

1. Definitions of used terms

- 1.1 **Insurer** - "Insurance Company Alpha" JSC
- 1.2 **Insured** - a person, who concludes insurance agreement with Insurer and is responsible for payment of premium.
- 1.3 **Policyholder** - a person living in Georgia permanently or temporarily, insurance is carried out in favor of this person. Insured and Policyholder may be as well one and the same, as the other person.
- 1.4 **Insurance policy** - a document confirmative the fact of concluding agreement with Insurer and Insured and reflecting terms of given agreement.
- 1.5 **Insurance Incident** - an incident, which occurrence will arise obligations of insurance compensation issuance by Insurer accordingly the above terms.
- 1.6 **Insurance period** - interval of time directed in insurance policy, during which insurance policy is in force.
- 1.7 **Insurance Premium** - money payable by Insured directed in insurance policy, which is fee of insurance service renderable by Insurer.
- 1.8 **Declared claim** - demand submitted to Insurer in pre-defined form about damage compensation received by Assured.
- 1.9 **Sum insured** - Maximum sum of reimbursable amount per policy, inspite of number of cases and claim amount.
- 1.10 **Insurance Limit/Sub-limit** - money directed in policy, which is maximal possible insurance compensation.
- 1.11 **Insurance compensation** - payment of money by Insurer within frameworks of relevant limit/sub-limit in case of satisfaction declared demand;
- 1.12 **Accident** - sudden, unexpected case, which took place independently of Policyholder's will, as a result of influence of external forces and death, or permanent or temporary losing of capacity for work of Policyholder was caused by it.
- 1.13 **Franchise** - part of damage money, which doesn't subordinate to compensation by Insurer in every new cases of occurrence insurance incident.
- 1.14 **Emergency Condition** - worsening of health status as a result of accident or sudden illness, when death of Policyholder, becoming invalid or significance worsening of health status are inevitable in case of delay at the time of receiving medical aid.
- 1.15 **Critical condition** - the state of health of the Policyholder, which is characterized by the disruption of the vital systems of the organism and requires immediate restoration through the implementation of reanimation measures.

2. Definitions of Services foreseen in Insurance Coverage

- 2.1 **Emergency** - service rendered by emergency team for Policyholder being in urgent situation and/or transportation of Policyholder at nearest hospital, where rendering of adequate help is necessary.
- 2.2 **Outpatient Emergency Service** - medical service necessary for Policyholder being in urgent situation provided in medical institution during insurance period (costs of clinical, instrumental, laboratory analysis and outpatient manipulations, medication, preparations), which doesn't need delay more than 24 hours in medical institution.
- 2.3 **Emergency Hospital Service** - medical service necessary for policyholder being in urgent situation during insurance period (including costs of diagnostic examinations, medication, surgery and conservative treatment) which needs delay more than 24 hours in medical institution. This service includes treatment in reanimation department due to the personal accident or sudden illness during travel with sublimit of 10 000 EUR/USD.
In case of urgent surgical intervention, when the accident occurs 24 hours prior to the end of the insurance period, the insurer undertakes to reimburse the expenses incurred within 48 hours from the end of the insurance period.
In case of policyholder's critical condition, starting treatment during the insurance period, which continues after insurance period expiration, the compensation shall be provided no more than 5 (five) days after insurance period expire and is directed policyholder's life salvation.
- 2.4 **Emergency Dental Service** - calm emergency extraction of tooth accordingly diagnosis.
- 2.5 **Emergency Ophthalmologic Service** - medical service, which will be rendered for Policyholder in case of acute traumatic injury of eye.
- 2.6 **Evacuation** - transportation of the Policyholder from medical establishment outside of Georgia to Tbilisi international airport with assistance of medical personnel due to the accident happened during insurance period and continued within this period.
- 2.7 **Repatriation** - air or auto transportation of Policyholder or his/her deceased to nearest Georgian International Airport or to nearest Georgian border crossing point. Also reimbursement of expenses necessary for deceased.
- 2.8 **Death of Policyholder** - death of Policyholder caused by accident or any natural reasons.

3. Validity of Insurance

- 3.1 **Single** - single travelling with term directed in policy; maximal limit is 730 days for one police.
- 3.2 **Multi** - multiple travelling of Policyholder with limit of total active days directed in policy in directed time intervals. Reimbursement is made in respect of the claims made during first 60 days of each travel.

4. Insurance Coverage

- 4.1 Insurance policy is in force only outside of Georgia in the countries foreseen by insurance product directed in policy and at the time of occurrence insurance incident during insurance validity.
- 4.2 At the time of occurrence insurance incident within frameworks of insurance limit, Insurer will ensure reimbursement of the following expenses:
 - 4.2.1 emergency medical aid
 - 4.2.2 emergency outpatient service
 - 4.2.3 emergency hospital service
 - 4.2.4 emergency dental service
 - 4.2.5 emergency ophthalmologic service
 - 4.2.6 evacuation (injured, ill)
 - 4.2.7 repatriation of Policyholder (dead)
 - 4.2.8 additional coverage-delay of luggage; loss of luggage, postpone of trip
 - 4.2.9 reimbursement of travelling expenses of caregiver of Policyholder, if oversee of caregiver is necessary during transportation Policyholder (ill, injured person). Insurer will compensate travelling expenses of this person, if usage of a ticket returning to Georgia is impossible



5. WORLD OPTIMAL (Limit – EUR 50 000)

is spread in any world countries

5.1. Expenses of medical service rendered for Policyholder

5.1.1 emergency medical aid- expenses will be covered fully without franchise.

5.1.2 emergency outpatient service- expenses will be covered with franchise (80.00 EUR). Sublimit-1800.00 EUR.

5.1.3 emergency hospital service- expenses will be covered limited to 400.00 EUR for each day spent in hospital before stabilization of Policyholder condition.

5.1.4 emergency dental service- expenses will be covered with franchise (80.00 EUR). Sublimit-500.00 EUR.

5.1.5 emergency ophthalmologic service-expenses will be covered with franchise (80.00 EUR). Sublimit-1000.00 EUR.

5.1.6 evacuation of injured/ill person- expenses will be covered fully without franchise; Sublimit-2500.00 EUR.

Medical expert team of Insurer takes a decision on evacuation on the basis of consultation with a doctor. In the event, if Medical expert team of Insurer considers evacuation Policyholder, but Policyholder refuses evacuation, validity of mentioned policy discontinues and Insurer declines all responsibilities for cover Policyholder hospitalization and evacuation expenses.

5.2. Repatriation of Deceased:

5.2.1 in case of death of Policyholder person, expenses of his/her death or carrying-out of ash to homeland or necessary for his/her funeral will be covered; Sublimit-3000.00 EUR.

6. Insurance Coverage

6.1 in case of sudden worsening of accident or Assured health status:

6.1.1 At the time of occurrence insurance incident, policyholder or interested person are obliged from occurrence insurance incident to contact Insurer information service immediately/no later than receiving medical services during 24 hours and leave a message the following number: (+99 532) 2-640-640; If it is impossible to leave a message in the information service due to objective reasons, that should be confirmed by relevant documentary evidence, the notification should be delivered no later than 24 hours after the start of treatment.

The notification should contain the following information: name, surname, policy number of policyholder, name of medical institution, arriving time in medical institution, anamnesis and probable diagnosis.

6.1.2 Policyholder should submit the above policy to relevant medical institution, after which expenses will be covered accordingly (by foreseen franchise and sub-limit) policy terms;

6.1.3 Coverage foreseen by service value policy by Insurer will be carried out directly with medical institution through clearing calculation;

6.1.4 For the purpose of payment foreseen by 6.1.3. item, policyholder/medical institution, from occurrence insurance incident during 1 month, should submit the following to Insurer in English (in case of demand by Insurer, documentation of insurance incident should be translated into Georgian Language and certified with relevant rule) through e-mail in form of scanner: invoice of medical service, medical record, list of conducted medical service with direction each value, Assured passport and copy of insurance policy (e-mail: travel@alpha.ge). In case of postponement mentioned date, insurance coverage won't be issued, besides those exceptions, when postponement is conditioned with objective reasons, which should be confirmed by relevant and corresponding proofs;

6.1.5 In the event, if policyholder pays total value of medical service on site, he/she or other interested person, during 48 hours from returning to Georgia, should submit medical conclusion with anamnesis, list of conducted medical service with direction each value, receipt check confirmative payment, insurance policy and passport (in case of demand by Insurer, documentation of insurance incident should be translated into Georgian Language and certified with relevant rule). The insurer is liable to require additional documentation if needed. In case of postponement mentioned date, insurance coverage won't be issued, besides those exceptions, when postponement is conditioned with objective reasons, which should be confirmed by relevant and corresponding proofs. Insurance issued will be discussed during 2 (two) working days after submitting comprehensive documentation. In case of financing, coverage will be given during 5 (five) working days after taking a decision through bank transfer in national currency accordance the payment date with official exchange rate set by the National Bank of Georgia.

6.1.6 Costs of Covid-19 related medical services_ Covid-19 treatment costs confirmed after crossing the Georgian border will be covered according to the medical indication, within the relevant service limit and deductible, unless the recipient country does not cover the cost of treatment of the disease.

6.2 In case of evacuation of injured/ill person:

6.2.1 From the moment of evacuation immediately/no later than receiving services, policyholder or entitled person are obliged to leave a message to the following number: (+995 32) 2-640-640

6.2.2 After leaving a message during 24 hours, policyholder or interested person should submit the following through fax or e-mail in form of scanner: copy insurance policy, copy of foreign passport, bank details of policyholder and doctor conclusion with direction diagnosis and possibility of evacuation in English (e-mail: travel@alpha.ge). Insurer during 3 working days after receiving comprehensive documentation takes a decision on financing evacuation expenses. In case of financing evacuation expenses, Insurer ensures organization of evacuation and coverage of necessary expenses (in relation with delaying a ticket, or in relation with taken to nearest Georgian International Airport or to nearest border crossing point of Georgian territory) accordingly terms; In case when the medical evacuation has been carried subject to the Insurer's offer, medical treatment expenses after evacuation in Georgia will be covered for first 3 (three) days.

6.2.3 In the event, if policyholder pays total value of evacuation on site, he/she or other entitled person, during 48 hours after returning to Georgia, should submit all necessary documentations (see 9.2.2 item) and receipt check confirmative paid money. Insurance issue will be discussed during 2 (two) working days after submitting comprehensive documentation. In case of financing, coverage will be given during 5 (five) working days after taking a decision through bank transfer in national currency accordance the payment date with official exchange rate set by the National Bank of Georgia.

6.2.4 For coverage caregiver expenses, policyholder should submit written conclusion of doctor about caregiver necessary during his/her transportation, copy of foreign passport of caregiver and check confirmative value of a ticket (e-mail: travel@alpha.ge), after which Insurer will ensure coverage of his/her transportation;

6.2.5 In the event, if caregiver pays total value of transportation on site, policyholder or entitled person, during 48 hours after returning to Georgia, should submit written conclusion of a doctor about caregiver necessary during his/her transportation in English, copy of foreign passport, bank details of Policyholder and documentation confirmative expenses paid during travelling of a caregiver (travelling ticket, check confirmative paid money). Insurance issue will be discussed during 2 (two) working days after submitting comprehensive documentation. In case of financing, coverage will be given during 5 (five) working days after taking a decision through bank transfer in national currency accordance the payment date with official exchange rate set by the National Bank of Georgia.



6.3 In case of Repatriation of Deceased:

6.3.1 At the time of occurrence insurance incident, Insured or interested person are obliged, from occurrence insurance incident, to contact Insurer information service during 24 hours and leave a message to the following number: (+99 532) 2-640-640;

6.3.2 For the purpose of insurance coverage, interested person is obliged, personally or through fax or e-mail in form of scanner, should submit insurance policy of deceased and copy of foreign passport, certificate about death, conclusion of doctor/medical institution with direction detail reasons of death in English (Fax: (+995 32) 2-640-299-4011; e-mail: travel@alpha.ge), after which Insurer covers expenses necessary for repatriation accordingly policy terms;

6.3.3 In the event if interested person pays total value necessary for repatriation, he/she should submit, during 10 working days from returning to Georgia, all necessary documentations (see 6.3.2 item), receipt check confirmative paid money and bank details. Insurance issue will be discussed during 2 (two) working days after submitting comprehensive documentation. In case of financing, coverage will be given during 5 (five) working days after taking a decision through bank transfer in national currency accordance the payment date with official exchange rate set by the National Bank of Georgia.

7 Luggage Delay/ Loss of Luggage/ Flight Delay

(While purchasing, foreseen by 7 item for owners of multi-policy is only in force during the first trip; The Policyholder is entitled to address the insurance company should he/she wish to purchase foreseen by this item to multi-policy for each of the additional trips. Risks foreseen by 7 item will be paid with currency of acquired product)

7.1 Luggage Delay

7.1.1 Sub-limit -150.00 EUR/USD.

7.1.2 Insurer gives coverage in the event, if Policyholder gets submitted luggage with delay of more than 6 hours.

7.1.3 Mentioned coverage doesn't concern luggage delay in Georgian Airport.

7.1.4 In case of insurance Event, the Policyholder shall send bank account, copy of Air ticket and official certificate about luggage delay with direction delayed hours, to the Insurer via e-mail: travel@alpha.ge as soon as he/she receives it from Airline Company. Or Policyholder during 48 hours after returning to Georgia, should submit air ticket, official certificate about luggage delay with direction delayed hours and bank account of Insured Person.

7.1.5 Loss shall be indemnified within 3 working days after providing all required documents. The payment is carried out by transfer of bank in national currency accordance the payment date with official exchange rate set by the National Bank of Georgia.

7.2 Loss of Luggage

7.2.1 Sub-limit is determined by: 20.00 EUR/USD for each kilogram, but no more than 25 kilograms during each fly.

7.2.2 Coverage acts only in case, when Policyholder travelled through air transport, although luggage lost during chartered trips doesn't subordinate to compensation.

7.2.3 Policyholder should submit air ticket, official application from air-company about lost luggage with direction total weight of lost luggage to Insurance Company.

7.2.4 Loss shall be indemnified within 3 working days after providing all required documents.

The payment is carried out by transfer of bank in national currency accordance the payment date with official exchange rate set by the National Bank of Georgia.

7.2.5 In the event, if expenses of luggage delay are covered before losing, reimbursed amount will be deducted from insurance coverage.

7.3 Flight Delay

7.3.1 Sub-limit is determined by: 70.00 EUR/USD for each day/night, but no more than three nights;

7.3.2 For the purpose of the above limits, flight delay/lateness means flight delay, because of which Policyholder is obliged to last more than 12 hours at Airport.

7.3.3 As a result of flight delay/lateness, necessary hotel expenses are covered in the event, when air company refuses coverage of hotel expenses.

7.3.4 If Policyholder decides to stay at High Class Hotel, difference between money paid by air company to the policyholder and limit foreseen by the above policy will be covered.

7.3.5 Policyholder, after returning to Georgia during 48 hours, should submit air ticket, official application from air-company, which will confirm a fact of flight delay with direction delayed hours and amount paid for coverage hotel expenses. Policyholder should also submit check from the hotel, where expenses were directed, copies of passport and insurance policy.

7.3.6 Loss shall be indemnified within 3 working days after providing all required documents.

The payment is carried out by transfer of bank in national currency accordance the payment date with official exchange rate set by the National Bank of Georgia.

8. Exceptions of Travel Insurance

8.1 diseases, which don't hinder Policyholder from continuance travelling and don't need emergency medical interference

8.2 coverage of medical service expenses spent without notification of Insurer consent/Insurer hot line

8.3 coverage of expenses caused by accidents took place at the time of war (besides it is declared or not), uprising, demonstrations, terrorist acts or sabotage, disturbances or agitation with other State

8.4 coverage of expenses related to all damages caused by radioactive water influence

8.5 coverage of expenses related to all damages caused by pandemics (except Covid-19), epidemics, environmental pollution or natural disasters

8.6 coverage of expenses caused by damage got under the influence of narcotic, alcoholic and psychiatric substances, also caused by preparations poisonous effect received without doctor designation

8.7 coverage of expenses caused by rough carelessness, self-harming, suicide or their attempts, damage got during illegal actions

8.8 coverage of any medical service expenses related to chronic or diseases existed before travelling, their complications, innate physical or mental defects of Policyholder

8.9 coverage of expenses caused by mental diseases

8.10 coverage of expenses caused by oncologic diseases

8.11 coverage of expenses related to pregnancy, childbirth and/or their complications

8.12 coverage of expenses related to contraception, research of sterility and treatment



- 8.13 coverage of expenses of those diseases, which were detected before Policyholder travelling and which treatment didn't conduct or complete before going abroad
- 8.14 coverage of expenses of AIDS, sexually transmitted diseases, B and C hepatitis treatment;
- 8.15 incidents, which are caused by Policyholder being in unnecessary danger
- 8.16 coverage of expenses of treatment conducted for the purpose balneological treatment, medical massage, physiotherapy, sanatorium-resort and cosmetic treatment
- 8.17 coverage of prosthetic appliance and transplantation expenses
- 8.18 coverage of vaccination, immunization expenses
- 8.19 coverage of consultations and treatment expenses with unauthorized medical institutions and unauthorized medical persons
- 8.20 incidents, which are connected with participation of Policyholder in professional and/or amateur sport, alpinism and climbing up the rock, skiing and snowboarding, hang glider and parachute jump, diving under the water or in other kinds, which include increased risk of injury
- 8.21 coverage of medical service or consultation expenses, if these are the reason of travelling
- 8.22 evacuation/repatriation expenses, when the reason of travelling was receiving of medical service
- 8.23 Repatriation expenses according death from Covid-19 infection
- 8.24 coverage of expenses related to selection and purchasing of glasses, lenses, contact lenses, and hearing aid
- 8.25 coverage of medical service or repatriation expenses during his/her death related to Policyholder damaged as a result of air and railway accident
- 8.26 coverage of treatment expenses caused by harming participation in armed forces maneuvers and training diligence
- 8.27 coverage of treatment expenses with cardiac surgery and cardiac invasion method (coronary artery bypass, balloon angioplasty and stents)
- 8.28 In the event, when coverage of treatment expenses doesn't take place according to exceptions directed in insurance terms, also coverage of repatriation won't be done
- 8.29 when the reason of death isn't known
- 8.30 insurance incidents, when Policyholder can't prove correctness of declared claims or documentation is submitted incompletely
- 8.31 For persons with 70 years age and more for the moment of insurance incident will be covered expenses of an Outpatient and Inpatient treatment due to the Personal Accident and repatriation only related to death

9. Special Terms

- 9.1 Insurer is entitled to demand conducting of additional research by doctor-expert authorized by him/her.
- 9.2 The obligatory condition is: the first departure should be carried out from the territory of Georgia (at the moment of starting of the insurance period the person should be in Georgia).
- 9.3 In case of un-fulfillment of 12.2 item, Insurer declines all responsibilities taken by insurance policy.
- 9.4 That country is excluded from insurance validity area, of which citizen is Policyholder.
- 9.5 The "Insured" hereby confirms that the insured persons are aware and agree with the insurance terms provided by this agreement (including their responsibilities and obligations).
- 9.6 The Insured confirms that it gives consent and has obtained the consents from insured persons in due course, based on which the Insurer is entitled to process personal data (including data of a special category) of the insured / insured persons by himself or via responsible person for the purpose of fulfillment obligations taken by this agreement, or direct marketing and research reasons. In case of necessity the data referred to in this paragraph will be transferred to both public and private institutions / organizations of Georgia or other states.
- 9.7 The Insured / Insured Person also grants the Insurer right to receive any information / documentation from any private or public agency / Organization, including medical institutions, public registry, state services development agency and law enforcement agencies about The Insured / Insured Person which may directly or indirectly be associated with the obligations of the parties under this Agreement, insurance event and / or claim amount. to any private If the public agency / Organization, including medical institutions, public registry, state services development agency and law enforcement agencies.
- 9.8 The insured is obliged to provide the insured / written consent of insured persons referred to in this Agreement to the Insurer immediately upon its request, but not later than 3 working days after the request. Otherwise, the insurer is entitled not to reimburse or demand any compensation paid on the basis of this Agreement / Conditions.

10 Completion and Discontinuance of Insurance Policy Validity

- 10.1 Insurance Policy Validity will be deemed as completed: in case of expiration policy days, expiration of insurance policy foreseen by policy terms or in case of written agreement of the parties. Travel Insurance is valid throughout specified insurance period indicated in policy.
- 10.2 After beginning insurance period foreseen by policy, annulment and returning of premium or its part won't take place.
- 10.3 In the event, if Policyholder, because of not receiving a visa, won't be able to go to the countries directed in policy and he/she will notify Insurer about this one day earlier before beginning insurance period in written form, premium will be returned to Policyholder with exception expenses (1 GEL) did by Insurer. For mentioned goal, Policyholder is obliged to submit passport of Policyholder, travel insurance policy and additional necessary documentation, by foreseen concrete incident, to Insurer. In case of abrogation directed date, premium won't be returned back.

11. Settlement of Disputes between the Parties

11.1 In case of a claim against the insurer, the claim is accepted, reviewed and regulated by the insurer's official website: www.alpha.ge, which is placed in accordance with "Customer Claims, Review and Regulation Procedure". The insured / insured person claim will be submitted to the Consumer Claims Service of the Insurer as follows:

11.1.1 Application / dissatisfaction in a written form shall be submitted as a statement or a non-standard application form indicating the communication communications (phone, e-mail) of the user, at the insurer's address. Tbilisi, Kazbegi ave. N16; The maximum term for receiving the answer is 30 (thirty) calendar days from receiving application / dissatisfaction;

11.1.2 Application / dissatisfaction with the electronic form should usually be submitted electronically by electronic version of the application or other non-standard application form to the following address - ask@alpha.ge. The maximum term for receiving the answer is 30 (thirty) calendar days from receiving application / dissatisfaction;

11.2 In case of disputes relating to the fulfillment of this Agreement, the Parties shall apply to the Association of Insurance Companies of Georgia "Insurance Mediation" through the telephone line to the number 2: 555 155, on the e-mail address mediacia@insurance-co.ge.

11.3 The insured is entitled to apply to the LEPL Georgian State Insurance Supervision Service; Street Tbilisi, I. Mikheleze str. N3, Tel: +995 32 223 44 10



11.4 If the dispute arises between the Parties on the basis of this Agreement, the dispute will be resolved in accordance with the Georgian legislation through the Court.

11.5 Each "Party" is obliged to compensate the other "party" in accordance with the rules established by the legislation of Georgia.

This Agreement is executed in Georgian and English languages. In case of any discrepancies between the texts, the Georgian text shall prevail.

