



Dear Customer,

We are happy to inform you that starting from May 1 EFES Insurance Company will continue to provide accident insurance services to the employees of Adobe Development Arm LLC. You can find the terms of the contract below.

Type of Insurance:

- Section A: Death as a result of personal accident or natural causes (diseases)
- Section B: Critical illnesses (11 diseases)
- Section C: Permanent total or partial disablement as a result of personal accident

Period of Coverage: 01.05.2025 until 30.04.2026, both days inclusive

Limits of indemnity: AMD 16,320,000

Please read the attached terms and conditions for details.

Insurance rules for Death as a result of personal accident or natural causes (diseases)

DEATH AS A RESULT OF PERSONAL ACCIDENT OR NATURAL CAUSES (DISEASES)

Accident is considered to be a confluence external, short-term (up to a few hours), unintended and unforeseen circumstances and conditions, as a result of which death of the Insured person approaches, not subject to the wish of the insured person.

According to this Policy, the following risks are subject to insurance:

1. The insured person's death as a result of everyday life and industrial accident, including:

- Poisoning,
- Burns,
- Road accidents

2. Death as a result of natural causes (diseases), including:

- Blood and blood-forming organ diseases
- Cardiovascular diseases (including acute myocardial seizures, hypertension)
- Infectious and parasitic diseases
- Endocrine disease (including diabetes)
- Tumors (including cancer)
- Respiratory system diseases
- Mental disorders
- Urogenital system diseases.
- Nervous system diseases
- Digestive disease.

Under this Policy the accidents occurred in the Policy period are covered.

LIMIT OF INSURANCE COMPENSATION

In case of Insured person's death as a result of personal accident or natural causes (diseases) insurance compensation is paid 100% from the sum insured defined for the Insured person.

GENERAL EXCLUSIONS

Listed situations which lead to the accident are considered to be exclusions:

- Intentional actions of the Insured person or the Insured or Beneficiary or other persons, who are considered to be Beneficiaries according to this Policy, Rules or Armenian legislation, as well as intentional actions of other persons, who act on the assignment of the Insured person or the Insured or Beneficiary or other persons, who are considered to be Beneficiaries according to this Policy, Rules or Armenian legislation forwarded at the occurrence of the insurance event,
- If an Insured person has committed an action for which a person has been subjected to criminal liability by judicial acts,
- Raised from the use of alcohol, drugs, toxic substances and other psychotropic agents without a doctor's appointment (or with doctor's appointment, but breaking the dose),
- Driving of vehicle used alcohol, drugs, toxic substances and other psychotropic agents,
- Are connected with intentional physical injuries hurt by Assured, attempt suicide,
- Nuclear explosion, radiation,

- Civil war, any kind of civil strifes or strikes,
- WAR or WARLIKE OPERATIONS (whether war be declared or not)
- Practiced professional or amateur hazardous sports, activities or pursuits
- Pregnancy and childbirth,
- Sexually transmitted diseases.

LIST OF DOCUMENTS AND INFORMATION REQUIRED FOR RECEIVING INSURANCE COMPENSATION

Insured (Insured person's heir/beneficiary) should present the below mentioned documents for receiving insurance indemnity.

- Claim application form, which can be provided not later than within 60 days from insurance accident occurrence date. Claim application form can be submitted by the Insured or other person, who can be deemed as potential heir according to this Policy or Armenian legislation
- Original of the passport or other ID of the person, who receives an insurance compensation
- Statement about the accident provided by the Insured person's employer, if an accident has taken place while performing work duties by the Insured person
- The copy of Insured person's death certificate
- The copy of the Insured person's passport
- In case of the accident: Report provided by the police or other state authorities, who are authorized to investigate the circumstances of the accident
- In case of the illness: original of Insured person's medical history and/or outpatient card, as well as medical reference signed and stamped by the medical center and doctor
- Copy of the inheritance certificate issued and ratified according to RA legislation
- Other documents and information at the Insurer's request.

PAYMENT OF INSURANCE COMPENSATION

Insurer makes a decision to approve or reject the reimbursement within 10 working days after receiving all necessary documents listed in the clause above.

Payment of the insurance compensation is made by the Insurer within 5 working days after the claim approval date.

REJECTION OF INSURANCE COMPENSATION

The Insurer has the right to refuse payment of insurance compensation, if:

- necessary documents for insurance claim settlement have not been submitted or those are incomplete. If the Insurer's decision to compensate becomes impossible due to unreadable or physical damages of the documents submitted under the Rules or the physician's diagnosis is incomplete (defective) or any necessary document is incomplete, then the Insurer has the right to postpone the decision of the compensation until the complete qualification of such documents, but no more than 1 (one) month
- false or misleading information has been provided to Insurer,
- Insured person has not been insured according to the terms and period of the Policy,
- The event is not considered to be an insurance accident or it is listed as an exclusion.

Critical illnesses insurance rules

CRITICAL ILLNESSES INSURANCE (11 DISEASES)

1. The insured event for the risk of "Critical disease" is the establishment to the Insured person by the physician with the necessary qualifications of the final diagnosis of one of the diseases or the conduct of one of the surgical surgeries listed in clause 4 of these Rules.
2. The event is not considered to become an insurance event and the compensation is not paid if a critical disease is diagnosed or a surgical surgery is performed within the first three months from the date when the insurance comes into force in the relation to the Insured person for the "Critical disease" (waiting period), unless otherwise specified in the Policy, or after the end date of the term of insurance at present risk. The waiting period does not apply to the prolongation of the Policy for a new period for the Insured persons, who were previously insured for this risk, unless otherwise stipulated by the Policy.

In the present Rules critical diseases and surgeries include:

3.1. Cancer (Malignant oncological disease) – a disease characterized by the presence in the body of one or more tumors of malignant cells characterized by uncontrolled invasive and infiltrating growth, proliferation at body cell and tissue atypism.

Malignant neoplasms for the purposes of this definition include:

- cancers (carcinoma) - tumor from ecto- and endoderm cells;
- sarcomas - tumors from mesoderm cells;
- hematological malignancies (leukemias (leukemia) and lymphoma) - tumors of cambial cells hematopoietic and lymphatic tissues.

The diagnosis shall be confirmed by a qualified oncologist and/or hematologist on the basis of morphological (cytological and/or histological) data.

The insured event is deemed to be the diseases that meet the above characteristics, the diagnosis of which was first established during the term of the Policy.

If the diagnosis of malignant cancer is established by a qualified oncologist and/or hematologist based on the results of CT and/or MRI and/or PET, but not confirmed by morphological (cytological and/or histological) data, 25% of the Sum insured is paid.

The definition of **Cancer** does not include and the compensation is not paid for the following cases:

- Benign neoplasms;
- All tumors, histologically described as precancerous;
- Pre-invasive neoplasms, cancer (carcinoma) cancer (carcinoma) in situ (Tis*);
- Cervical intraepithelial neoplasia (dysplasias) CIN I - III;
- Malignant melanomas of stage T1aNOM0*;
- Malignant tumors of the skin without penetrating the papillary-reticular layer, all hyperkeratoses, basal cell carcinomas (basal cell carcinoma) of the skin, skin, squamous cancers (carcinomas) of the skin, all epithelial - cell cancers (carcinoma) of the kin without sprouting at others tissues;
- Cancer (carcinoma) of bladder of stage Ta*, Tis*, T1NOM0*;
- Papillary or follicular cancer (carcinoma) of the thyroid gland od stage T1aNOM0*;
- Cancer (carcinoma) of the prostate of stage A (Jewett-Whitmore system) or T1NOM0 (TNM classification)*;
- Chronic lymphocytic leukemia (leukemia) (CLL) of stage A by Binet Classification or Stage I by RAI classification;
- All neoplasms in the presence of HIV infection or AIDS, and also associated with HIV infection or AIDS.

* According to the International TNM classification.

3.2. Myocardial infarction - acute occurred necrosis of the cardiac muscle due to an absolute or relative deficiency of coronary blood flow (blood supply).

The diagnosis must be justified by the presence of all three symptoms mentioned below:

- An attack of characteristic (anginal) pains in the chest;
- New typical ECG changes: changes in the ST segment and/or T wave with the characteristic dynamics and/or shaping of the pathological, staunchly persisting Q wave;
- Typical increase in cardiac activity of proteins and/or enzymes blood such as myoglobin, troponin-T, troponin-I, transaminase (ALT, AST), lactate dehydrogenase (LDH), creatine kinase (creatine phosphokinase, CK, CFK), creatine kinase – MB (creatine phosphokinase – MV, CK-MV, CFK-MV).

The diagnosis shall be first established during the term of the Policy and confirmed by a qualified cardiologist.

The definition of **Myocardial infarction** does not include and the compensation is not paid for the following cases:

- Myocardial infarction without ST segment changes with increasing performance troponin I or T in blood;
- Other acute coronary syndromes (such as stable/unstable angina that did not lead to myocardial infarction);
- Painless myocardial infarction.

3.3. Stroke - a disturbance of the blood supply to the brain, resulting in the emergence of the permanent neurological disorders caused by the hemorrhage, cerebral infarction or embolism of an extracranial origin.

The presence of the permanent (permanent) neurological disorders shall be established by a qualified neurologist and/or neurosurgeon after a minimum period of three months from the event.

The diagnosis shall be first established during the term of the Policy and confirmed by the presence of typical clinical symptoms and computer and/or magnetic resonance imaging of the brain.

The insurance excluded:

- Neurological symptoms caused by migraine;
- Cerebral disorders due to trauma;
- Vascular diseases affecting the eye or eye nerve;
- Transient impairment of cerebral circulation, which is defined as a disease with reversible neurological disorders with duration less than 24 hours;
- Lacunar strokes without neurologic symptoms.

3.4. Kidney failure - terminal stage of an irreversible chronic or acute disfunction of both kidneys or a solitary kidney, resulting into emergence of three of four symptoms:

- -Oligo, -anuria;
- Decrease in GFR (glomerular filtration rate) below 15 ml/min;
- Disruption of excretion of nitrogenous metabolic products, in particular an increase in serum creatinine level from 625mmol/l and above (from 7.1 mg% and above);
- Hypertension,
which requires:
 - Ongoing programmed hemodialysis, or
 - Peritoneal dialysis, or
 - Transplantation of the donor kidney.

The diagnosis shall be first established during the term of the Policy and confirmed by a qualified nephrologist.

3.5. Surgical treatment of coronary arteries (coronary artery bypass surgery) –performance of the open-heart surgery (by thoracotomy) for the correction of two or more stenotic or corked coronary arteries (interference on the two main coronary arteries, either on one main and the branch of the other main, or on the two branches of the two main coronary arteries) by vascular bypass shunting.

The need for a surgery shall first arise during the duration of the Policy, must be confirmed by coronary angiography, a qualified cardiologist and/or cardiac surgeon. The surgery must be confirmed by the surgical record.

The definition excludes:

- balloon angioplasty (dilation) of coronary arteries;
- endoscopic surgical manipulations;
- laser angioplasty;
- any other intraarterial manipulation (including stenting);
- other non-surgical procedures.

3.6. Transplantation of basic, vital organs – an actual surgery for transplantation of the whole vitally important organ to the Insured person as a recipient is meant in purposes of the present definitions:

- heart,
- lung/lungs,
- liver,
- kidney,
- pancreas,
- small intestine.

Also, an actual transplantation surgery for the Insured person as a recipient is meant for the purposes of this definition:

- bone marrow

The need for a surgery shall first arise during the term of the Policy and must be confirmed by a qualified transplant doctor and survey results. In case of necessity in the bone marrow transplantation – by a qualified hematologist and/or oncologist and survey results. The surgery must be confirmed by the surgical record.

The insurance excludes:

- selective transplantation of Langerhans cells of the pancreatic cancer;
- transplantation of other organs, parts of organs or any tissue;
- organ donation.

3.7. Paralysis - the complete and irreversible loss of motor function of two or more limbs as a result of an accident, occurred during the term of the Policy, or disease, for the first time diagnosed during the term of Policy: paraplegia, hemiplegia, tetraplegia.

This definition includes peripheral (or flaccid) and central (spastic) paralysis.

The diagnosis shall be confirmed by a qualified neurologist and/or neurosurgeon based on the results of studies such as X-ray computer and magnetic resonance imaging and/or radionuclide methods for studying the subarachnoid space and the ventricular system of the brain and/or radioisotope techniques for the central nervous system, and/or investigation of evoked potentials of the brain and spinal cord, and/or neuroelectromyography, and/or histological and histochemical studies of the biopsy of the paralyzed muscles. The duration of these conditions shall be maintained for at least three months after the diagnosis of paralysis.

The insurance excludes:

- Guillain-Barre syndrome.

3.8 Surgical treatment of diseases of the aorta - performance of the open-cardiac surgery (by thoracotomy) in connection with aortic disease, implying a excision and surgical replacement of the affected part of the aortic with a transplant. This definition includes surgeries on the ascending and/or descending parts and/or the aortic arch.

The need for a surgery shall first arise during the term of the Policy, it must be confirmed by a qualified cardiologist and/or cardiac surgeon and the results of the examination. The surgery must be confirmed by the surgical record.

The insurance excludes:

- all other surgical procedures on the aorta: stenting, minimally invasive or endovascular treatment;
- surgeries on the branches of the aorta.

3.9 Transplantation of the heart valves - the open-heart surgery (by thoracotomy), carried out for the replacement of one or more diseased heart valves with the artificial or biological valve.

This definition includes the replacement of aortic, mitral, tricuspid or pulmonary (pulmonary artery valves) of the heart valves with their analogues. The need for surgery shall be subject to the development of stenosis/insufficiency or a combination of these conditions.

The need for a surgery shall first arise during the term of the Policy and must be confirmed by a qualified cardiologist and/or cardiac surgeon and the results of the examination. The surgery must be confirmed by the surgical record.

The insurance excludes:

- surgeries on the heart valves due to congenital malformations;
- valvulotomy, valvuloplasty and others kinds of treatment carried out without valves transplantation (replacement).

3.10 Blindness (loss of sight) - permanent and irreversible complete loss of sight in both eyes to the extent, that even when using the auxiliary optical means, the sight indices comprise of 0.05 or lower on the eye, which has a better sight when using Sivtsev optometric table.

The diagnosis of a permanent visual loss shall be established not less than six months after the onset of the disease or an accident first diagnosed/occurred during the term of the Policy.

The diagnosis shall be confirmed by a qualified ophthalmologist and the results of the examination.

The insurance excludes:

- loss of color perception.

3.11 Multiple sclerosis - a disease characterized by the development of demyelination at central and peripheral nervous system, the presence of typical symptoms of demyelination and motor and sensory function disorder.

The final diagnosis shall be established for the first time during the validity of the Policy and confirmed by a qualified neurologist of a specialized medical institution on the basis of the clinical findings and the results of additional studies:

- characteristic symptoms at the CT and MRI;
- specific changes in the composition of cerebrospinal liquid.

Mandatory condition for payment:

The applicant must have EDDS > 5 scores, neurological abnormalities that first occurred during the validity period of the Policy, which are continuously observed for at least six months from the date of diagnosis, and were confirmed by the presence of foci of demyelination.

4. In case of the insured event associated with the onset of the events specified in clause 3 of these Rules, the insurance payment is made 100% of the insured amount under the risk "Critical disease" established for the Insured person, excluding for the cases specified under these Rules.

Upon occurrence during the insurance period of several events indicated in clause 3 of these Rules that are the insured events, the insurance payment for each subsequent insured event is reduced by the amount of insurance benefit previously made by the Insurer for the risk "Critical disease".

The total amount of insurance payments for the risk "Critical disease" cannot exceed the insured amount established for Insured person under Policy on this risk.

5. The persons can be insured persons for risk "Critical disease", who have already suffered one or more of the diseases or surgeries specified in para. 4 of these Additional Terms and Conditions wherein the coverage for this Insured person will apply only to a limited list of diseases or surgeries according to the following table, unless otherwise provided by the Policy:

Clause of the Rule	Disease/surgery suffered by the Insured person at the time of the conclusion of the Policy	The list of diseases / surgeries, payment of which will not be made in case of an insured event on the risk "Critical Illness" (the number of the disease / surgery corresponds to the numbering of the disease / surgery specified in the Rules)
Disease/surgeries with payment of 100% in accordance with the Rules		
3.1	Cancer (Malignant oncological disease)	3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.9, 3.10
3.2	Myocardial infarction	3.2, 3.3, 3.4, 3.5, 3.6, 3.8, 3.9
3.3	Stroke	3.2, 3.3, 3.4, 3.5, 3.6, 3.8, 3.9, 3.10
3.4	Kidney failure	3.1, 3.2, 3.3, 3.4, 3.6
3.5	Surgical treatment of coronary arteries (coronary shunting)	3.2, 3.3, 3.4, 3.5, 3.6, 3.8, 3.9
3.6	Transplantation of basic, vital organs	3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.9
3.7	Paralysis	3.2, 3.3, 3.4, 3.7, 3.10
3.8	Surgical treatment of diseases of the aorta	3.2, 3.3, 3.4, 3.5, 3.6, 3.8, 3.9
3.9	Transplantation of the heart valves	3.2, 3.3, 3.4, 3.5, 3.6, 3.8, 3.9
3.10	Blindness (loss of sight)	3.3, 3.4, 3.7, 3.10, 3.11
3.11	Multiple sclerosis	3.2, 3.3, 3.4, 3.7, 3.10, 3.11
6. Unless otherwise provided for by the Policy, the age of the Insured person cannot be less than 18 and more than 65 years on the start date of the insurance against critical diseases.		
7. If on the onset of the insured event on the risk "Critical disease" the Insured person died before providing the Insurer with a written application for the insurance payment, the insurance payment for this event is not carried out.		
8. Survival period: 30 days, which means no benefit will be payable if an Insured person dies within 30 days after the diagnosis of the critical illness.		
9. Waiting period: 90 days, which means no benefits will be payable if symptoms first appear or the condition first occurs or is first diagnosed within 90 days after the Policy commencement date.		
10. One case of reimbursement for Critical Illness will exhaust the policy per Insured Person. There is no reinstatement provision.		
11. PRE-EXISTING CONDITION EXCLUSION , this means no compensation shall be payable hereunder in the event of any claim arising out of or attributable to any disability, condition or illness or relating to any of the listed Critical illnesses, which have been diagnosed or for which an Insured Person has received or required medical treatment ever prior to the effective date of this Policy or prior to the Insured Person's inclusion hereunder.		
12. This insurance excludes losses caused by, resulting from or in connection with the following: <ul style="list-style-type: none"> - The Insured Person being under the influence of alcohol or drugs, 		

- The Insured Person's suicide or attempted suicide or intentional self-injury or the Insured Person being in a state of insanity,
- Pre-existing condition of HIV/AIDS,
- Regularly and/or extensively practiced professional or hazardous sports or pursuits;
- WAR or WARLIKE OPERATIONS (whether war be declared or not)
- Terrorism

13. If the Insurer alleges that by reason of any exclusion, any loss is not covered by this insurance the burden of proving the contrary shall be upon the Insured.

14. Expenses incurred in relation to the substantiation of a claim have to be borne by the claimant.

LIST OF DOCUMENTS AND INFORMATION REQUIRED FOR RECEIVING INSURANCE COMPENSATION

List of necessary documents for each critical disease is listed in clause 3 of these Rules. In addition to listed documents Insured person should present the below mentioned documents for receiving insurance indemnity.

- Claim application form
- The copy of the Insured person's passport
- Other documents and information at the Insurer's request.

PAYMENT OF INSURANCE COMPENSATION

Insurer makes a decision to approve or reject the reimbursement within 10 working days after receiving all necessary documents listed in the clause above.

Payment of the insurance compensation is made by the Insurer within 5 working days after the claim approval date.

REJECTION OF INSURANCE COMPENSATION

The Insurer has the right to refuse payment of insurance compensation, if:

- necessary documents for insurance claim settlement have not been submitted or those are incomplete,
- false or misleading information has been provided to Insurer,
- Insured person has not been insured according to the terms and period of the Policy,
- The event is not considered to be an insurance accident or it is listed as an exclusion.

Table of benefits for Permanent total or partial disablement as a result of personal accident

PERMANENT TOTAL OR PARTIAL DISABLEMENT AS A RESULT OF PERSONAL ACCIDENT		
№	Diagnosis	Amount of benefit (% from Sum Insured)
I Total Permanent disablement		
1	Total loss of sight of both eyes	100
2	Complete deafness of both ears due to traumatic	100
3	Removal of the lower jaw	100
4	Loss of speech	100
5	Loss of both upper limbs at any level (except for the fingers)	100
6	Loss of one upper limb at any level and one lower limb at any level (except for the fingers)	100
7	Loss of both lower limbs at any level (except for the fingers)	100
II Permanent partial diablement		
A Head		
1	Defect of the skull bones (not less than 6 cm ²)	40
2	Defect of the skull bones (3-6 cm ²)	20
3	Defect of the skull bones (3 cm ²)	10
4	Partial removal of the lower jaw, leading to dissection completely or half of the maxillary	40
5	Loss of one eye	40
6	Complete one-sided deafness	30
B Upper Limbs		
1l	Loss of the left upper limb at any level (except for the fingers)	50
1r	Loss of the right upper limb at any level (except for the fingers)	60
2l	Total paralysis of the left upper limb (incurable lesion of the nerves)	55
2r	Total paralysis of the right upper limb (incurable lesion of the nerves)	65
4l	Total paralysis of the cubital nerve /right upper limb/	15
4r	Total paralysis of the cubital nerve /left upper limb/	20
5l	Ankylosis of the left humeral joint	30
5r	Ankylosis of the right humeral joint	40
6l	Ankylosis of the left elbow joint in favourable position (15 degrees near the right angle)	20
6r	Ankylosis of the right elbow joint in favourable position (15 degrees near the right angle)	25
7l	Ankylosis of the left elbow joint in unfavourable position	35
7r	Ankylosis of the right elbow joint in unfavourable position	40
8l	Total paralysis of middle nerve (left upper limb)	35
8r	Total paralysis of middle nerve (right upper limb)	45
9l	Complete paralysis of the radial nerve with dislocation of the left elbow joint	35
9r	Complete paralysis of the radial nerve with dislocation of the right elbow joint	40
10l	Complete paralysis of the radial nerve of the left forearm	25
10r	Complete paralysis of the radial nerve of the right forearm	30
11l	Complete paralysis of the radial nerve of the left hand	15

11r	Complete paralysis of the radial nerve of the right hand	20
12l	Full paralysis of the ulnar nerve of the left upper limb	25
12r	Full paralysis of the ulnar nerve of the right upper limb	30
13l	Anchylosis of the left wrist in favourable position (straight hand and palm to itself)	15
13r	Anchylosis of the right wrist in favourable position (straight hand and palm to itself)	20
14l	Anchylosis of the left wrist in unfavourable position (bent or unbent extension to out)	20
14r	Anchylosis of the right wrist in unfavourable position (bent or unbent extension to out)	30
15l	Total loss of thumb of the left hand	15
15r	Total loss of thumb of the right hand	20
16l	Partial loss of thumb of the left hand (ungual phalanx)	5
16r	Partial loss of thumb of the right hand (ungual phalanx)	10
17l	Anchylosis of the thumb of the left hand	15
17r	Anchylosis of the thumb of the left hand	20
18l	Total amputation of the index finger of the left hand	10
18r	Complete amputation of the index finger of the right hand	15
19l	Amputation of two phalanxes of the index finger of the left hand	8
19r	Amputation of two phalanxes of the index finger of the right hand	10
20l	Amputation of nail phalanx of the index finger of the left hand	3
20r	Amputation of nail phalanx of the index finger of the right hand	5
21l	Simultaneous amputation of thumb and index finger of the left hand	25
21r	Simultaneous amputation of thumb and index finger of the right hand	35
22l	Amputation of the thumb and any other finger (except for the index finger) of the left hand	20
22r	Amputation of the thumb and any other finger (except for the index finger) of the right hand	25
23l	Amputation of two fingers of the left hand (except for the thumb and index finger)	8
23r	Amputation of two fingers of the right hand (except for the thumb and index finger)	12
24l	Amputation of three fingers of the left hand (except for the thumb and index finger)	15
24r	Amputation of three fingers of the right hand (except for the thumb and index finger)	20
25l	Amputation of four fingers of the left hand (including the thumb)	10
25r	Amputation of four fingers of the right hand (including the thumb)	15
26l	Amputation of four fingers of the left hand (except for the thumb)	35
26r	Amputation of four fingers of the right hand (except for the thumb)	40
27l	Amputation of the middle finger of the left hand	8
27r	Amputation of the middle finger of the right hand	10
28l	Amputation of the ring finger or the little finger of the left hand	3
28r	Amputation of the ring finger or the little finger of the right hand	7
29l	Anchylosis of the index finger of the left hand	10
29r	Anchylosis of the index finger of the right hand	15
30l	Anchylosis of the middle finger of the left hand	4
30r	Anchylosis of the middle finger of the right hand	5
31l	Anchylosis of the ring finger and little finger of the left hand	1,5
31r	Anchylosis of the ring finger and little finger of the right hand	3,5
C	Lower limbs	
1	Amputation of thigh (upper half)	60
2	Amputation of thigh (lower half)	50

3	Total loss of foot (tibio-tarsal disarticulation)	45
4	Partial loss of foot (preankle (bone) disarticulation)	40
5	Partial loss of foot (medio-tarsal disarticulation)	35
6	Partial loss of foot (preankle, ankle (bone) disarticulation)	30
7	Complete paralysis of the lower limb (incurable nerve damage)	60
8	Complete paralysis of the common peroneal nerve	30
9	Complete paresis of the tibial nerve	20
10	Complete paralysis of the common peroneal and tibial nerves	40
11	Anchylosis of hip	40
12	Anchylosis of the knee	20
13	Loss of both shin bones (incurable condition)	45
14	Loss of part of the knee bone with a significant displacement of the fragments and an evident difficulty in the movement of legs	40
15	Loss of part of the bone of the knee bone, keeping the ability of movement	20
16	Shortening of the lower limb maximum with 5 cm	30
17	Shortening of the lower limb with 3-5 cm	20
18	Shortening of the lower limb with 1-3 cm	10
19	Complete amputation of all toes	25
20	Amputation of four toes (including big toe)	20
21	Amputation of four toes (excluding big toe)	10
22	Anchylosis of big toe	10
23	Anchylosis of two toes	5
24	Amputation of one toe (excluding big toe)	3
25	Anchylosis of one toe (excluding big toe)	1,5
26	Anchylosis of two toes (excluding big toe)	2,5
27	Anchylosis of four toes (excluding big toe)	5

If the Insured person receives several damages listed in different sections of the "Table", the total amount of the insurance benefit is calculated by summing the amount of payment for different sections

If the Insured person receives several serious damages listed in different articles of the same section of the "Table", the amount of insurance payment for one item is calculated regardless of the amount of insurance payment for other items.

Insurance compensations, determined for specific cases of serious bodily injuries arising from the same accident, are summarized, but the total amount of the insurance compensation cannot exceed the total Sum insured stated for one Insured person.

If the Insured is left-handed, and this is specifically indicated in the Insurance Application, the insurance compensation in cases of serious bodily injuries will be calculated in percent indicated in the "Table" for the corresponding cases of loss or damage to the right organs or limbs.

GENERAL EXCLUSIONS

Listed situations that lead to the accident are considered to be exclusions:

- Intentional actions of the Insured person or the Insured or Beneficiary or other persons, who are considered to be Beneficiaries according to this Policy, Rules or Armenian legislation, as well as intentional actions of other persons, who act on the assignment of the Insured person or the Insured or Beneficiary or other persons, who are considered to be Beneficiaries according to this Policy, Rules or Armenian legislation forwarded at the occurrence of the insurance event,
- If an Insured person has committed an action for which a person has been subjected to criminal liability by judicial acts,

- Raised from the use of alcohol, drugs, toxic substances and other psychotropic agents without a doctor's appointment (or with doctor's appointment, but breaking the dose),
- Driving of vehicle used alcohol, drugs, toxic substances and other psychotropic agents,
- Are connected with intentional physical injuries hurt by Assured, attempt suicide,
- Nuclear explosion, radiation,
- Civil war, any kind of civil strifes or strikes
- WAR or WARLIKE OPERATIONS (whether war be declared or not),
- Practiced professional or amateur hazardous sports, activities or pursuits,

LIST OF DOCUMENTS AND INFORMATION REQUIRED FOR RECEIVING INSURANCE COMPENSATION

Insured (Insured person's heir/beneficiary) should present the below mentioned documents for receiving insurance indemnity.

- Claim application form, which can be provided not later than within 60 days from insurance accident occurrence date
- Original of the passport or other ID of the person, who receives an insurance compensation
- Statement about the accident provided by the Insured person's employer, if an accident has taken place while performing work duties by the Insured person
- The copy of the Insured person's passport
- Report provided by the police or other state authorities, who are authorized to investigate the circumstances of the accident
- Other documents

PAYMENT OF INSURANCE COMPENSATION

Insurer makes a decision to approve or reject the reimbursement within 10 working days after receiving all necessary documents listed in the clause above.

Payment of the insurance compensation is made by the Insurer within 5 working days after the claim approval date.

REJECTION OF INSURANCE COMPENSATION

The Insurer has the right to refuse payment of insurance compensation, if:

- necessary documents for insurance claim settlement have not been submitted or those are incomplete. If the Insurer's decision to compensate becomes impossible due to unreadable or physical damages of the documents submitted under the Rules or the physician's diagnosis is incomplete (defective) or any necessary document is incomplete, then the Insurer has the right to postpone the decision of the compensation until the complete qualification of such documents, but no more than 1 (one) month
- false or misleading information has been provided to Insurer,
- Insured person has not been insured according to the terms and period of the Policy,
- The event is not considered to be an insurance accident or it is listed as an exclusion.

EFES Insurance mobile app

We are pleased to inform you that EFES Insurance has launched **EFES Insurance** mobile application to offer more accessible and innovative services to its customers. To download the mobile app, search for EFES Insurance in the **iOS App Store or Play Store (Google Play)**.



To register please have with you:

- The original of your passport or ID card (copy, scan versions are not accepted),
- Your personal mobile phone,
- Your personal email address.

The registration process will take only 2-5 minutes.

How to download the application?  YouTube

Features of the app:

- View all your insurance contracts.
- View all your insurance claims (only for claims registered after 01/09/2024).
- Track the status of your insurance claims across all types.
- Submit medical insurance claims.
- Connect directly with Your doctor.
- Calculate in a simplified manner travel insurance and EFES Oncocare product rates, and issue contracts with Your personal information automatically pre-filled.
- Take advantage of a range of other tools.

Should You have any questions, do not hesitate to contact our 24/7 hotline at **+374 10 700 800**.