

The Hope Plus insurance contract (the "insurance") is created in accordance with these insurance terms & conditions, as well as UNION Vienna Insurance Group Biztosító Zrt.'s PrivateMed Pro group health insurance Policy Terms and Conditions.

The policyholder is eligible to conclude the insurance in conjunction with UNION Vienna Insurance Group Biztosító Zrt.'s PrivateMed Pro group health insurance policy.

1. The insured

- 1.1. The insured is a natural person identified as an insured in the PrivateMed Pro contract in effect with the insurer, who is at least 18 years of age but not older than 65 years at the time of creation of the contract.
- 1.2. The age of the insured must not exceed 70 years upon the expiry of the supplemental insurance.
- 1.3. **A person already diagnosed with invasive malignant tumour any time prior to the starting date of the insurance must not be insured.**
- 1.4. **For each insured only one insurance for the occurrence of malignant neoplastic diseases and including the payment of a monthly annuity may be concluded.**
- 1.5. If it is revealed upon the reporting of a service claim that this insurance could not have been concluded with the insured, the insurer shall repay 100% of paid premiums to the policyholder.

2. Term of policy

The insurance is concluded for a fixed term covering at least one year and a period not longer than the term of the PrivateMed Pro contract.

3. Inception date

The insurance coverage shall start on the starting date of the PrivateMed Pro insurance, provided that it is concluded simultaneously with the PrivateMed Pro insurance.

4. Insurance coverage

- 4.1. In the case described in Section 3, the inception date of this insurance shall be identical with the inception date of the PrivateMed Pro insurance.
- 4.2. **The insurance shall end with the payment of 18 months' insurance annuity by the insurer, and after it has started making the annuity payments the insurer is no longer at risk.**

5. Termination of the insurance

- 5.1. The insurance shall be terminated, in addition to the incidents described in Section 8 of the PrivateMed Pro group health insurance Policy Terms and Conditions:
 - a) **on the first anniversary of the policy following the insured's becoming 70 years of age,**
 - b) upon the discontinuation of the PrivateMed Pro contract for any reason, simultaneously with such event.
 - c) in accordance with Section 6.5, if the policyholder does not accept the change in the premium amount,
 - d) with the performance of the insurance service.
- 5.2. **In the case described in Section 5.1 d), no new insurance may be concluded for the same insured event.**

6. Insurance premium

- 6.1. The insurance premium payment period is 1 year.
- 6.2. Insurance premium is payable together with the premium of the PrivateMed Pro insurance.
- 6.3. The insurance premium is determined on the basis of the coverage amount specified in the contract, as well as the insurer's risk assessment.
- 6.4. **The insurer undertakes not to change the premium amount of this insurance for a period of 5 years from the conclusion of the insurance contract. After the lapse of the 5-year period, the insurer shall have the right to review the premium on an annual basis on account of any significant changes in medical technology, as well as in the probability of occurrence of insured events, and may, on the basis of a new premium calculation method or rates, determine a new premium amount. The insurer shall give a written notice of the measure of the change to the policyholder 2 months before the effectiveness date of the new premium amount. The modified premium shall be valid starting from the**

anniversary date of the insurance until the next anniversary. If the policyholder does not accept the modified premium amount, and sends a statement to this effect to the insurer 30 days prior to the effectiveness date of the new premium, the insurance shall end at 24:00 on the day preceding the due payment date of the first increased premium amount.

- 6.5. In the absence of such written statement, the modified premium amount shall automatically enter in force starting from the next anniversary date.

7. The coverage amount

The coverage amount of a Hope Plus insurance shall be identical with the coverage amount selected in the proposal throughout the lifetime of the insurance.

8. The insured event

- 8.1. The insured event shall be cancer (malignant tumour) of the insured occurring during the period of coverage of this insurance, and the start of the relevant treatments as specified in Section 8.5 hereof.
- 8.2. **For the purposes of these terms & conditions, only and exclusively diseases occurring during the period of coverage of this contract with no antecedents at the time of inception shall qualify as an insured event.**
- 8.3. Malignant tumour is characterised by the uncontrolled growth and spreading of cells, invasion of tissues, and metastasis.
- 8.4. Time of occurrence of the insured event shall be the date of diagnosis of the disease as certified by the treating physician, based on histological results and the TNM Classification of Malignant Tumours and/or the documentation of the opinion of the oncology team.
- 8.5. For the purposes of these terms & conditions, treatment means the application and monitoring of traditional, professionally recognised treatment methods, procedures and protocols (surgery, medication, chemotherapy, radiology, biological or immunotherapy).

9. Excluded risks

Apart from the incidents described in Section 21 of the PrivateMed Pro group health insurance Policy Terms and Conditions, the following shall not qualify as insured events:

- 9.1. **all non-malignant tumours as specified in international protocols,**
- 9.2. **Kaposi's sarcoma and other tumours with the simultaneous presence of HIV infection or AIDS disease, or tumours existing with the simultaneous presence of viruses causing immunodeficiency disorders,**
- 9.3. **if diagnostic examinations started prior to the start of the contract and/or within the waiting period.**

10. Services provided by the insurer

- 10.1. If during the period of coverage the insured is diagnosed with a malignant neoplastic disease, the insurer shall pay the one-off coverage amount concerning the insured.
- 10.2. If the insured starts any of the treatments as per Section 8.5 that is aimed at the malignant neoplastic disease diagnosed during the coverage period, the insurer shall pay the monthly annuities concerning the insured for a term of 18 months—irrespective of the time period of the treatment—but until the insured's death at maximum.
 - 10.2.1. The first monthly annuity shall be paid within 15 days of the receipt of all documents (Section 11.2) necessary for the performance of the service. Any further annuities shall be paid by the insurer to the insured by the 15th day of each month.
 - 10.2.2. If during the term of annuity payment the insured dies, starting from the month following the month of the insured's death the insurer shall not perform the annuity service any longer.
 - 10.2.3. The insurer is only required to provide the service if the materialisation of the insured event was reported in line with these terms & conditions while the insured was still alive.

11. The insurer's performance

- 11.1. The insurance service shall be performed in accordance with Sections 15 and 16 of the PrivateMed Pro group health insurance Policy Terms and Conditions.

11.2. In view for using the insurance service, in addition to the documents described in Section 15 of the PrivateMed Pro group health insurance Policy Terms and Conditions, the policyholder is required to forward the following documents to the insurer:

- **for the payment of the one-off coverage amount:** a document concerning the medical examination with a detailed description and an explicit diagnosis (with test results, discharge report, opinion of the oncology team), which document should include the diagnosis confirming the malignancy of the neoplastic disease and histological results, or in the absence of the latter a description of the surgical intervention performed without taking any histological samples, or of the endoscopic or imaging examination clearly showing the invasive spread of malignant cells,
- **for starting the monthly annuity payments:** a copy of the treatment plan of the treating oncologist and the medical document concerning the performance of the first treatment,
- in the event of the insured's death, a duplicate of the death certificate.

12. Indexing

A Hope Plus insurance linked to a PrivateMed Pro insurance shall not be indexed.

13. Miscellaneous provisions

13.1. This insurance may not be reactivated.

13.2. As regards any matters that are unregulated in this insurance contract, the provisions of the PrivateMed Pro group health insurance Policy Terms and Conditions shall be governing as applicable. If any provisions of these terms & conditions should depart from those provided in the PrivateMed Pro group health insurance Policy Terms and Conditions, the provisions of these terms & conditions shall prevail.

UNION Vienna Insurance Group Biztosító Zrt.

1. Annex 1

Optional one-off coverage amounts and monthly annuities

Silver package	one-off coverage amount of HUF 1,000,000 and annuities of HUF 50,000 per month
Gold package	one-off coverage amount of HUF 3,000,000 and annuities of HUF 150,000 per month