

# Foreigners' Health Insurance

## Insurance product information document



Gjensidige

**Society:**

ADB "Gjensidige" Latvian branch

**Product:**

Foreigners' Health Insurance

Detailed information in order to sign the Contract or obtain the information regarding the product is available in the Foreigner Health Insurance Regulations No 12.7/3 (valid as of 06.06.2017), the Insurance Contract and its Annexes or at the website [www.gjensidige.lv](http://www.gjensidige.lv).

### What is this insurance type like?

Foreigners' Health Insurance in compliance with the Cabinet Regulation No 591 is intended for foreigners so that they can receive a short-term, long-term visa or a residence permit.



#### What is insured?

- ✓ Medical treatment expenses in the event of acute illness
- ✓ Medical treatment expenses as a result of an accident
- ✓ Medical treatment expenses in the event of exacerbation of a chronic disease
- ✓ Expenses for medicinal products
- ✓ Transportation expenses to a medical institution
- ✓ Transportation expenses for a qualified medical specialist
- ✓ Transportation expenses for one member of the family
- ✓ Dental care expenses
- ✓ Medical repatriation
- ✓ Repatriation of human remains
- ✓ Expenses for the processing of repatriation documents and permits
- ✓ Coffin costs and funeral expenses



#### What is not insured?

- ✗ An insurable risk that is not specified in the Insurance Contract.
- ✗ Warfare, invasions, civil wars, effects of war, revolutions, rebellions, uprising, upheaval, mass riots, strikes, sabotage, and terror acts.
- ✗ a Natural Disaster or Pandemic.
- ✗ Psychiatric or mental disorders, loss of memory, cramp or epilepsy attacks or an acute health disorder with the loss of consciousness.
- ✗ Sudden illness or accident, which has happened while the Insured is piloting any kind of aircraft, except as a passenger, engaging in parachute jumping, gliding, sailing sports, or navigating a sailing vessel outside coastal waters or navigating a boat/vessel designed for sailing with a speed exceeding 30 knots.
- ✗ Sudden illness or accident as a result of the Insured engaging in any Amateur or Professional sports, Winter sports or Extreme leisure activities, for instance, motorsports, participating in motorbike or auto-racing or competitions, motor rally, engaging in any kind of winter sports, mountaineering, scuba diving, water skiing, rugby etc.
- ✗ Indirect losses or unearned income.
- ✗ Moral damages in connection with occurrence of an Insurable Event.
- ✗ Expenses, which already have been compensated by a third party and he/she does not request to reimburse such expenses.
- ✗ In case of illness or accident, the Insured has not immediately and at the first opportunity sought medical assistance or has failed to comply with the physicians instructions.
- ✗ If medical expenses are not related to emergency assistance required for treatment of a sudden illness or elimination of consequences of a trauma.
- ✗ Treatment provided by rehabilitation institutions, health resorts or sanatoriums.
- ✗ Losses related to incapacity for work, disability to go on a trip or an excursion, to spend holidays abroad, ticket and hotel reservations, moral damages etc.
- ✗ Medical services related to pregnancy, diagnostics of pregnancy and expenses related to premature birth (miscarriage), childbirth and complications thereof, except cases when costs related to the first aid which is necessary for saving the Insured person's life, are compensated once during the period of validity of the Insurance Policy.
- ✗ Treatment of sexually transmitted diseases, including AIDS, as well as for treatment of all diseases related to HIV.
- ✗ Medical assistance due to the use of alcohol, drugs or toxic substances or consequences of such usage, or as a result of using medicine not prescribed by a doctor.
- ✗ Treatment and diagnostics of chronic diseases and any other illnesses, regardless of their stage, suffered from prior to the Insurance Policy coming into effect, except cases when costs related to the first aid which is necessary for saving the person's life, are compensated once during the period of validity of the Insurance Policy.
- ✗ Planned dental treatment and prosthetics.
- ✗ Plastic and cosmetic surgeries, purchase and repair of aids.
- ✗ Expenses related to the Insured person's death as a result of a car crash if the Insured has driven the vehicle without a driver's license or under the influence of alcohol, drugs or toxic substances, or if he/she was a passenger in a vehicle and knew that the vehicle driver was driving without a driver's license or under the influence of alcohol, drug or toxic substances.



- ✗ Injury treatment incurred during the Accident when the Insured himself/herself or acting as an accomplice has made an attempt or committed any kind of a crime or administrative offence.
- ✗ If the Insured person has committed a suicide or has made an attempt to do so, or if he/she has injured himself/herself or has asked someone else to hurt him/her with an explicit intent to receive an insurance indemnity.
- ✗ Treatment of mental disorders or psychotherapy.
- ✗ If the accident or disease was caused by radioactive, poisonous, explosive or any other dangerous substances, nuclear equipment or their components.
- ✗ In the event when the Insured may qualify for reimbursement of medical expenses in compliance with any other type of compulsory or voluntary insurance.
- ✗ Expenses incurred by the Insured in his/her Home Country.
- ✗ Expenses, which have been incurred as a result of the treatment which, in the physicians' opinion, including that of a dentist, could have been postponed until the Insured returns to his/her Home Country.
- ✗ Medical treatment expenses incurred as of the moment when the Insured person's attending physician establishes that the Insured person's state of health allows him/her returning to his/her Home Country either on his/her own or accompanied by another person. In case of a recommendation from the attending physician the Insured may not reject an offer of transportation to a medical institution of his/her Home Country for further treatment.
- ✗ Medical services if such have been provided during the period of time when the Insured person's state of health has improved to the extent that the Insured is able to return to his/her Home Country on his/her own or accompanied by another person.



### Are there any limitations in the coverage?

- ! In the event of exacerbation of a chronic disease up to 7 days of hospitalization.
- ! Up to 750 EUR per claim case.
- ! In the event of acute illness, accident or sudden exacerbation of chronic disease a deductible in the amount of EUR 50.00 is applied.



### Where am I insured?

- ✓ The insurance is valid in the Republic of Latvia and/or in the territory of the Member States of the Schengen Area, where the visa is valid.



### What are my obligations?

- Upon conclusion of the Insurance Contract, the Policyholder and the Insured shall have an obligation to provide all information requested by the Insurer about circumstances which are essential for conclusion of the Insurance Contract.
- The Insured or the Policyholder shall have an obligation during the term of validity of the Insurance Contract to inform the Insurer in writing within 3 days about any changes or other circumstances that may increase the Insured Risk.
- The Policyholder, the Insured and the Beneficiaries shall have an obligation to prove the fact and consequences of an Insurable Event, as well as to provide all information and documents requested by the Insurer confirming occurrence of the Insurable Event.
- The Insured shall inform about all circumstances that may affect extension of the Contract.
- Obligations stipulated in the Insurance Contract shall be equally applied also to the Beneficiary.
- Upon occurrence of an Insurable Event to act according to the procedure stipulated in the laws and regulations, and to immediately seek medical assistance or to report to the police, rescue service or any other competent authority.
- Immediately but no later than within 3 (three) business days after the moment when it has become possible, to inform the Insurance Company or the representative specified in the Insurance Contract about occurrence of an Accident, and to follow the representative's instructions.
- To submit to the Insurer in writing a specific insurance claim within 1 (one) calendar month after the moment of notifying about occurrence of an Accident by giving a detailed description of an Accident.
- To take all necessary and reasonable measures to reduce or to eliminate the potential losses.
- To participate, as far as possible, in establishing the circumstances and causes of the Insurable Event.
- To ensure a possibility for the Insurer or its authorized representative to establish and assess the causes and circumstances of the Insurable Event and the extent of losses thereof;
- To inform the Insurer about other valid insurance contracts with regard to the same Insurable Risk.
- To submit to the Insurer copies of documents, presenting their originals, upon the request by the Insurer, related to occurrence of an Insurable Event and the extent of losses thereof (receipts, invoices, references from medical institutions, prescriptions, etc.).



### When and how should I make the payment?

- The premium shall be paid within the term specified in the Contract by a bank transfer to the indicated bank account.



## When does the coverage start and end?

### Starts:

- as of the date and time specified in the Contract, if the premium is paid within the term and amount specified in the Contract.

### Ends:

- upon the date and time specified in the Contract;
- in the event the Contract is terminated prior to its expiration;
- in the event of death of the Insured;
- in the event if as a result of occurrence of an Insurable Event the Insurance Indemnity is paid in full amount of the Sum Insured;
- if during the period of validity of the Insurance Contract, or upon occurrence of an Insurable Event, it is established that the Policyholder/the Insured provides false information with a malicious intent or due to gross negligence.
- upon other conditions of termination of the Insurance Contract stipulated in the effectual laws and regulations of the Republic of Latvia.



## How can I cancel the Contract?

- The Policyholder or its authorised representative notifies the Insurance Company on the termination of the Contract no later than until the Contract enters the legal force. Unless stipulated otherwise in the Insurance Contract or the effectual laws and regulations of the Republic of Latvia, the paid Insurance Premium shall not be refunded in case of early termination of the Insurance Contract. The refundable part of the Insurance Premium stipulated in the Insurance Contract or the effectual laws and regulations of the Republic of Latvia shall be calculated by deducting the share of the Premium corresponding to the actual period of validity of the Insurance Contract, expenses related to conclusion of the Insurance Contract and calculated

according to the Insurer's effectual methodology (expenses related to conclusion of the Insurance Contract may not comprise more than 25% of the total Insurance Premium), and the amount of the Insurance Indemnity paid under the Insurance Contract, from the Insurance Premium specified in the Insurance Contract.

- In the event of a Distance Insurance Contract, the Policyholder shall be entitled to exercise the right of withdrawal and withdraw from the Insurance Contract within 14 days after conclusion of the Insurance Contract, unless the validity of the insurance contract is shorter than one month.