



These Insurance Conditions contain the detailed regulation of rights and obligations arising from the arranged insurance contract for TEAM group risk life insurance. Please become thoroughly familiar with the content of this document.

## Article 1. Introductory provisions

- 1.1 The basis of this insurance is life insurance for the case of death of an Insured. You may agree one or more of the additional insurances specified in Art. 2.2 in addition to the basic insurance.
- 1.2 Insurance is governed by the insurance contract and these insurance conditions, which are a part thereof. The insurance contract also includes the classification of permanent consequence of injury (hereinafter the “**TN Classification**”).
- 1.3 Insurance is governed by Czech law, in particular by Act No. 89/2012 Coll., Civil Code (hereinafter the “**Civil Code**”). Any dispute arising from the insurance contract or related to this insurance shall be submitted for resolution to the relevant court of the Czech Republic. For out-of-court resolution of disputes, it is also possible to contact the financial arbitrator ([www.finarbitr.cz](http://www.finarbitr.cz)) if the dispute concerns life insurance, or the Czech Trade Inspection Authority ([www.coi.cz](http://www.coi.cz)) if the dispute concerns non-life insurance.
- 1.4 The language of communication is the Czech language. All amounts and payments related to insurance are due within the Czech Republic and are specified in the currency valid in the Czech Republic.
- 1.5 The basic insurance and additional insurance are agreed as capitalized insurance.
- 1.6 We sometimes use terms in these insurance conditions which have a specific meaning, defined either directly in the text thereof or in Article 17. These terms are used with initial capital letters.

## Article 2. Insured risks

- 2.1 **Basic insurance.** TEAM always includes basic insurance against death of the Insured.
- 2.2 **Additional insurance.** You can arrange the following additional insurance together with your basic insurance:
  - a) insurance against disability;
  - b) insurance against death by injury;
  - c) insurance against permanent consequences of injury;
  - d) insurance of work incapability;
  - e) insurance against serious diseases.

## Article 3. Origin of insurance and insurance period

- 3.1 **Origin of insurance.** The insurance of each individual insured person arises on the basis of the policyholder's proposal from the 1st day of the following calendar month after delivery to us.
- 3.2 **Insurance period.** The insurance is arranged for a definite period with an insurance period, the length of which is stated in the insurance contract and which is at least 1 year. If the insurance contract does not expire, the insurance period is always automatically extended for another year.

## Article 4. Termination of insurance

- 4.1 **Main reasons for termination of insurance.** The insurance of an individual insured terminates in the following ways (whichever occurs first):
  - a) death of the insured;
  - b) upon expiry of the insurance period in which the insured person reaches the age of 65;
  - c) termination of employment;
  - d) non-payment of the premium by the policyholder;
  - e) refusal of insurance indemnity;
  - f) by agreement of the contracting parties.
- 4.2 **The insurance company or the policyholder** may terminate this group contract at the end of the insurance period. The notice must be delivered to the other party no later than 2 months in advance. At the end of the

# INSURANCE CONDITIONS FOR GROUP RISK LIFE INSURANCE TEAM

insurance period at the end of which the notice is given, the group insurance contract expires. Termination or termination of this contract will terminate the individual insurances.

- 4.3 Special reasons for termination of additional insurance.** Additional insurance, apart from the above specified cases, also expires:
- a) insurance against Disability of the Insured person is terminated on the day after occurrence of an insured event from the relevant variant of additional insurance against Disability (if you have arranged several variants of this insurance at once, only the given variant is terminated upon occurrence of an insured event; insurance in the variant where an insured event from such additional insurance has not yet occurred remains effective);
  - b) insurance of Permanent Consequences of Injury is terminated upon payment of insurance indemnity, which reaches or exceeds 100% of bodily impairment as the sum of percentage shares of bodily impairment for all insured events of the relevant Insured person
  - c) insurance against the Insured person Work Incapability is terminated if insurance indemnity is paid for a total of 365 days in sum total for all insured events since the start of insurance;
  - d) insurance against the Insured person Work Incapability is terminated on the date of granting 3rd grade disability specified in the disability assessment;
  - e) insurance of Serious Diseases of the relevant Insured person is terminated upon payment of insurance indemnity for a total of minimally 100% of the sum insured;
  - f) refusal of insurance indemnity or withdrawal as a result of a breach of obligations arising from the insurance contract (for details, see Article 14).

## Article 5. Premium

- 5.1 Form of premiums.** The premium is agreed in the insurance contract for individual Insurance Periods (current premium) and is paid by Policyholder.
- 5.2 The premium** is paid for each individual insured in the amount specified in the contract.
- 5.3 If the premium is not paid within the period** specified by the insurance company in the reminder to pay the premium, the group insurance contract will expire without compensation on the date specified in the reminder to pay the premium. The insurance company has the right to claim premiums until the date of termination of the group insurance contract.

## Article 6. Basic insurance against death of the Insured person

- 6.1 Insured event.** Insurance is agreed for the case of the Insured person death, which occurred during the insurance period.
- 6.2 Insurance indemnity.** In the event of an insured event, we will provide indemnity in the amount of the sum insured specified in the insurance contract.
- 6.3 Documents to prove insured event.** To prove the occurrence of an insured event, we require in particular:
- a) the death certificate or effective decision on declaration of the Insured person as deceased;
  - b) document proving the cause of death; and
  - c) protocols, findings from investigation and any other relevant police documents, if the circumstances of the Insured person death are investigated.
- 6.4 Possible insurance indemnity limits** We may reduce insurance indemnity by up to one half if the death due to Injury occurred:
- a) if the Insured person having consumed alcohol of an addictive substance or agent containing such substance, if justified by the circumstances under which Injury occurred;
  - b) in relation to an action of the Insured person through which they caused severe bodily impairment or death or committed a criminal offence.

## Article 7. Additional insurance against disability of an Insured person

- 7.1 Insurance variants** Insurance against the disability of an Insured person may be arranged in the following variants:
- a) insurance against 3rd grade Disability;
  - b) insurance against 2nd and 3rd grade Disability;
- 7.2 Insured event.** Insurance is agreed for cases of 2nd or 3rd grade Disability (as defined), which:

# INSURANCE CONDITIONS FOR GROUP RISK LIFE INSURANCE TEAM

- a) occurred during the insurance period of this additional insurance, and simultaneously
  - b) occurred after the passing of the waiting period, specifically
    - (i) of 12 months from the start of insurance in the case of insurance against 3rd grade Disability,
    - (ii) of 18 months from the start of insurance in the case of insurance against 2nd grade Disability.
- However, the waiting period shall not apply if Disability was caused by an Injury which occurred during the insurance period. The date of occurrence of the insured event refers to the date of occurrence of 2nd or 3rd grade Disability indicated in the disability assessment in the meaning of the relevant legal regulations.

**7.3 Indemnity in case of disability.** In the event of an insured event, we will provide the Insured with a one-off indemnity in the amount of the sum insured for the case of Disability (according to the achieved degree of Disability) specified in the insurance contract.

**7.4 Documents to prove insured event.** To prove the occurrence of an insured event, we require in particular:  
a) assessment of disability issued by the relevant social security administration body in the Czech Republic;  
b) relevant medical documentation; and  
other relevant documents issued by the Czech social security administration body (e.g. decision to grant disability pension).

**7.5 Assessment of insured event occurrence.** We assess the occurrence of Disability based on the results of a functional examination, independently of any decision by the social security administration body. We take into account whether this is a condition permanently affecting work capability or a stabilized condition, and also the degree to which the Insured person has adapted to their medical impairment and their possibilities of requalification.  
In assessing Disability, we use the Insured person's medical documentation, references from the medical facility which we authorize to supply them, an assessment of disability issued by the relevant social security administration body and also the rules set forth in the degree on assessing disability.

## Article 8. Additional insurance against death of an Insured person due to injury

**8.1 Insured event.** Insurance is agreed against the death of the Insured person due to Injury, which occurred at latest within 1 year from occurrence of the Injury, if such Injury occurred during the period of this additional insurance.

**8.2 Value of insurance indemnity.** In the case of death of the Insured person due to Injury, we shall provide the Beneficiary with insurance indemnity equal to the sum insured for the case of death due to Injury specified in the insurance contract. If we have already provided insurance indemnity from additional insurance against Disability or against Permanent Consequence due to Injury, we shall reduce the insurance indemnity paid in the case of death due to Injury by the amount already paid.

**8.3 Limitation of indemnity in case of concurrence of multiple accident insurance or additional insurance.** If you have agreed several policies against accident insurance or additional insurance (Death due to Injury, Permanent Consequence of Injury), such accident insurance is concurrent. In the case of such concurrence, we are authorized to limit the insurance indemnity for all such insurance in consequence of one and the same cause (insured event) to CZK 10 million, so that total indemnity equals maximally CZK 10 million. If the insurance indemnity paid from other concurrent accident insurance or additional insurance due to the same cause (insured event) reaches or exceeds CZK 10 million, we have the right not to pay the insurance indemnity from this additional insurance.

**8.4 Documents to prove insured event.** To prove the occurrence of an insured event, we require in particular:  
a) the death certificate or effective decision on declaration of the Insured person as deceased;  
b) document proving the cause of death including the fact that death occurred in consequence of Injury; and  
protocol, conclusions of investigation and other relevant documents of the Czech Republic Police or similar foreign body, if the investigations of the Insured person death or connections between the Insured person death and Injury are being investigated.

## Article 9. Additional insurance against permanent consequences due to injury of an Insured person

**9.1 Insurance variants** Insurance against the Permanent Consequences of Injury of an Insured person may be arranged in the following variants:  
a) with progressive indemnity from 0.001% pursuant to the Indemnity Classification for Permanent Consequences of Injury  
b) with progressive indemnity from 10% pursuant to the Indemnity Classification for Permanent Consequences of Injury

# INSURANCE CONDITIONS FOR GROUP RISK LIFE INSURANCE TEAM

**9.2 Insured event.** Insurance is agreed against Permanent Consequences of Injury. The insured event is the stabilization of Permanent Consequences arising from Injury, if such Injury occurred during the period of this additional insurance.

The date of occurrence of the insured claim refers to the date when the Permanent Consequences of Injury were stabilized, but at latest the day on which 3 years from occurrence of the Injury pass (if stabilisation does not occur by this time, the moment of stabilization of Permanent Consequences of Injury is the date when 3 years from occurrence of injury pass)

**9.3 Insurance indemnity in the case of permanent consequences of injury.** In the case of Permanent Consequences of Injury of an Insured person, we shall provide the Beneficiary with insurance indemnity which is the product of:

- sum insured,
- percentage share pursuant to the Indemnity Classification for permanent consequences of injury corresponding to the given health impairment,
- coefficient of increase based on the following table:

Scope of damage to health	Increase coefficient
less than 25 %	1
25 % to 49,5 %	2
50 % to 74,5 %	3
75 % to 99,5 %	4
100 %	5

We can also provide a deposit for insurance indemnity, in the event that the Permanent Consequences of the Accident are still not stable even after 6 months from the date of the Accident. However, the advance on insurance benefits will be provided only if the minimum extent of Permanent Consequences, the total extent of which will be determined only in the future, is already known.

If the Indemnity Classification for permanent consequences of injury stipulates a percentage range, the value of indemnity shall be established so that it corresponds to the nature and scope of health impairment caused by the Injury within the given range.

If a single Injury causes the Insured several Permanent Consequences, the total Permanent Consequences shall be stipulated as the sum of percentage shares for individual partial Permanent Consequences, but maximally up to 100% of the sum insured for Permanent Consequences due to Injury specified in the insurance contract.

If the individual Permanent Consequences of Injury concern one or more Injuries to the same limb, organ or part thereof, they shall be assessed as a whole, at the highest percentage indicated in the Indemnity Classification for Permanent Consequences of Injury for the anatomic or functional loss of the relevant limb, organ or part thereof.

If the Permanent Consequences of Injury concern a body part or organ that was already damaged before Injury, we shall deduct the percentage share corresponding to the scope of prior impairment pursuant to the Indemnity Classification for Permanent Consequences due to Injury.

The scope of Permanent Consequences of Injury does not include the consequences of diagnostic, therapeutic and preventive actions not performed for the purpose of treating the consequences of Injury.

**9.4 Limitation and reduction of insurance indemnity.** Insurance indemnity from this insurance may be reduced and its payment may be limited under the same conditions as those stipulated in Art. 10 and Art. 8.3 above.

**9.5 Documents to prove insured event.** To prove the occurrence of an insured event, we require in particular:

- medical report or other confirmation of Injury;
- medical report or other confirmation of impact of the Injury on the scope of Permanent Consequences;
- other documents proving causal relation between health impairment and the Injury;
- documents from the Czech Republic Police or similar foreign body describing the insured event, with conclusions from investigation (if the circumstances of Injury were investigated by the police).

## Article 10. Reduction of insurance indemnity for additional accident insurance

**10.1 Possible reduction of insurance indemnity.** We may reduce insurance indemnity by up to one half if the Injury occurred:

- in connection to conduct which suggests that the Insured committed a criminal offence;
- in connection to conduct through which the Insured or Beneficiary caused another person severe bodily harm or death;
- in consequence of the Insured having consumed alcohol or applied an addictive substance or agent

# INSURANCE CONDITIONS FOR GROUP RISK LIFE INSURANCE TEAM

containing such substance, if justified by the circumstances under which Injury occurred; however, if the Injury resulted in the Insured's death, we may reduce insurance indemnity only if the Injury occurred in relation to the Insured's action through which they caused severe bodily impairment or death to another person;

- d) in connection to which the Insured refuses at the request of the Czech Republic Police, municipal police or member of a similar foreign body, to undergo a test or medical examination according to special regulations to determine whether they are under the influence of alcohol or other addictive substances.

## Article 11. Additional insurance against work incapability of an Insured person

**11.1 Insurance variants** Insurance against the work incapability of an Insured person may be arranged in the following variants:

- a) from the 29th day of work incapability with retroactive indemnity  
b) from the 29th day of work incapability without retroactive indemnity

**11.2 Insured event.** Insurance is agreed against Work Incapability of the Insured person, which occurred during the period of this additional insurance and is a consequence of:

- a) a disease which was first diagnosed at earliest after the passing of a waiting period of 3 months from the starting date of insurance, whereas pregnancy or high-risk pregnancy does not refer to a disease; or  
b) injury that occurred during the insurance period of this additional insurance.

The date of occurrence of the insured event refers to the date of Work Incapability occurrence. The insured event then lasts for the entire duration of the Insured person's Work Incapability, but maximally for the duration of this supplementary insurance.

However, Work Incapability must also occur and last:

- c) throughout the period of existence of the Insured person Usual Profession; and simultaneously  
d) outside the auxiliary period of financial assistance during maternity of the Insured person;  
e) outside the period for which the Insured person is granted 3rd grade Disability by the relevant body of the Czech Republic or foreign country based on the rules for disability pension in the Czech Republic;  
f) outside the period of serving a prison sentence by the Insured person.

**11.3 Value of insurance indemnity.** In the event of an insured event, we shall provide the Beneficiary with insurance indemnity equal to:

- a) product of the daily benefit  
b) and the number of days of Work Incapability depending on the agreed insurance variant.

**11.4 Payment of insurance indemnity and advances.** We shall provide insurance indemnity as a lump sum after the end of Work Incapability of the Insured person. We may also provide advances on insurance indemnity. In such case, the Insured person is obliged to prove to us once per month, or at a longer interval of our choice, that their Work Incapability continues.

**11.5 Time limit for insurance indemnity and deductible.** We shall provide insurance indemnity only if Work Incapability lasts longer than 28 days. If you have agreed the variant from the 29th day of Work Incapability with retroactive indemnity, we shall provide insurance indemnity for the entire period of Work Incapability from its start (i.e. including the prior 28 days), but maximally in the scope of 365 days per one insured event. Insurance indemnity shall be provided maximally for the period until termination of employment.

**11.6 Obligation to report occurrence of Work Incapability.** The Insured person is obliged to inform us of the occurrence of Work Incapability without undue delay after the passing of 28 days, but at latest within 3 months from the start of Work Incapability. The Insured person may be prevented from punctually reporting Work Incapability only by a serious circumstance, which they are obliged to report and duly substantiate. If the Insured person does not substantiate this circumstance, we have the right to reduce insurance indemnity to the value corresponding to the average period of treatment for the relevant injury or disease. This does not affect our right to reduce the insurance indemnity pursuant to the Civil Code.

**11.7 Concurrence of diagnoses.** In the case of continued Work Incapability which is caused by a different disease or injury than the one due to which it occurred, such Work Incapability shall be considered one insured event, for which we shall provide insurance indemnity for max. 365 days from its occurrence.

**11.8 Repeated Work Incapability due to relapse.** If another case of Work Incapability occurs within 2 months from the end of the prior Work Incapability due to relapse of the disease or injury or due to a disease or injury which was the cause of the original Work Incapability, such Work Incapability shall be considered a continuation of the original Work Incapability. If the subsequent Work Incapability occurs after 2 months from the end of the original Work Incapability, such subsequent Work Incapability shall be considered a new Work Incapability.

**11.9 Medical examination in the case of long-term Work Incapability.** If the Work Incapability lasts longer than 2 months, we may require an examination of the Insured person by a medical services provided of our

# INSURANCE CONDITIONS FOR GROUP RISK LIFE INSURANCE TEAM

choice, in order to review the duration of the necessary temporary Work Incapability of the Insured person, even repeatedly.

**11.10 Documents to prove insured event.** In order to prove occurrence of the insured event, we require in particular that the Insured person always submit:

- a) our form completed by the medical care provider operating in the Czech Republic, confirmation of work incapability with indication of the start, duration and end of the Insured person's Work Incapability; we do not accept forms issued by an attending physician who is simultaneously a relative;
- b) confirmation from the employer of the employment or service relationship of the Insured person;

**11.11 Obligation to report termination of Work Incapability.** The Insured person is obliged to inform us at latest within one month and submit documents, if any of the following facts occur:

- a) physician's decision on termination of Work Incapability;
- b) termination of Usual Profession;
- c) granting of 3rd grade disability pursuant to the rules for disability pension in the Czech Republic;
- d) commencement of maternity leave; and
- e) designation of commencement of a prison sentence.

However, the Insured person does not have the foregoing obligation if Work Incapability lasts longer than 365 days and we have already provided Insurance Indemnity for 365 days.

## Article 12. Additional insurance against serious diseases of an Insured person

**12.1 Insured event.** Insurance is agreed for the case of occurrence of one of the serious diseases of the Insured person defined below, which was first diagnosed or treated during the period of this additional insurance, provided that:

- a) the first specialized examination in order to stipulate the diagnosis of such serious disease and/or perform an operation on the Insured took place during the period of this additional insurance, and simultaneously
- b) only after the passing of the waiting period of 3 months from the starting date of insurance specified in the insurance contract;
- c) survives for the next 28 days from the first definitive diagnosis of the defined serious disease.

The date of occurrence of the insured event refers to the moment of first definitive stipulation of a diagnosis of one of the serious diseases defined below, or the date of performing one of the operations defined below, unless stipulated otherwise below.

**12.2 Serious diseases and their definition.** Pursuant to this additional insurance, a serious disease (hereinafter "SDD") refers to the following:

**Cancer - excluding all early stage cancers** means any malignant disease characterized by uncontrolled growth and spread of malignant cells invading tissue of different histological type. The diagnosis must be supported by histological or – in case of systemic cancers – cytological evidence.

An insured event occurs for any of the following diagnoses:

- 1) Hodgkins/Non Hodgkins lymphoma stage II or higher on Ann Arbor classification system
- 2) Leukaemia causing clinically relevant anemia
- 3) Brain tumour stage II or higher on the 2016 WHO Classification of Tumors of the Central Nervous System
- 4) Any other tumour stage II or higher on UICC TNM Classification of Malignant Tumors – 8th edition

No benefits will be payable if symptoms first appear or the condition first occurs or is first diagnosed within 90 days after the risk commencement date or the date of any reinstatement.

**Heart Attack - resulting in severely impaired heart function** means death of heart muscle in a limited area due to an occlusion of coronary arteries, being evidenced by all of the following symptoms:

- 1) Typical symptoms of an acute heart attack
- 2) New characteristic electrocardiogram (ECG) changes suggestive of heart attack
- 3) Transient increase of cardiac troponin T or I or cardiac enzymes, including CKMB, above the generally accepted laboratory reference levels for heart attack
- 4) Proof of permanent left ventricular ejection fraction below 50%, measured at the earliest one month after the event.

**Stroke - resulting in severe neurological dysfunction** means the death of brain or spinal cord tissue in a limited area caused by an acute non-traumatic hemorrhage or ischemia within the skull or spine which results in severe permanent and irreversible neurological dysfunction.

Condition for the payment of the benefit is that all of the following criteria are fulfilled:

# INSURANCE CONDITIONS FOR GROUP RISK LIFE INSURANCE TEAM

- 1) The diagnosis has to be supported by an imaging technique (e.g. computed tomography (CT), magnetic resonance imaging (MRI)) that proves the relation between the new neurological dysfunction and the newly affected area within the skull or spine.
- 2) The assessment of the permanent and irreversible neurological dysfunction can be made no sooner than 3 months after the stroke event. Neurological dysfunction means:
  - a) Complete loss of independence for at least one of the six activities of daily living (ADLs) even using assistive devices or
  - b) Inability to communicate with the environment by verbal speech or
  - c) Inability to achieve a score of more than 15 in a Mini-Mental State Examination (MMSE).

For the above definition, the following are not covered:

- a) Transient ischaemic attack (TIA)
- b) Stroke of indeterminate age
- c) Stroke diagnosis based only on biomarkers
- d) Stroke affecting only the olfactory or vestibular functionality or the eye

**Advanced Dementia (including Alzheimer's Disease)** means the insured person has Alzheimer's Disease or other Dementia.

- a) Alzheimer's disease is a progressive degenerative disease of the brain characterized by diffuse atrophy throughout the cerebral cortex with distinctive histopathologic changes.
- b) Dementia is an organic mental disorder characterized by a general loss of intellectual abilities involving impairment of memory, judgement and abstract thinking as well as changes in the personality.

All of the following conditions must be fulfilled and be caused by Alzheimer's Disease or other Dementia:

- a) Permanent irreversible failure of brain function
- b) Standardized tests must prove a significant cognitive impairment due to Alzheimer's disease or dementia
- c) The Insured person must require continuous supervision to prevent the Insured person from harming others or themselves.

Bipolar disorders are excluded from this benefit.

**Aplastic Anaemia-** of specified severity Means the chronic and persistent bone marrow failure resulting in anaemia, neutropenia and thrombocytopenia. Condition for the payment of the benefit is that both of the following criteria are fulfilled:

- a) The diagnosis must be supported by bone marrow puncture or biopsy.
- b) A peripheral blood test must fulfill at least two of the following three criteria:
  - i. The neutrophil count is less than  $1 \cdot 10^9$ /litre.
  - ii. The reticulocyte count is less than 1% of the erythrocytes.
  - iii. The platelet count is less than  $50 \cdot 10^9$ /litre.

Aplastic Anaemia as a consequence of therapy (e.g. NSAR, gold-, radiation- or chemotherapy) is excluded.

**Benign Brain Tumour - resulting in intensive treatment or palliative care** Means a non-malignant, but life-threatening neoplasm in the brain. Condition for the payment of the benefit is that all of the following criteria are fulfilled:

- a) The existence of the tumour must be evidenced by magnetic resonance imaging (MRI), computerized tomography (CT) or similar appropriate imaging techniques.
- b) Severe consequences of the tumour such as intracranial pressure, first time occurrence of epileptic seizures or motor- or sensory impairment are objectively verifiable.
- c) The tumour
  - i. results in the undergoing of surgery to completely remove or to reduce as far as possible or
  - ii. is treated in the form of either chemotherapy or radiotherapy or
  - iii. has reached a stage at which only palliative care is possible.

Cysts, calcifications, granulomas, malformations in or of the arteries or veins of the brain or haematomas are excluded.

No benefits will be payable if symptoms first appear or the condition first occurs or is first diagnosed within 90 days after the risk commencement date or the date of reinstatement.

**Blindness - irreversible** Means a clinically proven and irreversible reduction of sight in both eyes as a result of sickness or accident. Condition for the payment of the benefit is that all of the following criteria are fulfilled:

# INSURANCE CONDITIONS FOR GROUP RISK LIFE INSURANCE TEAM

- a) The corrected visual acuity of the better eye must be less than 3/60 or there has to be a visual field restriction to less than 10° in each eye.
- b) This diagnosis must be confirmed by a certified ophthalmologist.

No benefits will be payable if in general medical opinion a device, implant, treatment or any other aid can result in the partial or total restoration of sight.

**Coma - lasting at least four days** Means a state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least 96 hours requiring the use of life support systems. The medical indication for artificial coma must be confirmed by a certified medical specialist. A benefit will also be paid if the coma without life support systems has lasted for at least two months.

**Coronary Artery Bypass Grafting** means the undergoing of coronary artery bypass grafting to correct a proven constriction or occlusion of at least one coronary blood vessel. No benefits will be payable if the surgery is performed within 90 days after the risk commencement date or the date of any reinstatement.

**Crohn`s Disease** - of specified severity means a systemic disease which mainly involves the gastrointestinal tract causing recurrent and persistent diarrhoea often with blood and mucus. Condition for the payment of the benefit is that all of the following conditions criteria must be fulfilled:

- a) The disease has led to the formation of intestinal fistulas.
- b) The disease has led to an obstruction of the small intestine, to intestinal perforation, to an artificial intestinal outlet or to a secondary amyloidosis.
- c) The diagnosis must be supported by histological evidence.

**Encephalitis** - acute and of specified severity means an acute inflammation of the brain caused by bacteria or viruses. Condition for the payment of the benefit is that all of the following criteria are fulfilled:

- a) The disease must result in a neurological deficit causing the permanent and irreversible inability of the insured
  - i. to walk 200 meters on a level surface without assistive devices or
  - ii. to feed themselves once food has been prepared and made available or
  - iii. to communicate with their environment by verbal speech or
  - iv. to achieve a score of more than 15 in an MMSE.
- b) The diagnosis of the neurological dysfunction has to be confirmed by a certified medical specialist and is assessed no sooner than three months after the infection.

**Heart Valve Surgery** Means the undergoing of an open-heart surgery via thoracotomy to replace or repair at least one cardiac valve as a consequence of heart valve defects or abnormalities. No benefits will be payable if the surgery is performed within 90 days after the risk commencement date or the date of any reinstatement.

**Kidney Failure** means the chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplant is carried out. The diagnosis has to be confirmed by a certified nephrologist.

**Loss of Hearing**- permanent and irreversible means the permanent and irreversible loss of hearing for all acoustic stimuli below 90 decibels across all frequencies as a result of accident or disease. This diagnosis must be confirmed by a certified otologist. No benefits will be payable if in general medical opinion a device, implant, treatment or any other aid can improve the hearing ability such that acoustic stimuli below 90 decibels can be perceived.

**Loss of Speech - permanent and irreversible** Means the permanent and irreversible loss of speech as a result of accident or disease. The loss of the ability to speak must be established for a continuous period of twelve months. No benefits will be payable if in general medical opinion a device, implant, treatment or any other aid can result in the partial or total restoration of speech. All psychiatric related causes are excluded.

**Multiple Sclerosis**- of specified severity Means a chronic inflammatory disease of the central nervous system in which there is at least one patch of demyelination in the brain or in the spinal cord demonstrated on neuroimaging such as CT, MRI or similar appropriate imaging techniques. Multiple Sclerosis must result in a permanent and irreversible neurological impairment that corresponds to a value of at least 4.5 of the Expanded Disability Status Scale (as of 2016). The diagnosis of Multiple Sclerosis has to be confirmed by a certified neurologist. No benefits will be payable if symptoms first appear or the condition first occurs or is first diagnosed within 90 days after the risk commencement date or the date of any reinstatement.



# INSURANCE CONDITIONS FOR GROUP RISK LIFE INSURANCE TEAM

**Organ Transplant** Means the undergoing of human to human transplantation of the kidney, heart, lung, pancreas or of at least one entire lobe of the liver from a donor to the insured. Autologous transplantation and the transplantation of any other organs than the above, parts of organs (with the exception of the lobe of the liver), tissues or cells are excluded.

**Paralysis - to the whole of any two limbs** means the total and irreversible loss of muscle function to the whole of any two limbs through accident or disease.

**Partial Loss of Limbs** Means the total physical severance of all fingers of both hands, both forefeet or of all fingers of one hand and one forefoot.

**Third Degree Burns** Means tissue injury caused by thermal, chemical or electrical agents causing third degree or full thickness burns to at least 20% of the body surface area as measured by The Rule of Nines or the Lund and Browder Body Surface Chart (both as of 2016).

- 12.3 The amount of insurance indemnity.** In the event of an insured event, we will provide the Insured person with an insurance indemnity in the amount of the sum insured agreed for this supplementary insurance in the insurance contract, unless otherwise stated for individual insured serious diseases.
- 12.4 Documents to prove insured event.** To prove the occurrence of the insured event, we require in particular: medical report pertaining to the Insured's medical condition before and after occurrence of the insured event.
- 12.5 Limitation of performance in case of concurrence of more serious diseases.** We will pay the insurance indemnity from the supplementary insurance for serious illnesses only once, even if more than one serious illness occurred with the Insured person on the same date. If we have already fulfilled something from this supplementary insurance, we will provide insurance indemnity only in the amount of the difference between the sum insured agreed for this supplementary insurance in the insurance contract and what we have already paid from this insurance..

## Article 13. Exclusions from life insurance and additional insurance of an Insured person

### 13.1 General exclusions (always apply).

We shall not provide insurance indemnity if the insured claim occurs:

- a) as a consequence of or in relation to an incident of war or civil war, civil unrest, riots, revolutions, uprisings and international peace or security missions;
- b) as a consequence of or in relation to a terrorist attack (i.e. an act of violence fueled by social, political, ideological or religious motives), if the Insured person did not directly participate in such event, if the Insured person does not commence travel after the Ministry of Foreign Affairs of the Czech Republic or the state authorities of other countries or important international institutions have declared that they do not recommend travelling to the given country or area.
- c) due to effects of nuclear energy, ionization, radiation or radioactive contamination;
- d) while driving a motor vehicle, or operating a machine, the operation of which requires a license but the Insured person does not hold such the prescribed license, or in the period in which the Insured person is banned from driving a motor vehicle or operating a machine, or when the relevant license has been revoked, or if the Insured person used the motor vehicle or the machine without authorization, or during the driving of the motor vehicle or operation of the machine by such a person with the Insured's knowledge;
- e) while the Insured person was working with explosives, unless the insurance contract explicitly stipulates otherwise;
- f) in relation to professional performance of sports by the Insured person, unless the insurance contract explicitly stipulates otherwise;
- g) while performing the work of a bodyguard, animal trainer, stuntman, acrobat, or when providing direct-contact erotic services, unless the insurance contract explicitly stipulates otherwise;
- h) in consequence of the Insured person's congenital defect, or a diagnosed disease or Injury occurring before the commencement or a change of the insurance and not stated by the Insured person in their answers to our questions in relation to entering into the insurance contract or amending it.

### 13.2 Exclusions specific for basic insurance against death (in addition to general exclusions).

We shall not provide insurance indemnity if the Insured person's death occurs:

- a) in relation to the consumption of alcohol or other narcotic or addictive substances or agents containing such a substance, drug abuse or poisoning as a consequence of consuming solid, liquid or gaseous substances due to negligence, or when handling these substances; in the case of death resulting from Injury, the provision of Art. 8.4 on reduction of insurance indemnity shall apply.
- b) due to suicide which occurs within 2 years from the start of insurance. b) due to suicide which occurs within 2 years from the start of insurance. in the case of suicide, which occurs after the amendment of

## INSURANCE CONDITIONS FOR GROUP RISK LIFE INSURANCE TEAM

the insurance consisting of an increase in insurance cover, we are obliged to pay insurance indemnity in the scope of increased insurance cover only after the passing of 2 years from the given change.

### 13.3 Exclusions specific for insurance against disability (in addition to general exclusions).

We shall not provide insurance indemnity from disability insurance if the insured claim occurs:

- a) in connection with performing risky sports or adrenaline activities: bungee-jumping, rafting, water jumping, shark-diving, aqualung diving, skiing, snowboarding and ski bobbing outside marked tracks, or on marked tracks outside operating hours, acrobatic skiing and snowboarding, ski jumping and ski flying, heli-skiing(biking), moto skijoring, riding a competition sleigh, competition skibob or competition luge sled, snow rafting, zorbing, canoeing, black-water-rafting, speleological activities, boxing, ultimate fighting;
- b) in connection with performance of mountain-climbing, including alpine hiking, i.e. hiking or climbing on a terrain of 2 UIAA difficulty and above (climbing where the three fixed points technique is required), including climbing on tracks secured in advance, mountain hiking outside permitted tourist tracks and hiking on a glacial terrain; in areas more than 3,000 m above sea level and moving on a terrain of lower difficulty;
- c) in connection with flying any means (e.g. flying ultralight planes, flying motor-less planes, paragliding, parasailing, parachuting from planes and from heights), excluding aircrafts of a regular air carrier or a special group flight registered with OAG Worldwide Flight Guide;
- d) resulting from deliberate self-harm of the Insured;
- e) psychiatric or psychological diagnosis for 1st and 2nd grade disability;
- f) in causal relation to the consumption of alcohol or other narcotic or addictive substances or agents containing such a substance, drug abuse or poisoning as a consequence of consuming solid, liquid or gaseous substances due to negligence, or when handling these substances;
- g) as a result of AIDS, hepatitis B (VHB), hepatitis C (VHC).

### 13.4 Exclusions specific to accident insurance, i.e. for insurance against death due to injury and Permanent Consequences of Injury (in addition to general exclusions).

We shall not provide insurance indemnity from this insurance if the insured claim occurs:

- a) in connection with performing risky sports or adrenaline activities: bungee-jumping, rafting, water jumping, shark-diving, aqualung diving, skiing, snowboarding and ski bobbing outside marked tracks, or on marked tracks outside operating hours, acrobatic skiing and snowboarding, ski jumping and ski flying, heli-skiing(biking), moto skijoring, riding a competition sleigh, competition skibob or competition luge sled, snow rafting, zorbing, canoeing, black-water-rafting, speleological activities, boxing, ultimate fighting;
- b) in connection with performance of mountain-climbing, including alpine hiking, i.e. hiking or climbing on a terrain of 2 UIAA difficulty and above (climbing where the three fixed points technique is required), including climbing on tracks secured in advance, mountain hiking outside permitted tourist tracks and hiking on a glacial terrain; in areas more than 3,000 m above sea level and moving on a terrain of lower difficulty;
- c) in connection with flying any means (e.g. flying ultralight planes, flying motor-less planes, paragliding, parasailing, parachuting from planes and from heights), excluding aircrafts of a regular air carrier or a special group flight registered with OAG Worldwide Flight Guide;
- d) during tours and expeditions to locations with extreme climatic or natural conditions, to remote geographical locations or vast uninhabited areas (deserts, polar regions, etc.);
- e) during active participation of the insured in races, competitions, shows or exhibitions or preparation for them, as a driver or passenger in motor vehicles or as an animal rider;
- f) during active participation of the insured in organized sports competitions and preparation for them, except for chess and board game competitions, unless expressly agreed otherwise in the insurance contract.

However, this exclusion shall not apply if Injury occurred during performance of a sport by the Insured person, including a sport performed as the Insured person usual profession, which is indicated in the insurance contract and the price of which is taken into account in the stipulated premium.

### 13.5 Exclusions specific for insurance against work incapability (in addition to general exclusions).

We shall not provide insurance indemnity from insurance against work incapability if the insured claim occurs:

- a) as a result of AIDS, hepatitis B (VHB), hepatitis C (VHC);
- b) in connection to back pain, its consequences and complications (diagnoses M40 - M99, G54, G55 and G99 pursuant to the international classification of diseases);
- c) in consequence of psychiatric or psychological findings (diagnoses F00 - F99 pursuant to the international classification of diseases);
- d) in connection to attempted suicide or deliberate self-harm by the insured;
- e) in connection to pregnancy, childbirth and miscarriage;
- f) in connection to cosmetic surgery;

# INSURANCE CONDITIONS FOR GROUP RISK LIFE INSURANCE TEAM

- g) in connection to testing resources before their approval, registration and permission of production and distribution (drugs, etc.) with the insured's consent;
- h) in causal relation to the consumption of alcohol or other narcotic or addictive substances or agents containing such a substance, drug abuse or poisoning as a consequence of consuming solid, liquid or gaseous substances due to negligence, or when handling these substances;

Work incapability does not refer to:

- a) stays at sanatoriums, spa facilities and rehabilitation centers, except for cases when such sojourn is a necessary part of treating a disease or injury in medical terms and we have consented to such medical sojourn in writing;
- b) insured's stay at facilities for the treatment of alcoholism, drug addiction, gambling and other additions;
- c) the period from the date of identifying violation of the treatment regimen;
- d) the period from the date of identifying that the insured does not reside at the location approved by their attending physician (indicated in the confirmation of Work Disability), except for cases when they are undergoing medically required treatment.

## Article 14. Obligations and consequences of their violation.

- 14.1 Assessment of medical condition.** The Insured person is obliged in particular, in connection to the formation or amendment of the insurance policy, to undergo an examination at our request by our appointed physician or medical facility. We shall bear the costs for such examination, but the Insured person is obliged to bear the costs for their transport and other potential related costs.
- 14.2 Truthful representations before arranging insurance contract.** When arranging or amending the insurance:
- a) you must truthfully and fully answer all of our written questions (e.g. indicated in the questionnaire); if you violate this obligation, we may withdraw from the insurance contract within 2 months after we learn of such fact. If you do not truthfully and fully answer the questions concerning some of the additional insurance, we have the right to withdraw from the insurance contract only in the scope of the relevant additional insurance,
  - b) we must truthfully and fully answer all your written questions and warn you of inconsistencies between your requests, which you disclose to use, and the offered insurance; if we violate this obligation, you may withdraw from the insurance contract within 2 months after learning of such fact.
- 14.3 Option to refuse insurance indemnity.** If we learn that:
- a) the cause of the insured event was a fact that we learned of only after occurrence of the insured event,
  - b) which we could not determine when arranging or amending the insurance in consequence of deliberate or negligent false or incomplete answering of the written questions, and
  - c) if we would not have entered into this contract or would have entered into it under different conditions had we known of this fact when arranging the insurance contract, we may refuse to provide insurance indemnity. The insurance shall be terminated on the date when we deliver the notice of refusal of insurance indemnity to the beneficiary. If violation of the obligations concerns basic insurance, the basic insurance and all additional insurance shall be terminated upon refusal of insurance indemnity. If violation of the obligations concerns only the additional insurance, only this additional insurance shall be terminated upon refusal of insurance indemnity. In this case, the premium shall not be refunded.
- 14.4 Truthful information related to the insured event.** In the case of an insured event, the Beneficiary must provide us with complete and truthful data and provide the necessary documents concerning the insured event. If we determine that the Beneficiary deliberately states false or grossly distorted fundamental data concerning the scope of the insured claim or withhold crucial data concerning this claim when applying the right to indemnity from insurance, we may reduce the provided insurance indemnity by up to one half. We also have the right to compensation of expenses purposefully incurred to investigate the facts which were deliberately falsely stated or grossly distorted or withheld.

## Article 15. Obligations in the case of an insured event.

- 15.1 Reporting the insured event.** In the case of an insured event, the Beneficiary and/or Insured person or must report it to use without undue delay in the manner pursuant to Art. 28.1. To report the insured event, you may use the form for reporting insured events, which is available on our internet website, or you may contact the broker who will report the insured event with you.
- 15.2 Fees** If the completion of the form by a physician is associated with any fees, these are borne by the Insured / Beneficiary, unless stipulated otherwise in the insurance policy or in these terms and conditions.
- 15.3 Cooperation during investigation of insured events.** In the case of an insured event, we must be provided

# INSURANCE CONDITIONS FOR GROUP RISK LIFE INSURANCE TEAM

with all information and documents required to investigate the insured event, which we request, including the relevant medical documentation. These documents must be provided to us in the Czech language and in original or officially certified copies. If the relevant document is in a foreign language, the Beneficiary and/or Insured person is obliged to ensure its official translation into the Czech language at their own expense and to submit this translation with the original documents.

At our request, the Insured person is obliged to undergo an examination with our designated physician or medical facility. We shall bear the costs for such examination, but the Insured person is obliged to bear the costs for their transport and other potential related costs. Fulfilment of these obligations is a condition for the provision of insurance indemnity.

The Insured person agrees that we obtain data on the Insured person's health condition by ourselves or through a doctor authorized by us, look at medical records and other records of his health condition, and obtain extracts or copies from them, including any medical records from his doctor, health insurance company, any public authority or another insurer with which the insured person has other life or accident insurance. For the purposes of this authorization and to its extent, the Insured person shall release the said persons and public authorities from their legal or contractual obligations of confidentiality, in the sense of Act No. 372/2011, Coll., On Health Services.

- 15.4 Documents required to investigate the insured event.** The Beneficiary and/or Insured person is obliged to substantiate the occurrence of the insured event in particular by means of the documents required to prove the insured event defined for the individual additional insurances.

## Article 16. Form of action and delivery

- 16.1 Delivering to us.** You can deliver correspondence addressed to us in person via our broker or you can send it by post to the address Komerční pojišťovna, a. s., Palackého 53, 586 01 Jihlava. You may also send your notices and requests via electronic mail (e-mail); however, this does not apply to notices and request for which written form is required. Written form is required in particular for legal actions, notices and requests which affect the formation, duration and termination of insurance, changes in the premium, changes in the scope of insurance, designation of the beneficiary. For other legal actions, notices and requests (e.g. to report a change in surname, address of residence, correspondence address and other contact data of you or the insured specified in the contract), written form is not required, but we may request additional submission of these documents in writing at a later date.
- 16.2 Moment of delivery of written correspondence.** Correspondence which you deliver to us via our broker shall be considered delivered on the date of its delivery to our address: Komerční pojišťovna, a. s., Palackého 53, 586 01 Jihlava.
- 16.3 Delivering to you.** We shall send correspondence addressed to you via post to the agreed mailing address, deliver it in person through the broker or via electronic mail (e-mail), unless written form is required for the given type of correspondence. We shall deliver correspondence to you to the addresses indicated in the insurance contract or changed at a later date pursuant to the clause below. If your address of permanent residence is in the Czech Republic, you must ensure a mailing address in the Czech Republic throughout the insurance period. If you do not ensure a mailing address throughout this period, we are authorized to bill you the costs related to sending correspondence abroad.
- 16.4 Delivery of insurance conditions.** The insurance conditions will be provided to you in the manner specified in the insurance contract.
- 16.5 Change in delivery data.** You are obliged to inform us immediately of any changes in your address of permanent residence, correspondence address or electronic mail address. If we are unable to deliver any correspondence to you because you violated this obligation, it applies that such message was delivered to you by the deadline indicated below.
- 16.6 Moment of delivery of electronic correspondence.** The correspondence we send to you electronically shall be considered delivered on the following business day after its sending.
- 16.7 Moment of delivery of written correspondence.** The correspondence we send to you by post shall be considered delivered:
- on the date of takeover of the correspondence, even if somebody else took it over on your behalf at the given address;
  - on the date when acceptance of the correspondence was rejected;
  - if the correspondence was deposited for collection at the post office, on the seventh day after the correspondence was deposited for collection at the post office; this applies even if you collected the deposited correspondence after the passing of the seventh day from deposit;
  - on the date of returning of the correspondence as undeliverable for other reasons;
  - unless stated otherwise above and the correspondence was sent by post via registered mail, then on

# INSURANCE CONDITIONS FOR GROUP RISK LIFE INSURANCE TEAM

the seventh day after its sending; however, if the correspondence was sent by post as regular mail, then on the third day after its sending, and in the case of delivery outside of the Czech Republic, on the fifteenth day after its sending.

- 16.8 Unilateral amendment of insurance conditions.** In exceptional cases, we are authorized to amend these insurance conditions during the insurance period unilaterally, under the conditions stipulated in the Civil Code. The premium may be changed in this manner only in relation to a change in legal regulations, a fundamental change in demographic parameters, established judicial practice or based on a comparison of the expected and real claims record. We shall inform you of changes to these insurance conditions in the manner for delivering these insurance conditions described above.

## Article 17. Definitions

### 17.1 Activities of Daily Living (ADLs)

- a) **Mobility** - The ability to move indoors from room to room on level surface at the normal place of residence, if necessary with the help of appropriate aids, such as a wheelchair, walking frame, walking stick etc.
- b) **Washing** - The ability to wash by any means, maintaining a reasonable level of personal cleanliness, if necessary with the help of appropriate aids, for example by using hand rails or bath lifts.
- c) **Dressing** - The ability to put on, take off, fasten and unfasten all necessary clothing and, as appropriate, any braces, artificial limbs or other surgical appliances that are medically necessary.
- d) **Eating** - The ability to absorb food or drink, if necessary with the help of appropriate aids, once it has been prepared and made available.
- e) **Transferring** - The ability to move into or out of a bed, chair or wheelchair.
- f) **Continence** - The ability to manage bowel or bladder function, using protective undergarments or surgical appliances if appropriate, such that an adequate level of personal hygiene can be maintained; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

- 17.2 Hospitalization** means the necessary (from a medical perspective) provision of acute bed care (intensive and standard) and/or subsequent intensive bed care to the insured at the medical facility of a bed care provided for the necessary period, but minimally for 2 days, if this care could not be provided on an outpatient basis.

- 17.3 Website** means our website [www.kb-pojistovna.cz](http://www.kb-pojistovna.cz)

- 17.4 Disability** means the insured's reduced ability to perform gainful activity due to the limitation of bodily, sensory or intellectual capabilities in consequence of lasting unfavorable medical condition with an impact on the ability to use their achieved education, experience and expertise, ability to continue with prior gainful activity or ability to requalify compared to the Insured person original conditions, specifically by at least
- a) 70% in the case of 3rd grade disability (this decline is referred to as **3rd grade disability** for the purposes of this insurance);
  - b) 50% in the case of 2nd grade disability (this decline is referred to as **2nd grade disability** for the purposes of this insurance);

- 17.5 We** means Komerční pojišťovna, a.s., with its registered office in nám. Junkových 2772/1, 155 00 Praha 5, ID Number: 63998017, incorporated in the commercial register kept by the Municipal Court in Prague, Section B, File 3362.

- 17.6 Beneficiary** means the person who shall be paid insurance indemnity in the case of an insured event.

- 17.7 Insured person** means the person who has reached the age of 15 years at the time of concluding insurance, to whose life and health the insurance applies.

- 17.8 Insurance month (year)** means the deadline or period specified by the insurance contract, which starts on the date whose number corresponds to the starting date of insurance specified in the insurance contract. If there is no such day in the last month, the start of the insurance month/year shall be the last day of the month.

- 17.9 Insurance Period** means the period agreed in the insurance contract for which the current premium is paid.

- 17.10 Injury** means an unexpected and sudden impact of external forces or the insured's own physical force independent of the insured's will, or unexpected, continuous and independent of the insured's will impact of high or low external temperatures, gases, fumes, radiation (excluding nuclear), electricity and poisons (excluding microbial poisons and immunotoxic substances) causing damage to the insured's health or the insured's death during the insurance period. Death by drowning, near drowning and strike of lightning are

## INSURANCE CONDITIONS FOR GROUP RISK LIFE INSURANCE TEAM

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also considered an injury provided that they occur independently of the Insured person will.

The following cases are not considered injury:

- a) suicide, attempted suicide, intentional self-inflicted injury and declaration of the death of the person;
- b) formation and aggravation of hernias and tumors of all kinds and origins, of varicose ulcers, diabetic gangrenes, formation and aggravation of aseptic inflammations of tendon sheaths, muscle ligaments, bursitis, synovitis, epicondylitis, spinal disc prolapse and thereto related problems, including vertebrogennic algic syndromes, even if the listed problems have been provoked by injury or a sudden vascular accident;
- c) mental or psychiatric disease, even if induced by an injury;
- d) collapses, epileptic or other fits and spasms affecting the whole body, unless they occur as a sole result of an injury;
- e) infectious diseases, even if transmitted by wounds caused by an injury;
- f) work-related injuries and diseases, unless they are of injurious nature as defined in these insurance terms and conditions;
- g) aggravation or manifestation of a disease as a result of an injury;
- h) heart attack or brain strokes.

**17.11** **You** means the person that signed the offer of this insurance upon reaching the age of 18 years, and specified in the insurance contract as the policyholder.

## Principles of Permanent Injury Effects Assessment

1. Indemnification for permanent injury effects is assessed per the Classification of Indemnification for Permanent Injury Effects issued by Komerční pojišťovna (hereinafter the PDI classification only). Indemnification is assessed as a percentage share of policy size for permanent effects caused by injury that matches the individual damages' scopes of permanent effects after their stabilization. If they did not stabilize within three years from the injury day, then per the percentage share corresponding to their status in the end of this period.
2. If the PDI classification specifies a percentage range, the indemnification amount determined within a given range will match the character and scope of permanent effects incurred by the insured due to his injury.
3. If a single injury causes multiple permanent injury effects of various types to the insured, the total permanent effects get set as a total of percentage points of the individual permanent effects; however, only up to a 100% of the total share.
4. If the individual injury permanent effects after one or multiple injuries apply to the same limb, organ, or their parts, they get assessed as a whole; however, using the highest percentage share specified in the PDI classification for anatomic or functional loss of the given limb or its part.
5. If permanent injury effects apply to body parts or organ already damaged before the injury, we will reduce our indemnification for permanent injury effects by a percentage differential corresponding to the previous damage scope expressed by a percentage differential per the PDI classification.
6. In those cases when an identified permanent effect is not specified in the PDI classification or its character possibly does not exactly match the given PDI classification item's wording, we follow our medical assessor's position. The medical assessor will complete his assessment in the form of percentage share corresponding to a similar damage in the PDI classification or he will produce percentage value proportional to the bodily damage seriousness.
7. We determine our indemnification amount per medical report on the insured's examination completed by our medical assessor or medical reports documenting the current status and scope of permanent effects. We will secure examination to identify the scope of permanent effects at our own costs.
8. Scars on one's face and neck may be assessed without any examination completed by our medical assessor; photo documentation and scar descriptions submitted by the insured will suffice. However, we stipulate our right to subject the insured to examination of permanent effects completed by our medical assessor.
9. If an injury leaves the insured with his permanent effect in the form of lost finger or leg or its part, it is possible to assess indemnification amount through our medical assessor on the basis of submitted photo documentation of the insured's permanent effect, medical reports, or X-ray documentation. However, we stipulate our right to subject the insured to examination of permanent effects completed by our medical assessor.

## Indemnity classification

HEAD INJURIES AND INJURIES OF SENSE ORGANS		
	Complete defect in the <b>skull</b> in the extent of	
001	up to 10 cm <sup>2</sup>	5 %
002	over 10 cm <sup>2</sup>	15 %
	Serious <b>brain disorders</b> and mental disorders caused by serious head injuries	
003	light degree	to 20 %
004	medium to serious degree	21-100 %
	Traumatic disorder of the <b>facial nerve</b>	
005	light degree	to 10 %
006	medium to serious degree	11-20 %
007	Traumatic damage of the <b>trigeminal nerve</b> based on the given degree	to 20 %
008	Damage of the face and other parts of the head and neck, accompanied by functional disorders	to 15 %
	<b>Scar</b> on the face and neck of the following length	
009	from 1 cm to 2 cm <sup>2</sup>	1 %
010	for each additional started cm	0,5 %
	<b>The maximal compensation amount for a single scar is 10%.</b>	
011	Partial removal of the <b>lower jaw</b> (lifting the entire section by 1/2 of the maxillary bone)	15-40 %
NOSE OR OLFACTION DAMAGE		
	<b>Deformation</b> of the outer shape of the nose or the nasal septum	
012	without significant defect of the nose permeability	to 3 %
013	with a significant defect of the nose permeability	4-10 %
014	Post-injury perforation of the nasal septum	5 %
	<b>Loss</b> of the entire nose or its part	
015	without breathing disorders	to 20 %
016	without a breathing disorder	to 25 %
	<b>When conducting assessments pursuant to items 012-014, permanent effects pursuant to items 015-016 cannot be assessed simultaneously.</b>	
017	<b>Chronic atrophic inflammation</b> of the mucous membrane - burned by acid or burned	10 %
018	<b>Loss of olfaction</b>	10 %
EYE INJURIES OR VISION DAMAGES		
	Upon complete loss of vision, the compensation for permanent effects in one eye cannot exceed 35%; for the second eye, the compensation cannot exceed 65%, i.e. a total of 100% for both eyes, at the most. However, permanent damages included under items 020, 026 through 029, 032, 035 and 036 can be assessed even above this limit.	

019	Effects of eye injuries that result a worsened <b>visual acuity</b> are assessed pursuant to auxiliary table no. 1.	
020	For <b>anatomic loss</b> or <b>atrophy</b> of the eye, it is added to the determined value of the permanent eye inferiority	5 %
	<b>Loss of the crystalline lens</b>	
021	one eye	3 %
022	both eyes	6 %
	<b>Shall intraocular lens replacement take place, assessment for accommodation disorder is added.</b>	
023	Traumatic disorder of <b>oculomotor nerves</b> or balance disorder of oculomotor <b>muscles</b> based on the given degree up to	to 25 %
024	<b>Concentric limitation of the field of vision</b> incurred as a result of an injury is assessed pursuant to auxiliary table no. 2.	
025	<b>Other limitations of the field of vision</b> are determined based on the percentage of the loss of the field of vision	
	<b>Damaged permeability of the nasolacrimal ducts</b>	
026	one eye	5 %
027	both eyes	10 %
	<b>Incorrect position of the cilia</b> not corrected by surgery	
028	one eye	5 %
029	both eyes	10 %
030	Widening and paralysis of the <b>pupil</b> is assessed based on the hanging without stenopaic correction pursuant to auxiliary table no. 1.	
031	Widening and paralysis of the pupil of an eye that has vision	3 %
032	Deformation of the <b>outer segment</b> and its surroundings that attracts compassion or ugliness, or <b>ptosis</b> of the upper eyelid, provided it does not cover the pupil (independently of the hanging disorder), for each eye	5 %
	Traumatic <b>accommodation</b> disorder	
033	one-sided (is subject to assessment until 50 years of age)	8 %
034	two-sided (is subject to assessment until 45 years of age)	5 %
	Posttraumatic <b>lagophthalmus</b> not corrected by surgery	
035	one-sided	8 %
036	two-sided	16 %
	<b>When conducting assessments pursuant to items 035-036, permanent effects pursuant to item 032 cannot be assessed simultaneously.</b>	
037	<b>Ptosis</b> of the upper eyelid uncorrectable by surgery, if it covers the pupil of the leading eye, it is assessed pursuant to auxiliary table no. 2.	
EAR OR HEARING DAMAGE		
038	Deformation or partial loss of one auricle	5 %

# INDEMNITY CLASSIFICATION FOR PERMANENT CONSEQUENCES OF INJURY

039	loss of one auricle	10 %
040	loss of both auricles	15 %
041	Permanent post-injury perforation of the <b>eardrum</b> without obvious secondary infection	5 %
042	Chronic suppurative inflammation of the <b>middle ear</b> , demonstrably caused by an injury	8 %
	<b>Hearing impairment - one-sided</b>	
043	light degree	2 %
044	medium degree	4 %
045	serious degree	5-10 %
	<b>Hearing impairment - two-sided</b>	
046	light degree	5 %
047	medium degree	18 %
048	serious degree	19-30 %
	<b>Hearing loss</b>	
049	one ear, while the function of the other ear is preserved	12 %
050	one ear, while the function of the other ear is aggravated	22 %
051	two-sided, as a result of a single injury	40 %
	<b>Labyrinth disorder</b>	
052	one-sided, based on the given degree	to 20 %
053	two-sided, based on the given degree	21-40 %
<b>TEETH DAMAGE</b>		
	<b>The insurer pays compensation for the loss of healthy vital teeth only if it occurs as a result of external violence.</b>	
	<b>The insurer does not pay any compensation for the loss, chipping or damage of artificial tooth replacements and temporary (milk) teeth.</b>	
	<b>Loss</b>	
054	one tooth	1 %
055	each additional tooth	1 %
056	tooth vitality	1 %
057	<b>Deformity</b> of frontal teeth occurred as a result of a demonstrated injury of temporary (milk) teeth, for each damaged permanent tooth	1 %
058	<b>Wear</b> of the pillar teeth under the crowns of permanent replacements or link teeth of removable replacements for teeth lost as a result of an injury, for each worn tooth	0,5 %
<b>TONGUE DAMAGE</b>		
059	Conditions resulting from tongue injuries with tissue defects or scar deformations (only if it is not already subject to assessment pursuant to items 064 and 065)	5 %
060	<b>Loss of taste</b> pursuant to its extent	to 10 %
<b>THROAT INJURIES</b>		
	Constriction of the <b>larynx or trachea</b>	
061	light degree	10 %
062	medium degree	15 %
063	serious degree	16-30 %
064	Post-injury voice disorder (hoarse voice, croaking, voice skipping)	to 15 %
065	Loss of <b>voice</b> (aphonia)	30 %
	<b>When conducting assessments pursuant to items 063-065, permanent effects pursuant to item 066 cannot be assessed simultaneously, and vice versa.</b>	
066	Post <b>tracheotomy</b> condition with a permanently implemented cannula, including related functional disorders (for example, loss of voice)	50 %
<b>THORAX, LUNG, HEART OR GULLET INJURIES</b>		
067	Post-injury deformity of one or both <b>breasts</b>	to 10 %
	<b>Amputation</b> of one or both breasts as a result of an injury	
068	for women of up to 45 years old	to 28 %
069	for women of up to 45 years old	to 18 %
	Limitation of the <b>movement of the thorax</b> and pulmonary and thorax wall adhesion, clinically verified	
070	light degree	5 %
071	medium degree	10 %
072	serious degree	20 %
	Other effects of <b>lung</b> injuries based on the given degree and extent of the functional disorder	
073	one-sided	to 40 %
074	two-sided	to 80 %
075	<b>Heart and vascular</b> disorders (only as a direct result of an injury), clinically verified - based on the degree of the functional disorder	to 80 %
076	<b>Gullet fistula</b>	25 %
	Post-injury <b>gullet</b> constriction	
077	light degree	8 %
078	medium degree	22 %
079	serious degree	23-50 %
<b>INJURIES OF THE ABDOMEN AND DIGESTIVE ORGANS</b>		
080	Damage of the <b>abdomen wall</b> , accompanied by a damage of the abdomen press	to 10 %
081	Disorder of the function of the digestive organs, based on the degree of the functional disorder	to 80 %
	Loss of the <b>spleen, including related difficulties</b>	
082	partial	to 12 %
083	complete	20 %
084	Permanent opening of the <b>small or large intestine</b> via the abdomen wall (stoma) implemented as a result of an injury	40 %
	<b>Rectum</b> disorder incurred as a result of an injury, post-injury constriction of the <b>rectum or anus</b>	
085	light degree	5 %
086	medium degree	12 %
087	serious degree	13-30 %
	Insufficiency of <b>anal sphincters</b>	

088	partial	15 %
089	complete	40 %
<b>INJURIES OF URINARY AND SEXUAL ORGANS</b>		
	Loss of one <b>kidney</b>	
090	while the function of the other kidney is preserved	25 %
091	while the function of the other kidney is limited	40 %
092	while the other kidney is dysfunctional	60 %
093	Loss of both <b>kidneys</b>	60 %
	Loss of a part of a <b>kidney</b>	
094	while the function of the other kidney is preserved	15 %
095	while the other kidney is dysfunctional	50 %
	Post-injury effects of kidney and <b>urinal system</b> damages, including secondary infections	
096	light degree	to 10 %
097	medium degree	to 15 %
098	serious degree	to 40 %
099	Chronic inflammation of the urinal system and secondary kidney disorder	15-50 %
	<b>Assessment pursuant to this item can be used if the injury in question is not a direct injury of the kidneys or the urinal system (for example, spine, spinal cord or brain damages).</b>	
100	Loss of one <b>testicle</b> (assessed as the loss of both testicles in the case of cryptorchism)	10 %
	Loss of both <b>testicles</b> or potency	
101	up to 50 years of age	40 %
102	from 50 to 65 years of age	20 %
103	over 65 years of age	10 %
	Loss or serious deformity of the <b>penis</b>	
104	up to 50 years of age	30 %
105	from 50 to 65 years of age	20 %
106	over 65 years of age	10 %
107	Post-injury deformation of <b>female sexual organs</b>	to 45 %
<b>SPINE AND SPINAL CORD INJURIES</b>		
	Spine movement limitations without neurological symptoms	
108	light degree	to 8 %
109	medium degree	to 20 %
110	serious degree	to 40 %
	<b>When conducting assessment pursuant to items 108-110, assessment pursuant to items 111-113 cannot be conducted simultaneously, and vice versa.</b>	
	Post-injury damages of the <b>spine, spinal cord, spinal meninx and roots</b> with permanent objective symptoms of functional disorder	
111	light degree	to 20 %
112	medium degree	21-35 %
113	serious degree	36-100 %
<b>PELVIS INJURIES</b>		
	Disruption of the link between the pelvis ring with a spine statics disorder and the function of the lower limbs	
114	for women of up to 45 years old	15-65 %
115	for women of over 45 years of age	15-50 %
116	for men	15-50 %
<b>UPPER LIMB INJURIES</b>		
	<b>The stated values apply to right-handed persons; for left-handed persons, the opposite assessment applies.</b>	
	<b>Damage of the shoulder joint region</b>	
	Loss of an upper limb in the shoulder joint or in the region between the elbow and shoulder joints	
117	on the right	60 %
118	on the left	50 %
	Complete <b>stiffness</b> of the shoulder joint in unfavourable position (complete abduction, adduction or position close to them)	
119	on the right	35 %
120	on the left	30 %
	Complete <b>stiffness</b> of the shoulder in a favourable position or in a position close to it (side stretch 50° - 70°, forward stretch 40° - 45° and internal rotation 20°)	
121	on the right	30 %
122	on the left	25 %
	<b>Movement limitation</b> of the shoulder joint, including limitation of the rotation movements	
	of a light degree (incomplete forward stretch over 135°)	
123	on the right	to 7 %
124	on the left	to 6 %
	of a medium degree (stretching up by stretching forward up to 135°)	
125	on the right	to 13 %
126	on the left	to 11 %
	of a serious degree (stretching up by stretching forward up to 90°)	
127	on the right	to 23 %
128	on the left	to 20 %
	<b>Non-union</b> of the humerus insolvable by surgery - orthopedically	
129	on the right	20 %
130	on the left	15 %
131	<b>Chronic inflammation of the bone marrow</b> of the humerus, only as a result of open injuries or operative interventions necessary for the treatment of the given injury effects – insolvable by surgery – orthopedically	25 %
	<b>Artificial shoulder joint</b>	
132	up to 50 years of age	30 %
133	from 50 to 65 years of age	20 %



# INDEMNITY CLASSIFICATION FOR PERMANENT CONSEQUENCES OF INJURY

	<b>Assessments pursuant to items 132 and 133 already include defects of the joint movement</b>	
	<b>Habitual shoulder dislocation</b>	
134	on the right	20 %
135	on the left	16 %
	<b>Compensations pursuant to items 134 and 135 excludes the right for compensation for additional humerus (shoulder) dislocations caused by an injury pursuant to the Classification of compensations for injury damages.</b>	
	<b>For assessments pursuant to items 134 and 135, it is not possible to simultaneously conduct assessments pursuant to items 136 and 137.</b>	
	<b>Shoulder joint instability</b>	
136	on the right	to 15 %
137	on the left	to 10 %
	<b>Uncorrected sternoclavicular dislocation</b>	
138	front	3 %
139	rear	6 %
	<b>Uncorrected acromioclavicular dislocation apart from possible shoulder joint function disorder</b>	
140	on the right	4 %
141	on the left	3 %
	<b>Permanent effects after the rupture of the long head of the biceps brachii while the function of the shoulder and elbow joints remain unaffected</b>	
142	on the right	3 %
143	on the left	2 %
	<b>Damage of the elbow joint and the forearm region</b>	
	<b>Complete stiffness of the elbow joint in an unfavourable position (complete stretch or complete bend and positions close to them)</b>	
144	on the right	30 %
145	on the left	25 %
	<b>Complete stiffness of the elbow joint in a favourable position or in positions close to it (bend angle 90° to 95°)</b>	
146	on the right	20 %
147	on the left	16 %
	<b>Limited mobility of the elbow joint</b>	
	light degree	
148	on the right	to 6 %
149	on the left	to 5 %
	medium degree	
150	on the right	to 12 %
151	on the left	to 10 %
	serious degree	
152	on the right	to 18 %
153	on the left	to 15 %
	<b>Complete stiffness of radioulnar joints (while moving the forearm away or towards the body is impossible) in an unfavourable position or in positions close to it (in a maximal pronation or supination - extreme positions towards and away from the body)</b>	
154	on the right	20 %
155	on the left	16 %
	<b>Limited pronation and supination of the forearm</b>	
	light degree	
156	on the right	to 5 %
157	on the left	to 4 %
	medium degree	
158	on the right	to 10 %
159	on the left	to 8 %
	serious degree	
160	on the right	to 20 %
161	on the left	to 16 %
	<b>Non-union of the ulna or radial bone, or both forearm bones, insolvable by surgery - orthopedically</b>	
162	on the right	20 %
163	on the left	15 %
164	<b>Chronic inflammation of the bone marrow of one or both forearm bones, only as a result of open injuries or operative interventions necessary for the treatment of the given injury effects - insolvable by surgery - orthopedically</b>	20 %
	<b>Elbow joint instability</b>	
165	on the right	to 25 %
166	on the left	to 20 %
	<b>Artificial elbow joint of the limbs</b>	
167	up to 50 years of age	30 %
168	over 50 years of age	20 %
	<b>Assessments pursuant to items 167 and 168 already include defects of the joint movement.</b>	
	<b>Loss of the forearm with the elbow joint preserved</b>	
169	on the right	50 %
170	on the left	40 %
	<b>Hand loss or damage</b>	
	<b>Hand loss in the wrist</b>	
171	on the right	50 %
172	on the left	40 %
	<b>Loss of all fingers (possibly including metacarpal bones)</b>	
173	on the right	50 %
174	on the left	40 %
	<b>Loss of fingers, excluding thumb (possibly including metacarpal bones)</b>	
175	on the right	45 %

176	on the left	38 %
	<b>Complete stiffness in the wrist in an unfavourable position or in positions close to it (complete bend of the palm or dorsum of hand)</b>	
177	on the right	to 30 %
178	on the left	to 25 %
	<b>Complete stiffness of the wrist in a favourable position (dorsum bend 20-40°)</b>	
179	on the right	to 20 %
180	on the left	to 17 %
	<b>Non-union of the scaphoid bone insolvable by surgery - orthopedically</b>	
181	on the right	15 %
182	on the left	12 %
183	<b>Chronic inflammation of the bone marrow of the hand, only as a result of open injuries or operative interventions necessary for the treatment of the given injury effects - insolvable by surgery - orthopedically</b>	15 %
	<b>Wrist instability</b>	
184	on the right	to 12 %
185	on the left	to 10 %
	<b>Limited mobility of the wrist</b>	
	light degree	
186	on the right	to 6 %
187	on the left	to 5 %
	medium degree	
188	on the right	to 12 %
189	on the left	to 10 %
	serious degree	
190	on the right	to 20 %
191	on the left	to 17 %
	<b>Damage of the thumb</b>	
	<b>Loss of the end article of the thumb</b>	
192	on the right	to 9 %
193	on the left	to 7 %
	<b>Loss of both articles of the thumb</b>	
194	on the right	to 18 %
195	on the left	to 15 %
	<b>Loss of the thumb with the metacarpal bone</b>	
196	on the right	to 25 %
197	on the left	to 21 %
	<b>Complete stiffness of the inter-article joint of the thumb in an unfavourable position (extreme bend)</b>	
198	on the right	8 %
199	on the left	7 %
	in hypertension	
200	on the right	7 %
201	on the left	6 %
	<b>Complete stiffness of the inter-article joint of the thumb in a favourable position (slight bend)</b>	
202	on the right	6 %
203	on the left	5 %
	<b>Complete stiffness of the base joint of the thumb</b>	
204	on the right	6 %
205	on the left	5 %
	<b>Complete stiffness of the carpometacarpal joint of the thumb in an unfavourable position (complete abduction or adduction)</b>	
206	on the right	9 %
207	on the left	7 %
	<b>Complete stiffness of the carpometacarpal joint of the thumb in a favourable position (light opposition)</b>	
208	on the right	6 %
209	on the left	5 %
	<b>Complete stiffness of all joints of the thumb in an unfavourable position</b>	
210	on the right	to 25 %
211	on the left	to 21 %
	<b>For assessments pursuant to items 192 - 211, the disorder of the gripping function of the thumb cannot be assessed simultaneously.</b>	
	<b>Disorder of the gripping function of the thumb</b>	
	light degree	
212	on the right	2 %
213	on the left	1 %
	medium degree	
214	on the right	to 6 %
215	on the left	to 4 %
	serious degree	
216	on the right	to 10 %
217	on the left	to 8 %
	<b>Damage of the forefinger</b>	
	<b>Loss of the end article of the forefinger</b>	
218	on the right	to 5 %
219	on the left	to 4 %
	<b>Loss of two articles of the forefinger</b>	
220	on the right	to 10 %
221	on the left	to 8 %
	<b>Loss of all three articles of the forefinger</b>	
222	on the right	to 12 %
223	on the left	to 10 %
	<b>Loss of the forefinger with the metacarpal bone</b>	
224	on the right	to 16 %

# INDEMNITY CLASSIFICATION FOR PERMANENT CONSEQUENCES OF INJURY

225	on the left	to 13 %
	Complete <b>stiffness of all three</b> joints of the forefinger in extreme stretch	
226	on the right	to 12 %
227	on the left	to 10 %
	Complete <b>stiffness of all three</b> joints of the forefinger in the extreme bend	
228	on the right	15 %
229	on the left	12 %
	<b>When conducting assessment pursuant to items 218-229, assessment of the gripping function of the forefinger cannot be conducted simultaneously.</b>	
	The position of the forefinger prevents correct function of the adjoining fingers	
230	on the right	3 %
231	on the left	2 %
	<b>Disorder of the gripping function</b> of the forefinger - distance to the completely clenched fist:	
	1 cm to 2 cm	
232	on the right	to 4 %
233	on the left	to 3 %
	from over 2 cm to 3 cm	
234	on the right	to 6 %
235	on the left	to 4 %
	from over 3 cm to 4 cm	
236	on the right	to 10 %
237	on the left	to 8 %
	over 4 cm	
238	on the right	to 12 %
239	on the left	to 10 %
	<b>Impossibility to completely stretch</b> some of the joints of the forefinger, while the gripping function remains unaffected	
240	on the right	2 %
241	on the left	1 %
	<b>Damage of the middle finger, ring finger and little finger</b>	
	<b>Loss of the end article</b> of a finger	
242	on the right	3 %
243	on the left	2 %
	<b>Loss of two articles</b> of a finger	
244	on the right	to 5 %
245	on the left	to 4 %
	<b>Loss of three articles</b> of a finger	
246	on the right	to 8 %
247	on the left	to 6 %
	<b>Loss of an entire finger</b> with the corresponding metacarpal bone	
248	on the right	to 9 %
249	on the left	to 7 %
	<b>When conducting assessment pursuant to items 242-249, assessment of the gripping function of the middle finger, ring finger and little finger cannot be conducted simultaneously.</b>	
	The position of one of the fingers prevents correct function of the adjoining fingers	
250	on the right	3 %
251	on the left	2 %
	<b>Disorder of the gripping function</b> of a finger - distance to the completely clenched fist:	
	1 cm to 2 cm	
252	on the right	2 %
253	on the left	1 %
	from over 2 cm to 3 cm	
254	on the right	3 %
255	on the left	2 %
	from over 3 cm to 4 cm	
256	on the right	to 5 %
257	on the left	to 4 %
	over 4 cm	
258	on the right	to 8 %
259	on the left	to 6 %
	<b>Impossibility to completely stretch</b> some of the joints of a finger, while the finger gripping function remains unaffected	
260	on the right	2 %
261	on the left	1 %
	<b>Traumatic disorders of the upper limb nerves</b>	
	The assessment already includes possible vasomotoric and trophic disorders	
	<b>Traumatic disorder of the auxiliary nerve</b>	
262	on the right	to 30 %
263	on the left	to 25 %
	<b>Traumatic disorder of the stem of the radial nerve</b> with an impact on all innervated muscles	
264	on the right	to 45 %
265	on the left	to 37 %
	with the <b>preserved function</b> of the triceps brachii	
266	on the right	to 35 %
267	on the left	to 27 %
	<b>Paralysis</b> of the distal part of the <b>radial</b> nerve with a disorder of the thumb muscle function	
268	on the right	to 15 %
269	on the left	to 12 %
	<b>Traumatic disorder of the musculocutaneous nerve</b>	

270	on the right	to 25 %
271	on the left	to 15 %
	Traumatic disorder of the distal stem of the <b>elbow</b> nerve with an impact on all innervated muscles	
272	on the right	to 40 %
273	on the left	to 33 %
	Traumatic disorder of the <b>distal part of the elbow</b> nerve, while the functions of the ulna flexor and the part of the deep finger flexor are preserved	
274	on the right	to 30 %
275	on the left	to 25 %
	Traumatic disorder of the <b>middle nerve</b> with an impact on all innervated muscles	
276	on the right	to 35 %
277	on the left	to 30 %
	Traumatic disorder of the <b>distal part of the middle</b> nerve with an impact on mostly thenar eminence	
278	on the right	to 10 %
279	on the left	to 8 %
	Traumatic disorder of the <b>sensitive branch of the middle</b> nerve in the wrist with a sensitivity disorder	
280	on the right	to 15 %
281	on the left	to 10 %
	<b>Injuries of the middle nerve in the palm and in the fingers can be also adequately assessed pursuant to items 280 and 281.</b>	
	Traumatic disorder of <b>all three nerves</b> (or even of the entire brachial plexus)	
282	on the right	to 60 %
283	on the left	to 50 %
	<b>LOWER LIMB INJURIES</b>	
	Post-injury <b>loss</b> of one limb in the hip or in the region between the hip and the knee joints	
284	without a functional prosthesis	60 %
285	with a functional prosthesis	50 %
286	Non-union of the femur insolvable by surgery - orthopedically	25 %
287	Necrosis of the head of the femur	40 %
	<b>Artificial hip joint</b>	
288	up to 45 years of age	45 %
289	over 45 years of age	40 %
	<b>Assessments pursuant to items 288 and 289 already include defects of the joint movement.</b>	
290	<b>Chronic inflammation of the bone marrow</b> of the femur, only as a result of open injuries or operative interventions necessary for the treatment of the given injury effects – insolvable by surgery – orthopedically	25 %
	<b>Shortening of one lower limb</b>	
291	1 cm to 2 cm	to 3 %
292	from over 2 cm to 4 cm	to 10 %
293	from over 4 cm to 6 cm	to 15 %
294	over 6 cm	to 25 %
	<b>The sum of the assessments pursuant to items 285 - 294 cannot exceed the assessment pursuant to item 284, 284.</b>	
295	Post-injury <b>deformities</b> of the femur (fractures healed with an axial or rotation aberration); for each 5° of the aberration (aberrations have to be demonstrated by the RDG displaying methods – for example, X-ray, CT, MR). Aberration over 45° are assessed as a loss of the limb (with a functional prosthesis).	5 %
	<b>When assessing axial aberrations, it is not possible to also add relative shortening of the limb.</b>	
	<b>Complete stiffness</b> of the hip joint	
296	in an unfavourable position (complete pull-in or pull-out, stretch or bend, and positions close to them)	40 %
297	in a favourable position (slightly pulled out and basic position, or a slight bend)	30 %
	<b>Limited mobility</b> of the hip joint	
298	light degree	to 15 %
299	medium degree	to 25 %
300	serious degree	to 35 %
	<b>Damage of the knee joint</b>	
	<b>Complete stiffness</b> of the knee in an unfavourable position	
301	complete stretch or bend with an angle over 20°	35 %
302	bend over 30°	45 %
303	<b>Complete stiffness</b> of the knee in a favourable position	30 %
	<b>Patellectomy</b>	
304	complete	10 %
305	partial	5 %
	<b>Artificial joint</b>	
306	up to 45 years of age	35 %
307	over 45 years of age	30 %
	<b>Assessments pursuant to items 306 and 307 already include defects of the joint movement.</b>	
	<b>Limited mobility</b> of the knee joint	
308	light degree	to 10 %
309	medium degree	to 15 %
310	serious degree	to 25 %
	<b>Instability</b> of the knee joint with insufficiency	
311	of one collateral ligament	to 5 %
312	of the anterior cruciate ligament	to 15 %
313	of the anterior and posterior cruciate ligaments	to 25 %
	<b>When assessing instability of the knee joint pursuant to items 308 - 310, 311 - 313 with a clinical finding of</b>	

# INDEMNITY CLASSIFICATION FOR PERMANENT CONSEQUENCES OF INJURY

	simultaneous limitation of the knee joint mobility assessed pursuant to items 314 - 317 with a clinical finding of simultaneous instability assessed pursuant to items 308 - 310, the total compensation cannot exceed 35%, respectively 30% (assessment pursuant to items 306 and 307).	
	Permanent effects after a meniscus surgery intervention	
314	removal of an entire meniscus	5 %
315	removal of a part of one meniscus	2 %
316	removal of both menisci	10 %
317	removal of parts of both menisci	7 %
	<b>When assessing permanent effects after the removal of the knee joint menisci pursuant to items 314 - 317 with a clinical finding of simultaneous instability assessed pursuant to items 308 - 310 and with a limited mobility of the knee joint assessed pursuant to items 308 - 310, the total compensation cannot exceed 35%, respectively 30% (assessment pursuant to items 306 and 307). 306 and 307).</b>	
	<b>Damage of the shank</b>	
	<b>Loss of the lower limb in the shank</b>	
	with the knee preserved without a functional prosthesis	
318	over 45 years of age	45 %
319	up to 45 years of age	50 %
320	with stiff knee joint	50 %
321	with the knee preserved with a functional prosthesis	35 %
322	Non-union of the tibia or both crus bones insolvable by surgery - orthopedically	15 %
323	<b>Chronic inflammation of the bone marrow</b> of one or both crus bones, only as a result of open injuries or operative interventions necessary for the treatment of the given injury effects – insolvable by surgery – orthopedically	15 %
324	Post-injury <b>deformities</b> of the crus bones in the axial or rotation aberration for each 5° of the aberration (aberrations have to be demonstrated by the RDG displaying methods – for example, X-ray, CT, MR)	5 %
	Aberrations over 35° are assessed as a loss of the lower limb in the shank - item 321.	
	<b>When assessing axial aberrations, it is not possible to also add relative shortening of the limb.</b>	
	<b>Damage in the region of the ankle joint</b>	
325	<b>Loss of the leg in the ankle joint with the loss of the calcaneus</b>	40 %
	<b>Loss of the foot in the Chopart joint</b>	
326	by ankle arthrodesis	30 %
327	by a stump in the plantar flexion	35 %
328	<b>Loss of the foot in the Lisfranc joint or below</b>	25 %
	<b>Complete stiffness of the ankle joint</b>	
329	in an unfavourable position (dorsal flexion of more than 35° or plantar flexion of more than 35°)	30 %
330	in a right-angled position	25 %
331	in a favourable position or after arthrodesis in the ankle joint (plantar flexion of up to 5°)	20 %
	<b>Limited mobility of the ankle joint</b>	
332	light degree	to 6 %
333	medium degree	to 12 %
334	serious degree	to 20 %
	<b>When conducting assessment pursuant to items 329-331, assessment of limitations pursuant to items 332-334 cannot be conducted simultaneously, and vice versa.</b>	
335	Complete loss of <b>pronation and supination</b>	10 %

336	Limited pronation and supination	to 5 %
	<b>Artificial ankle joint</b>	
337	up to 45 years of age	30 %
338	over 45 years of age	25 %
	<b>Assessments pursuant to items 337 and 338 already include defects of the joint movement.</b>	
339	Instability of the ankle joint	to 15 %
340	<b>Flat foot</b> or deviated (in or out) foot as a result of an injury or other <b>post-injury deformity</b> in the ankle and foot region	to 25 %
341	<b>Chronic inflammation of the bone marrow</b> in the region of the tarsals, metatarsals and the calcaneus, only as a result of open injuries or operative interventions necessary for the treatment of the given injury effects – insolvable by surgery - orthopedically	10 %
	<b>Damages in the foot region</b>	
342	Loss of all toes	15 %
343	Loss of both articles of the <b>big toe</b>	10 %
344	Loss of both article of the big toe with the metacarpal bone or its part	15 %
345	Loss of the end article of the big toe	3 %
346	Loss of <b>another</b> toe (including the little toe) for each toe	2 %
347	Loss of the <b>little toe</b> with the metacarpal bone or its part	10 %
348	Complete <b>stiffness</b> of any toe, excluding the big toe - for each toe	1 %
	<b>Complete stiffness</b>	
349	inter-article joint of the <b>big toe</b>	3 %
350	base joint of the big toe	7 %
351	both joints of the big toe	10 %
	<b>Post-injury circulation and trophic disorders</b>	
352	in one limb	to 15 %
353	in both limbs	to 25 %
	<b>Post-injury muscle atrophy</b> of the limbs with unlimited range of the movement in the joint	
354	in the thigh	to 5 %
355	in the shank	to 3 %
	<b>Traumatic disorders of the lower limb nerves</b>	
	The assessment already includes possible vasomotoric and trophic disorders.	
	Traumatic nerve disorder	
356	sciatic nerve	to 50 %
357	femoral nerve	to 30 %
358	obturator nerve	to 20 %
359	Traumatic disorder of the stem of the <b>tibial</b> nerve with an impact on all innervated muscles	to 35 %
360	Traumatic disorder of the distal part of the tibial nerve with an impact on the function of the toes	5 %
361	Traumatic disorder of the stem of the <b>fibular</b> nerve with an impact on all innervated muscles	to 30 %
362	Traumatic disorder of the deep branch of the fibular nerve	to 20 %
363	Traumatic disorder of the shallow branch of the fibular nerve	to 10 %
	<b>MISCELLANEOUS</b>	
	Extensive <b>surface scars</b> (without considering disorders of the joint function)	
364	from 0.5% to 15% of the body surface	to 15 %
365	over 15% of the body surface	to 40 %
366	<b>Decubitus</b> ulcers in the extent from 2 cm	to 15 %

## AUXILIARY TABLES FOR ASSESSING PERMANENT SIGHT DAMAGES

Table no. 1 - Compensation percentages for permanent physical damages related to reduced visual acuity with an optimal eyeglasses correction

Visus	6/6	6/9	6/12	6/15	6/18	6/24	6/30	6/36	6/60	3/60	1/60	0
6/6	0	3	6	10	13	16	19	22	25	29	32	35
6/9	3	7	10	13	17	20	24	27	31	34	37	41
6/12	6	10	13	17	20	24	27	30	34	37	41	47
6/15	10	13	16	20	23	27	30	34	37	40	44	53
6/18	13	16	20	23	26	30	33	37	40	44	47	59
6/24	16	19	23	26	30	33	36	40	43	47	50	65
6/30	19	23	26	29	33	36	40	43	47	50	53	70
6/36	22	26	29	33	36	39	43	46	50	53	57	76
6/60	25	29	32	36	39	43	46	49	53	56	60	82
3/60	29	32	36	39	42	46	49	53	56	60	63	88
1/60	32	35	39	42	46	49	52	56	59	63	66	94
0	35	41	47	53	59	65	70	76	82	88	94	100

If the visual acuity was reduced prior to the given injury in an extent that corresponds to a disability greater than 75% and if the better eye becomes blind as a result of the injury, or if one eye was blind and the other eye had visual acuity worse than it is specified for a 75% disability and if this other eye becomes blind, we pay a compensation in the amount of 35%.

Table no. 2 - Compensation percentages for permanent physical damages related to concentric narrowing of the field of vision

degree of narrowing	one eye	both eyes identically	one eye with the other eye blind
to 60°	0	10	40
degree of the concentric narrowing	one eye	both eyes identically	one eye with the other eye blind
to 50°	6	25	50
to 40°	13	35	60

# INDEMNITY CLASSIFICATION FOR PERMANENT CONSEQUENCES OF INJURY

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to 30°	19	45	70
to 20°	25	55	80
to 10°	32	75	90
to 5°	35	100	100

If, prior to the injury, one eye was blind and the other eye had concentric narrowing to 35° or more and if this eye becomes completely or practically blind, or if the narrowing of the field of vision to 5° occurs, we pay a compensation in the amount of 35%.