completely.
6. If the policyholder withdraws from the insurance contract, the insurer shall, within one month of the effective date of such withdrawal, remit the premium paid minus what it has already paid from the insurance; if the insurer withdraws from the insurance contract, it has the right to set off the costs associated with the commencement and management of the insurance. If the insurer withdraws from the insurance contract and if the policyholder, the primary, other insured or the insured child or another person has received an insurance benefit already, such person shall remit the part of such paid insurance benefit exceeding the premium paid to the insurer within the same period. If the insurer withdraws from a part of the insurance contract and if the primary, other insured or another person has already received insurance benefit from the insurance policies, which are cancelled from their commencement due to a withdrawal from a part of the insurance contract, such person shall remit the part of such paid insurance benefits exceeding the premium paid for such insurance policies of the primary or other insured to the insurer within the same period.

Article 16

Suspension of Premium Payments

1. The payment of insurance premiums may be suspended based on the agreement of the insurer with the policyholder, whereby the policyholder submits a written proposal to suspend the payment of the regular premiums (hereinafter also referred to as "suspension of payment") to the insurer.
2. If the insurer accepts the proposal, the obligation to pay regular premiums is suspended from the closest following due date of regular premiums once the policyholder's proposal has been delivered the insurer's registered office.
3. Payments may be suspended under the following conditions:
   a) no sooner than at the end of a period from the beginning of the insurance as indicated in the Price List and, at the same time, only if regular premiums have been paid during that period,
   b) the value of the insurance of regular premiums is at least equal to the value stipulated by the Price List for this purpose.

4. The maximum length of the suspension of payment period is indicated in the Price List.
5. The administrative charge and risk premiums continue to be deducted from the value of the regular premium insurance in full.
6. At any time during the suspension of payment of the insurance premiums, the policyholder is entitled to request the suspension of payment to be revoked from the insurer in writing.
7. By suspending the payments, the length of the insurance period is changed to monthly and remains valid even after the suspension of payment has been terminated.
8. The insurance expires on the first day of the month in which the regular premium insurance value falls below the amount of the charge for premature termination of the insurance contract, the amount of which is indicated in the Price List.

Article 17

Insurance Paid in Full

1. The insurance is transferred to the paid-in-full state if the regular premiums are not duly paid and if they are not paid within the additional time limit indicated by the insurer in the reminder for payment of outstanding premiums and, at the same time, if the regular premium insurance value suffices to cover the outstanding premiums as of the last day of the time limit indicated by the insurer in the reminder for payment.
2. The insurance shall be converted into an insurance paid in full on the day following the expiry of the additional time limit indicated by the insurer in the reminder for payment.
3. The administrative charge and risk premiums continue to be deducted from the value of the regular premium insurance in full.
4. The insurance expires on the first day of the month in which the regular premium insurance value falls below the amount of the charge for premature termination of the insurance contract, the amount of which is indicated in the Price List.

Article 18

Redemption Value

1. The policyholder has a right to receive the redemption value upon termination of basic insurance where insurance claims are not specified by these ZPP FORTE or GTCs. A claim for redemption value arises:
   a) if the regular premium insurance value is positive, or
   b) if extraordinary premiums have been paid; however, no sooner than the day of commencement of insurance.
2. The redemption value is equal to the sum of the regular premium insurance value less the charge for premature termination of the insurance contract, the amount of which is indicated in the Price List, and the extraordinary premium insurance value.

Article 19

Loyalty Bonus

1. The Loyalty Bonus is set at 10% of the total risk premium for all insured persons and all the insurances arranged during the reference period.
2. The reference period is always understood to mean a period of five years from the commencement of basic insurance to the end of basic insurance (i.e. the first period is insurance year 1 to 5, the second period is insurance year 6 to 10 and accordingly in the subsequent periods.) The last reference period may be shorter depending on the insurance period of the basic insurance.
3. The Loyalty Bonus is credited monthly over the reference period and will be credited to the value of the extraordinary premium insurance without undue delay upon expiry of the insurance period, where it will be recorded separately and capitalized as a guaranteed investment program for extra premiums.
4. No claim to loyalty bonus arises over a reference period during which the basic insurance is terminated for reasons other than the death or survival to the end of the basic insurance.

Part B I BASIC INSURANCE

Article 1

Claims from the Insurance for Death or Survival

1. If the primary insured survives to the agreed end of the insurance, the insurer shall pay him or her the value of the insurance determined as of the day of the end date of the insurance.

2. If the primary insured dies during the term of the basic insurance and if the P version of insured amount for death has been arranged in the insurance contract within the framework of basic insurance, the insurer pays the insurance benefit in case of death as arranged in the insurance contract as of the date of death of the primary insured, and the value of the insurance to the amount determined as of the date of written notification of the insured event to the insurer's registered office to the person who acquires the right to the insurance benefit in the event of death of the primary insured.
3. If the primary insured dies during the term of the basic insurance and if the D version of insured amount in case for death has been arranged in the insurance contract under the basic insurance, the insurer pays the following amounts to the person who acquires the right to the insurance benefit in the event of death of the primary insured:
   a) the insurance benefit for death as arranged in the insurance contract as of the date of death of the primary insured, or the value of regular premium insurance to the amount determined as of the date of written notification of the insured event to the insurer's registered office if the latter exceeds the insurance benefit as arranged, and also
   b) the value of extra premium insurance to the amount determined as of the date of written notification of the insured event to the insurer's registered office.

Part C INSURANCE AGAINST THE DEATH OF ANOTHER INSURED PERSON

Article 1

Death Claims from the insurance S - N

1. If another insured person dies during the term of the basic insurance, the insurer pays the insurance benefit for death as arranged in the insurance contract as of the date of death of the other insured person to the person who acquires the right to the insurance benefit in the event of death of the other insured person.

Part D PRICE LIST OF FEES AND SUMMARY OF LIMITS

Premium Fees					
Regular insurance premiums					
Allocation fee The allocation fee is subtracted from the premiums paid depending on the insurance period of the basic insurance and the insurance year. The allocation fee is applied to the regular premiums paid after the insurance contract has been concluded and in cases of increasing regular premiums paid upon a change of the insurance (the difference between the new and the original amount of premiums). When insurance premiums are modified, the insurance period is understood to mean the number of whole years remaining until the end of the basic insurance after the effective date of the change.					
Insurance period	**Year 1 to 5**	**Year 6 and on**	**Insurance period**	**Year 1 to 5**	**Year 6 and on**
1	16 %	x	**11**	26 %	5 %
2	16 %	x	**12**	27 %	5 %
3	16 %	x	**13**	29 %	5 %
4	16 %	x	**14**	31 %	5 %
5	16 %	x	**15**	33 %	5 %
6	17 %	5 %	**16**	34 %	5 %
7	19 %	5 %	**17**	36 %	5 %
8	21 %	5 %	**18**	38 %	5 %
9	22 %	5 %	**19**	39 %	5 %
10	24 %	5 %	**20 years and more**	40 %	5 %
Collection fee				CZK 5	
Extraordinary premiums					
Allocation fee				0 %	
Collection fee				CZK 0	
Fees covered by the value of the insurance					
Regular fees					

Administrative charge	CZK 35 per month
One-off fees	
Changes to the insurance	
- 1st and 2nd change in the insurance year	CZK 0
- 3rd and subsequent changes in the insurance year	CZK 100
- change via the "Online Client Zone" application	CZK 0
Transfers of unit shares	
- 1st and 2nd transfer in the insurance year	CZK 0
- 3rd and subsequent transfer in the insurance year	CZK 100
- transfer via the "Online Client Zone" application	CZK 0
Change of Allocation Ratio	
- 1st and 2nd change in the insurance year	CZK 0
- 3rd and subsequent changes in the insurance year	CZK 100
- change via the "Online Client Zone" application	CZK 0
Payment from the value of the regular premium insurance	CZK 50
Payment from the value of the extra premium insurance	CZK 0
Fee for a written statement of the current value of the insurance (upon the policyholder's request)	CZK 30
Fee for issuing a copy of the insurance policy (upon the policyholder's request)	CZK 30
Fee for re-issuing the activation key for access to the "Online Client Zone" application	CZK 50
Fee for premature termination of the insurance contract	CZK 500
Insurance limits and parameters	
Payment of extraordinary premiums	
Minimum limit for extraordinary premium payments	CZK 500
Payment from the value of the insurance	
Minimum payment from the value of the regular premium insurance	CZK 3,000
Minimum payment from the value of the extra premium insurance	CZK 1,000
Maximum number of payments from the value of the regular premium insurance in the insurance year	1
Maximum number of payments from the value of the extra premium insurance in the insurance year	12
Minimum balance of the value of the regular premium insurance	CZK 2,000
Suspension of premium payments	
Time from the beginning of the insurance to the submission of a proposal to suspend payment	36 months
Minimum value of the regular premium insurance for a proposal to suspend payment to be accepted	CZK 10,000
Maximum duration of payment suspension	24 months

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Special Insurance Terms and Conditions

Insurance for Death with Decreasing Sum Insured

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Article 1

Introductory Provisions

1. The special terms and conditions of death insurance with a decreasing sum insured (hereinafter referred to as "ZPP S-K") regulate death insurance with a decreasing sum insured (hereinafter referred to as "S-K" or "insurance"), which is arranged as fixed-benefit insurance.

Article 2

Insurance Claims

1. The insured event is the death of the insured within the term of the insurance.
2. The insurance may be taken with the following options:
   a) with a sum insured which decreases in an annuity mode based on the interest rate specified in the insurance contract (hereinafter referred to as "S-KA"),
   b) with a sum insured which decreases in a linear mode (hereinafter also referred to as "S-KL").
3. For life insurance with a linear decrease of the sum insured, the sum insured decreases monthly and always applies from the 1st day of the month. The sum insured is reduced by 1/n, where "n" refers to the agreed insurance period of the relevant policy in months, i.e. it is calculated for each month according to the following formula:

   k(m) = k × (n – m + 1) /n

   where:

   k (m) is the current sum insured in the "m" month of insurance duration, rounded up mathematically to full CZK
   to is the sum insured as negotiated in the insurance contract
   m is the month of insurance duration
   n is the insurance period of the policy in months

4. For life insurance with an annuity-mode decrease of the sum insured, the sum insured decreases monthly and always applies from the 1st day of the month. The current sum insured for each month is calculated according to the following formula:

   k(m) = k × (1 – (1 / (1 + j)) ^ (n - m + 1)) / (1 -(1 / (1 + j)) ^ n)

   where:

   k (m) is the current sum insured in the "m" month of insurance duration, rounded up mathematically to full CZK
   to is the sum insured as negotiated in the insurance contract
   m is the month of insurance duration
   n is the insurance period of the policy in months
   i is the annual interest rate agreed in the insurance contract
   j is the monthly interest rate calculated according to the formula: j = i/12

5. In the case of an insured event, the insurer pays the insurance benefit to the entitled person who acquires the right to claim the insurance benefit in the event of death of the insured, to the amount of the sum insured applicable on the date of the insured event.

Article 3

Obligations of the Insurance Participants

1. The Entitled is obliged to report the occurrence of the insured event to the insurer on the insurer's form and to submit the Death Certificate of the insured.

ČSOB Pojišťovna

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(hereinafter referred to as the "insurer" only)

Special Insurance Terms and Conditions

Insurance for Serious Diseases

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Article 1

Introductory Provisions

1. The Special Insurance Terms and Conditions for the Insurance for Serious Diseases (hereinafter referred to as the "VCH-VCH") cover the insurance for serious diseases (hereinafter referred to as "VCH-N", "insurance" or "VCH-d" in the case of persons referred to in the insurance contract as "children").

2. The insurance is arranged as a fixed-amount benefit insurance for a disease.

Article 2

Insurance Claims

1. If the insured is, during the term of the insurance for a serious disease, but at the earliest after the first 3 calendar months from the date of commencement of the insurance, (hereinafter referred to as the "waiting period"), diagnosed with a serious disease, which complies with the conditions of Article 3 or 4 of these ZPP VCH, the insurer shall pay the insured the amount of the insurance benefit agreed in the insurance contract as of the date of the occurrence of the insured event.

2. The waiting period does not apply if a serious disease has occurred solely as a result of an injury occurring on the day the insurance commences at the earliest.

3. The insurance benefits from the insurance will be paid by the insurer only once, even in cases where more than one insured event in accordance with Article 3 or 4 of these ZPP VCH occurred at the same time.

Article 3

Definition of a claim for insurance benefit in the case of an insured event - serious disease under the VCH-N insurance

1. The insured event shall occur if a written medical report specified in paragraph 2 of this article confirms the insured person's first diagnosis of one of the diseases referred to in paragraph 2 of this article or the first placement on the organ transplantation waiting list referred to in paragraph 2 of this article or the first surgery referred to in paragraph 2 of this article, while other conditions referred to in paragraph 2 of this article (hereinafter also referred to as "serious disease") are met.

2.A serious disease is considered to mean:

Diseases of the circulatory system

2.1 Heart attack

Heart attack means the diagnosis of acute myocardial infarction, confirmed by hospital discharge papers on

hospitalization issued by a cardiology or internal medicine department and containing the findings of akinesia or dyskinesia during echocardiography and at least one of the following three conditions:

- development of pathological Q oscillation at least in two ECG outputs (Q≥0.04 s or Q>0.25% of the oscillation amplitude R),
- non-specific ECG signs of myocardial infarction with characteristic dynamics of biochemical markers, i.e. CK-MB and troponin,
- a typical anamnesis of myocardial infarction with the characteristic dynamics of biochemical markers, i.e. CK-MB and troponin,

The insurance coverage also applies to the cases when the above conditions are not met if the diagnosis of acute myocardial infarction is confirmed by hospitalization discharge papers from a cardiology or internal medicine department, if the insured has been treated by the hospital for intravenous thrombolysis or acute PTCA (percutaneous transluminal coronary angioplasty) and met the indication criteria for such treatment.

In order for a case to be an insured event, it is essential for the insured to survive at least 30 calendar days from the date of the diagnosis.

The insured is obliged to submit the completed form "Notice of Insured Event – Serious Disease" to the insurer, including a medical certificate on the diagnosis of acute myocardial infarction, and discharge papers on hospitalization due to this diagnosis. The form "Notice of Insured Event – Serious Disease" must be issued by a specialist physician of a cardiology or internal medicine department of a medical facility in the Czech Republic.

2.2. Cerebrovascular accident

Cerebrovascular accident is understood to mean accidental brain damage due to intracerebral haemorrhage or brain tissue hypoperfusion with a corresponding neurological finding that must persist for at least 3 calendar months following the diagnosis of the cerebrovascular accident. The diagnosis must include some imaging examination of the brain with a finding that is consistent with the diagnosis of cerebral ischaemia or intracerebral or subarachnoid haemorrhage.

In order for a case to be an insured event, it is essential for the insured that the neurological finding persists at least for 3 calendar months following the date the diagnosis was made.

The insured is obliged to submit a completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis of a cerebrovascular accident and a medical certificate of neurological damage directly related to the accident occurring no earlier than 3 calendar months after the diagnosis of the cerebrovascular accident; along with a copy of the discharge papers on hospitalization. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of a neurological department of a medical facility in the Czech Republic.

2.3 Coronary artery surgery

Coronary artery surgery means a cardiac surgery using an extracorporeal circulation performed on the insured with coronary artery disease that bypasses the area of narrowing or occlusion of the coronary artery by venous or arterial graft (so-called bypass). Insurance protection does not apply to so-called MICAB (minimally invasive coronary artery bypass grafting), intra-arterial procedures, and all types of non-surgical angioplasty.

The insured is obliged to submit the completed form "Notice of Insured Event – Serious Disease" to the insurer, including a medical certificate confirming the operation of the coronary arteries, preoperative and postoperative medical examination reports of the insured, including coronarography, ultrasound or CT and angiographic record of the insured's examination confirming the presence of such coronary artery condition, which required the operation described above, and a hospitalization discharge papers. The form "Notice of Insured Event – Serious Disease" must be issued by a specialist physician of a cardiosurgical department of a medical facility in the Czech Republic.

2.4 Aortic surgery

Aortic surgery means an operation performed on the aorta due to a rupture, constriction or aneurysm thereof. For the purpose of this definition, the aorta is understood to mean the thoracic and abdominal aorta, not its branches.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the surgical procedure, an operation report and hospital discharge papers regarding hospitalization due to this operation. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of a medical facility in the Czech Republic.

2.5 Replacement of the heart valve

Replacement of the heart valve is a cardiac surgery using an extracorporeal circulation designed to compensate for the heart valve (mitral, pulmonary, tricuspid, aortic) based on a significant heart defect.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the operation and hospitalization discharge papers. The form "Notice of Insured Event – Serious Disease" must be issued by a specialist physician of a cardiological department of a medical facility in the Czech Republic.

2.6 Aplastic anaemia

Aplastic anaemia means a disturbed haematopoietic function of the bone marrow exhibiting pancytopenia in peripheral blood confirmed by bone marrow examination. Insurance coverage only extends to cases where aplastic anaemia has been treated with immunosuppressive substances or bone marrow transplantation. The diagnosis must be confirmed by an expert haematologist. Insurance protection does not apply to aplastic anaemia resulting from the treatment by antibiotics, non-steroidal anti-rheumatic drugs, gold, radiation, chemotherapy, etc., and to all types of congenital aplastic anaemia.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis of aplastic anaemia. The "Notice of Insured Event – Serious Disease" form must be issued by a haematologist in the Czech Republic.

2.7 Primary pulmonary hypertension

Pulmonary hypertension means the primary pulmonary arteriolar disease that is haemodynamically characterized by an increase in mean pulmonary pressure above 25 mm Hg at rest and above 30 mm Hg at exercise. Insurance protection covers the idiopathic form of the disease.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis of the disease containing the result of the catheterization examination. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of a specialized medical facility in the Czech Republic.

2.8 Rheumatic fever

Rheumatic fever means a disease with persistent cardiac complications that leads to chronic heart failure reaching at least grade III according to the NYHA functional classification. The insurance protection does not apply to cases where the insured suffered from a valve defect of any origin before the commencement of the insurance.

The insured is obliged to submit the "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis of rheumatic fever. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist cardiologist of a medical facility in the Czech Republic.

Cancers

2.9 Cancer

Cancer refers to a disease caused by a malignant tumour characterized by out-of-control and invasive growth of cancer cells with a tendency to develop metastases. Insurance protection also refers to malignant skin melanoma from the TNM grade 2-0-0, skin T-lymphoma from II. stage, leukaemia and malignant tumours of the lymphatic system. Insurance protection does not apply to other types of skin cancers, Hodgkin's disease in stage I, polycythemia vera, all tumours histologically described as premalignant or only incipient or unexplained malignant changes, tumours described as "in-situ", and tumours in the presence of HIV infection. The diagnosis must be determined by a specialist physician of a specialized medical facility on the basis of a histological or other appropriate examination confirming a malignant progressive disease and its classification according to the TNM international classification of tumours, or the surgery protocol if a surgical procedure has been performed.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the malignant tumour diagnosis, hospitalization discharge papers, surgery report and histological finding. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of a medical facility in the Czech Republic.

2.10 Benign brain tumour

Benign brain tumour means the presence of a benign intracranial tumour which damages the brain by its growth. Insurance coverage applies only to cases where neurosurgery was performed, based on a decision of a neurosurgeon or a neurologist, to remove a malignant tumour that causes brain damage by its growth, or where the presence of an inoperable benign tumour leads to permanent neurological damage.

Insurance protection does not apply to cysts, vascular malformations, hematomas, pituitary tumours and spinal cord tumours. The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate on neurosurgery or a medical certificate of permanent neurological damage directly associated with non-operable malignant tumours. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of a medical facility in the Czech Republic.

Diseases associated with organ failure

2.11 Chronic renal failure

Chronic renal failure means an irreversible failure of the function of both kidneys or a solitary kidney, requiring permanent and regular dialytic treatment of the insured by haemodialysis or peritoneal dialysis. In order for the case to be an insured event, the insured person's dialysis treatment is necessary for at least 3 consecutive calendar months. The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer including a medical certificate of the regular dialysis treatment of the insured for at least 3 consecutive calendar months. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of a medical facility in the Czech Republic.

2.12 Placement on a waiting list for organ transplantation

Placement on a waiting list for organ transplantation means a medical certificate on listing the insured on the waiting list for the transplantation of one of the following exclusively human organs or parts thereof: the heart, lung, liver, kidney, pancreas or haematopoietic stem cells in which the insured will be the recipient of the transplant. The insurance protection does not apply to transplantation of other organs or parts thereof.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer including a medical certificate of listing the insured on the waiting list for the transplantation, hospitalization discharge papers and surgery report. The medical certificate must be issued by a specialist physician of a specialized medical facility in the Czech Republic, which has placed the insured on the waiting list for the transplant.

2.13 Pulmonary disease causing respiratory insufficiency

Pulmonary disease causing respiratory insufficiency means the final stage of lung disease that leads to permanent respiratory distress. The diagnosis has to be based on a spirometric examination, where FEV1 is consistently less than 50% of the appropriate value and/or there is a need for a permanent oxygen therapy for hypoxemia.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer including a medical certificate of the diagnosis of pulmonary disease causing respiratory insufficiency. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

Diseases of the nervous system including infections affecting the nervous system

2.14 Multiple sclerosis

Multiple sclerosis is the chronic central nervous system disorder caused by loss of myelin accompanied by damage to the locomotory and sensory functions, as evidenced by typical findings of nuclear magnetic resonance and cerebrospinal fluid examination in the central nervous system. The insurance coverage applies only to cases where the disease reaches at least 6.5 degree according to the EDSS classification.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer including a medical certificate of the diagnosis of multiple sclerosis. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

2.15 Parkinson's disease

Parkinson’s disease means a progressive neurological disorder caused by the loss of the dopamine producing cells. The insurance coverage applies only to cases where the disease is the cause of permanent and irreversible neurological affections (akinesia, rigor, resting tremor or postural instability) and cannot be controlled medically. The diagnosis of the third degree of Parkinson's disease according to the Hoehn-Yahr classification must be confirmed by a specialist neurologist. The insurance protection does not apply to secondary Parkinsonian symptoms.

The insured is obliged to submit a completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis of Parkinson’s disease. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

2.16 Dementia including Alzheimer's disease

Dementia means a significant or complete loss of mental and social skills as a result of an irreversible brain function failure.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis of dementia. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

2.17 Paraplegia, tetraplegia, hemiplegia

Paraplegia, tetraplegia and hemiplegia mean complete and permanent paralysis of both lower or upper or all limbs or half of the body with complete and sustained interruption of the conductivity of the spinal cord for the mobility-controlling fibres. In order for a case to be an insured event, it is essential for the diagnosis to last at least 6 calendar months from the date when the diagnosis was made by a specialized neurologist.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate for the diagnosis of paraplegia or tetraplegia or hemiplegia, not earlier than 6 months from the date the diagnosis of paraplegia, tetraplegia and hemiplegia was determined. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility.

2.18 Creutzfeld-Jakob disease

The Creutfeld-Jakob disease is a disease causing permanent and irreversible damage to brain tissue of infectious aetiology.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the Creutzfeld-Jakob disease diagnosis. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

2.19 Bacterial meningitis

Bacterial meningitis means a bacterial inflammation of the cerebral meninges. The damage must be confirmed by an expert neurologist on the basis of imaging diagnostic methods and examination of cerebrospinal fluid with a typical inflammatory finding, evidence of agens, their antigens or DNA of bacteria in the fluid or blood by the PCR method. The insurance protection does not apply to meningitis of other types different from the bacterial origin (viruses, fungi, parasites).

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis of bacterial meningitis. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

2.20 Encephalitis

Encephalitis means the inflammation of the brain caused by viruses or bacteria. The disease must cause permanent and irreversible neurological consequences. The diagnosis must be confirmed by a specialist neurologist based on imaging diagnostic methods and proof of infectious agens.

In order for a case to be an insured event, it is essential for the consequences to last at least 3 calendar months from the date the diagnosis was established.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis at least 3 calendar months from the date the diagnosis was established. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

2.21 Serious disease caused by an attached tick (i.e. severe form of tick-borne meningoencephalitis or Lyme disease)

Such a disease means a severe form of tick-borne meningoencephalitis or disseminated Lyme disease which is demonstrably caused by infection carried by an attached tick. The tick attachment must demonstrably occur during the term of the insurance. Insurance coverage only applies to cases of tick-borne encephalitis, where the insured person demonstrates the presence of antibodies against tick-borne meningoencephalitis in serum or cerebrospinal fluid, and an increase in IgM antibodies demonstrating acute infection. Serious permanent neurological consequences of tick-borne meningoencephalitis persisting for at least 3 months must be confirmed by a specialist neurologist.

In order for a case of the severe form of tick-borne meningoencephalitis to be an insured event, it is essential for the insured that the neurological finding persists for at least 3 calendar months following the date the diagnosis was made.

The insured is obliged to submit to the insurer, not later than 3 calendar months after the diagnosis has been established, the completed "Notice of Insured Event – Serious Disease" form, which includes medical confirmation of the diagnosis of tick-borne meningoencephalitis, medical confirmation of the presence of antibodies against tick-borne meningoencephalitis in the serum or cerebrospinal fluid and an increase of IgM antibodies demonstrating acute infection. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic. Insurance coverage applies only to cases of disseminated Lyme disease that required at least 14 days of hospitalization with intravenous administration of antibiotics. The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis of Lyme disease. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

2.22 Amyotrophic lateral sclerosis

Amyotrophic lateral sclerosis is a progressive neurodegenerative disease of the brain and spinal motor neurons, causing degeneration and loss of central nervous system cells that lead to progressive muscular atrophy. The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the disease including the result of the electromyography (EMG) examination. The “Notice of Insured Event” must be issued by a specialist neurologist in the Czech Republic.

Other serious diseases

2.23 Diabetes mellitus type 1

Diabetes mellitus type 1 is defined as autoimmune diabetes mellitus type 1 with a positive finding of the respective autoantibodies. The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis of diabetes mellitus type 1. The "Notice of Insured Event – Serious Disease" form must be issued by a diabetologist in the Czech Republic.

2.24 Diffuse systemic scleroderma

Diffuse systemic scleroderma means a systemic autoimmune disease of connective tissue characterized by fibrotic sclerotization of peripheral blood vessels, fibroproliferative connective tissue changes, and immune disorders. Insurance protection covers the progressive diffuse form of the disease, with extensive damage to the muscular system and at least one of the internal organs (oesophagus, lung, heart, kidney). The insurance protection does not apply to the localized skin form of the disease called scleroderma circumscripta.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer including a medical certificate of the disease containing the result of the laboratory tests with typical antibodies. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of the rheumatologic department of a medical facility in the Czech Republic.

2.25 HIV infection due to blood transfusion

HIV infection due to blood transfusion means a confirmed HIV infection contracted during a transfusion from HIV-contaminated blood containers performed in the territory of the Czech Republic during the term of the insurance for a serious disease. A medical facility that has used the contaminated blood container has to present a written confirmation of its responsibility for the transmission of the HIV virus on the insured.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of HIV/AIDS diagnosis and a medical certificate proving that HIV infection or AIDS is the result of the transfusion from an infected blood container. The medical certificate of the diagnosis must be issued by a specialised medical practitioner. Medical certificate of the cause of the infection or disease must be issued by a physician of the medical facility that performed the transfusion.

2.26 Tetanus

Tetanus means an acute infection caused by Clostridium tetani.

The insured is obliged to submit the "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis of tetanus. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of a medical facility in the Czech Republic.

2.27 Leptospirosis

Leptospirosis means a bacterial disease caused by the Leptospira bacteria. In order for the case to be an insured event, it must be a serious form of the disease requiring hospitalization.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including the results of medical examination proving the disease and containing the result of the laboratory tests with typical antibodies and hospitalization discharge papers. The "Notice of Insured Event – Serious Disease" form must be issued by a physician of a specialized medical facility in the Czech Republic.

2.28 Severe burns

Severe burns are 3rd degree burns with an affected area of at least 20% of the body surface.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including discharge papers on hospitalization due to this diagnosis. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of a medical facility in the Czech Republic.

2.29 Blindness

Blindness means a permanent and complete loss of vision in both eyes, in which the visual acuity with the best possible correction according to the World Health Organization table drops to 3/60 or less for each eye.

In order for a case to be an insured event, an ophthalmological medical examination of the insured confirming its permanent nature is required not earlier than 3 calendar months from the date when the diagnosis was established.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including an ophthalmological medical examination certificate confirming its permanent nature issued by a medical professional not earlier than 3 calendar months after the diagnosis of blindness was established to the insured. The medical report that forms part of the "Notice of Insured Event – Serious Disease" form must be issued and confirmed by a physician in the Czech Republic.

2.30 Deafness

Deafness is a complete and clinically proven irreversible loss of hearing perception of both ears due to acute or chronic disease.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of deafness diagnosis documented by an audiometric examination with tympanometry, and in case of any discrepancy also by the brainstem evoked response audiometry (BERA). The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician - otorhinolaryngologist in the Czech Republic.

2.31 Coma

A coma means a state of deep unconsciousness without reaction to external or internal stimuli that lasts for at

least 96 hours. During this time, some of the vital life-sustaining functions must be artificially maintained. As a result, permanent damage must be demonstrable in clinical neurological findings. Insurance protection does not apply to an artificial coma (long-term narcosis) induced medically for medical purposes.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis of coma. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

Article 4

Definition of a Claim for Insurance Benefit in the case of an Insured Event - Serious Disease under the VCH-d Insurance

1. The insured event shall occur if a written medical report specified in paragraph 2 of this article confirms the insured person's first diagnosis of one of the diseases referred to in paragraph 2 of this article or the first placement on the organ transplantation waiting list or the first surgery referred to in paragraph 2 of this article, while other conditions referred to in paragraph 2 of this article are met (hereinafter also referred to as "serious disease").
2. A serious disease is considered to mean:

Diseases of the circulatory system

2.1. Aortic surgery

Aortic surgery means an operation performed on the aorta due to its rupture, constriction or aneurysm. For the purpose of this definition, the aorta is understood to mean the thoracic and abdominal aorta, not its branches.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the surgery and discharge papers of hospitalization due to the surgery. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of a medical facility in the Czech Republic.

2.2. Aplastic anaemia

Aplastic anaemia means a disturbed haematopoietic function of the bone marrow exhibiting pancytopenia in peripheral blood confirmed by bone marrow examination. Insurance coverage only extends to cases where aplastic anaemia has been treated with immunosuppressive substances or bone marrow transplantation. The diagnosis must be confirmed by an expert haematologist. Insurance protection does not apply to aplastic anaemia resulting from the treatment by antibiotics, non-steroidal anti-rheumatic drugs, gold, radiation, chemotherapy, etc., and to all types of congenital aplastic anaemia.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis of aplastic anaemia. The "Notice of Insured Event – Serious Disease" form must be issued by a haematologist in the Czech Republic.

2.3. Cardiac valve surgery

Cardiac valve surgery is open-chest surgery for the treatment of a heart valve, as documented by a surgery report from the cardiac surgery department.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer including the surgery protocol from the cardiac surgery department. The "Notice of Insured Event – Serious Disease" form must be issued by a cardiologist of a medical facility in the Czech Republic.

2.4. The acquired chronic heart disease

The acquired chronic heart disease means the acquired disease of the heart which exhibits functional impairment, which achieves at least 3rd degree according to the NYHA classification and appropriate treatment for the disease lasted at least 6 months. Insurance coverage does not apply to diseases caused by cardiac septicea defect and to cases where the insured was diagnosed with rheumatic fever before the commencement of the serious disease insurance. In order for a case to be an insured event, it is essential that appropriate treatment lasts for at least 6 calendar months after the diagnosis has been established by a specialized cardiologist.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis of acquired chronic heart disease. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist cardiologist of a medical facility in the Czech Republic.

2.5. Rheumatic fever

Rheumatic fever means a disease with persistent cardiac complications that leads to chronic heart failure reaching at least grade III according to the NYHA functional classification. The insurance protection does not extend to cases where the insured suffered from a valve defect of any origin before the commencement of the insurance.

The insured is obliged to submit the "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis of rheumatic fever. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist cardiologist of a medical facility in the Czech Republic.

2.6. Primary pulmonary hypertension

Pulmonary hypertension means the primary pulmonary arteriolar disease that is haemodynamically characterized by an increase in mean pulmonary pressure above 25 mm Hg at rest and above 30 mm Hg at exercise. Insurance protection covers the idiopathic form of the disease.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis of the disease containing the result of the catheterization examination. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of a specialized medical facility in the Czech Republic.

Cancers

2.7. Cancer

Cancer refers to a disease caused by a malignant tumour characterized by out-of-control and invasive growth of cancer cells with a tendency to develop metastases. Insurance protection also refers to malignant skin melanoma from the TNM grade 2-0-0, skin T-lymphoma from II. stage, leukaemia and malignant tumours of the lymphatic system. Insurance protection does not extend to other types of skin cancers, Hodgkin's disease in stage I, polycythemia vera, all tumours histologically described as premalignant or only incipient or unexplained malignant changes, tumours described as "in-situ", and tumours in the presence of HIV infection. The diagnosis must be determined by a specialist physician of a specialized medical facility on the basis of a histological or other appropriate examination confirming a malignant progressive disease and its classification according to the TNM international classification of tumours, or the surgery protocol if a surgical procedure has been performed.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis of malignant tumour. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of a medical facility in the Czech Republic.

2.8. Benign brain tumour

Benign brain tumour means the presence of a benign intracranial tumour which damages the brain by its growth. Insurance coverage applies only to cases where neurosurgery was performed, based on the decision of a neurosurgeon a neurologist to remove a malignant tumour that causes brain damage by its growth, or where the presence of an inoperable benign tumour leads to permanent neurological damage. Insurance protection does not apply to cysts, vascular malformations, hematomas, pituitary tumours and spinal cord tumours. The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate on neurosurgery or a medical certificate of permanent neurological damage directly associated with non-operable malignant tumours. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of a medical facility in the Czech Republic.

2.9. Myelodysplastic syndrome

Myelodysplastic syndrome is a disorder of haematopoiesis caused by a mutation of haematopoietic cells. In order for a case to be an insured event, it must be a form of the disease where treatment requires constant transfusion therapy, immunosuppressive therapy, or the insured person is included in the bone marrow transplant program.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis including the result of the bone marrow examination and cytogenous examination. The "Notice of Insured Event – Serious Disease" form must be issued by a haematologist of a specialized medical facility in the Czech Republic.

Diseases associated with organ failure

2.10. Placement on a waiting list for organ transplantation

Placement on a waiting list for organ transplantation means a medical certificate on listing the insured on the waiting list for the transplantation of one of the following exclusively human organs or parts thereof: the heart, lung, liver, kidney, pancreas or haematopoietic stem cells in which the insured will be the recipient of the transplant. The insurance protection does not apply to transplantation of other organs or parts thereof.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of listing the insured on the waiting list for the transplantation. The medical certificate must be issued by a specialist physician of a specialized medical facility in the Czech Republic, which has placed the insured on the waiting list for the transplant.

2.11. Chronic kidney failure

Chronic renal failure means an irreversible failure of the function of both kidneys or a solitary kidney, requiring permanent and regular dialytic treatment of the insured by haemodialysis or peritoneal dialysis.

In order for the case to be an insured event, the insured's dialysis treatment is necessary for at least 3 consecutive calendar months.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer including a medical certificate of the regular dialysis treatment of the insured for at least 3 consecutive calendar months. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of a medical facility in the Czech Republic.

Diseases of the nervous system including infections affecting the nervous system

2.12. Multiple sclerosis

Multiple sclerosis is the chronic central nervous system disorder caused by loss of myelin accompanied by damage to the locomotory and sensory functions, as evidenced by typical findings of nuclear magnetic resonance and cerebrospinal fluid examination in the central nervous system. The insurance coverage applies only to cases where the disease reaches at least 6.5 degree according to the EDSS classification.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer including a medical certificate of the diagnosis of multiple sclerosis. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

2.13. Paraplegia, tetraplegia, hemiplegia

Paraplegia, tetraplegia and hemiplegia mean complete and permanent paralysis of both lower or upper or all limbs or half of the body with complete and sustained interruption of the conductivity of the spinal cord for the fibres controlling mobility.

In order for a case to be an insured event, it is essential for the diagnosis to last at least 6 calendar months from the date when the diagnosis was established by a specialized neurologist.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate for the diagnosis of paraplegia or tetraplegia or hemiplegia, not earlier than 6 months from the date the diagnosis of paraplegia, tetraplegia and hemiplegia was established. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility.

2.14. Poliomyelitis

Poliomyelitis is an acute infection with a poliomyelitis virus that causes permanent disability. The diagnosis must be confirmed by a neurologist and proved by infection in the serum and cerebrospinal fluid. Insurance protection does not apply to Guillan-Barré syndrome.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis of poliomyelitis. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

2.15. Meningitis, encephalitis

Meningitis or encephalitis means inflammation of the brain tissue or brain membranes caused by a viral or bacterial infection. Insurance coverage applies only to diseases that caused permanent and irreversible neurological damage. The diagnosis must be confirmed by a neurologist based on imaging diagnostic methods and proof of infectious agens. In order for a case to be an insured event, it is essential for the consequences to last at least 3 calendar months from the date the diagnosis was established.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis of meningitis or encephalitis at least 3 calendar months from the date the diagnosis was established. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

2.16. Epilepsy

Epilepsy is a seizure-like transient disorder of the brain that is manifested by a disturbance of consciousness. Insurance coverage applies only to cases where more than one grand mal seizure occurs in 30 days for 12 months. Insurance coverage does not apply to cases where epilepsy has been diagnosed with causes and symptoms such as head injuries, inflammatory diseases or brain infections, brain surgery, brain tumours that occurred before the commencement of the insurance and hypoxia during the delivery of the insured.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the epilepsy diagnosis. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist neurologist from a medical facility in the Czech Republic.

Other serious disease

2.17. Diabetes mellitus type 1

Diabetes mellitus type 1 is defined as autoimmune diabetes mellitus type 1 with a positive finding of the respective autoantibodies. The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis of diabetes mellitus type 1. The "Notice of Insured Event – Serious Disease" form must be issued by a diabetologist in the Czech Republic.

2.18. Epidermolysis bullosa (butterfly wings disease)

Epidermolysis bullosa congenita (butterfly wings disease) is an inherited connective tissue disease causing blistering on the skin and mucous membranes.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis of the disease. The "Notice of Insured Event – Serious Disease"

form must be issued by a specialist physician of a medical facility in the Czech Republic.

2.19. Short bowel syndrome

Short bowel syndrome refers to a disease treated with artificial parenteral nutrition for at least one year.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including medical reports describing the underlying disease that was diagnosed during the term of the insurance. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of a medical facility in the Czech Republic.

2.20. Asthma

Asthma refers to a disease that appears to be a permanent clinical symptom of severe or moderate asthma. Insurance coverage applies only to cases where permanent treatment with bronchodilator drugs or permanent inhaled corticosteroids is required, and pulmonary functional examination has a permanent deviation of FEV1 ≤ 60%.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the asthma diagnosis. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist pneumologist of a medical facility in the Czech Republic.

2.21. Viral hepatitis

Viral hepatitis is the hepatic virus infection caused by hepatitis viruses. Insurance coverage applies only to cases where the insured is infected with hepatitis virus proven by PCR method during the term of the insurance and the liver enzymes are increased at least 4 times above the physiological level. Elevated liver enzymes must be detectable in serum for at least six months after termination of treatment of viral inflammation of the liver. Insurance coverage does not extend to a disease caused by hepatitis A virus and a disease caused by the transfer of the virus from the mother to the foetus. In order for a case to be an insured event, it is essential that elevated liver enzymes are detectable in the blood serum for at least 6 calendar months after termination of treatment of viral hepatitis.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the viral hepatitis diagnosis at least 6 calendar months after termination of treatment of viral inflammation of the liver. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of a medical facility in the Czech Republic.

2.22. HIV infection due to blood transfusion

HIV infection due to blood transfusion means a proven HIV infection contracted during a transfusion from HIV-contaminated blood containers performed in the territory of the Czech Republic during the term of the insurance for a serious disease. A medical facility that has used the contaminated blood container has to provide a written confirmation of its responsibility for the transmission of the HIV virus to the insured.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of HIV/AIDS diagnosis and a medical certificate proving that HIV infection or AIDS is the result of the transfusion from an infected blood container. The medical certificate of the diagnosis must be issued by a specialised medical practitioner. Medical certificate of the cause of the infection or disease must be issued by a physician of the medical facility that performed the transfusion.

2.23. Tetanus

Tetanus means an acute infection caused by Clostridium tetani.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the rheumatic tetanus diagnosis. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of a medical facility in the Czech Republic.

2.24. Leptospirosis

Leptospirosis means a bacterial disease caused by Leptospira bacteria. In order for the case to be an insured event, it must be a serious form of the disease requiring hospitalization.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including the results of medical examination proving the disease and containing the results of the laboratory tests with typical antibodies and hospitalization discharge papers. The "Notice of Insured Event – Serious Disease" form must be issued by a physician of a specialized medical facility in the Czech Republic.

2.25. Severe burns

Severe burns are 3rd degree burns with an affected area of at least 20% of the body surface.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including the discharge papers on hospitalization due to this diagnosis. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of a medical facility in the Czech Republic.

2.26. Blindness

Blindness means a permanent and complete loss of vision in both eyes, in which the visual acuity with the best possible correction according to the World Health Organization table drops to 3/60 or less for each eye. In order

for a case to be an insured event, an ophthalmological medical examination of the insured confirming its permanent nature is required not earlier than 3 calendar months from the date when the diagnosis was established.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including an ophthalmological medical examination protocol confirming its permanent nature, issued by a medical professional not earlier than 3 calendar months after the diagnosis of blindness was established to the insured. The "Notice of Insured Event – Serious Disease" form must be issued in the Czech Republic.

2.27. Deafness

Deafness is a complete and clinically proven irreversible loss of hearing perception of both ears due to acute or chronic disease.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of deafness diagnosis documented by an audiometric examination with tympanometry, and in case of any discrepancy also by the brainstem evoked response audiometry (BERA). The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician - otorhinolaryngologist in the Czech Republic.

2.28. Coma

A coma means a state of deep unconsciousness without reaction to external or internal stimuli that lasts for at least 96 hours. During this time, some of the vital life-sustaining functions must be artificially maintained. As a result, permanent damage must be demonstrable in clinical neurological findings. Insurance protection does not apply to an artificial coma (long-term narcosis) induced medically for medical purposes.

The insured is obliged to submit the completed "Notice of Insured Event – Serious Disease" form to the insurer, including a medical certificate of the diagnosis of coma. The "Notice of Insured Event – Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

Article 5

Exemptions from the Insurance

1. The insurer will not provide insurance benefits from the insurance in cases where a serious disease has arisen in direct connection with:
   a) an accident the insured suffered in the pursuit of: bungee jumping, snowboarding or skiing outside marked trails or outside the specified time of operation on marked tracks, aero or ski acrobatics, snowkiting, landkiting (etc.), snowrafting, rafting, canyoning, cliffdiving, diving with a breathing apparatus, parachuting, paragliding, base jumping, speleology, mountaineering, alpine tourism over 3000 m above sea level, alpinism, skialpinism, flying in motor and non-powered aircraft except state licensed carriers, flying in light and ultralight airplanes, hang glider, glider, in a balloon, airship,
   b) due to an injury suffered by the insured in preparation for sport or in exercise of a sport to which he has entered a professional contract, except for snooker, bowling, curling, yoga, billiards, traditional bowling, sweets, pétanque, modern and classical darts, and hiking,
   c) one-off or regular consumption of alcohol or other narcotic, toxic, psychotropic or other substances capable of adversely affecting human psyche or his or her control or recognition ability or social behaviour,
   d) medical findings diagnosed or treated prior to the commencement of the insurance or their direct consequence.
2. The insurer will not provide insurance benefits from insurance in cases where a serious disease has arisen:
   a) in direct connection with non-compliance with the national vaccination schedule,
   b) as a result of the insured being born before the 37th week of pregnancy.

Article 6

Changes to the Insurance

1. For each change to the insurance that increased the insured amount of the insurance for a serious disease, a waiting period of 3 months from the effective date of the change applies for an insured event due to a disease.

Article 7

Termination of the Insurance

1. If an insured event occurred to the insured under Article 3 or 4 of these ZPP VCH, the insurance shall expire as of the date of the insured event if it was an insured event from which the insured is entitled to insurance benefit.
2. If the insured is diagnosed with a serious disease according to Article 3 or 4 of these ZPP VCH during the first three calendar months following the commencement of the insurance, the insurance ceases to exist as of the date of the diagnosis being established.

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(hereinafter referred to as the "Insurer")

Special Insurance Terms and Conditions

Disability Insurance

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Article 1

Introductory Provisions

1.The special terms and conditions of insurance for disability (hereinafter referred to as "ZPP I") apply to:

a) 3rd degree disability insurance (hereafter referred to as "IO"),

b) insurance for 3rd degree disability due to injury (hereafter referred to as "IU"),

c) disability PLUS insurance - extended disability insurance in option IO or IU (hereinafter referred to as "IO+" or "IU+"),

d) insurance for 3rd degree disability with pension payments (hereinafter referred to as "IO-RD"),

e) insurance for 3rd degree disability - waiver of premium payments (hereinafter referred to as “ZPR”).

All insurance is also referred to as "disability insurance" or "insurance".

2.Disability insurance is negotiated as non-life, accident and/or disease insurance. It is a fixed-amount benefit insurance.

Article 2

Interpretation of Terms

1st degree disability - a situation where the insured person has lost no less than 35 % and no more than 49 % of his or her work capacity due to health condition unfavourable in the long-term and in compliance with the rules laid down by the generally binding legal regulations of the Czech Republic regulating pension insurance (social security), therefore, the insured has been recognised as disabled by the competent social security authority.

2nd degree disability - a situation where the insured person has lost no less than 50 % and no more than 69 % of his or her work capacity due to health condition unfavourable in the long-term and in compliance with the rules laid down by the

generally binding legal regulations of the Czech Republic regulating pension insurance (social security), therefore, the insured has been recognised as disabled by the competent social security authority.

3rd degree disability - a situation where the insured person has lost at least 70 % of his or her work capacity due to health condition unfavourable in the long-term and in compliance with the rules laid down by the generally binding legal regulations of the Czech Republic regulating pension insurance (social security), therefore, the insured has been recognised as disabled by the competent social security authority and/or has sustained at least one of the **physical impairments as listed below:**

- **complete and permanent loss of vision** - permanent and complete loss of vision in both eyes, where the visual acuity will fall to 3/60 or less per eye
- **complete and permanent loss of hearing** - complete and clinically proven irreversible loss of hearing perception in both ears
- **loss of at least two limbs** - loss of the upper limb in the area between the shoulder joint and the wrist or loss of the lower limb in the area between the hip and talus bone
- **complete and permanent paralysis of both lower extremities** - so-called paraplegia, i.e. complete and permanent paralysis of the lower half of the body with a complete and sustained break of conduction of the spinal cord for the fibres facilitating mobility
- **complete and permanent paralysis of all limbs** - so-called quadriplegia, i.e. complete and permanent paralysis of all limbs with a complete and sustained break of conduction of the spinal cord for the fibres facilitating mobility

Necessary care - the condition in which the insured person has been granted a care allowance due to an adverse health condition in the long term, which prevents the insured from managing at least:

- 7 basic needs for persons over 18 years of age or
- 6 basic needs for persons under 18 years of age

out of the list of needs below, and requires day-to-day assistance, supervision or care of another private individual.

The assessment of the degree of dependence examines the following basic necessities of life:

mobility,
orientation,
communication,
food,
clothing and footwear (putting on),
personal hygiene,
physiological elimination,
care of one’s health,
personal activities
household chores.

Reduced work capacity - a decrease in the insured person’s ability to engage in income-generating employment, taking into account his or her education, experience and knowledge and previous professional activities, as a result of limited physical, sensory and mental capabilities if compared to the situation of the insured before the negative long-term adverse health condition occurred.

Annual insurance premium - a multiple of the regular premium agreed in the insurance contract on the date 3rd degree disability occurrence, determined according to the insurance period agreed in the insurance contract on the same date, namely:

- twelve times the premium amount in case of monthly insurance period,
- four times the premium amount in case of quarterly insurance period,
- double amount of the premium in case of semi-annual insurance period,
- the amount of the premium in case of annual insurance period.

Article 3

Sum Insured

1. The disability insurance referred to in Art. 1 (1) (a) to (c) hereof may be negotiated in the following options:
    a) with a constant sum insured,
    b) with a sum insured which decreases in an annuity mode based on the interest rate specified in the insurance contract,
    c) with a sum insured which decreases in a linear mode.
2. For insurance with a constant insurance amount, the sum insured remains unchanged for the duration of the insurance period, unless changed by means of a change of insurance pursuant to Article 6 of the General Terms and Conditions of Insurance of Persons.

3. For insurance with an annuity-mode decrease of the sum insured, the sum insured decreases monthly and always applies from the 1st day of the month. The current sum insured for each month is calculated according to the following formula:

k(m) = k × (1 – (1 / (1 + j)) ^ (n - m + 1)) / (1 -(1 / (1 + j)) ^ n)

where:

k (m) is the current sum insured in the "m" month of insurance duration, rounded up mathematically to full CZK
to is the sum insured as negotiated in the insurance contract
m is the month of insurance duration
n is the insurance period of the policy in months
i is the annual interest rate agreed in the insurance contract
j is the monthly interest rate calculated according to the formula: j = i/12

4. For insurance with a linear decrease of the sum insured, the sum insured decreases monthly and always applies from the 1st day of the month. The sum insured is reduced by 1/n, where "n" refers to the agreed insurance period of the relevant policy in months, i.e. it is calculated for each month according to the following formula:

k(m) = k × (n – m + 1) /n

where:

k (m) is the current sum insured in the "m" month of insurance duration, rounded up mathematically to full CZK
to is the sum insured as negotiated in the insurance contract
m is the month of insurance duration
n is the insurance period of the policy in months

Article 4

Insured Event

1. An insured event is:
   a) the insured person's disability of the relevant degree occurring:
      I. as a consequence of a disease appearing no sooner than 3 months after the commencement of the insurance, where the disease is the cause of disability of the relevant degree and, simultaneously, the disease has no direct connection to the medical examination findings diagnosed or treated prior to the commencement of the insurance, nor is it a direct consequence thereof,
      II. as a consequence of an injury that happened during the period of insurance where the injury is the main cause of the relevant degree of disability.
   b) necessary care of the insured, which was granted no later than 6 months from the date of the commencement of 3rd degree disability.
2. The insured event must happen during the term of the insurance.
3. The date of the insured event is:
   a) the date of commencement of disability of the relevant degree as indicated in the disability report of the relevant social security administration,
   b) the date of diagnosing the relevant physical impairment as listed in the medical documentation,
   c) the date from which the necessary care allowance is granted as indicated in the decision of the public administration authority.

Article 5

Insurance Claims for Disability, 3rd Degree (IO)

1. The insured person has a right to claim insurance benefits to the amount of the sum insured as applicable on the date of the insured event if he or she becomes disabled (3rd degree) as a consequence of disease or injury and if the conditions specified in Article 4 of the ZPP I are met.

Article 6

Insurance Claims for Disability, 3rd Degree due to an Injury (IÚ)

1. The insured person has a right to claim insurance benefits to the amount of the sum insured as applicable on the date of the insured event if he or she becomes disabled (3rd degree) as a consequence of an injury and if the conditions specified in Article 4 of the ZPP I are met.

Article 7

Insurance Claims within the Disability PLUS Insurance (IO+, IU+)

1. The insured person has a right to claim insurance benefits to the amount of 35 % of the sum insured as applicable on the date of the insured event if he or she becomes disabled (1st degree) as a consequence of disease or injury based on the applicable option IO+ or IU+ and if the conditions specified in Article 4 of the ZPP I are met.
2. If the insured becomes disabled (2nd degree) as a consequence of disease or injury based on the applicable option IO+ or IU+ and if the conditions specified in Article 4 of the ZPP I are met, he or she has a right to claim insurance benefits to the following amount:
   a) 50% of the insured amount applicable on the date of the insured event, if it is the first insurance benefit covered by this insurance policy, or
   b) 15% of the insured amount applicable on the date of the insured event, if a claim to benefits concerning the insured event - 1st degree disability has already arisen.
3. If the insured becomes disabled (3rd degree) as a consequence of disease or injury based on the applicable option IO+ or IU+ and if the conditions specified in Article 4 of the ZPP I are met, he or she has a right to claim insurance benefits to the following amount:
   a) 100% of the insured amount applicable on the date of the insured event, if it is the first insurance benefit covered by this insurance policy, or
   b) 65% of the insured amount applicable on the date of the insured event, if a claim to benefits concerning the insured event - 1st degree disability has already arisen, or
   c) 50% of the insured amount applicable on the date of the insured event, if a claim to benefits concerning the insured event - 2nd degree disability has already arisen.
4. The insured has a claim to the insurance benefit from the necessary care amounting to 200% of the sum insured applicable on the date of the insured event if the conditions specified in Article 4 of ZPP I are met. This benefit extends to claims in relation to insured events - 1st and/or 2nd and/or 3rd degree disability.
5. The occurrence of the insured event - the relevant degree of disability in relation to which the insured has a claim to insurance benefits, the scope of insurance with respect to the Disability PLUS insurance is modified. Subsequently, only a higher degree of disability, or necessary care may be considered and insured event.
6. If the generally binding legal regulations are amended to the effect of increasing the minimum threshold of work capacity reduction for a disability degree definition and, consequently, the insured is not recognised as disabled by the relevant social security authority, the recognition of disability by the relevant social security authority is agreed to substitute for an assessment of work capacity reduction by the insurer's panel doctor for the purposes of the Disability PLUS insurance. This arrangement does not affect the fact that only a work capacity reduction of the insured within the scope as indicated in Article 2 ZPP I, part 1st Degree Disability, means an insured event - disability (1st degree).

Article 8

Insurance Claims for Disability, 3rd Degree with Pension Payments (IO-RD)

1. The insured has a right to claim insurance benefit in the form of an annual pension to the amount as agreed in the insurance contract as of the date of 3rd degree disability if he or she becomes disabled (3rd degree) due to disease or injury and if the conditions specified in Article 4 of ZPP I are met.
2. The insured has a claim to the first payment of the pension from the first day of the month following the date of 3rd degree disability; this day is hereinafter referred to as the "beginning of performance".
3. The insured has a claim to the second and any subsequent payment of the pension (including the last payment) on the anniversary of the beginning of performance, provided the following conditions are met:
   a) if the insured proves that he or she is still disabled (3rd degree),
   b) the insured has not been granted a retirement pension,
   c) the basic insurance in relation to which the third-degree disability insurance has been arranged is still in existence on the anniversary of the beginning of performance.
4. The insured has a claim to the last payment of the pension no later than on the anniversary of the basic insurance in the calendar year in which the insured turns 65.

Article 9

Insurance Claims for Disability, 3rd Degree - Waiver of Premium Payments (ZPR)

1. The policyholder, who is the primary insured at the same time, has a right to claim insurance benefits with repetitive payment to the amount of the annual insurance premium if he or she becomes disabled (3rd degree) as a consequence of disease or injury and if the conditions specified in Article 4 of the ZPP I are met.

2. The policyholder has a claim to the first payment of the insurance benefit from the first day of the insurance period following the date of 3rd degree disability; this day is hereinafter referred to as the "beginning of waiver".
3. The policyholder has a claim to the second and any subsequent payment of the insurance benefit (including the last payment) on the anniversary of the beginning of waiver, provided the following conditions are met:
   a) if the policyholder proves that he or she is still disabled (3rd degree) on that date,
   b) the policyholder has not been granted a retirement pension yet,
   c) the basic insurance in relation to which the third-degree disability insurance - waiver of insurance premium payments has been arranged is still in existence on the anniversary of the beginning of waiver.
4. The policyholder has a claim to the last payment of the insurance benefit no later than on the anniversary of the basic insurance in the calendar year in which the policyholder turns 75.
5. The insurer shall transfer payments of the insurance benefits to compensate for the policyholder's regular premium payments to the account number and under the variable symbol for regular premium payments.

Article 10

Exemptions from the Insurance

1. The insurer shall not provide insurance benefits from insurance IO, IO+, IÚ, IÚ+, IO-RD, ZPR also in cases when the insured becomes disabled to the relevant degree:
   a) due to an injury suffered in the pursuit of bungee jumping, snowboarding or skiing outside marked trails or outside the specified time of operation on marked tracks, aero or ski acrobatics, snowkiting, landkiting (etc.), snowrafting, rafting, canyoning, cliffdiving, diving with a breathing apparatus, parachuting, paragliding, base jumping, speleology, mountaineering, alpine tourism over 3000 m above sea level, alpinism, ski-alpinism, flying in motor and non-powered aircraft except state licensed carriers, flying in light and ultralight airplanes, hang glider, glider, in a balloon, airship; due to an injury suffered by the insured during active involvement in competitions and races of motor vehicles, aircrafts or vessels and preparatory drives, flights or sailings thereof (training),
   b) due to an injury suffered by the insured during preparation for sport or in exercise of a sport to which he has entered a professional contract, except for snooker, bowling, curling, yoga, billiards, traditional bowling, sweets, pétanque, modern and classical darts, and hiking.
   c) due to an injury suffered by the insured in the performance of any of the following professions or activities - a heavy industry worker, a high voltage electrician, a painter or a coater or tiler or a cleaner working at heights, a pilot, a roofer, a diver, a sailor, an armed force member, a bomb disposal expert, a worker with explosives, a martial arts teacher, window cleaner working at heights, all mining professions (e.g. miners, mining locksmiths, mining engineers, etc.),
   d) in connection with the use or regular consumption of alcohol or the application of other narcotic, toxic, psychotropic or other substances capable of adversely affecting human psyche or his or her control or recognition ability or social behaviour.
2. The insurer shall not provide insurance benefits from insurance IO, IO+, IO-RD, ZPR also in cases when the insured becomes disabled to the relevant degree:
   a) due to a disease resulting from an injury suffered by the insured before the commencement of the insurance,
   b) due to an injury resulting from a disease diagnosed in the insured prior to the commencement of the insurance,
   c) due to congenital malformations, diseases and conditions arising therefrom.
3. The insurer shall not provide insurance benefits from insurance IÚ and IÚ+ also in cases when the insured becomes disabled to the relevant degree as a consequence of:
   a) the onset or worsening of the hernia, venous ulcers, diabetic gangrenes, tumours of all kinds and origins, the onset and worsening of aseptic inflammation of the tendon sheaths, muscle attachment bursae and epicondylitis,
   b) diagnostic, therapeutic and preventive interventions that have not been performed to treat the consequences of an injury,
   c) an injury resulting from a disease or a deterioration of an existing disease as a result of an injury,
   d) intervertebral disc prolapse not caused by an injury, disc and algic spinal syndromes and other diseases of the back (diagnoses M40 to M54 according to the International Statistical Classification of Diseases),
   e) pathological and fatigue fractures or fractures related to congenital brittle bone disease or other congenital malformations or diseases, i.e. fractures resulting from reduced bone strength, which are produced by a lesser intensity of external influence than traumatic fractures of healthy bones,

Article 11

Rights and Obligations of the Insurance Participants

1. The insured is obliged to inform the insurer of the occurrence of an insured event on the insurer's form "Notice of Insured Event - Disability" and to prove the relevant degree of disability, or the granting of the care allowance, by the submission of a certificate of disability, or a decision of the public administration authority which grants the care allowance, without undue delay after receiving this certificate or decision.
2. The insured is obliged to inform the insurer in writing without unnecessary delay that the disability degree has been reduced or that he or she has been granted a retirement pension.
3. The insurer has a right to adjust the amount of the premium for all disability insurance covered by these ZPP I in accordance with S 2785 et seq. of the Civil Code if, as a consequence of amendments to the generally binding legal regulations, a change in the assessment of a natural entity’s work capacity reduction due to disability or a change in the degree (classification) of disability or the conditions under which the degree of disability is reached has occurred.

Article 12

Changes to the Insurance

1. Assuming that the Disability PLUS insurance, option IO or IU has been negotiated, the insurer will allow for a change of insurance, reduction or increase of the sum insured during the term of the insurance, provided that no insured event has occurred within this insurance.
2. The waiting period of 3 months from the effective date of the change for an insured event due to disease shall apply to any change to the insurance that increased the sum insured or the arrangement of the Disability PLUS Insurance Policy, option IO variant.

Article 13

Termination of the Insurance

1. Insurance IO, IO, IO-RD and ZPR is terminated on the date of disability (3rd grade) regardless of whether the insurer provided any insurance benefit.
2. Disability PLUS insurance is terminated on the date of recognition of necessary care; however, no later than 6 months from the date of the insured event - 3rd degree disability.
3. Insurance IO, IO+, IU, IU+, IO-RD and ZPR is terminated on the date when retirement pension has been granted.

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(hereinafter referred to as the "Insurer")

Special Insurance Terms and Conditions
Accident Insurance

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Article 1

Introductory Provisions

1.The Special Insurance Terms and Conditions for Accident Insurance (hereinafter referred to as "ZPP U") govern:

a) accidental death insurance (hereinafter also referred to as the "US" or "insurance"),

b) insurance for permanent consequences of an injury (hereinafter also referred to as the "TN-6", "TN-6-d" or "insurance"),

c) insurance for medical treatment of an injury (hereinafter also referred to as the "DO", "DO-d" or "insurance"),

The individual types of insurance are also collectively referred to as "accident insurance".

2.Accident insurance is negotiated as a fixed-amount benefit insurance.

Article 2

Definitions of terms

1. **Valuation table A** - a part of the terms and conditions of insurance that sets the maximum number of days for the treatment of physical impairment resulting from an injury covered by the insurer's performance in case of treatment of an injury.
2. **Valuation table B** - a part of the terms and conditions of insurance, used to determine the scope of the insurer's insurance coverage in case of permanent consequences of an injury.
3. **Permanent consequences of an injury** - loss of or reduction in the functioning of body organs or parts of the body that are of a permanent nature after the treatment has been completed. In cases expressly listed in Valuation Table B, permanent consequences of an injury are understood to include other permanent physical impairment which does not restrict the function of body organs or parts of the body.
4. **Medical treatment** - a process aiming to positively affect the condition of the insured based on the completion of an individual medical process defined by a physician acting within the scope of professional competence, intending to cure the insured or to stabilise the consequences of the injury.

5. **Necessary treatment time** - the time when the treatment process is taking place. The medical records of the insured must present a clear justification of the selected treatment method and the dates of check-ups. After each medical appointment, the medical records of the insured must clearly indicate the proposed method of further treatment and information on the course of treatment.

   The following times are not included in the necessary treatment time:

   a) time till a substitute check-up if the insured fails to arrive to a scheduled check-up without a justified reason;

   b) time of rest treatment regimen for diagnoses where such regimen is unusual without being sufficiently justified in the medical documentation;

   c) time during which gradual increase of load is recommended;

   d) time when rehabilitative care or rehabilitative spa treatment or exercise is taking place in the insured person's own social environment.

6. **Severe contusion** - severe contusion is understood to only mean such contusions where the following conditions are met:

   a) it is demonstrated by swelling, hematoma or subcutaneous effusion and

   b) the diagnosis of this physical impairment is determined on the basis of a surgical, orthopaedic, or traumatology examination by a specialist.

7. **Sprain** - is the injury to the soft parts of the joint that usually arises from indirect action or direct violence when the physiological range of movement in the joint has been exceeded. A sprain is understood to only mean such physical impairment where the following conditions are met:

   a) it is demonstrated by swelling or haematoma and

   b) the diagnosis of this physical impairment is determined on the basis of a surgical, orthopaedic, or traumatology examination by a specialist and based on an X-ray or other imaging method of examination.

8. **Rigid fixation** - this form of fixation is understood to mean plaster cast, rigid brace, aluminium brace fixator, plastic cast. Zink oxide, starch bandages, bandages, taping, or any other fixation not applied by a doctor are not considered rigid fixation forms.

9. **Emergency bed** - a bed in a medical facility intended to accommodate patients upon sudden failure or sudden hazard to vital functions, or when such condition cannot be ruled out (including scheduled operations), or to accommodate patients if the nature of healthcare required by the patient's condition rules out the out-patient mode, for the time required for the necessary examinations and treatments or for the time during which a sudden change of health condition modification may be reasonably expected.

10. **Medical facility** - a medical facility, including a radio-therapeutic and oncological medical institute providing diagnostic and therapeutic institutional care (hospital beds), having the staff, material and technical equipment for the type and scope of care provided, and meeting the requirements stipulated by generally binding legal regulations for the operation thereof. The following venues are not considered medical facilities: nursing homes, TBC and respiratory disease hospitals, psychiatric hospitals, institutes for treatment of addictions (including drunk tanks), spa clinics, sanatorium, respite centres, convalescence clinics, social care or nursing service institutions, day centres, hospices.

Article 3

Insurance Options for Medical Treatment of Injuries, Amounts of Daily Compensation and Income of the Insured

1. Insurance for medical treatment of an injury may be arranged in the "Severe and minor injuries" or "Severe injuries" options which differ from each other with respect to the scope of insurance coverage. The scopes of the insurance coverage provided by the two policy options and the maximum time of necessary treatment for individual physical injuries covered by the insurer provides indemnity are indicated in Valuation Table A.

2. The maximum daily compensation may only be negotiated to the amount set by the insurer. The insurer determines the amount on the basis of the average gross monthly income of the insured in accordance with the table below. The maximum daily compensation is assessed as the sum total of all daily compensation policies the insured has negotiated with the insurer.

Daily compensation limits based on the average gross monthly income of the insured

Daily compensation in CZK	Minimum average monthly income in CZK	
	from	to
550	30 000	34 999
600, 650	35 000	39 999
700, 750	40 000	44 999
800, 850	45 000	51 999

900, 950	52 000	57 999
1 000, 1 050	58 000	64 999
1 100, 1 150	65 000	70 999
1 200, 1 250	71 000	78 999
1 300, 1 350	79 000	83 999
1 400, 1450	84 000	91 999
1 500, 1550	92 000	96 999
1 600, 1 650	97 000	102 999
1 700, 1750	103 000	108 999
1 800, 1850	109 000	115 999
1 900, 1950	116 000	121 999
2 000, 2 050	122 000	127 999
2 100, 2150	128 000	133 999
2 200, 2 250	134 000	140 999

Daily compensation in CZK	Minimum average monthly income in CZK	
	from	to
2 300, 2 350	141 000	146 999
2 400, 2 450	147 000	151 999
2 500, 2 550	152 000	157 999
2 600, 2 650	158 000	164 999
2 700, 2 750	165 000	170 999
2 800, 2 850	171 000	176 999
2 900, 2 950	177 000	183 999
3 000, 3 050	184 000	189 999
3 100, 3 150	190 000	195 999
3 200, 3 250	196 000	201 999
3 300, 3 350	202 000	208 999
3 400, 3 450	209 000	214 999
3 500, 3 550	215 000	220 999
3 600, 3 650	221 000	227 999
3 700, 3 750	228 000	233 999
3 800, 3 850	234 000	239 999
3 900, 3 950	240 000	246 999
4 000	247 000	more

3. The average gross monthly income of an employee is assessed over the period of twelve months prior to negotiating the daily compensation insurance. If the insured person's employment has not lasted all of twelve months yet, the average gross income is assessed for the duration of the employment relationship although for no less than three months. No income from agreements for work done is taken into account.
4. The average gross monthly income of a self-employed person is calculated as one twelfth of the partial income tax base for previous tax period.
5. If the insured person only works in the self-employment mode part of the time, such income may be taken into account only if it is of a permanent nature and is generated repeatedly by the insured.
6. The income under paragraph 3 of this Article must be submitted on the insurer's form, verified by the payroll accounting department of the insured person’s employer.

7. The income under paragraph 4 of this Article must be documented by the tax return or a copy of the essential tax return information issued by the tax office.

Article 4

Insurance Claims from Accidental Death Insurance

1. If the insured died due to an injury suffered during the term of the policy, and the death occurred no later than three years from the date of the injury, the insurer shall pay the sum insured as negotiated in the insurance contract valid on the date of the injury to the person entitled to claim the insurance benefit in case of death of the insured. If the insured died as a consequence of an injury suffered in a traffic accident as defined in Act No. 361/2000 Coll., On Road Traffic and on Amendments to Certain Acts (Road Traffic Act) as amended, the insurer shall pay twice the sum insured as negotiated in the insurance contract valid on the date of the injury to the person entitled to claim the insurance benefit in case of death of the insured.

Article 5

Insurance Claims from Permanent Consequences of an Injury

1. If Valuation Table B stipulates a percentage range, the insurer shall determine the amount of performance to match the nature and extent of the permanent consequences of the injury within the relevant range.
2. In the case of permanent consequences of an injury affecting an organ or part of the body the functions of which had been limited even prior to the injury, the percentage rating shall be determined according to Valuation Table B by reducing the total percentage by the percentage adequate to the prior damage, also determined based on Valuation Table B.
3. As a prerequisite for a claim to insurance benefit, the scope of the permanent consequences of a single injury suffered by the insured has to reach, once stabilised, such a percentage according to Valuation Table B as stipulated as the minimum level for the insurer's obligation to provide performance (limit for permanent consequences of an injury) in the insurance contract as of the date of the injury and, at the same time, the insured must not have died within 6 months of the date of the injury.
4. If the injured has suffered multiple permanent consequences of different kinds caused by a single injury, the total permanent consequences of the injury shall be evaluated by the sum total of percentages for the individual consequences. However, the insurance benefit for permanent consequences caused by a single injury may not exceed 100% of the sum insured, or a multiple thereof in accordance with paragraph 10 of this Article. However, if the individual consequences relate to the same limb, organ or part thereof, they shall be assessed as a unit and scored by no more than the percentage specified in Valuation Table B for the anatomical or functional loss of the relevant limb, organ or part thereof. If the insurer has covered the consequences of an injury to the extent specified in the Valuation Table B for the anatomical loss of the relevant limb, organ or part thereof, no further benefit shall be provided in the case of any subsequent injury and permanent consequences concerning that limb, organ or part thereof.
5. If some kinds of permanent consequences of an injury are not included in Valuation Table B, the insurer shall determine the extent of the insurance benefit according to the permanent consequences of a nature closest to the permanent consequences concerned, listed in Valuation Table B.
6. The amount of insurance benefit is determined by the insurer according to the medical records of the insured. The decision relies on the opinion of a medical practitioner who provides expert advice to the insurer.
7. If the scope of permanent consequences of the injury cannot possibly be determined according to the medical records of the insured, the insurer's determination shall rely on the report from the medical examination of the insured by a doctor appointed by the insurer and, if needed, upon consultation with a doctor providing specialist advice to the insurer. The insurer shall arrange the medical check-up at its own expense.
8. The sum insured shall be multiplied by the coefficient as indicated below based on the extent of the permanent consequences of the injury, determined in accordance with the principles set out in this Article ("progressive performance"):

The extent of the permanent consequences of an injury in accordance with Article 5	Coefficient
1% to 25% incl.	1
Over 25% to 50% incl.	2
Over 50% to 75% incl.	3
Over 75% to 95% incl.	4
Over 95% to 100% incl.	6

Article 6

Insurance Claims from Medical Treatment of an Injury

1. The insured shall be entitled to receive the insurance benefit - Daily Compensation if, during the insurance period, the insured has suffered an injury that causes the physical impairment to the insured as listed in Valuation Table A. In some cases, the claim to insurance benefit is tied to a certain condition in Valuation Table A (e.g. extent of damage to

the body, treatment method, etc.). No insurance benefit is provided unless such conditions are met.

2. If a physical impairment is not included in Valuation Table A, the Insurer shall apply the values stipulated by Valuation Table A for physical impairments that are closest to the physical impairment in question, to determine the amount of insurance benefit. This method of assessment shall be used only if the physical impairment is of at least the same level of severity as indicated in Valuation Table A for the physical impairment which should be used as the analogous assessment case.
3. The insurer shall provide benefits only if the following conditions are met:
   a) a medical report from the initial treatment of the injury, specifying the diagnosis, the injury trauma and objectively identified consequences of the injury has been submitted; contrastingly, medical reports which are compiled at a later date or declarations not corresponding with authentic medical records are not taken into consideration for the purposes of insurance claims,
   b) the insured was first treated when there were objective symptoms of physical impairment caused by the injury, rather than merely subjective problems of the insured,
   c) the injury of the insured required a medical examination or treatment by a physician and subsequent therapy,
   d) the medical documents capture the injury trauma and the objectively identified consequences thereof, i.e. the physical impairment, including the appropriate diagnosis, as ascertained.
4. For the purposes of insurance claims, the subjective problems of the insured are not decisive and considered, if they are not objectively demonstrated as physical impairment; no medical reports compiled at a later date, or declarations not matching the authentic medical records are taken into consideration.
5. The insurer shall pay the daily compensation amount as agreed in the insurance contract as of the date of the injury, from the first day of treatment for the injury till the end of the necessary treatment of the injury, as supported by the medical certificate, however, for the treatment period as indicated in Valuation Table A at the maximum. The time for which the daily compensation is paid shall not exceed 365 days from the date of the injury.
6. The insurance benefit is determined by multiplying the number of days required to treat the injury determined according to the principles set out in this Article by the daily compensation amount.
7. If the insured suffers another injury during the treatment of an injury for which the insurer is obliged to pay daily compensation, the maximum number of days for which the insurer provides performance is determined as the sum of the number of days listed in Valuation Table A for both physical impairments. The period during which the treatment of the two injuries overlaps is only considered once.
8. If the insured suffers multiple physical impairment within a single accident, the number of days for which the insurer pays the daily compensation is determined according to the physical impairment with the highest number of days indicated in Valuation table A.
9. For every day or part of day spent by the insured in hospital as in-patient, on emergency bed under constant expert supervision of qualified doctors, the insured shall receive a daily allowance equal to twice the amount agreed in the insurance contract.

Article 7

Exemptions from the Accident Insurance

1. The insurer will not provide insurance benefit from the insurance in the following cases:
   a) if there is an insured event in the pursuit of these sports or activities: bungee jumping, snowboarding or skiing outside marked trails or outside the specified time of operation on marked tracks, aero or ski acrobatics, snowkiting, landkiting, snowrafting, rafting, canyoning, cliffdiving, diving with a breathing apparatus, parachuting, paragliding, base jumping, speleology, mountaineering, alpine tourism over 3000 m above sea level, alpinism and ski-alpinism, flying in motor and non-powered aircraft except state licensed carriers, flying in light and ultralight airplanes, hang glider, glider, in a balloon and airship, This exemption does not apply to sports and occupations listed in the Risk Group 3 according to Article 10 of the STC U,
   b) if the consequence of an insured event is the onset or worsening of the hernia, venous ulcers, diabetic gangrenes, tumours of all kinds and origins, the onset and worsening of aseptic inflammation of the tendon sheaths, muscle attachment bursae and epicondylitis,
   c) for consequences of diagnostic, therapeutic and preventive interventions that have not been performed to treat the consequences of an insured event,
   d) if the consequence of the insured event was the aggravation of an already existing disease or if the insured event occurred as a consequence of a disease,
   e) in relation to congenital malformation or disease and conditions resulting therefrom,
   f) in the case of an intervertebral disc prolapse not caused by an injury, disc and algic spinal syndromes and other diseases of the back (diagnoses M40 to M54 according to the International Statistical Classification of Diseases),
   g) in the case of pathological and fatigue fractures or fractures related to congenital brittle bone disease or in connection with other congenital defects or diseases, i.e. fractures resulting from reduced bone strength, which are

produced lesser intensity of external influence than traumatic fractures of healthy bones,

h) if the muscles, tendons or ligaments have been damaged or the spine has been disturbed due to an overload of the body's own force when lifting or moving loads,

i) if there is interruption or damage to degenerative (pathologically) altered anatomical parts of the body or organs (e.g. Achilles tendon, meniscus)

j) in the case of a habitual luxation, i.e. a repetitive joint dislocation and/or dislocation of a part thereof in normal movement caused by, for example, a loose joint or insufficiency of joint ligaments, atrophy of the joint head or a too-flat joint and other congenital defects and disorders,

k) if it is a mental disorder or a change in the psychic state of the insured, no matter what caused them, if there is no organic damage to the central nervous system by an injury.

Article 8

Rights and Obligations of the Insurance Participants

1. The policyholder and the insured are obliged to inform the insurer in writing without undue delay of any change of occupation or registered sports activities of the insured, which affects the classification of the insured in a risk group in accordance with Art. 10 of these ZPP U. The insurer shall take the change into account with respect to the amount of premium for the next insurance period.
2. Unless there are serious objective grounds preventing the action, the insured is obliged to inform the insurer of an insured event in writing no later than 1 month after the date of finishing the necessary treatment of the physical impairment caused by the injury, using the insurer's form "Notice of Insured Event - Daily Compensation covered by Accident Insurance".

Article 9

Limitation of the Insurance Benefits

1. The insurer has a right to reduce the insurance benefit of accident insurance accordingly in cases where the policyholder, or insured under Article 8 (1) of the ZPP U failed to report a change of occupation or registered sports activity which would mean the insured would be classified a higher-risk group. This provision does not apply to insurance of children.
2. The insurer has a right to reduce the insurance benefit of accident insurance accordingly if the insured event is not reported in due time, i.e. within the time limit stipulated by paragraph 2 of Article 8 of ZPP U.

Article 10

Risk Groups

1. The insurer determines the insurance premiums also with respect to the level of hazard involved in the activity performed. Information on high-risk occupation, sports or other hobby activities of the insured is thus of material significance to the determination of premium amount.

   If the insured practices a profession and is involved in sports activities which fall into different risk groups, the higher-risk group always prevails. The final decision on classification of an insured in a risk group falls within the insurer’s remit.
2. Private individuals are classified in four risk groups based on occupation (profession) and registered sports activities:

   Risk Group 1

   Persons performing intellectual, management or administration activity.

   All professions in the non-manufacturing fields, possibly with a small proportion of light manual work not using hazardous tools or substances, without exposure to hazardous environments.

   This group includes, inter alia:

office staff
attorneys at law
Agriculturists
Dressers
Architects
Archivists
Assistants
Auditors
Auctioneers
Bartenders
bag makers

customs officials
customs officers
Confectioners
sports instructors
Upholsterers
Waiters
tax advisers
Decorators
Delegates
Diplomats
disk jockeys
Dispatchers
Janitors
old-age and disability pensioners
Ecologists
Economists
Ergonomists
Druggists
Financiers
Photographers
building surveyors
graphic designers
Actors
Historians
security guards
Watchmakers
Hostesses
hotel staff
dam security staff
Musicians
public health officers
Choreographers
IT staff
Inspectors
executive officers
fine mechanics
Hairdressers
Cartographers
Priests
Bookbinders
Librarians
Jewellers
technical designers
Controllers
Consultants
Proofreaders
Beauticians
basket makers
Furriers
lace-makers
Tailors
Croupiers
Chefs
Curators
musical instrument tuners
Pharmacists
Doctors
Lecturers
flight attendants
folk healers
logisticians
Puppeteers
Brokers
Managers
Masseurs
Registrars
Meteorologists
Metrologists

Modellers
Models
Presenters
Designers
the unemployed
Notaries
Traders
service station staff
Shoemakers
Appraisers
telephone operators
Opticians
Caregivers
Chiropodists
Bakers
HR staff
Typists
sign painters
Planners
Lifeguards
Actuaries
check-out assistants
Chambermaids
consultants (business, finance, insurance, etc.)
politicians and public servants
fish wardens
MPs
Postmen
post office staff
advertising staff
Lawyers
shop assistants
Programmers
project developers
film projector operators
Guides
Conductors
Psychologists
Translators
Receptionists
Editors
registered referees (except for ice-hockey and soccer)
rehabilitation nurses
Retouchers
ticket inspectors
film and theatre directors
budget officers
Fishermen
secretarial staff
Senators
Waitresses
social workers
Judges
Writers
Administrators
Statisticians
Stewards
Students
Stylists
cloackroom staff
Cobblers
Stitchers
Janitors
Seamstresses
technical and administrative staff
Technologists
tattoo artists
press spokespersons

Interpreters
Accountants
teachers (except for driving schools) and other teaching staff members
Cleaners
Artists
Officials
Ushers
Scientists
make-up artists
Porters
Educators
station masters
Researchers
medical staff
Goldsmiths
Pupils
Housewives

Persons, incl. professional athletes, involved in any of the following sports, incl. the highest-level domestic and international competitions, within organisations which organise sports, competitions or races in the following fields: billiards, bowling, curling, golf driving range, golf, yoga, cricket, croquet, snooker, bowling, pétanque, fishing, table football, chess, modern and classic darts, hiking.

Risk Group 2

Persons working in manufacturing and in industries with prevailing manual labour.

All occupations where people are regularly exposed to increased risk, dangerous substances and tools, and have a regular exposure to hazardous environments.

This group includes, inter alia:

mobile crane operators
car mechanics
packers
dyers
coopers
concrete workers
security staff
grinders/cutters
brakemen
road workers
tinsmiths
crew members (sailor, helmsman, etc.)
detectives
workers
pavers
milkers
guardians
electricians
electrical mechanics
electrical fitters
milling machinery operators
galvanisers
geologists
tire technicians
gravediggers
hydrologists
chemists
stockbreeders
plumbers
insulation engineers
cable installers
stonemasons
stove builders
panel beaters
potters
metalworkers
coachmen

chimneysweeps
diggers - labourers
coppersmiths
blacksmiths
tanners
stagehands
couriers
laboratory staff
painters
skilift operators
forest rangers
scaffold builders
boatbuilders
wall decorators
manual labourers and operational staff in transport, film, power plants, textile industry, logging and woodworking, breweries and distilleries, laundries and dry cleaners, construction industry, catering, agriculture and forestry
mechanics
foremen
millers
fitters
hunters
tool makers
varnishers
journalists
knife makers
sales representatives
tilers
machinists
repairmen
gaffers
animal keepers
heritage conservation officers
pilots in civil aviation
gasmen
floor layers
roofers
garbage collectors
pipelayers
security agency staff
technical service staff
operation managers
gunsmiths
spinners
police, army, and border guard officers
frame makers
reporters
conservators
engravers
carvers
butchers
drivers
independent adjusters
saddle makers
setters
signalmen
stock clerks
glassmakers
glaziers
master brewers
metal moulders
lathe operators
builders
building site managers
structural engineers
guards
machine engineers

engine drivers
well diggers
welders
dancers
taxi drivers
melting operators
technicians
carpenters
printers
weavers
heating engineers
stokers
coaches/trainers
cabinet makers
tunnel excavator operators
driving instructors
maintenance workers
vets
skilift operators
elevator service staff
gardeners
locksmiths
suppliers
driver's assistants
weapons officers (with the police, army, prison services, security agencies, etc.)
bricklayers
zoologists
animal keepers
bell makers

Persons involved in any of the following sports within organisations which organise sports, competitions or races in the following fields: athletics, aerobics, badminton, ballet, baseball, cross-country skiing, biathlon, fitness, horseback riding, figure skating, bodybuilding, archery, modern gymnastics, footballtennis, orienteering, paintball, swimming, speed skating, speed canoeing, road bicycle racing and track racing, softball, sports gymnastics, sports dancing, squash, table tennis, shooting, tennis, triathlon, rowing, water polo, volleyball.

Risk Group 3

Persons performing predominantly hard manual labour or manual labour using heavy machinery or hazardous tools/materials.

All occupations where the people are constantly exposed to increased risk (in heights, metallurgy, engineering), hazardous substances and tools, exposition to hazardous environments and hazardous situations (fires, explosions).

This group includes, inter alia:

pest exterminators
firefighters
animal tamers
manual and operation workers in metallurgy and heavy engineering, quarries and mines
armed force pilots
staff handling poisonous, explosive or radiating substances
workers with a high risk of acute poisoning
workers with a high risk of burns due to high temperatures of the work environment
staff working at heights (if hanger mount is prescribed)
staff working underwater with a breathing apparatus for divers
mountain rescue service members
pyrotechnicians
factory and test drivers of motor vehicles and vessels
registered football or ice-hockey referees
researchers and scientists in uncharted lands
rescuers and members of the emergency corps
test pilots
railway shifters

Persons involved in any of the following sports within organisations which organise sports, competitions or races in the following fields: American football, martial arts of all kinds and styles incl. self-defense, basketball, bobsled-skeleton, boxing, cyclotrial, voluntary fire department, floorball, football, handball, hockeyball, in-line hockey, in-line skating, yachting, equestrian horse riding, snow and water scooter riding, judo, korfball, lacrosse, ice hockey, modern pentathlon, motor sports of all motor vehicles (except aircrafts), national handball, diving (without breathing apparatus), field hockey, parasailing, rugby, sleigh, downhill skiing, skateboarding, ski bobs, diving, ski jumping, snowboarding, fencing, water skiing, water motoring, water slalom and sprint, alpine tourism (up to 3,000m a.s.l.), weightlifting, wrestling, mountain biking, sled dog races.

Risk Group 4

Persons performing high-risk activities.

This group includes, inter alia:

circus performers, stuntmen, all competitive, racing and other sports activities, including training therefor, of professional athletes and athletes participating in the highest-level domestic and international competitions (except for athletes included in Risk Group 1)

Article 11

Valuation Table A

Item number:	Description of physical impairment:	The maximum period of necessary treatment for which the insurer is to pay:	
		Severe and minor injuries	Severe accidents
	Head injuries		
001	Damage to the scalp of the head with a partial defect of the skin	35	35
002	Damage to the scalp of the head with a complete defect of the skin	84	84
003	Severe head bruising without concussion with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
004	Severe face bruising with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
005	Sprain of jaw joint requiring X-ray examination	14	no performance
006	The jaw dislocation (including double sided) repositioned by an expert physician	21	21
007	Fracture of the cranial base	182	182
008	Fracture of the cranial base without displacement of fragments inside	70	70
009	Fracture of the cranial base with displacement of fragments inside	112	112
010	Fracture of the frontal bone without displacement of fragments inside	56	56
011	Fracture of the frontal bone with displacement of fragments inside	98	98
012	Fracture of the parietal bone without displacement of fragments inside	56	56
013	Fracture of the parietal bone with displacement of fragments inside	98	98
014	Fracture of the occipital bone without displacement of fragments inside	56	56
015	Fracture of the occipital bone with displacement of fragments inside	98	98
016	Fracture of the temporal bone without displacement of fragments inside	56	56
017	Fracture of the temporal bone with displacement of fragments inside	98	98
018	Fracture of the margin of the orbit	70	70
019	Fracture of septum and nose bones	18	no performance
019a	Fracture of septum and nose bones with reposition or surgically	28	28

	treated		
020	Fracture of zygomatic bone	70	70
021	Fracture of the jaw without dislocation or with dislocation of fragments treated conservatively	56	56
022	Fracture of the jaw without dislocation or with dislocation of fragments, surgically treated	84	84
023	Fracture of upper jaw without dislocation of fragments	77	77
024	Fracture of upper jaw with dislocation of fragments	112	112
025	Fracture of the upper or lower jaw alveolar bone	56	56
025a	Fracture of the zygomatic arch and zygomatikomaxillary and nasomaxillary complex	84	84
026	Combined Le Fort fractures I	90	90
027	Combined Le Fort fractures II	120	120
028	Combined Le Fort fractures III	210	210
Injury of the eye and associated nasal segments			
029	Laceration or cutaneous wound of the eyelid, surgically treated	14	no performance
030	Laceration or cutaneous wound of the eyelid interrupting lacrimal ducts	21	21
031	Inflammation of the lacrimal sac demonstrably after an injury, surgically treated	35	35
032	First or second degree chemical or heat burns of the conjunctiva line	14	no performance
033	Third degree chemical or heat burns of the conjunctiva line	49	49
033a	Chemical or heat burns of the eyelid skin of one eye	14	no performance
033b	Chemical or heat burns of the eyelid skin of both eyes	18	no performance
034	Perforating conjunctiva line wound in transient algae with bleeding (no lesions in the sclera)	14	no performance
035	Surface abrasion or deep corneal wound without perforation and with no complications	18	no performance
036	Deep corneal wound without perforation complicated by a cataract caused by post-traumatic or intraocular inflammation	56	56
037	Corneal or scleral wound with perforation treated conservatively without complications	35	35
038	Corneal or scleral wound with perforation treated conservatively complicated by a post-traumatic cataract	56	56
039	Corneal or scleral wound with perforation treated conservatively, complicated by intraocular inflammation or intraocular non-magnetic foreign body	90	90
040	Corneal or scleral wound with perforation, surgically treated without complications	42	42
041	Corneal or scleral wound with perforation, surgically treated, complicated by iris herniation or wedging	60	60
042	Corneal or blemishes with perforation treated with surgery, complicated by post-traumatic cataract or foreign magnetic intraocular body	56	56
043	Corneal or scleral wound with perforation treated surgically, complicated by intraocular inflammation or foreign non-magnetic intraocular body	90	90
044	The wound penetrating into the orbit confirmed by a specialist physician	18	no performance
045	The wound penetrating into the orbit complicated by a foreign non-magnetic body in the orbit	63	63

046	The wound penetrating into the orbit complicated by a foreign magnetic body in the orbit	63	63
047	Eye contusion with bleeding into the anterior chamber without complications	35	35
048	Eye contusion with bleeding into the anterior chamber complicated by secondary elevation of intraocular pressure requiring surgical treatment	90	90
049	Eye contusion with iris laceration without complications	35	35
050	Eye contusion with iris laceration with complicated by inflammation of the iris or post-traumatic cataract	70	70
050a	Eye contusion with conjunctiva line laceration, or with iridoplegia, or with corneal epithelium edema treated with suture, or with complication of corneal inflammation	70	70
051	Partial dislocation of the lens without complications	35	35
052	Partial dislocation of the lens complicated by secondary elevation of intraocular pressure requiring surgical treatment	70	70
053	Dislocation of the lens without complications	70	70
054	Dislocation of the lens complicated by secondary elevation of intraocular pressure requiring surgical treatment	105	105
055	Bleeding into the vitreous body and retina without complications	90	90
056	Bleeding into the vitreous complicated by secondary elevation of intraocular pressure requiring surgical treatment	120	120
057	Severe mechanical shock of retina	14	no performance
058	Post-traumatic corneal ulcer	60	60
059	Chemical or heat burn of the corneal epithelium	14	no performance
060	Chemical or heat burn of the corneal parechyma	175	175
061	Direct eye injury detected by a physician with subsequent retinal detachment	182	182
062	Accidental affection of the optic nerve and chiasm	105	105
063	Fracture of the wall of the secondary nasal cavity with the subcutaneous emphysema	28	28
064	Fracture of the nasal bones interrupting lacrimal ducts treated conservatively	28	28
065	Fracture of the nasal bones interrupting lacrimal ducts treated surgically	56	56
066	Injury of the eye requiring immediate removal of the eye	63	63
067	Injury of the extraocular muscles with diplopia	70	70
Ear injuries			
068	Auricle contusion with bruising	no performance	no performance
069	Auricle injury with secondary aseptic perichondritis	35	35
070	Drum perforation without breaking the skull bones and without secondary infection	18	no performance
070a	Drum perforation without breaking the skull bones and with secondary infection	42	42
071	Labyrinthine concussion, acoustic trauma	49	49
Tooth injuries			
072	Loss or necessary extraction of one to three teeth as a result of external violence (not biting)	21	21
073	Loss or necessary extraction of four and more teeth as a result of external violence (not biting)	28	28
074	Damage or loss of temporary teeth(milk teeth), artificial and non-vital teeth, periodontal teeth	no performance	no performance

074a	Fracture of part of a tooth without loss of vitality	no performance	no performance
075	Release of the tooth attachment of one tooth (subluxation, luxation, reimplantation) with a necessary fixation splint; for each additional tooth for another 7 days	21	21
076	Breaking of one root of the tooth with the required fixation splint; for each additional tooth for another 7 days	21	21
Neck injury			
077	Chemical burns, perforation or laceration of the esophagus	112	112
078	Perforating larynx or trachea injury	112	112
079	Fracture of the hyoid bone or the thyroid cartilage	112	112
080	Damage to the vocal cords due to inhalation of irritating vapors or as a result of a blow (impact)	18	no performance
Chest injuries			
081	Clinical evidence of pulmonary contusion	84	84
082	Clinically proven heart damage by injury or cardiac tamponade and penetrating heart injury	365	365
083	Diaphragmatic rupture	112	112
084	Severe thoracic wall contusion with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
084a	Wounds penetrating into the thoracic wall without damage to the thoracic organs and bones	35	35
085	Fracture of thoracic bone without displacement of fragments	35	35
086	Fracture of thoracic bone with displacement of fragments	63	63
087	Fracture of one rib clinically proven	28	28
088	Fractures of two to five ribs clinically proven	49	49
089	Fractures of six and more ribs clinically proven	84	84
090	Dislocated fracture of two to four ribs	77	77
091	Dislocated fracture of five or more ribs	98	98
092	Dislocated thoracic bone fracture	98	98
093	Post-traumatic pneumothorax	84	84
094	Post-traumatic pneumothorax open or valvular	140	140
095	Post-traumatic mediastinal and subcutaneous emphysema	140	140
096	Post-traumatic thoracic hemorrhage treated conservatively	63	63
097	Post-traumatic thoracic hemorrhage treated surgically	98	98
Abdominal injuries			
098	Severe abdominal wall contusion with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
099	Wounds penetrating into the abdominal cavity without injury to the internal organs	35	35
100	Liver rupture	112	112
101	Splenic rupture	84	84
102	Pancreas rupture	112	112
103	Stomach perforation due to injury	84	84
104	Duodenum perforation due to injury	91	91
105	Small intestine rupture or interruption without resection	56	56
106	Small intestine rupture or interruption with resection	84	84
107	Large intestine rupture or interruption without resection	70	70
108	Large intestine rupture or interruption with resection	91	91
109	Mesentery rupture without resection	56	56
110	Mesentery rupture with resection of the intestine	84	84
Urogenital trauma			

111	Kidney contusion with haematuria	35	35
112	Serious contusion of the external genital organs, clinically confirmed	35	35
113	Damage to the internal genital organs due to injury, clinically confirmed	63	63
114	Serious contusion of the external genital organs with post-traumatic complications	63	63
115	Kidney rupture or crushing	98	98
116	Bladder rupture	84	84
117	Urethral rupture	84	84
Spinal injuries			
118	Severe contusion of the triangles of the neck, sternal area, lumbar area and sacral area with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
118a	Severe coccyx bruising with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
119	Cervical spine sprain, clinically confirmed (spinal dynamics disorder with spasms, block position of vertebrae) treated with fixation e.g. Schanz's collar		no performance
119a	Cervical spine sprain caused by a traffic accident, so called Whiplash injury associated with at least one of the symptoms such as tinnitus, vertigo, hypacuse, dysphagia or dysphonia	28	28
120	Thoracic spine sprain, clinically confirmed (spinal dynamics disorder with spasms, block position of vertebrae)	18	no performance
121	Lumbar spine sprain, clinically confirmed (spinal dynamics disorder with spasms, block position of vertebrae)	18	no performance
122	Atlanto-occipital dislocation without damage to the spinal cord or its roots	182	182
123	Cervical spine dislocation without damaging the spinal cord or its roots	182	182
124	Thoracic spine dislocation without damaging the spinal cord or its roots	182	182
125	Lumbar spine dislocation without damaging the spinal cord or its roots	182	182
126	Coccyx dislocation without damage to spinal roots	49	49
127	Subluxation of vertebral bodies, clinically confirmed, usually requiring X-ray or other supportive imaging method	140	140
128	Fracture of the sphincter	35	35
129	Fracture of one transverse protrusion	49	49
130	Fracture of multiple transverse or sphincter protrusions	70	70
131	Fracture of the articular processes	56	56
132	Fracture of the arc	84	84
133	Odontoid process (dens axis) fracture	210	210
134	Compressive fracture of the cervical, thoracic or lumbar vertebrae body with a lowering of the front part of the body to one-third, treated conservatively	100	100
134a	Compressive fracture of the cervical, thoracic or lumbar vertebrae body with a lowering of the front part of the body to one-third, treated surgically	140	140
135	Compressive fracture of the cervical, thoracic or lumbar vertebrae body with a lowering of the front part of the body to more than one-third	245	245
136	Burst fracture of the body of the cervical, thoracic or lumbar vertebra	245	245
136a	Burst fracture of the body of the cervical, thoracic or lumbar	365	365

	vertebra with transversal spinal cord lesion		
137	For a fracture of the body of every further vertebrae according to points 134 to 136, the number of days is increased by one quarter	max. 365	max. 365
138	Damage to the intervertebral disc caused by injury with simultaneous the vertebral body fracture	182	182
139	Traumatic damage to the intervertebral disc without simultaneous fracture of the vertebral body requiring X-ray or other supportive examination by imaging methods	49	49
Pelvic injuries			
140	Severe bruising of the pelvis, clinically confirmed - hematoma, swelling, sneezing of the subcutaneous tissue	10	no performance
141	Sacroiliac joint dislocation	18	no performance
142	Sacroiliac joint displacement confirmed by an imaging method and treated by a specialist physician	182	182
143	Fracture of the anterior iliac spine	49	49
144	Ischium spine fracture	49	49
145	Unilateral pubic bone or ischium fracture without displacement	63	63
146	Unilateral pubic bone or ischium fracture with displacement	112	112
147	Bilateral fracture of pubic bone or unilateral fracture with pubic symphysis separation	182	182
148	Fracture of the wing of ilium without displacement	63	63
149	Fracture of the wing of ilium with displacement	112	112
150	Fracture of sacrum	63	63
151	Fracture or luxation of the coccyx	49	49
152	Fracture of the acetabular margim	70	70
153	Fracture of pubic bone and ilium	182	182
154	Fracture of pubic bone with sacroiliac joint dislocation	182	182
155	pubic symphysis separation	70	70
156	Fracture in the area of acetabulum, or with a central luxation of the femoral head	252	252
Upper limbs injuries			
157	Severe bruising of one or more fingers with clinical findings - hematoma, swelling, subcutaneous tissue	7	no performance
157a	Severe hand bruising with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
157b	Severe forearm bruising with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
157c	Severe arm bruising with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
157d	Severe bruising of upper limb joints (shoulder, elbow, wrist) with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
158	Incomplete interruption of extensor tendons on a finger or hand on one finger with conclusive objective symptoms (treated with fixation)	21	21
159	Incomplete interruption of extensor tendons on a finger or hand on several fingers (treated with fixation)	49	49
159a	Incomplete interruption of the collateral ligaments of the basic or inter-articular joint of the finger (s) or of the anterior carpentocarpal joint	21	21
160	Complete interruption of flexor tendons on fingers or hands on one finger	63	63
161	Complete interruption of flexor tendons on fingers or hands on several fingers	112	112

162	Complete interruption of extensor tendons on fingers or hands on one finger	49	49
163	Complete interruption of extensor tendons on fingers or hands on several fingers	70	70
164	Detachment of dorsal finger aponeurosis	49	49
165	Total interruption of one or two finger or hand flexor or extender tendons in the wrist	77	77
165a	Complete interruption of the collateral ligaments of the basic or inter-articular joint of the finger (s) or of the anterior carpentocarpal joint	84	84
165b	Interruption of radiocarpal and intercarpal ligaments	84	84
166	Complete interruption of several finger or hand flexor or extender tendons in the wrist	140	140
167	Supraspinatus muscle strain or its tendon sprain, treated conservatively, requiring X-ray or other supportive examination (ultrasonography, NMR, etc.)	42	42
168	Complete rupture of the supraspinatus muscle or tendon, treated conservatively	70	70
169	Complete rupture of the supraspinatus muscle or tendon, treated surgically	84	84
170	Rupture (tearing off) of the long tendon of the biceps brachii head, treated conservatively	35	35
171	Rupture (tearing off) of the long tendon of the biceps brachii head, treated surgically	70	70
171a	Rupture (tearing off) of the lower attachment of the biceps brachii, treated conservatively, confirmed by ultrasonography, NMR etc.	35	35
171b	Rupture (tearing off) of the lower attachment of the biceps brachii, treated surgically	70	70
171c	Rupture (tearing off) of the collateral ligaments, treated surgically	70	70
172	Rupture of another muscle or tendon treated conservatively, confirmed by examination of ultrasonography, NMR etc.	28	28
173	Muscle strain or tendon sprain or complete rupture thereof, treated surgically	70	70
174	Displacement of joints between the clavicular notch and the scapula, clavicular notch and sternum, shoulder, elbow and wrists joints requiring X-ray or other supportive imaging examination, treated by fixation	14	no performance
174a	Rupture of the glenoid labrum or shoulder joint socket, treated conservatively	49	49
174b	Rupture of the glenoid labrum or shoulder joint socket, treated surgically	84	84
174c	Finger joint sprain, treated with rigid fixation	14	no performance
175	Displacement or subluxation between the clavicular notch and the sternum treated conservatively with reposition by a specialist physician	28	28
176	Displacement or subluxation between the clavicular notch and the sternum treated surgically	63	63
177	Displacement or subluxation between the clavicular notch and the scapula treated conservatively with reposition by a specialist physician	28	28
178	Displacement or subluxation between the clavicular notch and the scapula treated surgically	77	77
179	Dislocation of the humerus (shoulder) treated conservatively with reposition by a physician	49	49
180	Dislocation of the humerus (shoulder) treated surgically	84	84

181	Dislocation of the elbow treated conservatively with reposition by a physician	49	49
182	Dislocation of the elbow treated surgically	84	84
183	Dislocation of the wrist (lunar bone and perilunar luxation) treated conservatively with reposition by a physician	70	70
184	Dislocation of the wrist (lunar bone and perilunar luxation) treated surgically	112	112
185	Dislocation of one metacarpal bone treated with reposition by an expert physician	35	35
186	Dislocation of several metacarpal bones treated with reposition by an expert physician	56	56
187	Dislocation of phalanges of one finger treated with reposition by an expert physician	49	49
188	Dislocation of phalanges of several fingers treated with reposition by an expert physician	70	70
189	Fracture of the body or collum of the scapula	56	56
189a	Fracture of articular cartilage of the humerus head or the scapula socket	42	42
190	Fracture of the acromion	49	49
191	Fracture of the coracoid process	42	42
192	Clavicle fracture incomplete	21	21
193	Clavicle fracture complete without dislocation of fragments	35	35
194	Clavicle fracture complete with dislocation of fragments	49	49
195	Clavicle fracture, treated surgically	63	63
196	Fracture of the humeral upper extremity, large tuberosity without displacement	45	45
197	Fracture of the humeral upper extremity, large tuberosity with displacement	63	63
198	Fracture of the humeral upper extremity, burst head fracture	105	105
199	Fracture of the humeral upper extremity, neck or head without displacement	60	60
200	Fracture of the humeral upper extremity, neck or head, wedged	63	63
201	Fracture of the humeral upper extremity, neck or head with displacement of fragments	84	84
202	Fracture of the humeral upper extremity, neck or head, luxation type or treated surgically	112	112
203	Fracture of the body of the humerus, incomplete	63	63
204	Fracture of the body of the humerus, complete without displacement of fragments	84	84
205	Fracture of the body of the humerus, complete with displacement of fragments	112	112
206	Fracture of the body of the humerus, open or surgically treated	140	140
207	Fracture of the humerus above the condylus, incomplete	60	60
208	Fracture of the humerus above the condylus, complete without displacement of fragments	63	63
209	Fracture of the humerus above the condylus, complete with displacement of fragments	84	84
210	Fracture of the humerus above the condylus, open or surgically treated	112	112
211	Intra-articular fracture of the lower humeral extremity (transcondylic and intercondylic fracture, fracture of the capitulum and the trochlea) without displacement of fragments	70	70
212	Intra-articular fracture of the lower humeral extremity (transcondylic and intercondylic fracture, fracture of the capitulum and the trochlea) with displacement of fragments	84	84

213	Intra-articular fracture of the lower humeral extremity (transcondylic and intercondylic fracture, fracture of the capitulum and the trochlea), open, surgically treated	140	140
214	Fracture of the humeral medial epicondyle without displacement of the fragments	42	42
215	Fracture of the humeral medial epicondyle without displacement of the fragments up to the height of the joint slit	70	70
216	Fracture of the humeral medial epicondyle with displacement of the fragments to the joint	112	112
217	Fracture of the lateral epicondyle of the humerus without displacement of the fragments	42	42
218	Fracture of the lateral epicondyle of the humerus with displacement of the fragments	112	112
219	Olecranon fracture, treated conservatively	42	42
220	Olecranon fracture, treated surgically	70	70
221	Elbow coronoid process fracture	56	56
222	Fracture of radial bone head, treated conservatively	56	56
223	Fracture of radial bone head, treated surgically	77	77
224	Fracture of the body of the ulna, incomplete	56	56
225	Fracture of the body of the ulna, complete without displacement of fragments	70	70
226	Fracture of the body of the ulna, complete with displacement of fragments	84	84
227	Fracture of the body of the ulna, open or surgically treated	105	105
228	Fracture of the radial bone body or neck, incomplete	56	56
229	Fracture of the radial bone body or neck, complete without displacement of fragments	75	75
230	Fracture of the radial bone body or neck, complete with displacement of fragments	84	84
231	Fracture of the radial bone body or neck, open or surgically treated	105	105
232	Fracture of both bones of the forearm, incomplete	70	70
233	Fracture of both bones of the forearm, complete without displacement of fragments	84	84
234	Fracture of both bones of the forearm, complete with displacement of fragments	126	126
235	Fracture of both bones of the forearm, open or surgically treated	168	168
236	Monteggi's or Galleazzi's luxation fracture of the forearm, treated conservatively	140	140
237	Monteggi's or Galleazzi's luxation fracture of the forearm, treated surgically	182	182
238	Fracture of the radial bone lower extremity, incomplete	35	35
239	Fracture of the radial bone lower extremity, complete without displacement of fragments	70	70
240	Fracture of the radial bone lower extremity, complete with displacement of fragments	77	77
241	Fracture of the radial bone lower extremity, open or surgically treated	98	98
242	Epifyseolysis of the radial bone lower extremity	42	42
243	Epifyseolysis of the radial bone lower extremity, with displacement of fragments	84	84
244	Fracture of the styloid process of the ulma or radial bone, incomplete	35	35
245	Fracture of the styloid process of the ulma or radial bone, complete without displacement of fragments	63	63

246	Fracture of the styloid process of the ulma or radial bone, complete dislocated or treated surgically	84	84
247	Fracture of scaphoid bone, incomplete	84	84
248	Fracture of the scaphoid bone, complete	105	105
249	Fracture of the scaphoid bone, complicated by necrosis	182	182
250	Fracture of another carpal bone, incomplete	28	28
251	Fracture of another carpal bone, complete	56	56
252	Fracture of several carpal bones	112	112
253	Luxation fracture of the base of the first metacarpal bone (Bennett's fracture), treated conservatively	70	70
254	Luxation fracture of the base of the first metacarpal bone (Bennett's fracture), treated surgically	84	84
255	Fracture of one metacarpal bone, incomplete	28	28
256	Fracture of one metacarpal bone, complete without displacement of fragments	35	35
257	Fracture of one metacarpal bone, complete with displacement of fragments	56	56
258	Fracture of one metacarpal bone, open or surgically treated	70	70
259	Fracture of several metacarpal bones, without displacement of fragments	49	49
260	Fracture of several metacarpal bones, with displacement of fragments	70	70
261	Fracture of several metacarpal bones, open or surgically treated	84	84
262	Fracture of one phalanx of one finger, incomplete or complete without displacement of fragments	28	28
263	Fracture of the ungual process of one finger	21	21
264	Fracture of the ungual process of one finger, with displacement of fragments	42	42
265	Fracture of one phalanx of one finger, open or surgically treated	56	56
266	Fractures of multiple phalanges of one finger, incomplete or complete without displacement of fragments	49	49
267	Fractures of multiple phalanges of one finger with displacement of fragments	77	77
268	Fractures of multiple phalanges of one finger, open or surgically treated	84	84
269	Fractures of multiple phalanges of two or more fingers, incomplete or complete without displacement of fragments	56	56
270	Fractures of multiple phalanges of two or more fingers, with displacement of fragments	84	84
271	Fractures of multiple phalanges of two or more fingers, open or surgically treated	98	98
272	Exarticulation in the shoulder joint	280	280
273	Amputation of an arm	230	230
274	Amputation of both forearms	230	230
275	Amputation of one forearm	175	175
276	Amputation of both hands	200	200
277	Amputation of the hand	140	140
278	Amputation of all fingers or parts thereof	140	140
279	Amputation of four fingers or parts thereof	123	123
280	Amputation of three fingers or parts thereof	105	105
281	Amputation of two fingers or parts thereof	88	88
282	Amputation of one finger or its part	70	70
Lower limbs injuries			

283	Severe soft tissue bruising with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
283a	Serious contusion of lower limb joints (hip, knee, ankle) with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
283b	Severe bruising of a leg or one or more toes with clinical findings - hematoma, swelling, subcutaneous tissue	7	no performance
284	Larger muscle strain or tendon sprain, without surgery, clinically confirmed (ultrasonography, CT, NMR, etc.)	28	28
285	Larger muscle strain or tendon sprain, treated surgically	49	49
286	Rupture or cut of a larger muscle or tendon, treated conservatively, clinically confirmed (ultrasonography, NMR, etc.)	56	56
287	Rupture or cut of a larger muscle or tendon, treated surgically	70	70
288	Achilles tendon sprain (confirmed by sonographic examination or another imaging method)	45	45
289	Achilles tendon rupture	80	80
290	Acetabulofemoral (hip) joint dislocation	18	no performance
291	Knee dislocation, treated conservatively, treated with rigid fixation	18	no performance
291a	Knee dislocation, treated with knee arthroscopic surgery	35	35
292	Talocrural joint dislocation, treated with rigid fixation	18	no performance
293	Chopart's joint dislocation, treated with rigid fixation	14	no performance
294	Lisfranc joint dislocation, treated with rigid fixation	14	no performance
295	Toe joint sprain, treated with rigid fixation	14	no performance
295a	Detachment of labrum and ligamentum capitis femoris of the acetabulofemoral (hip) joint	84	84
296	Sprain of the inner or outer lateral knee ligament, confirmed by ultrasonography, NMR etc.	49	49
297	Knee cruciate ligament sprain, confirmed by ultrasonography, NMR etc.	56	56
298	Rupture or complete detachment of the knee lateral ligament, confirmed by ultrasonography, NMR etc.	84	84
299	Rupture or complete detachment of the knee cruciate ligament, treated conservativelly, confirmed by ultrasonography, NMR, CT etc.	91	91
299a	Rupture or complete detachment of the knee cruciate ligament, treated surgically	112	112
300	Sprain of the inner or outer lateral talocrural joint ligament, confirmed by ultrasonography, NMR etc.	35	35
301	Rupture of the inner or outer lateral talocrural joint ligament, confirmed by ultrasonography, NMR etc.	56	56
302	Injury of an external or internal meniscus, treated conservatively, confirmed by ultrasonography, NMR, CT etc.	28	28
303	Injury of an external or internal meniscus, treated surgically	56	56
304	Femoral dislocation (in the hip) treated conservatively with reposition by an expert physician	70	70
305	Femoral dislocation (in the hip) treated surgically	98	98
306	Dislocation of the patella treated conservatively with reposition by a physician	49	49
307	Dislocation of the patella treated surgically	70	70
308	Dislocation of the crus treated conservatively with reposition by a	112	112

	physician		
309	Dislocation of the crus, open or treated surgically	126	126
310	Dislocation of the talus, treated conservatively	70	70
311	Dislocation of the talus, open or treated surgically	84	84
312	Dislocation under the crus, open or treated surgically	70	70
313	Dislocation under the talus, open or treated surgically	84	84
314	Dislocation of the navicular, cuboid or cuneiform bones, treated conservatively	70	70
315	Dislocation of the navicular, cuboid or cuneiform bones, treated surgically	84	84
316	Dislocation of the metatarsal bones, one or more, treated conservatively	56	56
317	Dislocation of the metatarsal bones, open or treated surgically	70	70
318	Dislocation of the base or inter-articular toe joints confirmed by the imaging method and repositioned by an expert physician	28	28
319	Fracture of the femur neck, wedged	112	112
320	Fracture of the femur neck, not wedged, treated conservatively	182	182
321	Fracture of the femur neck, not wedged, treated surgically	182	182
322	Fracture of the femur neck, complicated by the head necrosis the head or treated by endoprosthetic surgery	365	365
323	Traumatic epifyseolysis of the femoral head with a slight displacement of the fragments	112	112
324	Traumatic epifyseolysis of the femoral head with a significant displacement of the fragments	182	182
325	Traumatic epifyseolysis of the femoral head with a necrosis	365	365
326	Fracture of the greater trochanter	84	84
327	Fracture of the lesser trochanter	70	70
328	Pertrochanteric fracture, incomplete or complete without displacement	112	112
329	Pertrochanteric fracture complete with displacement, treated conservatively	140	140
330	Pertrochanteric fracture, treated surgically	182	182
331	Subtrochanteric fracture, incomplete	140	140
332	Subtrochanteric fracture, complete without dislocation of fragments	182	182
333	Subtrochanteric fracture, complete without dislocation of fragments, treated conservatively	210	210
334	Subtrochanteric fracture, complete with dislocation of fragments, treated surgically	182	182
335	Subtrochanteric fracture open	224	224
336	Fracture of the body of the femur, incomplete	140	140
337	Fracture of the body of the femur, complete without displacement of fragments	182	182
338	Fracture of the body of the femur, complete with displacement of fragments, treated conservatively	210	210
339	Fracture of the body of the femur, complete with displacement of fragments, treated surgically	182	182
340	Fracture of the body of the femur, open	252	252
341	Fracture of the femur above the condylus, incomplete	140	140
342	Fracture of the femur above the condylus, complete without displacement of fragments	182	182
343	Fracture of the femur above the condylus, complete with displacement of fragments, treated conservatively	210	210
344	Fracture of the femur above the condylus, open or surgically	252	252

	treated		
344a	Fracture of articular cartilage in the area of the hip, knee, ancle	70	70
345	Traumatic epifyseolysis of the distal extremity of the femur with dislocated fragments, treated conservatively	210	210
346	Fracture of the femoral epicondyle, treated conservatively	84	84
347	Fracture of the femoral epicondyle, treated surgically	112	112
348	Intra-articular fracture of the lower extremity of the femur (fracture of the condyle or intercondylic) without displacement of fragments	140	140
349	Intra-articular fracture of the lower extremity of the femur (fracture of the condyle or intercondylic) with displacement of fragments, treated conservatively	182	182
350	Intra-articular fracture of the lower extremity of the femur (fracture of the condyle or intercondylic) open or treated surgically	252	252
351	Fracture of patella without displacement of fragments	70	70
352	Fracture of the patella, complete without dislocation of fragments, treated conservatively	98	98
353	Fracture of the patella, open or treated by surgery	112	112
354	Fracture of the tibial Intercondyloid eminence, treated conservatively	112	112
355	Fracture of the tibial Intercondyloid eminence, treated surgically	140	140
356	Intra-articular fracture of the upper extremity of the tibia, of one condyle without dislocation of the fragments	112	112
357	Intra-articular fracture of the upper extremity of the tibia, of one condyle with dislocation of the fragments or treated surgically	140	140
358	Intra-articular fracture of the upper extremity of the tibia, of both condyles without dislocation of the fragments	140	140
359	Intra-articular fracture of the upper extremity of the tibia, of both condyles with dislocation of the fragments or with the epifyseolysis	182	182
360	Detachment of the tuberosity of the tibia, treated conservatively	70	70
361	Detachment of the tuberosity of the tibia, treated surgically	84	84
362	Fracture of the tibia (without affecting the ankle joint), incomplete as well as epifyseolysis	35	35
363	Fracture of the tibia (without affecting the ankle joint), complete	56	56
363a	Fracture of the body of the tibia with ankle ligaments injury (Maisonneuv fracture)	56	56
364	Fracture of the tibia or both tibia and fibula, incomplete, treated conservatively	112	112
365	Fracture of the tibia or both tibia and fibula, complete, without dislocation of fragments	140	140
366	Fracture of the tibia or both tibia and fibula, complete, with dislocation of fragments	182	182
367	Fracture of the tibia or both tibia and fibula, open or surgically treated	240	240
368	Fracture of the lateral malleolus, incomplete	35	35
369	Fracture of the lateral malleolus, complete, without dislocation of fragments (Weber AC)	56	56
370	Fracture of the lateral malleolus, complete, with dislocation of fragments (Weber AC)	70	70
371	Fracture of the body of the lateral malleolus, open or surgically treated	84	84
372	Fracture of the lateral malleolus with subluxation of the talus externally, treated conservatively	112	112
373	Fracture of the lateral malleolus with subluxation of the talus externally, treated surgically	140	140
374	Fracture of the medial malleolus, incomplete	56	56

375	Fracture of the body of the medial malleolus, complete without displacement of fragments	70	70
376	Fracture of the body of the medial malleolus, complete with displacement of fragments, treated conservatively	84	84
377	Fracture of the body of the medial malleolus, complete with displacement of fragments, open or treated surgically	105	105
378	Fracture of the medial malleolus with subluxation of the talus externally, treated conservatively	112	112
379	Fracture of the medial malleolus with subluxation of the talus externally, treated surgically	140	140
380	Fracture of both malleoli, incomplete	70	70
381	Fracture of both malleoli, complete without displacement of fragments	84	84
382	Fracture of the body of both malleoli, complete with displacement of fragments, treated conservatively	112	112
383	Fracture of both malleoli, complete with displacement of fragments, open or treated surgically	140	140
384	Fracture of both malleoli with subluxation of the talus, treated conservatively	112	112
385	Fracture of both malleoli with subluxation of the talus, treated surgically	140	140
386	Fracture of one malleolus with detachment of the rear edge of the tibia, without displacement of the fragments	98	98
387	Fracture of one malleolus with detachment of the rear edge of the tibia, with displacement of the fragments, treated conservatively	126	126
388	Fracture of one malleolus with detachment of the rear edge of the tibia, with displacement of the fragments, treated surgically	140	140
389	Trimalleolar fracture, without displacement of fragments	98	98
390	Trimalleolar fracture, complete without dislocation of fragments, treated conservatively	126	126
391	Trimalleolar fracture, complete without dislocation of fragments, treated surgically	154	154
392	Detachment of the rear edge of the tibia, incomplete	56	56
393	Detachment of the rear edge of the tibia, complete, without displacement of the fragments	70	70
394	Detachment of the rear edge of the tibia, complete, with displacement of the fragments, treated conservatively	84	84
395	Detachment of the rear edge of the tibia, complete, with displacement of the fragments, treated surgically	98	98
396	Supramalleolar fracture of the tibia with subluxation of the talus externally or externally, or with a fracture of the medial malleolus, treated conservatively	140	140
397	Supramalleolar fracture of the tibia with subluxation of the talus externally or externally, or with a fracture of the medial malleolus, treated surgically	161	161
398	Supramalleolar fracture of the tibia with subluxation of the talus externally or externally, or with a fracture of the medial malleolus, or with detachment of the rear edge of the tibia, treated conservatively	161	161
399	Supramalleolar fracture of the tibia with subluxation of the talus externally or externally, or with a fracture of the medial malleolus, or with detachment of the rear edge of the tibia, treated surgically	182	182
400	Intraocular burst fracture of the distal epiphysis of the tibial bone (fracture of the lower pylon)	182	182
401	Fracture of the calcaneus, without any damage to the body of the calcaneus	63	63

402	Fracture of the calcaneus, without any disruption to static (Böhler's angle)	112	112
403	Fracture of the calcaneus, with any disruption to static (Böhler's angle)	182	182
404	Fracture of the talus without displacement of fragments	112	112
405	Fracture of the talus with displacement of fragments	182	182
406	Fracture of the talus, complicated by necrosis	365	365
407	Fracture of the posterior talar process	35	35
408	Fracture of the cuboid bone without displacement of fragments	70	70
409	Fracture of the cuboid bone with displacement of fragments	84	84
410	Fracture of the scaphoid bone without displacement of fragments	70	70
411	Fracture of scaphoid bone, with luxation	140	140
412	Fracture of the scaphoid bone, complicated by necrosis	365	365
413	Fracture of one cuneiform bone, without displacement of fragments	70	70
414	Fracture of one cuneiform bone, with displacement of fragments	84	84
415	Fracture of several cuneiform bones, without displacement of fragments	84	84
416	Fracture of several cuneiform bones, with displacement of fragments	112	112
417	Detachment of the base of the fifth metatarsal bone	63	63
418	Fracture of the metatarsal bones of the big toe or little toe without displacement	49	49
419	Fracture of the metatarsal bones of the big toe or little toe with displacement	70	70
420	Fracture of the metatarsal bones of the big toe or little toe, open or surgically treated	84	84
421	Fracture of the metatarsal bones of other toe than the big toe or little toe, without displacement of fragments	35	35
422	Fracture of the metatarsal bones of other toe than the big toe or little toe, with displacement of fragments	56	56
423	Fracture of the metatarsal bones of seferal toes, without displacement of fragments	56	56
424	Fracture of the metatarsal bones of seferal toes, with displacement of fragments	70	70
425	Fracture of the metatarsal bones of several toes, open or surgically treated	84	84
426	Detachment or a part of the big toe phalanx bone	21	21
427	Fracture of the big toe phalanx bone, complete without dislocation of fragments	35	35
428	Fracture of the big toe phalanx bone, complete with dislocation of fragments	49	49
429	Fracture of the big toe phalanx bone, open or surgically treated	63	63
430	Burst fracture of the big toe ungual process	35	35
431	Fracture of one phalanx bone of any other toe than the big toe, incomplete or complete	21	21
432	Fracture of one phalanx bone of any other toe than the big toe, open or surgically treated	35	35
433	Fractures of several phalanx bones of one toe	49	49
434	Fractures of phalanx bones of several toes or fractures of several phalanx bones of one toe, open or surgically treated	70	70
435	Exarticulation of the acetabulofemoral (hip) joint or thigh amputation	365	365
436	Amputation of both crura (lower legs)	365	365

437	Amputation of the crus (lower leg)	300	300
438	Amputation of both legs	300	300
439	Amputation of a leg	200	200
440	Amputation of the big toe or a part thereof	70	70
441	Amputation of the toes except for the bug toe or parts thereof	50	50
Nervous system injuries			
442	Brain concussion of light (first) degree confirmed by an expert physician - neurologist with a condition of hospitalization	14	no performance
443	Brain concussion of moderate (second) degree and severe (third) degree confirmed by an expert physician - neurologist with a condition of hospitalization	56	56
444	Void		
445	Brain contusion	182	182
446	Crushing of the brain tissue	365	365
447	Cerebral haemorrhage	365	365
448	Intracranial haemorrhage or haemorrhage to the spinal canal	365	365
448a	Diffusion axonal brain injury	365	365
449	Spinal cord concussion	35	35
450	Spinal cord contusion	182	182
451	Haemorrhaging into the spinal cord	365	365
452	Crushing of the spinal cord	365	365
453	Peripheral nerve injury with short-term polio	35	35
454	Peripheral nerve injury with conductive fibers injury	140	140
455	Peripheral nerve interruption	365	365
455a	Interruption of the terminal sensory fibers of the peripheral nerve	84	84
455b	Injury of nerve plexuses of the upper or lower limb	365	365
Other types of injury			
456	Surgically treated injury requiring suture - no complications (treatment of the injury with tape stitches is considered suture only in the facial area)	10	no performance
456a	Surgically treated injury requiring suture - with complications (treatment of the injury with tape stitches is considered suture only in the facial area)	18	no performance
456b	Areal abrasion with loss of skin cover of 10 cm2 to 40 cm2 (surgically treated)	10	no performance
456c	Areal abrasion with loss of skin cover exceeding 40 cm2 (surgically treated)	18	no performance
456d	Surface abrasion with loss of skin cover of soft tissue on fingers or nail removal (surgically treated)	10	no performance
456e	Abrasions, excoriation, injuries not requiring suture	no performance	no performance
457	A foreign body surgically removed or not removed	10	no performance
457a	Void		
457b	Damage to the vascular trunk	63	63
General effects of electric shock			
458	Conclusive electrical injuries classified as light degree disability with objective symptoms	14	no performance
459	Conclusive electrical injuries classified as moderate degree disability with objective symptoms	28	28
460	Conclusive electrical injuries classified as severe degree disability with objective symptoms	49	49
Overall effects of heatstroke and sunstroke			

461	Light cases of heatstroke and sunstroke with a condition of hospitalization	14	no performance
462	Moderate and severe cases of heatstroke or sunstroke with hospitalization condition, performance shall be provided at least for the period of hospitalization, up to a maximum of twice the time	max. 365	max. 365
463	Void		
Heat burns, chemical burns, frostbite			
464	First degree heat burns, chemical burns, frostbite	no performance	no performance
464a	Second degree heat burns, chemical burns, frostbite up to 5 cm2	no performance	no performance
465	Second degree heat burns, chemical burns, frostbite over 5 cm2 up to 10 cm2	10	no performance
465a	Second degree heat burns, chemical burns, frostbite over 10 cm2 up to 1% of body surface area	14	no performance
465b	Second degree heat burns, chemical burns, frostbite over 1% up to 2% of the body surface area	21	21
466	Second degree heat burns, chemical burns, frostbite over 2% up to 5% of the body surface area	35	35
467	Second degree heat burns, chemical burns, frostbite over 5% up to 20% of the body surface area	56	56
468	Second degree heat burns, chemical burns, frostbite over 20% up to 30% of the body surface area	84	84
469	Second degree heat burns, chemical burns, frostbite over 30% up to 40% of the body surface area	126	126
470	Second degree heat burns, chemical burns, frostbite over 40% up to 50% of the body surface area	182	182
471	Second degree heat burns, chemical burns, frostbite over 50% of the body surface area	365	365
472	Third degree and deep second degree heat burns, chemical burns, frostbite with a need for surgical treatment up to 5 cm^2	21	21
473	Third degree and deep second degree heat burns, chemical burns, frostbite with a need for surgical treatment over 5 cm^2 up to 10 cm^2 of the body surface area	56	56
474	Third degree and deep second degree heat burns, chemical burns, frostbite with a need for surgical treatment over 10 cm^2 up to 5% of the body surface area	80	80
475	Third degree and deep second degree heat burns, chemical burns, frostbite with a need for surgical treatment over 5% up to 10% of the body surface area	100	100
476	Third degree and deep second degree heat burns, chemical burns, frostbite with a need for surgical treatment over 10% up to 15% of the body surface area	135	135
477	Third degree and deep second degree heat burns, chemical burns, frostbite with a need for surgical treatment over 15% up to 20% of the body surface area	154	154
478	Third degree and deep second degree heat burns, chemical burns, frostbite with a need for surgical treatment over 20% up to 30% of the body surface area	182	182
479	Third degree and deep second degree heat burns, chemical burns, frostbite with a need for surgical treatment over 30% up to 40% of the body surface area	268	268
480	Third degree and deep second degree heat burns, chemical burns, frostbite with a need for surgical treatment over 40% of the body surface area	365	365
Poisoning by gases, vapors, general effects of radiation and chemical poisons			
481	Light case of poisoning with a condition of hospitalization	14	no

			performance
482	Moderate and severe cases of poisoning with hospitalization condition, performance shall be provided at least for the period of hospitalization, up to a maximum of twice the time	max. 365	max. 365
483	Repeated poisoning or consequences of repeated exposure	no performance	no performance
Traumatic shock due to post-traumatic bleeding			
484	Light degree of traumatic shock confirmed by a specialist with a condition of hospitalization	14	no performance
485	Moderate degree of traumatic shock confirmed by a specialist with a condition of hospitalization	28	28
486	Severe degree of traumatic shock confirmed by a specialist with a condition of hospitalization	49	49
Other diagnoses not listed above			
487	Biting by a dog or other animal requiring specialized surgical treatment followed by rabies vaccination	18	no performance
488	Expert treatment after snake bite or bite by other poison-producing animal (except insect bites resulting in anaphylactic shock)	14	no performance
499	Psychic shock	no performance	no performance

Article 12

Valuation Table B

Performance for permanent consequences of an injury

Item number:	Description of the bodily damage:	Percentage of body damage
Head injuries and sensory organs		
001	Full defect in the calvaria with a scope up to 2 cm^2	up to 5%
002	Full defect in the calvaria with a scope up to 10 cm^2	up to 15%
003	Full defect in the calvaria with a scope over 10 cm^2	up to 25%
004	Light objective symptoms or subjective difficulty identified by medical observation without objective findings of severe head injuries by the degree	5-20%
005	Serious brain disorders and mental disorders after severe head injury by the degree	20-100%
006	Subjective difficulties after severe injuries of other parts of the body without objective finding, identified by medical observation	up to 15%
007	Traumatic disorder of the facial nerve of a light degree	up to 12%
008	Traumatic disorder of the facial nerve of a severe degree	up to 20%
009	Traumatic disorder of the trigeminal nerve of a severe degree	5-15%
010	Damage of the face accompanied by functional disorders or damage causing compassion or ugliness, light degree	up to 10%
011	Damage of the face accompanied by functional disorders or damage causing compassion or ugliness, moderate degree	up to 20%
012	Damage of the face accompanied by functional disorders or damage causing compassion or ugliness, severe degree	up to 35%
013	Consequences of the skull base injury	15%
Nose or sense of smell damage		
014	Loss of the nose tip	10%

015	Loss of the entire nose without narrowing	15%
016	Loss of the whole nose with narrowing	25%
017	Nose deformation with functionally significant patency disruption	up to 10%
018	Chronic atrophic inflammation of the nasal mucosa after chemical or heat burn	up to 10%
019	Nasal partition perforation	5%
020	Chronic septic post-traumatic inflammation of the sinuses	up to 10%
021	Loss of the sense of smell and taste according to the appropriate scale	up to 10%
Loss of eyes or vision		
In the case of complete loss of vision, the total permanent effects can not be more than 25%on one eye, more than 75% on the other eye and more than 100% on both eyes. However, the permanent damage referred to in paragraphs 023, 031 to 034, 036, 039 and 040 is also assessed above that limit.		
022	The consequences of ocular injuries resulting in reduced visual acuity are evaluated according to table no. 1	
023	Anatomical loss or atrophy of an eye the following amount is added to the identified permanent visual inferiority degree	5%
024	Loss of lens on one eye (including accommodation disruption), in case of contact lens tolerability of at least 4 hours a day	15%
025	Loss of lens on one eye (including accommodation disruption), in case of contact lens tolerability of less than 4 hours a day	18%
026	Loss of lens on one eye (including accommodation disruption), in case of complete intolerability of a contact lens	25%
026a	Loss of lens with artificial lens implantation. The evaluation includes loss of accommodation. Any reduction in visual acuity can be evaluated at the same time according to item 022, table no. 1	8%
027	Loss of the lens on both eyes (including accommodation disruption) if visual acuity with aphakic correction is less than 6/12. If it is worse, the percentage shall be determined according to the auxiliary table 1a and 10% will be added on the account of the difficulty of wearing the aphakic correction.	15%
028	Traumatic disturbance of the occipital nerves or disturbance of the equilibrium of the extraocular muscles by the degree	up to 25%
029	Concentric restriction of the field of view due to an injury is evaluated according to the auxiliary table no. 2	
030	Other limitations on the field of view are evaluated according to table no. 3	
031	Restriction of patency of the tear ducts in one eye	5%
032	Limitation of patency of the tear ducts in both eyes	10%
033	Incorrect position of the lashes, not corrected surgically, on one eye	5%
034	Incorrect position of the lashes, not corrected surgically, on both eyes	10%
035	Extension and paralysis of the pupil (at the functional eye) by degree	2-5%
035a	Post-traumatic glaucoma	10%
036	Deformation of the external segment and its surroundings causing 5% compassion or ugliness, also the upper eyelid ptosis, if it does not cover the pupil (regardless of the suspension disorder) for each eye	5%
037	Traumatic accommodation disorder, unilateral	5-8%
038	Traumatic accommodation disorder, bilateral	3-5%
039	Post-traumatic lagophthalmos, not corrected surgically, unilateral	5-10%
040	Post-traumatic lagophthalmos, not corrected surgically, bilateral The assessment under items 039 and 040 can not be evaluated under item 036 at the same time.	5-15%
041	The upper eyelid ptosis (at the functional eye) not corrected surgically, if it covers the pupil, unilateral	5-25%
042	The upper eyelid ptosis (at the functional eye) not corrected surgically, if it covers the pupil, bilateral	30-60%
Ear damage or hearing impairment		
043	Loss of one auricle	10%
044	Loss of both auricles	15%

045	Permanent post-traumatic perforation of the eardrum, without apparent secondary infection	5%
046	Chronic purulent inflammation of the middle ear, conclusively proven as an injury consequence	10-20%
047	Deformation of the auricle	up to 10%
048	Hardness of hearing, unilateral, light degree	0%
049	Hardness of hearing, unilateral, moderate degree	up to 5%
050	Hardness of hearing, unilateral, severe degree	up to 12%
051	Hardness of hearing, bilateral, light degree	up to 10%
052	Hardness of hearing, bilateral, moderate degree	up to 20%
053	Hardness of hearing, bilateral, severe degree	up to 35%
054	Loss of hearing in one ear	15%
055	Loss of hearing in the other ear	25%
056	Deafness on both sides as a result of a single injury	40%
057	Labyrinth disorder unilateral by degree	10-20%
058	Labyrinth disorder bilateral by degree	30-50%
Damage to teeth		
Loss of teeth or parts thereof, only if they have occurred through external violence		
059	For the loss of one tooth	1%
060	For the loss of every other tooth	1%
061	For loss of part of the tooth, resulting in loss of vitality of the tooth	0.5%
062	For the frontal teeth deformity as a result of a conclusive injury of the temporary (milk) teeth, for each damaged permanent tooth	1%
063	For loss, breakage and damage of artificial dental prostheses and temporary (milk) teeth	0%
Tongue damage		
064	Post-traumatic tongue conditions with tissue defects or scaring deformities, only when not assessed under items 068 to 071	15%
Neck injuries		
065	Tapering of the larynx or trachea, light degree	up to 15%
066	Tapering of the larynx or trachea, moderate degree	up to 30%
067	Tapering of the larynx or trachea, severe degree It is not possible to use the valuation under item 067 when valuating under items 068 to 072 at the same time.	up to 65%
068	Partial loss of voice	up to 20%
069	Voice loss (aphonia)	25%
070	Loss of speech due to damage to the organs of speech	30%
071	Hardness of speech due to damage to the organs of speech It is not possible to use the valuation under items 068 to 071 when valuating under items 067 or 072 at the same time.	10-20%
072	Condition after tracheotomy with permanently introduced cannula. It is not possible to use the valuation under item 072 when valuating under items 068 to 071 at the same time.	50%
Injuries of the chest, lungs, heart or esophagus		
073	Limitation of the range of motion of the chest and the thoracic wall, clinically confirmed, light degree	up to 10%
074	Limitation of the range of motion of the chest and the thoracic wall, clinically confirmed, moderate degree	up to 20%
075	Limitation of the range of motion of the chest and the thoracic wall, clinically confirmed, severe degree	up to 30%
076	Other consequences of lung injury by degree of impairment of function and scope, unilateral	15-40%
077	Other consequences of lung injury by degree of impairment of function and scope, bilateral	20-100%

078	Cardiac and vascular disorders (only after direct injury), clinically confirmed, by degree of injury	10-100%
079	Esophagus fistula	30%
080	Post-traumatic narrowing of the esophagus, light degree	up to 10%
081	Post-traumatic narrowing of the esophagus, moderate degree	11-30%
082	Post-traumatic narrowing of the esophagus, severe degree	31-60%
Abdominal and gastrointestinal injuries		
083	Damage to the abdominal wall accompanied by a disruption of the abdominal press	up to 25%
084	Impairment of digestive organs function by the degree of nutrition disorder	20-100%
085	Loss of the spleen	15%
085a	Loss of part of the spleen by the degree of functional impairment	up to 15%
086	Stercoral fistula by the location and extent of the reaction in the surrounding area	30-60%
087	Anal sphincter weakness, partial	up to 20%
088	Anal sphincter weakness, total	60%
089	Post-traumatic narrowing of the rectum or anus, light degree	up to 10%
090	Post-traumatic narrowing of the rectum or anus, moderate degree	up to 20%
091	Post-traumatic narrowing of the rectum or anus, severe degree	up to 50%
Urinary and genital organs injuries		
092	Loss of one kidney	25%
092a	Loss of part of a kidney by the degree of functional impairment	up to 25%
093	Post-traumatic consequences of kidney and urinary tract injuries, including secondary light degree infections	up to 10%
094	Post-traumatic consequences of kidney and urinary tract injuries, including secondary moderate degree infections	up to 20%
095	Post-traumatic consequences of kidney and urinary tract injuries, including secondary severe degree infections	up to 50%
096	Urinary bladder or urethra fistula. It can not be assessed under items 093 to 095 at the same time.	50%
097	Chronic urinary tract inflammation and secondary kidney disease	15-50%
098	Hydrocele	5%
099	Loss of one testicle (when criptorism this should be evaluated as loss of both testicles)	10%
100	Loss of both testicles or loss of potency up to 45 years of age	35%
101	Loss of both testicles or loss of potency from 45 to 60 years of age	20%
102	Loss of both testicles or loss of potency after 60 years of age	10%
103	Loss of penis or serious deformity up to 45 years of age	up to 40%
104	Loss of penis or serious deformity up to 60 years of age	up to 20%
105	Loss of penis or serious deformity after 60 years of age If it is evaluated under items 103 to 105, the loss of potency under items 100 to 102 can not be assessed at the same time.	up to 10%
106	Post-traumatic deformities of female genital organs	10-50%
Spine and spinal cord injuries		
107	Limitations of the range of movement of the spine of the light degree	up to 10%
108	Limitations of the range of movement of the spine of the moderate degree	up to 25%
109	Limitations of the range of movement of the spine of the severe degree	up to 55%
110	Post-traumatic damage to the vertebral column, spinal cord, spinal cord root with persistent objective symptoms of impaired function, of the light degree, can not be summed with items 107 to 109	10-25%
111	Post-traumatic damage to the vertebral column, spinal cord, spinal cord root with persistent objective symptoms of impaired function, of the moderate degree, can not be summed with items 107 to 109	26-40%
112	Post-traumatic damage to the vertebral column, spinal cord, spinal cord root with persistent objective symptoms of impaired function, of the severe degree, can not be	41-100%

	summed with items 107 to 109	
Pelvic injuries		
115	Impairment of the pelvic ring relationship, with spine static impairment and lower limb function in women under 45 years of age	30-65%
116	Impairment of the pelvic ring relationship, with spine static impairment and lower limb function in women over 45 years of age	15-50%
117	Impairment of the pelvic ring relationship, with spine static impairment and lower limb function in men	15-50%
Upper limb injuries		
These values apply to the right-hand persons. Left-hand persons are subject to the inverse valuation.		
118	Loss of the upper limb in the shoulder joint or in the area between the elbow and shoulder joint, on the right-hand side	60%
118a	Total endoprosthesis of the shoulder joint, on the right-hand side	12.5%
118b	Post-traumatic angular or rotational deformity of the humerus, on the right-hand side, for every 5° deformity	2.5%
119	Loss of the upper limb in the shoulder joint or in the area between the elbow and shoulder joint, on the left-hand side	50%
119a	Total endoprosthesis of the shoulder joint, on the left-hand side	10%
119b	Post-traumatic angular or rotational deformity of the humerus, on the left-hand side, for every 5° deformity	2%
120	Complete stiffness of the shoulder joint in an unfavorable position (complete adduction, abduction or position close to these), on the right-hand side	35%
121	Complete stiffness of the shoulder joint in an unfavorable position (complete adduction, abduction or position close to these), on the left-hand side	30%
122	Complete stiffness of the shoulder joint in a favorable position or position close to it (stretched side-ways 50° to 70°, stretched forward 40° to 45° and 20° internal rotation), on the right-hand side	30%
123	Complete stiffness of the shoulder joint in a favorable position or position close to it (stretched side-ways 50° to 70°, stretched forward 40° to 45° and 20° internal rotation), on the left-hand side	25%
124	Limitation of the range of movement of the shoulder joint of the light degree (raise arms upwards through stretching forward, incomplete stretching forward above 135°), on the right-hand side	5%
125	Limitation of the range of movement of the shoulder joint of the light degree (raise arms upwards through stretching forward, incomplete stretching forward above 135°), on the left-hand side	4%
126	Limitation of the range of movement of the shoulder joint of the moderate degree (raise arms upwards through stretching forward up to 135°), on the right-hand side	10%
127	Limitation of the range of movement of the shoulder joint of the moderate degree (raise arms upwards through stretching forward up to 135°), on the left-hand side	8%
128	Limitation of the range of movement of the shoulder joint of the severe degree (raise arms upwards through stretching forward up to 90°), on the right-hand side	18%
129	Limitation of the range of movement of the shoulder joint of the severe degree (raise arms upwards through stretching forward up to 90°), on the left-hand side	15%
130	The limitation of the range of movement of the shoulder joint of the light, medium or severe degrees, in the case of limitation of the range of rotational movement according to items 124 to 129 the valuation is increased by one-third. Limitations by rotation only shall be compensated by 1/3 of the light limitation according to items 124 and 125	
131	humeral pseudarthrosis, on the right-hand side	40%
132	humeral pseudarthrosis, on the left-hand side	33.5%
133	Chronic bone marrow inflammation only after open wounds or after surgical procedures necessary to treat the consequences of a humeral injury, on the right-hand side	30%
134	Chronic bone marrow inflammation only after open wounds or after surgical procedures necessary to treat the consequences of a humeral injury, on the left-	25%

	hand side	
135	Post-traumatic instability of the shoulder joint, on the right-hand side	20%
136	Post-traumatic instability of the shoulder joint, on the right-hand side	16.5%
137	Uncorrected sternoclavicular dislocation, except for a malfunction, on the right-hand side	3%
138	Uncorrected sternoclavicular dislocation, except for a malfunction, on the left-hand side	2.5%
139	Uncorrected acromioclavicular dislocation, except for a malfunction of the shoulder joint, on the right-hand side	6%
140	Uncorrected acromioclavicular dislocation, except for a malfunction of the shoulder joint, on the left-hand side	5%
141	Permanent consequences after rupture of the supraspinatus are assessed by loss of shoulder joint function	
142	Permanent consequences after rupture of the tendon of the long head of the biceps muscle with intact function of the shoulder and elbow joints, on the right-hand side	3%
143	Permanent consequences after rupture of the tendon of the long head of the biceps muscle with intact function of the shoulder and elbow joints, on the left-hand side	2.5%
Damage to elbow joint and forearm area		
144	Complete stiffness of the elbow joint in unfavorable position (full stretching or full bending and position close to them), on the right-hand side	30%
144a	Total elbow joint endoprosthesis, on the right-hand side	13%
145	Complete stiffness of the elbow joint in unfavorable position (full stretching or full bending and position close to them), on the left-hand side	25%
145a	Total elbow joint endoprosthesis, on the left-hand side	10%
146	Complete stiffness of the elbow joint in a favorable position or in positions close to it (bending at an angle of 90° to 95°), on the right-hand side	20%
147	Complete stiffness of the elbow joint in a favorable position or in positions close to it (bending at an angle of 90° to 95°), on the left-hand side	16.5%
148	Limitation of the range of movement of the elbow, light degree, on the right-hand side	up to 6%
149	Limitation of the range of movement of the elbow, light degree, on the left-hand side	up to 5%
150	Limitation of the range of movement of the elbow, moderate degree, on the right-hand side	up to 12%
151	Limitation of the range of movement of the elbow, moderate degree, on the left-hand side	up to 10%
152	Limitation of the range of movement of the elbow, severe degree, on the right-hand side	up to 18%
153	Limitation of the range of movement of the elbow, severe degree, on the left-hand side	up to 15%
154	Complete stiffness of radioulnar joints (with the impossibility of turning the forearm in or out) in an unfavorable position or in positions close to it (in maximum pronation or supination - in extreme turning in or out), on the right-hand side	20%
155	Complete stiffness of radioulnar joints (with the impossibility of turning the forearm in or out) in an unfavorable position or in positions close to it (in maximum pronation or supination - in extreme turning in or out), on the left-hand side	16%
156	Complete stiffness of radioulnar joints in a favorable position (middle position or light pronation), on the right-hand side	up to 20%
157	Complete stiffness of radioulnar joints in a favorable position (middle position or light pronation), on the left-hand side	up to 16%
158	Limitaion of turning the forearm in or out, light degree, on the right-hand side	up to 5%
159	Limitaion of turning the forearm in or out, light degree, on the left-hand side	up to 4%
160	Limitaion of turning the forearm in or out, moderate degree, on the right-hand side	up to 10%
161	Limitaion of turning the forearm in or out, moderate degree, on the left-hand side	up to 8%
162	Limitaion of turning the forearm in or out, severe degree, on the right-hand side	up to 20%
163	Limitaion of turning the forearm in or out, severe degree, on the left-hand side	up to 16%

164	Pseudarthrosis of both forearm bones, on the right-hand side	40%
165	Pseudarthrosis of both forearm bones, on the left-hand side	35%
166	Pseudarthrosis of the radial bone, on the right-hand side	30%
167	Pseudarthrosis of the radial bone, on the left-hand side	25%
168	Pseudarthrosis of ulma, on the right-hand side	20%
169	Pseudarthrosis of ulma, on the left-hand side	15%
170	Chronic bone marrow inflammation of the forearm bones only after open wounds or after surgical procedures necessary to treat the consequences of an injury, on the right-hand side	27.5%
171	Chronic bone marrow inflammation of the forearm bones only after open wounds or after surgical procedures necessary to treat the consequences of an injury, on the left-hand side	22.5%
172	Unstable elbow joint, on the right-hand side	up to 15%
173	Unstable elbow joint, on the left-hand side	up to 10%
174	Loss of the forearm with the elbow joint retained, on the right-hand side	55%
175	Loss of the forearm with the elbow joint retained, on the left-hand side	45%
Lose or damage of a hand		
176	Loss of hand in wrist, on the right hand	50%
177	Loss of hand in wrist, on the left hand	42%
177a	Endoprosthesis of minor joints of the upper limb, on the right hand	3%
177b	Endoprosthesis of minor joints of the upper limb, on the left hand	2%
178	Loss of all fingers, including metacarpal bones, on the right hand	up to 50%
179	Loss of all fingers, including metacarpal bones, on the left-hand	up to 42%
180	Loss of all fingers, except of the thumb or metacarpal bones, on the right hand	up to 45%
181	Loss of all fingers, except of the thumb or metacarpal bones, on the left hand	up to 42%
182	Full stiffness of the wrist in an unfavorable position or in the positions close to it (complete dorsal or palm bending of the hand), on the right-hand	30%
183	Full stiffness of the wrist in an unfavorable position or in the positions close to it (complete dorsal or palm bending of the hand), on the left-hand	25%
184	Complete wrist stiffness in a favorable position (dorsal flexion 20° to 40°), on the right hand	20%
185	Complete wrist stiffness in a favorable position (dorsal flexion 20° to 40°), on the left hand	17%
186	Pseudarthrosis of the scaphoid bone, on the right hand It is not possible to assess under items 093 to 095 at the same time.	15%
187	Pseudarthrosis of the scaphoid bone, on the left-hand It is not possible to assess under items 093 to 095 at the same time.	12.5%
188	Limitation of the range of movement of the wrist, light degree, on the right hand	up to 6%
189	Limitation of the range of movement of the wrist, light degree, on the left hand	up to 5%
190	Limitation of the range of movement of the wrist, moderate degree, on the right hand	up to 12%
191	Limitation of the range of movement of the wrist, moderate degree, on the left hand	up to 10%
192	Limitation of the range of movement of the wrist, severe degree, on the right hand	up to 20%
192a	Instable wrist by degree, on the right hand	up to 12%
193	Limitation of the range of movement of the wrist, severe degree, on the left hand	up to 17%
193a	Instable wrist by degree, on the left hand	up to 10%
Damage to the thumb		
194	Loss of the last phalanx of the thumb, on the right hand	9%
195	Loss of the last phalanx of the thumb, on the left hand	7.5%
196	Loss of thumb with the metacarpal bone, on the right hand	25%
197	Loss of thumb with the metacarpal bone, on the left hand	21%
198	Loss of both thumb phalanges, on the right hand	18%
199	Loss of both thumb phalanges, on the left hand	15%

200	Full stiffness of the interphalangeal joint of the thumb in the unfavorable position (extreme bending), on the right hand	8%
201	Full stiffness of the interphalangeal joint of the thumb in the unfavorable position (extreme bending), on the left hand	7%
202	Full stiffness of the interphalangeal joint of the thumb in the unfavorable position (hyperextension), on the right hand	7%
203	Full stiffness of the interphalangeal joint of the thumb in the unfavorable position (hyperextension), on the left hand	6%
204	Full stiffness of the interphalangeal joint of the thumb in the favorable position (light bending), on the right hand	6%
205	Full stiffness of the interphalangeal joint of the thumb in the favorable position (light bending), on the left hand	5%
206	Full stiffness of the base joint of the thumb, on the right hand	6%
207	Full stiffness of the base joint of the thumb, on the left hand	5%
208	Full stiffness of the carpometacarpal joint of the thumb in an unfavorable position (complete abduction or adduction), on the right hand	9%
209	Full stiffness of the carpometacarpal joint of the thumb in an unfavorable position (complete abduction or adduction), on the left hand	7.5%
210	Full stiffness of the carpometacarpal joint of the thumb in a favorable position (light opposition), on the right hand	6%
211	Full stiffness of the carpometacarpal joint of the thumb in a favorable position (light opposition), on the left hand	5%
212	Permanent consequences of poorly healed Bennett fracture with ongoing subluxation, in addition to performance for function impairment, on the right hand	3%
213	Permanent consequences of poorly healed Bennett fracture with ongoing subluxation, in addition to performance for function impairment, on the left hand	2.5%
214	Full stiffness of all thumb joints in unfavorable position, on the right hand	25%
215	Full stiffness of all thumb joints in unfavorable position, on the left hand	21%
216	Impairment of the thumb grip function while limiting the range of movement of the interphalangeal joints, light degree, on the right hand	up to 2%
217	Impairment of the thumb grip function while limiting the range of movement of the interphalangeal joints, light degree, on the left hand	to 1.5%
218	Impairment of the thumb grip function while limiting the range of movement of the interphalangeal joints, moderate degree, on the right hand	up to 4%
219	Impairment of the thumb grip function while limiting the range of movement of the interphalangeal joints, moderate degree, on the left hand	up to 3%
220	Impairment of the thumb grip function while limiting the range of movement of the interphalangeal joints, severe degree, on the right hand	up to 6%
221	Impairment of the thumb grip function while limiting the range of movement of the interphalangeal joints, severe degree, on the left hand	up to 5%
222	Impairment of the thumb grip function while limiting the range of movement of the base joints, light degree, on the right hand	up to 2%
223	Impairment of the thumb grip function while limiting the range of movement of the base joints, light degree, on the left hand	to 1.5%
224	Impairment of the thumb grip function while limiting the range of movement of the base joints, moderate degree, on the right hand	up to 4%
225	Impairment of the thumb grip function while limiting the range of movement of the base joints, moderate degree, on the left hand	up to 3%
226	Impairment of the thumb grip function while limiting the range of movement of the base joints, severe degree, on the right hand	up to 6%
227	Impairment of the thumb gripping function while limiting the range of movement of the base joints, severe degree, on the left hand	up to 5%
228	Impairment of the thumb gripping function while limiting the range of movement of the carpometacarpal joints, light degree, on the right hand	up to 3%
229	Impairment of the thumb gripping function while limiting the range of movement of	to 2.5%

	the carpometacarpal joints, light degree, on the left hand	
230	Impairment of the thumb gripping function while limiting the range of movement of the carpometacarpal joints, moderate degree, on the right hand	up to 6%
231	Impairment of the thumb gripping function while limiting the range of movement of the carpometacarpal joints, moderate degree, on the left hand	up to 5%
232	Impairment of the thumb gripping function while limiting the range of movement of the carpometacarpal joints, severe degree, on the right hand	up to 9%
233	Impairment of the thumb gripping function while limiting the range of movement of the carpometacarpal joints, severe degree, on the left hand	to 7.5%
Damage to the index finger		
234	Loss of index finger last phalanx, on the right hand	4%
235	Loss of index finger last phalanx, on the left hand	3.5%
236	Loss of two index finger phalanges, on the right hand	8%
237	Loss of two index finger phalanges, on the left hand	6.5%
238	Loss of all three index finger phalanges, on the right hand	12%
239	Loss of all three index finger phalanges, on the left hand When evaluating under items 234 to 239, it is not possible to simultaneously assess the impairment of the gripping function under items 246-251.	10%
240	Loss of index finger with the metacarpal bone, on the right hand	15%
241	Loss of index finger with the metacarpal bone, on the left hand	12.5%
242	Complete stiffness of all three index finger joints in the extreme extension, on the right hand	12%
243	Complete stiffness of all three index finger joints in the extreme extension, on the left hand	10%
244	Complete stiffness of all three index finger joints in the extreme flexion, on the right hand	15%
245	Complete stiffness of all three index finger joints in the extreme flexion, on the left hand	12.5%
246	Index finger gripping function impairment; 1 to 2 cm are missing to the full palm grip, on the right hand	4%
246a	Index finger gripping function impairment; 2 to 3 cm are missing to the full palm grip, on the right hand	6%
247	Index finger gripping function impairment; 1 to 2 cm are missing to the full palm grip, on the left hand side	3.5%
247a	Index finger gripping function impairment; 2 to 3 cm are missing to the full palm grip, on the left hand	4%
248	Index finger gripping function impairment; 3 to 4 cm are missing to the full palm grip, on the right hand	8%
249	Index finger gripping function impairment; 3 to 4 cm are missing to the full palm grip, on the left hand	6%
250	Index finger gripping function impairment; over 4 cm are missing to the full palm grip, on the right hand side	10%
251	Index finger gripping function impairment; over 4 cm are missing to the full palm grip, on the left hand side	8%
252	Inability to fully stretch one or both of the index finger interphalangeal joints with the gripping function intact, on the right hand	1.5%
253	Inability to fully stretch one or both of the index finger interphalangeal joints with the gripping function intact, on the left hand	1%
254	Inability to fully stretch the index finger base joint with abduction impairment, on the right hand	2.5%
255	Inability to fully stretch the index finger base joint with abduction impairment, on the left hand side	2%
Damage to middle finger, ring finger and little finger		
256	Loss of the entire finger with the corresponding metacarpal bone, on the right hand side	9%

257	Loss of the entire finger with the corresponding metacarpal bone, on the left hand	7.5%
258	Loss of all three finger phalanges or two phalanges with stiffness of the base joint, on the right hand	8%
258a	Loss of two finger phalanges with the function of the base joint retained, on the right hand	5%
259	Loss of all three finger phalanges or two phalanges with stiffness of the base joint, on the left hand	6%
259a	Loss of two finger phalanges with the function of the base joint retained, on the left hand	4%
260	Loss of the end phalanx of one of these fingers, on the right hand	3%
261	Loss of the end phalanx of one of these fingers, on the left hand When assessing a case under items 258 to 261, it is not possible to simultaneously assess the impairment of the gripping function under items 264 to 269.	2.5%
262	Complete stiffness of all three joints of one of these fingers in extreme extension or flexion (in a position preventing the function of neighboring fingers), on the right hand	8%
263	Complete stiffness of all three joints of one of these fingers in extreme extension or flexion (in a position preventing the function of neighboring fingers), on the left hand	6%
264	Finger gripping function impairment; 1 to 2 cm are missing to the full palm grip, on the right hand	2%
264a	Finger gripping function impairment; 2 to 3 cm are missing to the full palm grip, on the right hand	4%
265	Finger gripping function impairment; 1 to 2 cm are missing to the full palm grip, on the left-hand	1.5%
265a	Finger gripping function impairment; 2 to 3 cm are missing to the full palm grip, on the left-hand	3%
266	Finger gripping function impairment; 3 to 4 cm are missing to the full palm grip, on the right hand	6%
267	Finger gripping function impairment; 3 to 4 cm are missing to the full palm grip, on the left-hand	5%
268	Finger gripping function impairment; over 4 cm are missing to the full palm grip, on the right hand	8%
269	Finger gripping function impairment; over 4 cm are missing to the full palm grip, on the left hand	6%
270	Inability to fully stretch one of the finger interphalangeal joints with the gripping function of the finger intact, on the right hand	1%
271	Inability to fully stretch one of the finger interphalangeal joints with the gripping function of the finger intact, on the left hand	0.5%
272	Inability to fully stretch the finger base joint with abduction impairment, on the right hand	1.5%
273	Inability to fully stretch the finger base joint with abduction impairment, on the left hand	1%
Traumatic disorders of the upper limb nerves		
In the evaluation are already included possible vasomotoric and trophic disorders.		
274	Traumatic disorder of axillary nerve, on the right hand	up to 30%
275	Traumatic disorder of axillary nerve, on the left hand	up to 25%
276	Traumatic disturbance of the radial nerve stem with impairment of all innervated muscles, on the right hand	up to 45%
277	Traumatic disturbance of the radial nerve stem with impairment of all innervated muscles, on the left hand	up to 37.5%
278	Traumatic disturbance of the radial nerve with preservation of the function of the trigeminal muscle, on the right hand	up to 35%
279	Traumatic disturbance of the radial nerve with preservation of the function of the trigeminal muscle, on the left hand	up to 27.5%
280	Traumatic disturbance of the musculocutaneous nerve, on the right hand	up to 30%

281	Traumatic disturbance of the musculocutaneous nerve, on the left hand	up to 20%
282	Traumatic disturbance of the ulnar nerve stem with impairment of all innervated muscles, on the right hand	up to 40%
283	Traumatic disturbance of the ulnar nerve stem with impairment of all innervated muscles, on the left hand	up to 33%
284	Traumatic disturbance of the distal part of the ulnar nerve, with preservation of the function of the flexor carpi ulnaris muscle and a part of the flexor digitorum superficialis, on the right hand	up to 30%
285	Traumatic disturbance of the distal part of the ulnar nerve, with preservation of the function of the flexor carpi ulnaris muscle and a part of the flexor digitorum superficialis, on the left hand	up to 25%
286	Traumatic disturbance of the middle trunk nerve stem with impairment of all innervated muscles, on the right hand	up to 30%
287	Traumatic disturbance of the middle trunk nerve stem with impairment of all innervated muscles, on the left hand	up to 25%
288	Traumatic disturbance of the distal part of the middle trunk nerve with impairment of mainly thenar eminence, on the right hand	up to 15%
289	Traumatic disturbance of the distal part of the middle trunk nerve with impairment of mainly thenar eminence, on the left hand	up to 12.5%
290	Traumatic disorder of all three nerve trunks (or even the entire arm of the entire brachial plexus), on the right hand	up to 60%
291	Traumatic disorder of all three nerve trunks (or even the entire arm of the entire brachial plexus), on the left hand	up to 50%
Lower limb injuries		
292	Loss of one lower limb in the hip joint or in the area between the hip and knee joint	50%
293	Femoral neck pseudarthrosis or head necrosis	40%
294	Hip joint endoprosthesis (excluding valuation of the limitation of the range of movement)	15%
295	Chronic femoral bone marrow inflammation only after open fractures or after surgical procedures necessary to treat the consequences of an injury	25%
296	Shortening of one lower limb, by less than 2 cm	0%
297	Shortening of one lower limb, by less than 4 cm	5%
298	Shortening of one lower limb, by less than 6 cm	up to 15%
299	Shortening of one lower limb, over 6 cm	up to 25%
300	Post-traumatic femoral deformities (fractures healed with axial or rotational deviation), for every 5° deviations (demonstrated by X-ray). Abnormalities over 45° are valued as a limb loss. When evaluating axial deviation, it is not possible to count in the relative limb shortening at the same time.	5%
301	Complete stiffness of the hip joint in an unfavorable position (complete pulling in or out, stretching or bending or positions close to these)	40%
302	Full stiffness of the hip joint in a favorable position (slight pulling and basic position or slight bending)	30%
303	Limitation of the range of movement of the hip joint, light degree	up to 10%
304	Limitation of the range of movement of the hip joint, moderate degree	up to 20%
305	Limitation of the range of movement of the hip joint, severe degree	up to 30%
Damage to a knee		
306	Complete knee stiffness in unfavorable position (full stretching or bending over an angle of 20°)	30%
307	Complete knee stiffness in unfavorable position (full stretching or bending over an angle of 30°)	45%
308	Complete knee stiffness in a favorable position	up to 30%
309	Knee joint endoprosthesis (excluding valuation of the limitation of the range of movement)	15%
310	Limitation of the range of movement of the knee joint, light degree	up to 10%
311	Limitation of the range of movement of the knee joint, moderate degree	up to 15%

312	Limitation of the range of movement of the knee joint, severe degree	up to 25%
313	Insufficiency of the knee medial collateral ligament	up to 5%
313a	Insufficiency of the knee lateral collateral ligament	up to 5%
314	Insufficiency of the knee anterior cruciate ligament	up to 15%
314a	Insufficiency of the knee posterior cruciate ligament	up to 10%
315	Permanent consequences after a soft knee injury with symptoms of light and moderate meniscus damage (no confirmed blockages)	up to 5%
316	Permanent consequences after a soft knee injury with symptoms of light and severe meniscus damage (with confirmed repeated blockages)	up to 10%
317	Permanent consequences after surgical removal of one meniscus, by the extent of the removed part	up to 5%
318	Permanent consequences after surgical removal of both menisci, by the extent of the removed part	up to 10%
318a	Permanent consequences after removal of the patella	10%
Damage to the tibiofibular part of the leg		
319	Loss of lower limb under the knee with the knee left intact	45%
320	Loss of lower limb under the knee with stiff knee joint	50%
321	Pseudarthrosis of tibia or both tibia and fibula	30%
322	Chronic lower leg bone marrow inflammation only after open wounds or after surgical procedures necessary to treat the consequences of an injury	22.5%
323	Post-traumatic deformities of the lower leg resulting from healing fractures in the axial or rotary deviation (deviations must be demonstrated on X-ray); for every 5°. Deviations over 45° are valuated as a loss of the leg. When evaluating axial deviation, it is not possible to count in the relative limb shortening at the same time.	5%
Damage in the area of the ankle joint		
324	Loss of the leg in the talocrural joint (ankle joint proper)	40%
325	Loss of the foot in Chopart's joint with arthrosis of the ankle	30%
326	Loss of the foot in Chopart's joint with stump in plantar flexion	40%
327	Loss of the foot in or under Lisfranc's joint	25%
328	Complete stiffness of the talocrural joint in unfavorable position (dorsal flexion or greater degree of plantar flexion)	30%
329	Complete stiffness of the talocrural joint in a rectangular position	25%
330	Complete stiffness of the ankle joint in a favorable position (bending to the sole under an angle of around 5°)	20%
331	Limitation of the range of movement of the talocrural joint, light degree	up to 6%
332	Limitation of the range of movement of the talocrural joint, moderate degree	up to 12%
333	Limitation of the range of movement of the talocrural joint, severe degree	up to 20%
334	Complete loss of pronation and supination of the sole	15%
335	Limitation of pronation and supination of the sole	up to 12%
336	Instability of the talocrural joint	up to 15%
337	Flat foot or rotated due to an injury and other post-traumatic deformities in the ankle and leg area	up to 25%
338	Chronic bone marrow inflammation in the area of tarsus and metatarsus and the heel bone only after open wounds or after surgical procedures necessary to treat the consequences of an injury	15%
Damage in the leg area		
339	Loss of all toes	15%
340	Loss of both bit toe phalanges	10%
341	Loss of both bit toe phalanges with the tarsal bone or its part	15%
342	Loss of the last phalanx of the big toe	3%
343	Loss of another finger (including little toe); for each toe	2%
344	Loss of the little toe with the tarsal bone or its part	10%
345	Complete stiffness of the interphalangeal joint of the big toe	3%

346	Complete stiffness of the base joint of the big toe	7%
347	Complete stiffness of both big toe joints	10%
348	Limitation of the range of movement of the interphalangeal joint of the big toe	up to 3%
349	Restriction of the movement of the base joint of the big toe	up to 7%
350	Dysfunction of any toe other than the big toe; for each toe	1%
351	Post-traumatic and trophic disorders in one lower limb	up to 15%
352	Post-traumatic and trophic disorders in both lower limbs	up to 30%
353	Post-traumatic atrophy of the lower limb muscles with unlimited range of movements in the joint, on the thigh	up to 5%
354	Post-traumatic atrophy of the lower limb muscles with unlimited range of movements in the joint, on the lower leg	up to 3%
Traumatic disorders of the lower limb nerves		
In the evaluation there are already included possible vasomotoric and trophic disorders.		
355	Traumatic disorder of the sciatic nerve	up to 50%
356	Traumatic disorder of the femoral nerve	up to 30%
357	Traumatic disorder of the obturator nerve	up to 20%
358	Traumatic disturbance of the tibial nerve stem with impairment of all innervated muscles	up to 35%
359	Traumatic disturbance of the distal part of the tibial nerve with finger function impairment	up to 5%
360	Traumatic disturbance of the fibular nerve stem with impairment of all innervated muscles	up to 30%
361	Traumatic disturbance of the deep peroneal nerve	up to 20%
362	Traumatic disturbance of the superficial peroneal nerve	up to 10%
Miscelaneous		
363	Excessive scaring (not taking into account the joint function impairment) from 1% to 15% of the body surface	up to 10%
364	Excessive scaring (not taking into account the joint function impairment) over 15% of the body surface	up to 40%
365	Damage to the body surface (except for the face) causing compassion or ugliness or mental disorders (suffering) identified by medical observation after injury to various parts of the body (except for the head)	up to 10%

Auxiliary tables for evaluating persistent eye damage

Table no. 1		Performance for permanent bodily damage while lowering visual acuity with optimal glass correction									
	6/6	6/9	6/12	6/15	6/18	6/24	6/30	6/36	6/60	3/60	1/60	0
Percentage of performance for permanent body damage												
6/6	0	2	4	6	9	12	15	18	21	23	24	25
6/9	2	4	6	8	11	14	18	21	23	25	27	30
6/12	4	6	9	11	14	18	21	24	27	30	32	35
6/15	6	8	11	15	18	21	24	27	31	35	38	40
6/18	9	11	14	18	21	25	28	32	38	43	47	50
6/24	12	14	18	21	25	30	35	41	47	52	57	60
6/30	15	18	21	24	28	35	42	49	56	62	68	70
6/36	18	21	24	27	32	41	49	58	66	72	77	80
6/60	21	23	27	31	38	47	56	66	75	83	87	90
3/60	23	25	30	35	43	52	62	72	83	90	95	95
1/60	24	27	32	38	47	57	68	77	87	95	100	100
0	25	30	35	40	50	60	70	80	90	95	100	100

If visual acuity has been reduced to a degree corresponding to more than 75% disability before the accident,

and if the blindness of the better eye has occurred, or if one eye has been blind before the injury and the other has had visual acuity worse than that corresponding to 75% of the disability and if this eye got blind, it is compensated by 25%.

Table no. 2	Performance for permanent bodily injury with concentric narrowing of the field of view		
degree of narrowing	one eye	both eyes the same	of one eye with blindness of the other
Percentage of performance for permanent body damage			
degree of concentric narrowing			
up to 60°	0	10	40
up to 50°	5	25	50
up to 40°	10	35	60
up to 30°	15	45	70
up to 20°	20	55	80
up to 10°	23	75	90
up to 5°	25	100	100

If one eye was blind before the accident and the concentration of the other eye was 25% or more and complete or de facto blindness or narrowing of the field of view to 5° occurred on this eye, compensation will be at 25%.

Table no. 3	Performance for permanent bodily injury with non-concentric narrowing of the field of view
Hemianopsia	**Percents**
homonymous, left-	35
homonymous, right-	45
binasal	10
bitemporal	60 - 70
upper bilateral	10 - 15
lower bilateral	30 - 50
nasal unilateral	6
temporal unilateral	15 - 20
upper unilateral	5 - 10
lower unilateral	10 - 20
quadrant nasal upper	4
	6
quadrant temporal	6
quadrant temporal	12

The central scotoma, both unilateral and bilateral, is evaluated according to the value of visual acuity.

ZPP PNO 12/2016

INCAPACITY FOR WORK

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Special Insurance Terms and Conditions

Incapacity for Work Insurance

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Article 1

Introductory Provisions

1.The Special Insurance Terms and Conditions for Incapacity for Work arising from disease or injury (hereinafter also referred to as "ZPP PNO") regulate the insurance against incapacity for work due to disease or injury (hereinafter referred to as "PNO" or "insurance" or “incapacity insurance”), which is arranged as a fixed-amount benefit insurance.

Article 2

Definitions of Terms

1. **Active pursuit of business as a self-employed person** - means that, if the insured is a self-employed person, he or she generates a regular and consistent income under paragraph 5 of this Article.

2. **Medical treatment** - a process aiming to positively affect the condition of the insured based on the completion of an individual medical process defined by a physician acting within the scope of professional competence, intending to cure the insured or to stabilise the consequences of his or her disease or injury.

3. **Necessary treatment time** - the time when the treatment process is taking place. The medical records of the insured must present a clear justification of the selected treatment method and the dates of check-ups. After each medical appointment, the medical records of the insured must clearly indicate the proposed method of further treatment and information on the course of treatment.

The following times are not included in the necessary treatment time:

a) time till a substitute check-up if the insured fails to arrive to a scheduled check-up without a justified reason;

b) time of rest treatment regimen for diagnoses where such regimen is unusual without being sufficiently justified in the medical documentation;

c) time during which gradual increase of load is recommended;

d) time when rehabilitative care or rehabilitative spa treatment or exercise is taking place in the insured person’s own social environment.

4. **Incapacity for work** - a condition where, based on a doctor’s decision, the insured is temporarily incapable of performing and does not perform any work activity or any professional activity or self-employment, including control and management activities, even for a part of the day, due to disease or injury. The insured, if participant of the sickness insurance scheme, must obtain a report of temporary incapacity for work according to the generally binding legal regulations (according to the Sickness Insurance Act); the insured, if not participating in the sickness insurance scheme, must obtain a confirmation of incapacity for work issued by a general practitioner on the insurer's relevant form .

5. **Income of the insured** - income of the insured from employment and emoluments, together with income from business and other self-employment activities, both under the Income Tax Act.

Article 3

Daily Compensation Amounts and Income of the the Insured

1. The maximum daily allowance may only be negotiated to the amount set by the insurer. The insurer determines the amount on the basis of the average gross monthly income of the insured in accordance with the table below. The maximum daily allowance is assessed as the sum total of cover provided by all valid incapacity insurance policies arranged by the insured with the insurer.

Daily compensation limits based on the average gross monthly income of the insured

Daily compensation in CZK	Minimum average monthly income in CZK	
	from	to
550	30 000	34 999
600, 650	35 000	39 999
700, 750	40 000	44 999
800, 850	45 000	51 999
900, 950	52 000	57 999
1 000, 1 050	58 000	64 999
1 100, 1 150	65 000	70 999
1 200, 1 250	71 000	78 999
1 300, 1 350	79 000	83 999
1 400, 1 450	84 000	91 999
1 500, 1 550	92 000	96 999
1 600, 1 650	97 000	102 999
1 700, 1 750	103 000	108 999
1 800, 1 850	109 000	115 999
1 900, 1 950	116 000	121 999
2 000, 2 050	122 000	127 999
2 100, 2150	128 000	133 999
2 200, 2 250	134 000	140 999
2 300, 2 350	141 000	146 999
2 400, 2 450	147 000	151 999
2 500, 2 550	152 000	157 999
2 600, 2 650	158 000	164 999
2 700, 2 750	165 000	170 999
2 800, 2 850	171 000	176 999
2 900, 2 950	177 000	183 999
3 000, 3 050	184 000	189 999
3 100, 3150	190 000	195 999
3 200, 3 250	196 000	201 999
3 300, 3 350	202 000	208 999
3 400, 3 450	209 000	214 999
3 500, 3 550	215 000	220 999
3 600, 3 650	221 000	227 999
3 700, 3 750	228 000	233 999

3 800, 3 850	234 000	239 999
3 900, 3 950	240 000	246 999
4 000	247 000	More

2. The average gross monthly income of an employee is assessed over the period of twelve months prior to negotiating the incapacity insurance. If the insured person's employment has not lasted all of twelve months yet, the average gross income is assessed for the duration of the employment relationship although for no less than three months. No income from Agreements for Work Done is taken into account.

3. The average gross monthly income of a self-employed person is calculated as one twelfth of the partial income tax base for previous tax period.

4. If the insured only works in the self-employment mode part of the time, such income may be taken into account only if it is of a permanent nature and is generated repeatedly by the insured.

5. The income under paragraph 2 of this Article must be submitted on the insurer's form, verified by the payroll accounting department of the insured person's employer.

6. The income under paragraph 3 of this Article shall be documented by the tax return or a copy of the essential tax return information issued by the tax office.

Article 4

Incapacity Insurance Claims Arising from a Disease or Injury

1. The insured shall have a claim to insurance benefit - daily allowance if his or her incapacity for work occurred during the period of insurance, as long as the waiting period has already ended, and amounted to at least the limit of performance as agreed in the insurance contract as of the date of incapacity for work.
2. The insured has a right to receive insurance benefits solely for those days of incapacity when he or she is being treated under these ZPP PNO.
3. The waiting period for incapacity for work due to disease is stipulated as the first 3 months from the date of commencement of the insurance. In case of incapacity for work in relation to pregnancy and childbirth, the waiting period is stipulated as the first 8 months from the date of commencement of the insurance. No waiting time for incapacity for work due to injury is arranged.
4. In the case of any change to the insurance, increasing the daily allowance amount, the waiting period according to paragraph 3 of this Article of ZPP PNO applies to the increased portion of the daily allowance from the effective date of the change on. The insurer is obliged to provide insurance benefits based on the new daily allowance amount only for such cases of incapacity for work that arose after the end of the waiting period according to paragraph 3 of this article ZPP PNO.
5. In cases where, on the date of the occurrence of the incapacity for work, the insurance contract established insurance for incapacity for work due to disease or injury with the following limits of performance:
   a) from the 15th day, the insurer shall pay the daily allowance according to this Article to the amount as agreed in the insurance contract for the 15th and each subsequent day of incapacity until the last day of incapacity; however, no longer than till the day stipulated by paragraph 6 of this Article,
   b) from the 29th day, the insurer shall pay the daily allowance according to this Article to the amount as agreed in the insurance contract for the 29th and each subsequent day of incapacity until the last day of incapacity; however, no longer than till the day stipulated by paragraph 6 of this Article,
   c) from the 57th day, the insurer shall pay the daily allowance according to this Article to the amount as agreed in the insurance contract for the 57th and each subsequent day of incapacity until the last day of incapacity; however, no longer than till the day stipulated by paragraph 6 of this Article.
6. The maximum number of days covered by the insurer is 365 days in relation to each individual case of incapacity. If there is an interval of less than 6 months between individual cases of incapacity for work due to the same diagnosis, such incapacity periods add up to determine the maximum number of days for which the insurer provides cover.
7. The daily allowance limit is calculated from the first day of incapacity for work.
8. The insurance benefit amount is calculated as the product of the number of days determined according to the principles set out in this article and the daily allowance to the amount agreed in the insurance contract as of the date of the incapacity. If there has been an increase in the daily allowance during the term of the insurance, the daily allowance shall be determined in accordance with paragraph 4 of this Article of ZPP PNO.
9. If the incapacity for work is declared for multiple diseases or injuries at the same time, it is considered as a single insured event and the insurer pays the insurance benefit only once.
10. If a new case of incapacity for work occurs on the next calendar day following the end of the previous case of incapacity due to the identical injury or disease diagnosis as in the previous case of incapacity for work, the new case of incapacity is considered as a continuation of the previous case of incapacity.

11. If the incapacity for work is longer than usual relative to the length of therapy of the diagnosis and if this length is not justified in the medical records, the insurer shall determine the number of days for which the insured is entitled to receive a daily allowance in cooperation with a panel doctor based on the information from medical records or personal examination of the insured.
12. Incapacity for work must be confirmed by a doctor who operates in the territory of the Czech Republic.
13. Whether a right to benefits from incapacity insurance has arisen is assessed by the insurer in particular on the basis of the documents referred to in Article 6 (1) (a) to (c) ZPP PNO, submitted by the insured to the insurer by the deadlines as specified. If the insured has a right to receive insurance benefits, the insurer always covers the duration of incapacity for work as justified to the insurer.

Article 5

Exemptions from the insurance

1. The insurer shall not provide insurance cover in case of the insured person's incapacity for work:
   a) during spa treatments, in sanatoriums, rehabilitation centres except for the first therapeutic stay following the end of the incapacity for work which was the basis for such therapeutic stay, and which constituted the insured event establishing the claim to insurance cover for the insured. From the medical perspective, such stay must be a necessary component in the treatment of the disease or injury.
   b) while staying in nursing homes as well as in social care institutions,
   c) resulting from a disease the insured was diagnosed with or treated for during the 2 years prior to the commencement of the insurance. This provision applies to the first two years from the commencement of the insurance,
   d) in connection with a pregnancy that began prior to the commencement of the insurance.
   e) in connection with gestational diabetes mellitus, haemorrhaging during pregnancy, excessive vomiting during pregnancy, hypertension in pregnancy, urinary and genital infections in pregnancy, intrauterine growth retardation and impending preterm delivery,
   f) in connection with plastic surgery (including cosmetic interventions) performed for non-medical reasons,
   g) in relation to congenital defect or disease and conditions resulting therefrom,
   h) resulting from mental disorders and behavioural disorders as determined by the International Classification of Diseases ICD, i.e. in the case of diagnoses F00 to F99,
   i) resulting from or connected to the use or regular consumption of alcohol or the application of other narcotic, toxic, psychotropic or other substances capable of adversely affecting human psyche or his or her control or recognition ability or social behaviour.
   j) due to an injury suffered by the insured during preparation for sport or in exercise of a sport to which he has entered a professional contract, except for snooker, bowling, curling, yoga, billiards, traditional bowling, sweets, pétanque, modern and classical darts, and hiking.
   k) due to an injury suffered by the insured in the performance of any of the following professions or activities - a heavy industry worker, a high voltage electrician, a painter or a coater or tiler or a cleaner working at heights, a pilot, a roofer, a diver, a sailor, an armed force member, a bomb disposal expert, a worker with explosives, a martial arts teacher, window cleaner working at heights, all mining professions (e.g. miners, mining locksmiths, mining engineers, etc.),
   l) due to an injury suffered by the insured in the pursuit of the following sports or activities: bungee jumping, snowboarding or skiing outside marked trails or outside the specified time of operation on marked tracks, aero or ski acrobatics, snowkiting, landkiting (etc.), snowrafting, rafting, canyoning, cliffdiving, diving with a breathing apparatus, parachuting, paragliding, base jumping, speleology, mountaineering, alpine tourism over 3000 m above sea level, alpinism, skialpinism, flying in motor and non-powered aircraft except state licensed carriers, flying in light and ultralight airplanes, hang glider, glider, in a balloon, airship; during active involvement in competitions and races of motor vehicles, aircrafts or vessels and preparatory drives, flights or sailings thereof (training),
   m) due to an intervertebral disc prolapse, disc and algic spinal syndromes and other diseases of the back (diagnoses M40 to M54 according to the International Statistical Classification of Diseases), This provision applies to the first three years from the commencement of the insurance,
2. The Insurer shall not provide insurance cover for work incapacity that occurred at the time:
   a) of maternity leave,
   b) when the insured is unemployed or does not work as a self-employed person.

Article 6

Obligations of the Insurance Participants

1.The insured is obliged:

a) unless prevented by serious objective reasons, to report incapacity for work to the insurer within seven days from the expiry of the limit of performance as stipulated in the insurance contract, by delivering the duly filled-in "Notice of Insured Event - Incapacity for Work" form including the delivery of documents listed in the form and in paragraph 1 (b) of this Article of ZPP PNO to the insurer's registered office address,

b) to submit a proof of the incapacity for work in the form of a document of temporary incapacity for work issued in accordance with generally binding legal regulations, if the insured is a participant in the sickness insurance scheme. The insured who is not a participant in the sickness insurance scheme is obliged to submit proof of incapacity for work in the form of a confirmation by his or her GP on the insurer's form "Notice of Insured Event – Incapacity",

c) from the expiry of the limit of performance as stipulated in the insurance contract on, to submit proof of duration of the incapacity confirmed by a doctor on the insurer's form, no later than every thirty-seven days of incapacity to work, unless prevented by serious reasons or otherwise stipulated by the insurer,

d) inform the insurer in writing of any change in the diagnosis for which the incapacity for work has been declared without undue delay,

e) inform the insurer in writing of the termination of incapacity for work without undue delay,

f) inform the insurer in writing if he or she has been granted old-age pension or recognised as disabled (3rd degree),

g) comply with all instructions given by the doctor in relation to the treatment of the disease or injury for which the incapacity is declared, observe the treatment regimen and refrain from any action that may adversely affect his or her condition, the course or length of incapacity for work.

Article 7

Limitation of the Insurance Benefits

1.The insurer has a right to:

l) to pay the daily allowance only from the day following the day on which the notice of the insured event, including the documents required, was delivered to the insurer's registered office address if the obligation referred to in Article 6 (1) (a) of these ZPP PNO was breached,

m) to reduce the insurance cover accordingly also in cases of breach of the obligations referred to in Article 6 (1) (d), (e) and (g) of these ZPP PNO.

2.In the case of a breach of the obligation referred to in Article 6 (1) (c) of these ZPP PNO, the insurer is not obliged to provide insurance cover for those days of incapacity for work which were not properly documented to the insurer in due time.

Article 8

Termination of the Insurance

1.The insurance is terminated on the date of granting old-age pension or on the date on which the insured was recognized as disabled (3rd degree).

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Special Insurance Terms and Conditions

Hospital Stay Insurance

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Article 1

Introductory Provisions

1. The Special Insurance Terms and Conditions of Hospital Stay Insurance (hereinafter referred to as "ZPP H") apply to:
   a) hospital stay insurance for the consequences of disease or injury (hereafter referred to as "HO" or "insurance" and "HO-d" in the case of insured persons defined as "children" in the insurance contract); and
   b) hospital stay insurance for the consequences of injury (hereafter referred to as "HÚ" or "insurance""),
2. The insurance is negotiated as a fixed-amount benefit insurance. Hospital stay insurance for the consequences of disease or injury is insurance for disease and injury cases. Hospital stay insurance for the consequences of injury is accident insurance.

Article 2

Interpretation of Terms

Emergency bed - a bed in a medical facility intended to accommodate patients upon sudden failure or sudden hazard to vital functions, or when such condition cannot be ruled out (including scheduled operations), or to accommodate patients in case of sudden onset of a disease or sudden deterioration of a chronic disease with serious impact on health, or to accommodate patients if the nature of healthcare required by the patient’s condition rules out the out-patient mode, for the time required for the necessary examinations and treatments or for the time during which a sudden change of health condition modification may be reasonably expected.

Urgent surgery - an operation for which the insured has been urgently admitted to hospital, or if the urgent surgery is a consequence of the insured person’s condition during the hospital stay

Medical facility - a medical facility, including a radio-therapeutic and oncological medical institute providing diagnostic and therapeutic institutional care (hospital beds), having the staff, material and technical equipment for the type and scope of care provided, and meeting the requirements stipulated by generally binding legal regulations for the operation thereof. The following venues **are not considered** medical facilities: nursing homes, TBC and respiratory disease hospitals, psychiatric hospitals, institutes for treatment of addictions (including drunk tanks), spa clinics, sanatorium, respite centres, convalescence clinics, social care or nursing service institutions, day centres, hospices.

Article 3

Hospital Stay Insurance Claims Arising from a Dsease or Injury

1. The insured is entitled to receive the insurance benefit - daily allowance if, during the term of the insurance, he or she

is admitted to hospital under constant professional supervision of qualified doctors, occupies an emergency bed of the in-patient ward of a medical facility on the basis of medical necessity resulting from his or her disease or injury that originated no sooner than on the date of commencement of insurance, pregnancy or birth, and the hospital stay lasts at least 24 hours, or includes at least 1 night.

2. The date of admission of the insured to an emegency bed must be after the expiry of the waiting period; this does not apply to hospital stays of the insured that are the exclusive consequence of an injury that occurred no sooner than on the date of commencement of the insurance.
3. The waiting period is stipulated as the first 3 calendar months from the commencement of the insurance. A special waiting period amounting to the first 8 calendar months from the commencement of the insurance is stipulated for hospital stays of the insured caused by childbirth and the preparation of dental prostheses, dental surgery and jaw orthopedics.
4. In the case of any change to the insurance, increasing the daily allowance amount, the waiting period according to paragraph 3 of this Article applies to the increased portion of the daily allowance from the effective date of the change on.

Article 4

Hospital Stay Insurance Claims Arising from an Injury

1. The insured is entitled to receive the insurance benefit - daily allowance if, during the term of the insurance, he or she is admitted to hospital under constant professional supervision of qualified doctors, occupies an emergency bed of the in-patient ward of a medical facility on the basis of medical necessity resulting from his or her injury that originated no sooner than on the date of commencement of insurance, pregnancy or birth, and the hospital stay lasts at least 24 hours, or includes at least one night.

Article 5

Common Provisions for Insurance Policies HO, HO-d, HU

1. Unless otherwise stated in this article, the daily allowance to the amount stipulated in the insurance contract as of the date of beginning of the hospital stay or, in the case of hospital stay linked exclusively to an injury that occurred no sooner than on the date of commencement of the insurance, as of the date of the injury, shall be paid for each day of the insured person's hospital stay starting with the date of admission to emergency bed and ending on the end date of the emergency bed stay, with the exception of the days when the insured person's hospital stay was interrupted with a leave pass.
2. A daily benefit amounting to twice the amount agreed in the insurance contract is paid for each day, or part of day, of the insured person's hospital stay in the department of anaesthesiology and resuscitation or intensive care unit.
3. A daily benefit amounting to twice the amount agreed in the insurance contract is paid for each day of the insured person's hospital stay starting with the date of admission to emergency bed and ending on the end date of the emergency bed stay if emergency surgery has been performed on the insured during the hospital stay. If multiple urgent surgery operations are performed during the hospital stay, these are considered a single case for insurance purposes.
4. The provision of paragraph 2 of this Article of ZPP H shall not apply if circumstances stipulated in paragraphs 2 and 3 of this Article ZPP H occur simultaneously.
5. For the purposes of determining the number of days of hospital stay, the first day (the date of admission to hospital) and the last day of the day of hospital stay are considered one day of hospital stay.
6. The insured person's transfer between departments or specialised wards during the hospital stay, whether within one or more medical facilities, is considered neither termination nor commencement of a hospital stay.
7. The amount of the insurance benefit is calculated as the product of the number of days of hospital stay and the amount of daily allowance determined in accordance with the principles set out in this Article.
8. The maximum number of days for which the insurer provides insurance cover is 730 days per insured event of the insured under HO and HU policies.
9. The maximum number of days for which the insurer provides insurance cover is 365 days per insured event of the insured under HO-d policy.

Article 6

Exemptions from the Insurance

1. The insurer will not provide insurance cover from the HO, HO-d a HÚ insurance in the following cases:
   a) for reasons due to which the insured has already been admitted to hospital, monitored or treated as out-patient in the 2 years prior to the commencement of the insurance. This provision applies to the first 2 years from the commencement of the insurance and does not apply to hospital stays connected to pregnancy, abortion, childbirth, puerperium and for hospital stays linked solely to an injury occurred no sooner than on the day of commencement

of the insurance,

b) due to reasons other than diagnosis and treatment-related (for example, protective or compulsory treatment, social hospitalization, hospital stays related to a need for care and custody, or if the hospital stay is justified merely by a lack of home care or other personal circumstances of the insured);

c) due to therapeutic rehabilitation,

d) at a military crew infirmary, prison hospital or prison infirmary,

e) outside the territory of a European Union Member State,

f) due to an injury suffered in the pursuit of bungee jumping, snowboarding or skiing outside marked trails or outside the specified time of operation on marked tracks, aero or ski acrobatics, snowkiting, landkiting (etc.), snowrafting, rafting, canyoning, cliffdiving, diving with a breathing apparatus, parachuting, paragliding, base jumping, speleology, mountaineering, alpine tourism over 3000 m above sea level, alpinism, skialpinism, flying in motor and non-powered aircraft except state licensed carriers, flying in light and ultralight airplanes, hang glider, glider, in a balloon, airship; during active involvement in competitions and races of motor vehicles, aircrafts or vessels and preparatory drives, flights or sailings thereof (training),

g) due to an injury suffered by the insured during preparation for sport or in exercise of a sport to which he has entered a professional contract, except for snooker, bowling, curling, yoga, billiards, traditional bowling, sweets, pétanque, modern and classical darts, and hiking.

h) due to an injury suffered by the insured in the performance of any of the following professions or activities - a heavy industry worker, a high voltage electrician, a painter or a coater or tiler or a cleaner working at heights, a pilot, a roofer, a diver, a sailor, an armed force member, a bomb disposal expert, a worker with explosives, a martial arts teacher, window cleaner working at heights, all mining professions (e.g. miners, mining locksmiths, mining engineers, etc.),

i) during which the insured left the medical facility of his/her own accord or having discharged him/herself, and all subsequent hospital stays due to the same cause or complication thereof.

2. The insurer will not provide insurance cover from the HO and HO-d insurance in the following cases:

   a) mental disorders and behavioural disorders as determined by the International Classification of Diseases ICD, i.e. diagnoses F00 to F99,

   b) sterilization or induced abortion for non-medical reasons,

   c) plastic surgery (including cosmetic interventions) performed for non-medical reasons,

   d) congenital malformations, diseases and conditions arising therefrom.

3. The insurer will not provide insurance cover from the HÚ insurance in the following cases of hospital stay of the insured:

   a) if the consequence of an injury is the onset or worsening of the hernia, venous ulcers, diabetic gangrenes, tumours of all kinds and origins, the onset and worsening of aseptic inflammation of the tendon sheaths, muscle attachment bursae and epicondylitis,

   b) for the consequences of diagnostic, therapeutic and preventive interventions that have not been performed to treat the consequences of an injury,

   c) if the consequence of the injury was the aggravation of an already existing disease or if the insured event occurred as a consequence of a disease,

   d) in the case of an intervertebral disc prolapse not caused by an injury, disc and algic spinal syndromes and other diseases of the back (diagnoses M40 to M54 according to the International Statistical Classification of Diseases),

   e) in the case of pathological and fatigue fractures or fractures related to congenital brittle bone disease or other congenital defects or diseases, i.e. fractures resulting from reduced bone strength, which are produced lesser intensity of external influence than traumatic fractures of healthy bones.

Article 7

Obligations of the Insurance Participants

1. The insured is obliged to submit to the insurer the filled-in “Notice of Insured Event – Hospital Stay" form and the final discharge papers concerning the course of treatment (hospital stay) without undue delay after the end of the hospital stay.

ZPP WOMEN

FOR WOMEN

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Special Insurance Terms and Conditions

Insurance for Women

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Article 1

Introductory Provisions

1. The Special Insurance Terms and Conditions for Insurance for Women (ZPP ZENY) regulate the serious female disease insurance (hereinafter also referred to as "VCH-Z" or "insurance"), prevention insurance (hereinafter referred to as "insurance") and Maminka insurance (hereinafter also referred to as "MAM" or "Insurance"), which include:
   a) multi-birth insurance,
   b) pregnancy, delivery and postnatal complication insurance
   c) insurance for congenital malformations and diseases of the newborn child
   d) death in childbirth insurance
   e) assistive reproduction technology insurance

   All of the insurance referred to in points (a) to (e) of this paragraph is also referred to as "Maminka insurance" or "insurance".
2. All of the insurance is negotiated as a fixed-amount benefit insurance.
3. Serious female disease insurance is negotiated as a sickness insurance. The prevention and Maminka policies except for assistive reproduction technology insurance are negotiated as life insurance.

Article 2

Definitions of terms

Birth of multiples - the birth of two or more live children in one delivery.

Assisted reproductive technology - medical procedures and methods that manipulate reproductive cells to treat

infertility.

Medical facility - a medical facility providing diagnostic and therapeutic institutional care (hospital beds), having the staff, material and technical equipment for the type and scope of care provided, and meeting the requirements stipulated by generally binding legal regulations for the operation thereof.

Article 3

Claims in serious female disease insurance

1. If, during the term of the insurance although no sooner than at the end of the waiting period measured from the date of commencement of the insurance, the insured is diagnosed, for the first time, with a serious disease meeting the requirements of this Article, the insurer shall pay the percentage of the sum insured as arranged in the insurance contract as of the date of the insured event depending on the diagnosis.
2. If the diagnosis is cancer meeting the requirements stipulated by paragraph 7 (a) of this Article, the insurance benefit amounts to 100% of the sum insured.
3. If the diagnosis is carcinoma in-situ meeting the requirements stipulated by paragraph 7 (b) of this Article, the insurance benefit amounts to 50% of the sum insured.
4. The waiting period is stipulated as the first 3 months from the commencement of the insurance.
5. In the case of any change increasing the sum insured, the waiting period according to paragraph 4 of this Article applies to the increased portion from the effective date of the change on.
6. The maximum benefit amounts to 100% of the sum insured.
7. Assuming the conditions listed in this Article are satisfied, the following diseases are considered serious diseases:

   a) **Cancer**

   Cancer is understood to mean a disease caused by malignant tumours characterised by out-of-control and invasive growth of tumour cells. The disease must be diagnosed by a medical specialist of a specialised medical facility based on a histological or other appropriate examination indicative of a progressive malignant disease and on its classification under the TNM Classification of Malignant Tumours, or surgery protocol if surgery has been performed.

   Insurance cover extends to:

breast cancer
ovarian cancer
uterine cancer
vaginal cancer
vulvar cancer
cervical cancer
Fallopian tube cancer
colon cancer
cancer of rectum and the rectosigmoid

   For a case to be covered, the insured must survive at least 30 calendar days from the date of the diagnosis.

   b) **Carcinoma** in-situ

   Carcinoma in-situ is understood to mean a disease characterized by out-of-control growth of tumour cells that remain in place where they first formed and do not spread into the surrounding tissues and organs. The disease must be diagnosed by a medical specialist of a specialised medical facility based on a histological or other appropriate examination indicative of the relevant disease and on its TISN0M0 classification under the TNM Classification of Malignant Tumours, or surgery protocol if surgery has been performed or surgery protocol if surgery has been performed.

   Insurance cover extends to:

breast carcinoma in-situ
ovarian carcinoma in-situ
uterine carcinoma in-situ
vaginal carcinoma in-situ
vulvar carcinoma in-situ
cervical carcinoma in-situ
Fallopian tube carcinoma in-situ

   For a case to be covered, the insured must survive at least 30 calendar days from the date of the diagnosis.

8. The insured is obliged to submit to the insurer the filled-in “Notice of Insured Event" form, which, based on the circumstances of the case in question, includes a medical certificate of the cancer diagnosis, hospital discharge papers, surgery protocol and histology report. The form must be filled in by a medical specialist of a specialised medical facility in the Czech Republic.

Article 4

Prevention insurance claims

1. Every 3 years from the commencement of the insurance that the insured has survived and submitted a doctor's certificate of having completed a selected preventive examination in relation to oncological diseases, or a medical report thereof, the insurer shall pay the insurance benefit of CZK 500.
2. The claim to the CZK 500 insurance benefit arises every third year of the duration of the serious female disease insurance, subject to the conditions stipulated by this article.
3. Selected preventive examinations related to oncological diseases are understood to mean the preventive mammogram (ultrasound, mammography) and preventive colorectal carcinoma screening (colonoscopy, occult bleeding).

Article 5

Claims in multiple birth insurance

1. If, during the term of Maminka insurance and after the waiting period from the commencement of the insurance, the insured delivers multiples, the insurer shall pay the insurance benefit of CZK 10,000 for each newborn child.
2. The waiting period is stipulated as the first 8 months from the commencement of the insurance.
3. There is only one claim to the insurance benefit for the delivery of multiples during the whole term of the Maminka insurance.
4. The insured is obliged to submit to the insurer the filled-in “Notice of Insured Event" form, maternity hospital discharge papers and copies of the children's birth certificates. The form must be executed by a medical specialist of a specialised medical facility in the Czech Republic.

Article 6

Claims in insurance against complications in pregnancy, childbirth and puerperium

1. The insured event is the diagnosis of any of the following diseases:
   a) Placenta cancer (choriocarcinoma)

      Placenta cancer (choriocarcinoma) is understood to mean a disease caused by malignant tumour of the trophoblast which forms in the uterus, has a causal link with pregnancy and is characterised by out-of-control growth of cancer cells. The disease must be diagnosed by a medical specialist of a specialised medical facility based on a histology or other appropriate examination indicating the occurrence of the disease and on its classification under the TNM Classification of Malignant Tumours. The insured must survive 30 calendar days from the date of diagnosis.

   b) Ectopic (extrauterine) pregnancy

      Ectopic pregnancy is understood to mean the attachment of the blastocyst (the early stage of the foetus) outside the uterine cavity. The insurance only covers cases where the insured has undergone surgery to terminate the pregnancy. The diagnosis must be determined by a medical specialist of a specialised medical facility and the insured must survive at least 30 calendar days from the date of diagnosis. The insurance does not cover the conservative treatment by cytotoxic drugs.

   c) Hysterectomy (surgical removal of the uterus)

      Hysterectomy is understood to mean the surgical removal of the uterus during pregnancy or as life-saving surgery in complicated delivery (e.g. placenta increta). The insured must survive 30 calendar days from the date of the operation.

   d) Preeclampsia

      Preeclampsia is a disorder in pregnancy after the end of the 2nd trimester characterized by the onset of high blood pressure above the 140/90 limit and the presence of protein in the urine. The diagnosis must be determined by a medical specialist of a specialised medical facility, drug-based treatment must be in progress and the insured must survive at least 30 calendar days from the date of diagnosis. The insurance cover does not extend to superimposed preeclampsia (complicating primary hypertension which predates the insured woman's pregnancy).

   e) Eclampsia

      Eclampsia means a life-threatening condition in pregnancy accompanied by seizures of tonic-clonic convulsions (muscle contractions alternating with rhythmic twitches of the muscles in both the upper and lower extremities) and loss of consciousness. The diagnosis must be determined by a medical specialist of a specialised medical facility and the insured must survive at least 30 calendar days from the date of diagnosis. Insurance coverage does not extend to eclampsia that occurred after the delivery.

   f) Uterine rupture

      Uterine rupture is a complete breach of uterine wall integrity caused by labour. The insurance does not cover cases where the insured had had uterine surgery in the past, or a past pregnancy had been terminated by Caesarean

section.

g) Amniotic fluid embolism

Amniotic fluid embolism means a condition where amniotic fluid enters the bloodstream of the mother. The diagnosis must be determined by a medical specialist of a specialised medical facility based on the clinical symptoms, and the insured must survive at least 30 calendar days from the date of diagnosis.

h) Postpartum psychosis

Postpartum psychosis is a severe psychiatric disorder diagnosed by a psychiatrist within two months after delivery which requires the patient to be institutionalised at a psychiatric ward for at least 1 month with active drug-based treatment.

2. As a precondition of the claim to insurance benefit, the insured must be diagnosed with the disease referred to in paragraph 1 of this Article after the waiting period from the commencement of the insurance, and it must be the first case of the diagnosis during the term of the Maminka insurance.
3. The waiting period is stipulated as the first 8 months from the commencement of the insurance.
4. The benefit to the amount of 50% of the sum insured as stipulated in the insurance contract as of the date of the insured event is paid.
5. The insurer shall only cover once under this insurance during the term of one pregnancy, or in relation to one delivery even in cases where multiple insured events occurred on one date in compliance with paragraph 1 of this Article.
6. The insured is obliged to submit to the insurer the filled-in "Notice of Insured Event" form, which, based on the circumstances of the case in question, includes a medical certificate of the diagnosis of the disease, hospital discharge papers, surgery protocol and histology report. The form must be executed by a medical specialist of a specialised medical facility in the Czech Republic.

Article 7

Claims in insurance for congenital malformations and diseases of the newborn child

1. The insured event means the diagnosis, after the waiting period counted from the commencement of the insurance, of any of these congenital malformations defects and diseases in a child delivered by the insured during the term of the Maminka insurance:

DIAGNOSIS	Code
Congenital malformations of the nervous system:	
Congenital hydrocephalus (cerebrospinal fluid accumulation in the ventricular system of the brain)	Q03
Spina bifida	Q05
Congenital malformations of the circulatory system:	
Transposition (change of position) of great vessels in the heart	Q20.3, 5
Tetralogy of Fallot	Q21.3
Hypoplastic left heart syndrome (underdeveloped and dysfunctional left ventricle)	Q23.4
Coarctation of the aorta (aortic narrowing)	Q25.1
Anomalous pulmonary veinous return	Q26.2-4
Cleft lip and palate:	
Cleft lip and palate (isolated cleft lift and cleft palate or cleft palate with cleft lip)	Q35 -7
Congenital malformations of the digestive system:	
Congenital malformations of esophagus - Esophageal obstruction (Esophageal atresia) and tracheoesophageal fistula	Q39
Congenital absence, atresia and stenosis of small intestine	Q41
Anorectal atresia, congenital absence and stenosis of large intestine (obstruction of anus and rectum)	Q 42.0-3
Congenital malformations of the urinary system:	
Renal agenesis	Q60.0-2
Cystic kidney disease	Q61
Congenital malformations and deformations of the musculoskeletal system:	
Reduction defects of limbs	Q71-3
Chromosomal abnormalities:	
Down syndrome	Q90

2. The congenital malformation or disease must be diagnosed during the term of the Maminka insurance, no later than within 3 years of delivery.
3. The waiting period is stipulated as the first 8 months from the commencement of the insurance.
4. The benefit to the amount of 100% of the sum insured as stipulated in the insurance contract as of the date of the insured event is paid.

5. If multiple congenital malformations and diseases listed in paragraph 1 of this Article are diagnosed in the newborn child, the insurer shall only cover once.
6. The insured is obliged to submit to the insurer the filled-in “Notice of Insured Event" form, which includes a medical certificate of the diagnosis of the child’s congenital malformation and disease, discharge papers of the maternal hospital or other medical facility and a copy of the child’s birth certificate. The form must be filled in by a medical specialist of a specialised medical facility in the Czech Republic.

Article 8

Claims in insurance for death in childbirth

1. The insured event is the death of the insured during childbirth during the period of Maminka insurance after the waiting period from the commencement of the insurance; this is understood to mean loss of the body’s life-sustaining functions in direct connection with the delivery and immediate postpartum complications. The insurance cover only extends to cases where the death occurs before discharge from the medical facility at the latest, and the delivery is supervised at the medical facility (maternity hospital) or in cases of "precipitate delivery".
2. The waiting period is stipulated as the first 8 months from the commencement of the insurance.
3. The benefit to the amount of 500% of the sum insured as stipulated in the insurance contract as of the date of the insured event is paid.
4. The Entitled is obliged to submit to the insurer the filled-in "Notice of Insured Event" form, the final medical report on the mother, the death certificate and a copy of the child's birth certificate.

Article 9

Claims in assistive reproduction technology insurance

1. The insured event is a situation where, due to infertility or other medical reason, the insured has undergone the fifth cycle of In-Vitro Fertilization (IVF) assisted reproductive method, which is understood to mean the fertilization of eggs outside of the body of the insured and the subsequent transfer to the uterus of the insured, at least three years after the beginning of the insurance.
2. For the case to classify as an insured event, the first cycle of the IVF assisted reproductive technology method must be carried out no earlier than one year from the commencement of the insurance, and there must be at least 3 months’ intervals between the individual cycles.
3. The infertility treatment must be carried out in a specialized medical facility authorized for such operations, and must be performed by a medical specialist.
4. The insurance benefit is paid in the amount of CZK 50,000.
5. The insured is obliged to submit to the insurer the filled-in "Notice of Insured Event" form, the medical report on the assisted reproductive technology treatment from the specialised medical facility in the territory of the Czech Republic where the method was applied, and a gynaecologist’s report clearly indicating when the insured completed the first 4 IVF cycles.

Article 10

Joint provisions for Maminka insurance

1. The maximum insurance benefit from cover for complications in pregnancy, childbirth and puerperium and congenital malformations and diseases of the newborn child is set at 200% of the sum insured as arranged in the insurance contract as of the date of the insured event. The insured event, wherein the insurance benefit amounts to the aforementioned 200% of the sum insured, terminates both of these policies together with the insurance for death in childbirth.

Article 11

Obligations of the insured

1. The insured is obliged to undergo examinations and screenings based on the medical specialist’s instructions and observe the guidelines during her pregnancy.

Article 12

Exemptions

1. The insurer shall not cover in cases where the insured event occurred in direct connection with the use or regular consumption of alcohol or the application of other narcotic, toxic, psychotropic or other substances capable of adversely

affecting human psyche or his or her control or recognition ability or social behaviour.

2. The insurer shall not cover in relation to the serious female disease insurance in cases where a serious disease either originated in direct connection with medical findings diagnosed or treated prior to the commencement of the insurance or is a direct consequence thereof.
3. The insurer shall not cover in relation to the assisted reproductive technology insurance in cases where:
   a) the insured had an abortion for non-medical reasons prior to the commencement of the insurance,
   b) the insured had undergone any assisted reproductive technology treatment prior to the commencement of the insurance.

Article 13

Modifications to the Insurance

1. The insurer will allow for a change of insurance, reduction or increase of the sum insured during the term of the insurance, provided that no insured event has occurred within this insurance.

Article 14

Termination of insurance

1. If the insured received 100% of the sum insured in the serious female disease insurance as arranged in the insurance contract, this insurance shall expire as of the date of the last insured event.
2. If the insured person has been diagnosed with a serious disease during the first 3 calendar months following the commencement of the serious female disease insurance in accordance with Article 3 of these ZPP ZENY, this insurance shall expire on the date of the diagnosis.
3. The prevention insurance is terminated with the termination of serious female disease insurance due to the reasons indicated in paragraphs 1 and 2 of this Article.
4. Multiple birth insurance shall expire on the date of the insured event.
5. Insurance for complications in pregnancy, childbirth and puerperium, congenital malformations and diseases of the newborn child and death in childbirth shall expire with an insured event in accordance with Article 10 (1).
6. Assisted reproductive technology insurance shall expire in the year when the insured turns 40 or on the date of the insured event if this occurs earlier.
7. The Maminka insurance is terminated by the death of the insured in childbirth.

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Special Insurance Terms and Conditions

Insurance for Men

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Article 1

Introductory Provisions

1. The Special Terms and Conditions for Insurance for Men (ZPP MUZI) regulate the serious male disease insurance (hereinafter also referred to as "VCH-M" or "insurance"), prevention insurance (hereinafter referred to as "insurance") and Tatínek insurance (hereinafter also referred to as "TAT" or "Insurance"), which include:
   a) multi-birth insurance,
   b) insurance for congenital malformations and diseases of the newborn child
   c) death in childbirth insurance

   All of the insurance referred to in points (a) to (c) of this paragraph is also referred to as "Tatínek insurance" or "insurance".
2. All of the insurance is negotiated as a fixed-amount benefit insurance.
3. Serious male disease insurance is negotiated as a sickness insurance. The prevention insurance and the Tatínek insurance are arranged as life insurance.

Article 2

Interpetation of Terms

Birth of multiples - the birth of two or more live children in one delivery.

Medical facility - a medical facility providing diagnostic and therapeutic institutional care (hospital beds), having the staff, material and technical equipment for the type and scope of care provided, and meeting the requirements stipulated by generally binding legal regulations for the operation thereof.

Article 3

Claims from the Serious Male Disease Insurance

1. If, during the term of the insurance although no sooner than at the end of the waiting period measured from the date of commencement of the insurance, the insured is diagnosed, for the first time, with a serious disease meeting the

requirements of this Article, the insurer shall pay the percentage of the sum insured as arranged in the insurance contract as of the date of the insured event depending on the diagnosis.

2. If the diagnosis is cancer meeting the requirements stipulated by paragraph 7 (a) of this Article, the insurance benefit amounts to 100% of the sum insured.

3. If the diagnosis is carcinoma in-situ meeting the requirements stipulated by paragraph 7 (b) of this Article, the insurance benefit amounts to 50% of the sum insured.

4. The waiting period is stipulated as the first 3 months from the commencement of the insurance.

5. In the case of any change increasing the sum insured, the waiting period according to paragraph 4 of this Article applies to the increased portion from the effective date of the change on.

6. The maximum benefit amounts to 100% of the sum insured.

7. Assuming the conditions listed in this Article are satisfied, the following diseases are considered serious diseases:

a) **Cancer**

Cancer is understood to mean a disease caused by malignant tumours characterised by out-of-control and invasive growth of cancer cells. The disease must be diagnosed by a medical specialist of a specialised medical facility based on a histological or other appropriate examination indicative of a progressive malignant disease and on its classification under the TNM Classification of Malignant Tumours, or on a surgery protocol if surgery has been performed.

Insurance cover extends to:

prostate cancer
testicular cancer
penile cancer
cancer of the epididymis
scrotal cancer
breast cancer
colon cancer
cancer of rectum and the rectosigmoid

For a case to be covered, the insured must survive at least 30 calendar days from the date of the diagnosis.

b) **Carcinoma** in-situ

Carcinoma in situ is understood to mean a disease characterized by out-of-control growth of cancer cells that remain in place where they first formed and do not spread into the surrounding tissues and organs. The disease must be diagnosed by a medical specialist of a specialised medical facility based on a histological or other appropriate examination indicative of the relevant disease and on its TISN0M0 classification under the TNM Classification of Malignant Tumours, or on a surgery protocol if surgery has been performed.

Insurance cover extends to:

prostate carcinoma in-situ
testicular carcinoma in-situ
penal carcinoma in situ
carcinoma in-situ of the epididymis
scrotal carcinoma in-situ
breast carcinoma in-situ

For a case to be covered, the insured must survive at least 30 calendar days from the date of the diagnosis.

8. The insured is obliged to submit to the insurer the filled-in "Notice of Insured Event" form, which, based on the circumstances of the case in question, includes a medical certificate of the cancer diagnosis, hospital discharge papers, surgery protocol and histology report. The form must be filled in by a medical specialist of a specialised medical facility in the Czech Republic.

Article 4

Claims form the Prevention Insurance

1. Every 3 years from the commencement of the insurance that the insured has survived and submitted a doctor's certificate of having completed a selected preventive examination in relation to oncological diseases, or a medical report thereof, the insurer shall pay the insurance benefit of CZK 500.

2. The claim to the CZK 500 insurance benefit arises every third year of the duration of the serious male disease insurance, subject to the conditions stipulated by this Article.

3. Selected preventive examinations related to oncological diseases are understood to mean the urological screening including PSA (prostate-specific antigen) and preventive colorectal carcinoma screening (colonoscopy, occult bleeding).

Article 5

Claims from the Multiple Birth Insurance

1. The insured event is the birth of multiples fathered by the insured, during the term of the Tatínek insurance after the end of the waiting period from the commencement of the insurance. The insurer shall pay the insurance benefit of CZK 10,000 per newborn child.

2. The waiting period is stipulated as the first 8 months from the commencement of the insurance.

3. There is only one claim to the insurance benefit for the delivery of multiples during the whole term of the Tatínek insurance.

4. The insured is obliged to submit to the insurer the filled-in “Notice of Insured Event" form, maternity hospital discharge papers and copies of the children’s birth certificates listing the insured as the father of each child. The form must be executed by a medical specialist of a specialised medical facility in the Czech Republic.

Article 6

Claims from the Insurance for Congenital Malformations and Diseases of the Newborn Child

1. The insured event means the diagnosis, after the waiting period counted from the commencement of the insurance, of any of these congenital malformations and diseases in a newborn child of the insured during the term of the Tatínek insurance:

DIAGNOSIS	CODE
Congenital malformations of the nervous system:	
Congenital hydrocephalus (cerebrospinal fluid accumulation in the ventricular system of the brain)	Q03
Spina bifida	Q05
Congenital malformations of the circulatory system:	
Transposition (change of position) of great vessels in the heart	Q20.3, 5
Tetralogy of Fallot	Q21.3
Hypoplastic left heart syndrome (underdeveloped and dysfunctional left ventricle)	Q23.4
Coarctation of the aorta (aortic narrowing)	Q25.1
Anomalous pulmonary veinous return	Q26.2-4
Cleft lip and palate:	
Cleft lip and palate (isolated cleft lift and cleft palate or cleft palate with cleft lip)	Q35 -7
Congenital malformations of the digestive system:	
Congenital malformations of esophagus - Esophageal obstruction (Esophageal atresia) and tracheoesophageal fistula	Q39
Congenital absence, atresia and stenosis of small intestine	Q41
Anorectal atresia, congenital absence and stenosis of large intestine (obstruction of anus and rectum)	Q 42.0-3
Congenital malformations of the urinary system:	
Renal agenesis	Q60.0-2
Cystic kidney disease	Q61
Congenital malformations and deformations of the musculoskeletal system:	
Reduction defects of limbs	Q71-3
Chromosomal abnormalities:	
Down syndrome	Q90

2. The congenital malformation or disease must be diagnosed during the term of the Tatínek insurance, no later than within 3 years of delivery.

3. The waiting period is stipulated as the first 8 months from the commencement of the insurance.

4. The benefit to the amount of 100% of the sum insured as stipulated in the insurance contract as of the date of the insured event is paid.

5. The maximum insurance benefit from cover for congenital malformations and diseases of the newborn child is set at 200% of the sum insured as arranged in the insurance contract as of the date of the insured event.

6. If multiple congenital malformations and diseases listed in paragraph 1 of this Article are diagnosed in the newborn child, the insurer shall only cover once.

7. The insured is obliged to submit to the insurer the filled-in “Notice of Insured Event" form, which includes a medical certificate of the diagnosis of the child’s congenital malformation and disease, discharge papers of the maternity hospital or other medical facility and a copy of the child’s birth certificate listing the insured as the father of the child. The form must be filled in by a medical specialist of a specialised medical facility in the Czech Republic.

Article 7

Claims from the Iinsurance for Death in Childbirth

1. The insured event is the death of the mother during childbirth during the period of Tatínek insurance after the waiting period from the commencement of the insurance; this is understood to mean loss of the body’s life-sustaining functions in direct connection with the delivery and immediate postpartum complications. The insurance cover only extends to cases where the death of the mother occurs before discharge from the medical facility at the latest, and the delivery is supervised at the medical facility (maternity hospital) or in cases of "precipitate delivery".

2. The waiting period is stipulated as the first 8 months from the commencement of the insurance.

3. The benefit to the amount of 500% of the sum insured as stipulated in the insurance contract as of the date of the insured event is paid.

4. The insured is obliged to submit to the insurer the filled-in “Notice of Insured Event" form, final report on the mother, death certificate and a copy of the child’s birth certificate listing the insured as the father of the child.

Article 8

Exemptions from the Insurance

1. The insurer shall not cover in cases where the insured event occurred in direct connection with the use or regular consumption of alcohol or the application of other narcotic, toxic, psychotropic or other substances capable of adversely affecting human psyche or his or her control or recognition ability or social behaviour.
2. The insurer shall not cover in relation to the serious male disease insurance in cases where a serious disease either originated in direct connection with medical findings diagnosed or treated prior to the commencement of the insurance or is a direct consequence thereof.

Article 9

Changes to the Insurance

1. The insurer will allow for a change of insurance, reduction or increase of the sum insured during the term of the insurance, provided that no insured event has occurred within this insurance.

Article 10

Termination of the Insurance

1. If the insured received 100% of the sum insured in the serious male disease insurance as arranged in the insurance contract, this insurance shall expire as of the date of the last insured event.

2. If the insured person has been diagnosed with a serious disease during the first 3 calendar months following the commencement of the serious male disease insurance in accordance with Article 3 of these ZPP MUZI, this insurance shall expire on the date of the diagnosis.

3. The prevention insurance is terminated with the termination of serious male disease insurance due to the reasons indicated in paragraphs 1 and 2 of this Article.

4. Multiple birth insurance shall expire on the date of the insured event.

5. If 200% of the cover for congenital malformations and diseases of the newborn child as arranged in the insurance contract has been paid, the insurance shall be terminated together with the insurance for death in childbirth as of the date of the latter insured event.

6. The Tatínek insurance shall expire upon the insured event of the death in childbirth insurance.

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Special Insurance Terms and Conditions
Assistance Services Insurance

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Article 1
Introductory Provisions

1. The Special Insurance Terms and Conditions of the Assistance Services Insurance (hereinafter referred to as "ZPP AS" only) regulate the Assistance Services Insurance (hereinafter referred to as "AS" or "Insurance"), which includes:
   a) information assistance services insurance - telephone consultation
   b) assistance services insurance - personal assistance
2. The Assistance Services Insurance is governed by the General Insurance Terms and Conditions (VPP PO 2014) and by these special insurance conditions for the Assistance Services Insurance (ZPP AS 09/2015).
3. Assistance Services insurance is arranged as a fixed-amount benefit insurance.

Article 2
Interpretation of Terms

Nursing Service - Nursing service means assisting the insured in eating and daily personal hygiene.

Nursing and care for children and elderly family members - Nursing and care for children and elderly family members means taking care of children and elderly family members of the insured, including assistance with eating, daily personal hygiene, bathing and hair washing twice a week. The insurer shall ensure that the person through whom it meets its obligation to provide insurance benefits, stays with the persons of the insured of whom they take care for the entire agreed period of time (max. 8 hours a day) and for the duration of the activities of the persons under their care.

Elderly family member - Elderly family member means a parent/grandparent of the insured or his or her spouse living with them in their household.

Food delivery - Food delivery means a delivery of a hot or frozen food (according to the regional availability of the service) within the scope of one main meal a day.

Delivery of medicines - Delivery of medicines means the delivery of medicines, both prescription drugs and over-the-counter medicines, for the insured to his or her place of residence. In the case of a prescription drug, the insurer will collect the relevant prescription from the insured.

Transport to and from the medical facility - Transport to and from the medical facility means transport of the insured from his or her place of residence to the medical facility and back to his or her place of residence. The method of transport is chosen by the insurer based on the condition of the insured for whom the transport is intended. This transport will be carried out by an ambulance, taxi or a substitute driver.

Delivery of a purchase - Delivery of a purchase means a purchase (including transport from the insured person's place of residence and back) of the food and sanitary items for the insured. The purchase is made on the basis of a written list of required items submitted by the insured to the provider of this service. The in-kind insurance benefit includes putting the purchase to the relevant places in the insured person's apartment.

Apartment cleaning - Apartment cleaning means the following: wiping the floor, vacuuming the floor, dusting in the living quarters, cleaning of the bathroom and toilet, dishwashing, making the bed, washing, hanging, drying, ironing and putting the laundry to its place, watering flowers, taking clothes to dry cleaners and picking them up. Cleaning is done using the technical equipment of the insured (vacuum cleaner, washing machine, etc.). The in-kind insurance benefit does not include cleaning windows.

Substitute transport for a close person - In urgent cases where the insurer's physician deems the presence of a person close to the insured as necessary or expedient, the insurer shall provide transportation for a person close to the insured.

Stay of a pet in an animal shelter/hotel - Stay of a pet in an animal shelter or animal hotel (if, as a result of the insured event, the insured is unable of looking after the pet himself or herself).

Organization of funeral - The insurer shall provide, through the authorized funeral service, the necessary formalities and arrangements of a funeral of a person close to the insured. The costs of the funeral are covered by the insured.

Service Provider - a person appointed by the insurer to provide assistance to an insured person acting on behalf of the insurer and at its expense.

Article 3

Insurance event

1. An insurance event under the Information Assistance Services Insurance - Telephone Consultation is a casual need of the insured to obtain information about the third party services specified in these ZPP AS, or the incidental need of the insured to communicate with third parties providing the services specified in these ZPP AS for the purpose of third party provision of such services for the insured. In the case of telephone consultation with a physician and psychologist, the incidental needs mentioned in this paragraph have a connection with the patient's disease, injury or other health problems while, in the case of a telephone consultation with a lawyer, there is a connection with a change in the personal circumstances of the insured.
2. Insurance event under the Assistance Services Insurance - Personal Assistance is the following event that occurred during the term of insurance:
   a) serious disease of the insured,
   b) the commencement of a divorce proceedings of the insured (hereinafter referred to as divorce);
   c) the death of the spouse of the insured.
3. A serious disease is considered to mean:
   a) Cancer, which refers to a disease caused by a malignant tumour characterized by out-of-control and invasive growth of cancer cells with a tendency to develop metastases. The diagnosis must be determined by a specialist physician of a specialized medical facility on the basis of a histological or other appropriate examination confirming a malignant progressive disease and its classification according to the TNM international classification of tumours, or the surgery protocol if surgery has been performed.
   b) Myocardial infarction, which means a diagnosis of acute myocardial infarction, confirmed by the discharge papers of hospitalization in a cardiology or internal medicine department.
   c) Cerebrovascular accident that means accidental brain damage due to intracerebral haemorrhage or brain tissue hypoperfusion with a corresponding neurological finding that must persist for at least three calendar months following the diagnosis of the cerebrovascular accident. The diagnosis must include some imaging examination of the brain with a finding that is consistent with the diagnosis of cerebral ischaemia or intracerebral or subarachnoid bleeding.

Article 4

Claims from the Assistance Services Insurance

1. For an insured event under the Assistance Services Insurance, the insurer shall provide in-kind insurance benefit (not financial benefit), consisting mainly of supplying information to the insured or providing services to the insured, or of carrying out activities for the insured or for the benefit of the insured as specified in these ZPP AS.
2. In the case of an insured event under the insurance that occurs within the scope of the Information Assistance Service - Telephone Consultation, the insurer shall provide the following in-kind benefits to the insured:

Physician	telephone consultation
Psychologist	telephone consultation
Lawyer	telephone consultation

3. In the case of an insured event that occurs under the Assistance Service Insurance - Personal Assistance, the insurer shall provide the following in-kind benefits to the insured:

	Serious disease	Divorce	Death of a spouse
Securing oneself in an unfavourable situation			
Nursing service	Yes	–	–
Delivery of medicines	Yes	–	–
Transport to and from a medical facility	Yes	–	–
Ensuring the household			
Delivery of food	Yes	–	–
Delivery of a purchase	Yes	–	–
Apartment cleaning	Yes	Yes	Yes
Children			
Nursing and care for children and elderly family members	Yes	Yes	Yes
Pets			
Stay of a pet in an animal shelter/hotel	Yes	–	–
Other			
Substitute transport for a close person	Yes	–	Yes
Organization of a funeral	–	–	Yes

Assistance type	**Scope of the in-kind benefits**			**Costs incurred by the insured not covered by insurance**	
Nursing service	transport of the provider to the insured	work of the provider in the household	return transport of the provider	costs of hygiene products	costs exceeding the defined limit of insurance benefit
Nursing and care for children and elderly	transport of the provider to the insured	work of the provider - nursing and care	return transport of the provider	costs of hygiene products	costs exceeding the defined limit of insurance benefit
Delivery of food	transport of the provider to the insured	transport of food by the provider	return transport of the provider	food costs	costs exceeding the defined limit of insurance benefit
Delivery of medicines	transport of the provider to the insured	transport of medicines by the provider	return transport of the provider	costs of medicines	costs exceeding the defined limit of insurance benefit
Transport to and from a medical facility	transport of the provider to the insured	transport of the insured to and from a medical facility	return transport of the provider		costs exceeding the defined limit of insurance benefit
Delivery of a purchase	transport of the provider to the insured	transport of a purchase by the provider	return transport of the provider	costs of a purchase	costs exceeding the defined limit of insurance benefit
Apartment cleaning	transport of the provider to the insured	cleaning of the apartment by the provider	return transport of the provider	costs of cleaning products, costs of dry cleaning, costs of transport of clothes to and from the dry cleaners	costs exceeding the defined limit of insurance benefit
Substitute transport for a close person	transport of the provider to a close person	transport of a close person to the insured			costs exceeding the defined limit of insurance benefit
Stay of a pet in an animal shelter/hotel	transport of the provider to the insured	transport of the pet to an animal shelter/hotel	costs of a stay of a pet in an animal shelter/hotel		costs exceeding the defined limit of insurance benefit
Organization of a funeral	transport of the provider to the insured	work of the provider	return transport of the provider	costs of a funeral	costs exceeding the defined limit of insurance benefit

Article 5

Scope of the Insurance Benefit

1. The insurer shall provide the insurance benefit from the Information Assistance Services Insurance - Telephone Consultation to the insured for a maximum of two insured events occurring during each individual year of the term of the insurance. The maximum insurance benefit for one insured event is CZK 2,000.

2. The insurer shall provide the insurance benefit from the Assistance Services Insurance - Personal Assistance to the insured for one insured event occurring during each individual year of the term of the insurance.

The maximum insurance benefit for one insured event corresponds to the insurance amount or its multiple, as agreed in the insurance contract, and can only be drawn at one time within the scope of an individual insured event.

3. In the case of the Insured Event - Divorce, the insured is entitled to the insurance benefit for a period of three months from the commencement of divorce proceedings.

Article 6

Notice of Insured Event

1. The insured is obliged to notify the insurer of the occurrence of an insured event under these ZPP AS orally, by calling the telephone number +420 222 803 442 exclusively.

2. The insured shall prove the entitlement under the Assistance Services Insurance - Personal Assistance to the insurer by stating his or her name and surname, the insurance contract number; upon the insurer's request he or she shall provide the following documents:

a) in the case of a serious disease, a medical report of the attending physician, including the diagnosis number and the day when it was diagnosed;

b) in the case of a divorce, a motion to open divorce proceedings;

c) in the case of the death of a spouse, a document from which it is clear that death has occurred (protocol, external post mortem examination certificate, death certificate, etc.).

3. Upon fulfilment of the conditions for entitlement to insurance benefits from the Assistance Services Insurance, the provision of assistance services will be commenced within the scope stated in these ZPP AS no later than one working day after all evidence necessary for the decision on the entitlement to the insurance benefit provision to be made has been provided.

Article 7

Assistance services contacts

1. The insurer shall provide a bonus to the assistance services insurance in a form of providing telephone contacts within the following scope:

Craftsman	a telephone number
Veterinary	a telephone number
Wedding coordinator	a telephone number

2. The insured has an option to use this bonus by calling the phone number listed in Article 6 of these ZPP AS.

3. The requested contact will be provided to him or her within one business day.

Article 8

Insurance Period

1. The assistance service insurance is arranged for a period of one year. This period is extended by another year if the policyholder or insurer does not announce at least six weeks before the expiration date that he or she is not interested in further continuation of the insurance. This period is extended according to the previous sentence until the year in which the insured reaches the age stated in the insurance contract.