

APPLICATION FORM FOR VOLUNTARY HEALTH INSURANCE

This confirms that Triglav Insurance Company d.d. Sarajevo agrees to provide voluntary health insurance to clients - users of the Prestige package by Intesa Sanpaolo Banka d.d. BiH.

Triglav osiguranje d.d. Sarajevo

POLICY HOLDER: Intesa Sanpaolo Banka d.d. BiH

INSURED: User of the Prestige package by Intesa Sanpaolo Banka d.d. BiH

INSURANCE BENEFICIARY: User of the Prestige Package by Intesa Sanpaolo Banka d.d. BiH (up to the age of 65)

FIRST AND LAST NAME:

National identification number:

ADDRESS, CITY AND POSTAL CODE:

CONTACT PHONE NUMBER:

POLICY NUMBER: 0001210

| Insurance Program | Scope of the insurance coverage | Annual coverage limit (BAM) |
|-------------------|---|-----------------------------|
| | LIMIT: Costs are reimbursed to the Insured for treatment according to the doctor's indications for specialist treatment and diagnostic procedures, prescribed medicine within the generally accepted medical treatment, medical aids, physiotherapy treatments, psychotherapy, dental treatments resulting from an accident in the amount of 100%. | 1,000.00 |
| | Additional coverage: | |
| | a) pregnancy | |
| | b) COVID - 19 | |
| | SUB-LIMITS: The cost reimbursement limit is made for: | |
| | c) medicine; | 200.00 |
| | d) vision aids (dioptric glasses and contact lenses) | 200.00 |
| | e) physiotherapy; | 200.00 |
| | f) psychotherapy; | 200.00 |
| | g) dental treatments resulting from an accident; | 200.00 |
| | Waiting period: 1 month for cases of diagnosed or treated illnesses and conditions. Waiting period does not apply to accidents. Coverage is valid up to the age of 65. | |

STATEMENT OF THE INSURED:

By signing this Application Form, I declare under substantive and criminal liability:

1. That as a client - user of the package arranged with Intesa Sanpaolo Banka d.d. BiH, I agree that Triglav Insurance Company d.d, being the insurance company, can process my personal and other data. Intesa Sanpaolo Banka d.d. BiH and Triglav osiguranje d.d. are obliged to preserve and keep all information and data strictly confidential and keep all data as a business secret, being defined as as such under the positive legal regulations in BiH.
2. That I acknowledge that voluntary health insurance is deemed concluded by signing this Application Form only if the Agreement on using the package has been concluded between me as a client-package user and Intesa Sanpaolo Banka d.d BiH.
3. That I am aware that if a severe illness has been diagnosed to me in the previous 5 years, such as: myocardial infarction, malignant tumor (carcinoma), stroke, pulmonary embolism, bacterial meningitis, encephalitis, coma, organ transplantation, kidney failure, benign brain tumor, serious consequences of sepsis, chronic liver disease, chronic lung disease (emphysema), severe diseases of glands with internal secretion, severe consequences of perforation in the gastrointestinal tract, diabetes, heart and blood vessels diseases, multiple sclerosis, other chronic illness or serious injuries, **that treatment for such illnesses is not covered nor are the treatments based on the illnesses listed in Article 7** of the Short Overview of the Insurance Terms and Conditions, which forms an integral part of this Application Form.
4. That by signing this Application Form, and concluding the Package Agreement with Intesa Sanpaolo Banka d.d. BiH, I give my consent to Intesa Sanpaolo Banka d.d. BiH to arrange on my behalf the voluntary health insurance as a part of the said package, and that I am aware that the General Terms and Conditions for Voluntary Health Insurance PG dzo/15-09-bh, Supplementary Terms and Conditions for Voluntary Health Insurance for outpatient treatment - Pg-dzo-vb/15-09-bh and Special terms and conditions for collective insurance in voluntary health insurance for outpatient treatment - Pg-dzo-kol/15-09 will be available on the Website of Intesa Sanpaolo Banka d.d. BiH and the Website of Triglav Insurance Company, and that they will be available and delivered to me at my request.

Place and date

Signature of the Insured - ISP Package user

The constituent part of this Application Form is the **Short Overview** of the Insurance Terms and Conditions for the Prestige Package users of Intesa Sanpaolo Banka dd BiH. The Insured shall exercise his/her rights in accordance with the provisions of the **Short Overview** of Insurance Terms and Conditions for users of the Prestige Package by Intesa Sanpaolo Banka dd BiH, **General Terms and Conditions for Voluntary Health Insurance PG dzo/15-09-bh, Supplementary Terms and Conditions for Voluntary Health Insurance for outpatient treatment - Pg-dzo-vb/15-09-bh and Special terms and conditions for collective insurance in voluntary health insurance for outpatient treatment - Pg-dzo-kol/15-09**. In the event of disagreement of provisions of the Short Summary of insurance terms and conditions for users of Prestige Package by Intesa Sanpaolo Banka dd BiH, which is a constituent part of this Application form, the **General Terms and Conditions for Voluntary Health Insurance PG dzo/15-09-bh, Supplementary Terms and Conditions for Voluntary Health Insurance for outpatient treatment - Pg-dzo-vb/15-09-bh and Special terms and conditions for collective insurance in voluntary health insurance for outpatient treatment - Pg-dzo-kol/15-09, the provisions of the Short Summary of insurance terms and conditions for users of Prestige Package by Intesa Sanpaolo Banka dd BiH shall prevail.**

Article 1 - INTRODUCTORY PROVISIONS

- 1) A voluntary health insurance is an outpatient treatment that, based on the established medical indication in case of newly discovered illness, condition or injury, provides the Insured with the coverage of costs of specialist medical examinations and diagnostic procedures, physiotherapy treatments, costs of medicines and medical aids, all in the scope of insurance coverage set by the insurance agreement.
- 2) The voluntary health insurance covers the costs of health and related services, all within the scope set by the Insurance Agreement.

Article 2 - GLOSSARY OF TERMS

- 1) **Insurer** is Triglav Insurance Company d.d, which signed the Insurance Agreement;
- 2) **Policy holder** is a legal or natural entity concluding the Insurance Agreement;
- 3) **Insured** is a natural entity whose interest has been insured.
- 4) **Insured event** is an event or circumstance, which results in one of the contracted forms of insurance;
- 5) **Illness** is a disruption of normal condition in the body not resulting from an accident;
- 6) **Waiting period** is a period determined by the Insurer from the beginning of the insurance, during which the insured is obliged to pay the insurance premium but the Insurer does not provide insurance coverage;
- 7) A general waiting period is one month. The general waiting period does not apply to accidents. For diseases and consequences of accidents for which treatment begins during the waiting period, insurance coverage starts only after the waiting period ends, with the exception of accidents;
- 8) **Special waiting period** for childbirth, miscarriage, tests and treatments related to pregnancy that occurred before the insurance period, shall last until the expected date of delivery, with maximum of 9 months from the start date of the insurance agreement. In cases when pregnancy started after the insurance start date, the insurance coverage begins after the general waiting period of one month.
- 9) **Health service provider** is a person with valid licence to perform medical or medical-related services, that is, a licence for independent practice as a doctor or dentist, and deemed eligible by the Insurer.
- 10) **New illness**, condition or injury is an illness, condition or injury that occurs after the start date of insurance, or that already existed at the start date of insurance, but has not been diagnosed or treated and the Insured did not or could not have known about it, since he/she had no health problems, signs of illness or symptoms.
- 11) **Previous condition** is an illness, condition or injury caused by an accident (including health problems, signs of illness or symptoms) which occurred before the start date of insurance meaning that it already existed at the start date of insurance, regardless if it was diagnosed or treated, and the Insured was familiar or had to be familiar with it.
- 12) **Healthcare Coordination Point** is the assistance center of the Insurer, through which the Policy holder the Insured

manages his/her insurance and realizes his/her insurance rights.

Healthcare Coordination Point tools are as follows:

Health KLIC (080 02 02 41),

Health KLIK (zdravstvena@triglav.ba),

Branches and Agencies of the Insurer (personal contact).

- 13) **Voluntary Health Insurance Card (VHI card)** is a document issued by the Insurer, proving the voluntary health insurance status of the Insured. The Insurer bears the costs of card issuing.
- 14) **Network of contracted healthcare institutions** are Health service providers which concluded a contract with the Insurer for the provision of services, where the insured party uses the services arranged through the policy in manner provided for in these conditions.
- 15) **Annual insurance sum** is the maximum obligation of the Insurer within the contracted insurance coverage for every insured party during the year of insurance, presented in the policy, that is, in the Additional Terms and Conditions.

Article 3 - INSURED PARTIES

- 1) As a rule, persons from 18 to 65 years of age can get insurance.
- 2) All persons with place of residence in Bosnia and Herzegovina (residents and non-residents) can get insurance.

Article 4 - CONCLUDING AN INSURANCE AGREEMENT

- 1) An agreement on voluntary health insurance is concluded between the Bank and the Insurer based on the Application Form for voluntary health insurance, which is a constituent part of the policy.
- 2) The insurance coverage is valid throughout duration of the ISP Package Agreement.
- 3) The Voluntary Health Insurance Application Form denotes the insurance coverage scope and annual coverage limits.

Article 5 - INSURANCE COVERAGE

- 1) **Outpatient treatment** due to illness or consequences of an accident, which includes specialist treatment and diagnostic procedures according to doctor indications - annual limit up to **BAM 10,000.00** without participation of the Insured in treatment costs.
- 2) **Pregnancy** is considered to be an insured event including all necessary tests, and all pregnancy-related necessary treatments until childbirth, within the defined limit for outpatient care, defined by the Application Form.
- 3) **COVID** - the coverage includes all costs of specialist and diagnostic processing in case of positive test to COVID, according to doctor's indications. Tests of any kind are not included in the coverage.
- 4) **Previous conditions**, all previously presented conditions are accepted, except the severe illnesses which are not covered, as presented in the exclusion list in Article 7.
- 5) **Additional coverage** for medicines, vision aids (dioptric glasses and contact lenses), physiotherapy, psychotherapy and dental treatments resulting from an accident up to the annual limit of BAM 200.00 per individual coverage;
- 6) **Coverage limits** get exhausted during the insurance year, starting from the date of conclusion of the package. On the same date every subsequent year, the Insured is entitled to a new limit.

Article 6 - PERIOD OF THE INSURANCE COVERAGE

- 1) The conclusion of the agreement (activation of the package) between the Insured and the Bank activates the insurance coverage for the package user. The insurance coverage starts 24 hours after gaining the status of the Package User with the Waiting period of 30 days.

Article 7 - LIMITATIONS AND EXCLUSIONS

- 1) The insurance covers the treatment costs incurred in the insurance year up to the amount of the annual insurance sum.
- 2) During the insured year, the costs of health services are covered within the following scope: 3 specialist treatments and 2 demanding diagnostic procedures.
- 3) The Insurer is not accountable for the quality of performed health services.
- 4) Pregnancy is also considered to be an Insured event, with the exclusion of Insurer's obligations in the following cases: infertility treatment and all forms of reproductive fertilization, termination of pregnancy due to medically unjustified reasons, treatments to prevent conception, vasectomy and sterilization, as well as restoring the condition prior to sterilization, pregnancy and birthing classes,
- 5) Previous health conditions are also considered an Insured event, except for: Chronic diabetes with complications; Alzheimer's disease; Aneurysm of cerebral arteries and large arteries of systemic circulation; Angina pectoris; Condition after cardiovascular insult (heart attack) with functional disorders; Liver cirrhosis; Brain tumors with neurological manifestations; Chronic renal insufficiency of moderate and severe degree; Malignant diseases of all organs; Multiple sclerosis; Motor neuron disease; Paralysis/paraplegia; Parkinson's disease; Chronic lung disease; Muscular dystrophy; Presenile dementia; Rheumatic arthritis; Mental disorders; Epilepsy; AIDS, AIDS-related complex syndrome (ARCS) and all diseases caused by and/or related to the HIV virus.

Article 8 Exercising the insurance policy rights

- 1) The Insured realizes his/her insurance right on the basis of a medical indication in all registered health institutions in the territory of Bosnia and Herzegovina:
 - for specialist processing;
 - for diagnostic procedures;
 - for medicines, medical aids and physiotherapy treatments
 All on the basis of indications and recommendations of specialist doctors that arise from a subjective impression, injury or accident.

Article 9 Insured event reporting

- 1) The Insured will be obliged to communicate directly with the Insurer regarding reporting and settlement of claims. According to the Insurance agreement, the user of the Prestige package is considered to be the Insured. The Insurer cannot guarantee which healthcare institution will accept to directly bear the costs of treatment and which will not. In case of a damage occurring on the basis of the Voluntary Health Insurance, the Insured can present the card as a confirmation of having a contracted and active insurance coverage.
- 2) The Insured, the Health service provider and the Insurer arrange an appointment through the Healthcare Coordination Point or the Insured makes the arrangements himself/herself. The Healthcare Coordination Point provides assistance to the Insured to find and schedule adequate appointments and to exercise his/her insurance rights:
 - organizes appointments for medical examinations of the Insured (by type, scope, date and exact time of examinations or other medical services);
 - refers the Insured to the appropriate medical institution;

- gives consent to the Health service provider for the service.

In the event that the Insured himself/herself makes appointments and performs examinations outside the network of contracted institutions, the registration of the Insured event shall be performed in the following manner:

- by email: zdravstvena@triglav.ba;
- Via VIBER number: 061 048 118;
- In person or by regular mail addressed to the Company's head office: Dolina No. 8, 71000 Sarajevo.

In this case, the necessary documentation to report the insurance claim is the following:

request form for reporting the voluntary health insurance claim - available at www.triglav.ba or in Company premises; medical documentation - findings, opinion and recommendations; fiscal receipt. If the Insured did not use VHI assistance and paid for the medical service himself/herself, we advise him/her to ask the doctors, dentists and other Health service providers, to write down on the receipt the first and last name of the Insured, illness / treatment description and individual service price and place the stamp and signature of the doctor on the receipt of the medical institution or pharmacy.

The current list of contracted institutions***SARAJEVO:**

- Polyclinic "SA NA SA"
- Polyclinic "Dr. AL TAWIL"
- Magnetic Resonance Imaging Center "REZONANCA"
- Polyclinic "Dr. NABIL"
- Polyclinic "ATRIJUM"
- Private Healthcare Institution "EUROFARM CENTAR"
- Private Pediatric Practice with ultrasound diagnostics "SUNCOKRET"
- Polyclinic "SVJETLOST"
- Private Healthcare Institution, ophthalmic polyclinic, Dr. SEFIĆ
- Optical studio "Dr. SEFIĆ"
- Private Healthcare institution - special hospital "Dr. SOLAKOVIĆ"
- Dr. Đokanović - paediatrician
- Polyclinic "SRCE SARAJEVA"
- Private orthopaedic practice "Dr. MUHAREMOVIĆ"
- Polyclinic "ORTHOS"
- Polyclinic "ALTAMEDICA BETA"

VISOKO:

- Private Healthcare Institution "EUROFARM CENTAR"

GORAŽDE:

- Private Health Center "EUROFARM CENTAR"

MOSTAR:

- Polyclinic "VITALIS"
- Polyclinic Arbor Vitae "Dr. SARIĆ"
- ZENICA AND TRAVNIK:
- Private Healthcare Institution "MEDICOM"

BUGOJNO:


- Private Health Center "EUROFARM CENTAR"

TUZLA:

- Healthcare Institution "PLAVA POLIKLINIKA"
- Healthcare Center "AZABAGIĆ"
- Private Healthcare Center "IRAC"
- Polyclinic "MEDISCAN"
- Private Health Center "EUROFARM CENTAR"
- Polyclinic "OSTEOMEDIC"


BIHAĆ:

- Private Healthcare Institution "MEDICA"


 Polyclinic "MUMINOVIĆ"

BANJA LUKA:

 Specialist Center "DEAMEDICA"

 Healthcare Institution "KUĆA DR. ZDRAVLJA"

BIJELJINA:

 Healthcare institution "KUĆA ZDRAVLJA"

TREBINJE:

 Specialist Center "ULTRA MEDIKA"

*The updated list of contracted institutions is available at:
www.triglav.ba