

Get Emergency assistance:

+44 745 814 94 06

+1 844 541 40 06

+63 454 971 091

+971 800 032 00 10

+81 505 050 88 06

+91 117 127 95 45

File a claim:

info@auras.insure

Individual Travel Health Insurance Policy

IMPORTANT This coverage is valid only if the appropriate plan cost has been paid. Please keep this document as your record of coverage under the plan.

PLEASE READ THIS DOCUMENT CAREFULLY! This Policy is issued in consideration of your application and payment of the premium due. This Policy describes all of the travel insurance benefits underwritten by the Company. This Policy is a legal contract between the Insured and the Company. It is important that you read your Policy carefully. Please refer to the Schedule of Benefits. It provides you with specific information about the insurance you purchased.

You may cancel this insurance by giving the Company or the agent written notice prior to the first of the following to occur: (a) the Effective Date of your insurance; or (b) your scheduled Departure Date. If you do that, the Company will refund your premium paid provided no insured has filed a claim under this Policy; administrative expenses in the amount equal to 40% of the premium may be deducted.

Section I COVERAGE DETAILS

Section II DEFINITIONS

Section III CONTRACT CONCLUSION PROCEDURE

Section IV GEOGRAPHIC REGIONS OF TRAVEL

Section V COVERAGE

Section VI EXCLUSIONS AND LIMITATIONS

Section VII PAYMENT OF CLAIMS

Section VIII GENERAL PROVISIONS

Section IX DATA PROTECTION NOTICE

APPENDIX 1: Extreme and Sport Activities

Section I COVERAGE DETAILS

SCHEDULE OF BENEFITS

Travel Arrangement Benefits	Maximum Limit Per Person (in USD, up to)			
	35,000	100,000	500,000	1,000,000
Total amount	35,000	100,000	500,000	1,000,000
Trip Cancellation (optional)	200	300	1,000	3,000
Comfort zone in case of flight delay	1,000	2,000	5,000	10,000
Medical Expenses	35,000	50,000	75,000	100,000
Dental	300	500	1,000	2,000
Emergency ambulance	200	500	2,000	4,000
Accident	2,500	5,000	25,000	50,000
Baggage Effects	250	500	500	1,000
Return ticket (optional)	50	100	500	1,000
Loss of Documents (optional)	50	100	250	500
Personal liability	500	1,000	1,500	3,000
Deductible	100	100	100	100
COVID-19 and ARVI	2,500	5,000	25,000	50,000
Mandatory observation in case of COVID-19	75 per day	75 per day	75 per day	75 per day
Repatriation of the body to the home country	5,000	10,000	50,000	100,000
Burial of the Insured Person's body in the country of death	250	500	1,000	2,500
Transportation of the Insured person to the country of permanent residence	2,500	3,000	5,000	10,000
Legal and translation services for medical treatment (optional)	100	500	1,000	2,000
Bail	200	300	500	1,000
Independent transportation to medical institution - taxi	50	100	100	100
Transportation to medical institution - helicopter	2,000	5,000	10,000	10,000
Travel by personal vehicle (optional)	200	500	2,000	4,000

OPTIONAL COVERAGE

The following will be included if selected and appropriate costs are paid.

Optional Travel Arrangement Benefits	
Sport/Extreme activities, Employment/Study	Allowed risks
Alcohol	Allowed risk
Legal and translation services for medical treatment	Yes, within the package limits
Trip cancellation	Yes, within the package limits
Return ticket	Yes, within the package limits
Loss of documents	Yes, within the package limits
Zero deductible	Yes
Emergency gynecologic care during pregnancy up to 27 weeks along	Yes, within medical limits
Travel by personal vehicle	Yes, within the package limits
Search and Rescue (SAR) activities	Allowed coverage
Rented equipment coverage	Yes, within the package limits

Please check your Policy Schedule to see which options and upgrades are included!

Section II DEFINITIONS

The following are defined terms that will have the same meaning wherever they appear in bold:

Accident - a sudden, unexpected, specific, violent, external, visible, chance event, which occurs at a single identifiable place and time.

App - the AURA Global FZ-LLC app that can be downloaded to your fully operational mobile device. You must be logged into the app, with location settings on your device set to “always” and notifications turned on.

Baggage - the part of your luggage checked in and handed over to an airline to be transported to the point of destination.

Bodily Injury - an injury caused solely by an accident, asphyxia, gasses or vapors, immersion or submersion, self-defense or unavoidable exposure to the elements.

Cash - valid coins, banknotes or bills of any currency.

Company/We/Us/Our - Insurance company “EKTA”. IC “EKTA” is a Ukrainian insurance company with its headquarters at 5, Dilova str, Kyiv, Ukraine. IC “EKTA” is authorized and regulated by the National Bank of Ukraine under the applicable Laws of Ukraine.

Employment/Study - traveling outside your Home country with the purpose of employment or studying.

Extreme and Sport Activities - any pursuit or activity where it is recognized that there is an increased risk of serious injury or where there is a reasonable expectation of aggravating any existing injury or condition (see “Appendix 1”).

Gadget(s) - mobile/smart phones, satellite navigation systems (GPS), personal digital assistants (PDAs), computers, laptops, tablet computers, game consoles (including handheld consoles) and all accessories for these items.

Home country - your principal place of residence.

Illness - a sudden, acute and unexpected deterioration in health not caused by bodily injury.

Insured Person/You/Your - any person named on the Policy Schedule who is eligible to be insured and for whom the premium has to be paid.

Manual Work - work involving the operation of a plant or machinery, use of power tools, or any work above or below ground level (except for work at the floor level in a fully-built multistory building).

Medical Practitioner - a qualified medical professional who is not an insured person, relative, colleague or any other person with whom you are traveling or staying.

Personal Liability - Any damage the Insured person is under an obligation to pay to a third party as indemnification in accordance with local legislation of the country of travel, covered by the Policy and considered an Insured event.

Policy/Contract - the contract of insurance consisting of the policy wording and your Policy Schedule.

Policy Period - the period from when you start your Trip and come back but within the dates of validity mentioned in the Policy after you have purchased this Policy. Coverage will not apply to any period prior to your payment for this product.

Policy Schedule - a schedule attached to this Contract, which sets out, among other things, the Policy Effective Date, Renewal Date, the name and the relevant particulars of the Insured Person(s), the eligible benefits, premium and other relevant details in respect of this

Contract and main conditions of your Policy.

Pre-existing Medical Condition(s) - any medical condition (whether diagnosed or not), for which you:

- have visited your GP office; or
- have consulted a medical professional, or
- have been prescribed a medication; or
- are awaiting surgery or a medical procedure; or
- are awaiting tests or workup, or the results of those; or
- have been given a terminal prognosis.

Relative - your spouse or domestic partner, or the person with whom you are permanently cohabitating in a marriage-like relationship, your son, daughter (including adopted or foster children), your mother, father, sister, brother, grandmother, grandfather, grandchild, fiancé(e) and next of kin, including in-law and step-relations.

Terrorism/Terrorist Attack - an actual or threatened use of force or violence against persons or property, or commission of an act endangering a human life or property, or commission of an act that interferes with or disrupts an electronic or communication system or network, undertaken by any person or group, whether or not acting on behalf of or in connection with any organization, government, power, authority or military force, when any of the following applies:

- The apparent intent or effect is to intimidate or coerce a government or business or to disrupt any segment of the economy; or
- The apparent intent or effect is to cause alarm, fright, fear of danger or apprehension of public safety in one or more distinct segments of general public, or to intimidate or coerce one or more such segments; or
- The reasonably apparent intent or effect is to further political, ideological, religious or cultural objectives, or to express support for (or opposition to) a philosophy, ideology, religion or culture.

Trip - a pre-booked travel which falls wholly within the policy period, starting and ending at the border of your Home country, and traveling to a destination outside the Home country.

War and Civil Unrest:

- a. Any sort of war (whether declared or not), hostility, invasion, revolution, act of foreign enemy, civil war or unrest, rebellion, insurrection, mutiny, uprising or military usurped power, martial law, state of siege or United Nations or NATO enforcement action; or
- b. An explosion of war weapon(s), utilization of nuclear, chemical or biological weapons or a hostile act of an enemy foreign to the nationality of the insured person or of the country in which the act occurs.

Section III CONTRACT CONCLUSION PROCEDURE

1. In order to conclude the Contract in electronic form, the Insured Person must, before the start of the trip, independently or with the help of the Insurance agent, go to the web page of the Insurer or its App, fill out the form indicating information about themselves, their mobile phone number, e-mail address, other information necessary to conclude the Contract, and also be sure to familiarize themselves with the terms of this Contract, including information about the fees.

2. Payment of the insurance premium and filling in personal data, necessary for issuance of the Policy, confirms the consent on all conditions and procedures described in the current Contract by the Insured Person.

3. According to the conditions chosen by the Insured Person and the data specified by them, after the payment of the insurance premium by the Insured Person, an Electronic Policy ("**Electronic Policy**", "**Policy**") is generated. The Policy is a confirmation of the conclusion of the Insurance Contract and contains a unique number corresponding with the number of the Insurance Contract, the date of conclusion, the validity period of the Insurance Contract and other individual conditions of the Insurance Contract.

4. The parties have agreed that the Insurer shall provide the Insured Person with the Policy in English.

5. The Parties have agreed that the Contract may be concluded:

By the Insured Person signing the Contract using a one-time identifier (entering the password sent by the Insurer to the Insured Person email/mobile communication device). Before signing the electronic policy, the Insured Person is obligated to check the data they entered, the selected insurance conditions and confirm their accuracy.

or

If there is no option on the Insurer's website or App to sign the Contract by using a one time identifier, the Insured Person signs the Contract by performing actions specified on the Insurer's website or App (in particular, but not exclusively, by filling out an application with identification data, agreeing to the terms of this Contract and implementing payment). Notwithstanding all of the above, the payment of insurance premiums to the Insurer is considered a proper confirmation of signing this Contract by the Insured Person.

6. When concluding an Insurance Contract, the Insurer may use a facsimile reproduction of the signature of a person authorized to sign such contracts, as well as reproduction of a seal imprint made using technical printing devices.

7. The policy is sent to the Insured Person's email address specified on the application. The Parties have agreed that the performance of such actions is a proper delivery method of the Insurance Contract to the Insured Person.

8. The Insured Person may refuse to conclude the Insurance Contract at any time before the Insurance premium payment is made.

9. The Insurer shall not be liable for harm or damage suffered by any person as a result of misunderstanding/misinterpretation of the terms of this Contract. If the Insured Person does not understand or does not fully understand the terms of this Contract, may request clarification from

the Insurer prior to accepting the terms and paying insurance premium.

10. By conclusion of the Contract, the Insured Person confirms that he/she:
 - is aware of the Rules and the Contract, fully understands the content of their provisions and got all necessary explanations from the Insurer;
 - understands the implications of his/her actions and is not influenced by error, deceit, violence, threat, etc.;
 - gives consent and the right to the Insurer, indefinitely, in accordance with the law, to receive, collect, process, register, accumulate, store, modify, update, use, distribute, and transfer, including cross-border transfer, information that, in accordance with the requirements of the law, constitutes personal data of the Insured Person, including personal health information, in order to comply with requirements of the law, this Contract and other agreements, including reinsurance, the exercise of rights granted to the Insurer by law or the contract, ensuring the implementation of tax relations, relations in the areas of accounting, audit, financial services and assistance services, advertising, marketing and actuarial research, service quality assessment. The use and dissemination of information constituting personal data of the Insured Persons is carried out exclusively to the extent necessary to ensure the fulfillment by the Insurer of the terms of this Contract and/or protect its interests. The Insurer is released from the obligation to send a written notice to the Insured Person about the rights, purposes of data collection and persons to whom personal data of the Insured Persons is transferred;
 - agrees to receive informational SMS messages as well as email messages from the Insurer to the email address specified in the Contract;
 - gives consent to the Insurer to record and file conversations with the Insured Person in order to capture necessary information related to the insured event;
 - agrees to receive advertisement information related to insurance products.

Section IV GEOGRAPHIC REGIONS OF TRAVEL

1. Insured Person selects a coverage territory of the Policy, which can be either a certain specified country, "Europe" or "Worldwide". These areas include countries as specified below:

Europe: Albania, Andorra, Armenia, Austria, Azerbaijan, the Azores, Belgium, Bosnia Herzegovina, Bulgaria, the Channel Islands, Croatia, Cyprus, the Czech Republic, Denmark, Egypt, Estonia, the Faroe Islands, Finland, France, Georgia, Germany, Gibraltar, Greece (including the Greek Islands), Hungary, Iceland, Ireland (Republic), the Isle of Man, Italy, Kosovo, Latvia, Liechtenstein, Lithuania, Luxembourg, Madeira, Malta, Moldova, Monaco, Montenegro, the Netherlands, North Macedonia, Morocco, Norway, Poland, Portugal, Romania, San Marino, Serbia, Slovakia, Slovenia, Spain (including the Balearic Islands and the Canary Islands), Sweden, Switzerland, Tunisia, Turkey, Ukraine and the Vatican City.

Worldwide: all countries of the World.

2. However, some countries or areas are considered too dangerous for travel and we will not cover you if you choose to travel there. We define these to be exceptions from the territory of the Contract validity:

country/place of residence of the Insured person;

where the U.S. Department of State's Bureau of Consular Affairs have issued "Level 4: Do Not Travel" at <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html>.

3. The effect of insurance protection and obligations to pay for claims or services provided in fulfillment of this contract is possible as long as it does not contradict economic, trade or financial sanctions or embargoes established by the USA or the European Union.

4. For more information on active USA sanctions, please visit OFAC page <https://ofac.treasury.gov/sanctions-programs-and-country-information>.

Section V COVERAGE

1. Insured risks are events covered under this Contract and occurred under the following circumstances:

- sudden illness, bodily injury, poisoning, accident or another event that leads to the necessity of obtaining medical care within the limits and the scope specified in this Contract;
- necessity to cover Insured person's repatriation costs in case of his/her death as a result of a sudden illness or accident while the Insurance Contract is valid;
- property damage;
- personal liability risks;
- other related costs defined in the Policy.

2. Parties agree that only the following insured events are recognized and covered under the Policy:

- sudden illness of the Insured Person threatening the life and health of the Insured Person and requiring urgent/emergency medical care including ambulance services that cannot be postponed till after the Insured Person returns to their Home country;
- damage and injury resulting from an accident;
- emergency dental care (acute toothache caused by an acute disease of the tooth or adjacent tissues or jaw injury caused by an accident);
- complication of pregnancy up to 27 weeks along;
- sunburns of the first and second degrees;
- COVID-19 contracted by the Insured person and confirmed by the lab test (polymerase chain reaction (PCR) method);
- acute respiratory viral infection (ARVI) contracted by the Insured Person;
- death of the Insured person;
- delay of the baggage handed over to an airline company for transportation ("Premium loss of baggage" option, check your Policy Schedule for availability);
- loss of baggage by an airline company during regular flights;
- search and rescue operations in case of a direct threat to the Insured Person's life (optional, check your Policy Schedule for availability);
- an event resulting in a third-party claim to the Insured Person for compensation of physical and/or mental pain and suffering if the Insured Person's Contract covers personal liability risks.

3. Each section of the policy has a limit on the amount we will pay under that section, called the sum insured. Some sections also include inner limits e.g. for a single item or valuables in total. The sums insured and inner limits for each section are shown on your policy schedule.

4. The scope of services in compliance with the terms of the Contract arranged and/or paid for to the Insured Person upon the occurrence of an insured event, depends on the Insurance Program and Options selected by the Insured Person at the conclusion of the Contract and indicated on the Policy Schedule. Those may include:

- reimbursement of the cost of testing for COVID-19, which is a polymerase chain reaction (PCR) method, provided that the PCR test result is positive;
- arrangement and payment of the cost of emergency medical care services at the call site, carrying out primary diagnostic measures, providing medical care with the use of medications in the amount necessary to stabilize the Insured Person's condition;

- arrangement and payment of the cost of medical care and treatment in outpatient settings;
- examination to the extent necessary to establish a diagnosis, doctors' consultations;
- arrangement and payment of the cost of services related to inpatient treatment, including doctors' consultations, diagnostics, treatment, emergency surgery, medications, standard hospital room stay, food in line with the standards adopted at the medical institution. The Company pays the costs of treatment abroad within the limits of its liability (sum insured) established by the Policy, only up to the point when the Insured Person's state of health becomes stable as confirmed by a doctor and the Insured Person can be discharged out of a medical facility allowing him to be evacuated to the Home country;
- reimbursement of the costs of medications and consumables intended for emergency treatment, or compensation of expenses for self-acquisition of medications prescribed by a doctor from a pharmacy within the limits of an insured event, except for medications and medical devices for treatment of COVID-19;
- ground transportation services (taxi) to transport the injured Insured person to a medical institution, if the Insured person's state of health does not allow him to move around independently;
- air transportation services (helicopter) to transport the Insured person who suffered as a result of an accident to a medical institution, if ground transportation is impossible;
- the deceased insured person's body transportation (repatriation) to the place of his/her previous residence. The necessary condition for the repatriation to be arranged is submission by the deceased Insured Person's family of an application-confirmation of their preparedness to pick up the body upon its crossing the national border;
- the costs of dead body repatriation:
 - registration of documents for the dead body repatriation;
 - preparation of the dead body for repatriation;
 - transportation of the dead body to the airport or the nearest customs office in the country of permanent residence. The Company reimburses the costs of transporting the Insured person's dead body to the airport or the nearest customs office of the country of permanent residence. The type of transport, the terms of repatriation, the method of transportation of the body and the route are determined by the Company;
- arrangement and payment of the costs of a range of services related to transportation and medical support of the Insured who is hospitalized abroad to a medical institution closest to the place of permanent residence if there are medical indications for further inpatient treatment;
- costs associated with the diagnosis and/or treatment of COVID-19;
- medical services required for treatment of COVID-19 and ARVI within the established limit of liability - no more than 5 (five) days of inpatient treatment or in case of outpatient care - no more than 5 appointments with specialists;
- emergency gynecologic care during pregnancy not exceeding 27 weeks - within the established liability limit, but no more than 5 (five) days of inpatient treatment or in case of outpatient care - no more than 5 specialist appointments;
- arrangement and payment for the Insured Person's treatment in a hospital extended for up to 15 days after the end of the insurance period if necessary for medical reasons;
- emergency dental care, including dental examination, x-ray study, removal of dental fillings and placement of temporary fillings if necessary;
- coverage of expenses for a period of 15 days maximum of the Insured Person's stay for medical reasons under compulsory observation in case of COVID-19, if such

observation/quarantine is mandatory under the local legislation and in case of positive COVID-19 test;

- reimbursement of funeral costs including burial of the Insured person in the country of death. Burial of the Insured Person abroad is only carried out upon agreement with the Company. The Company does not reimburse the costs of obtaining a burial permit from the administrative authorities of the country;
- reimbursement of the canceled ticket's cost and prepaid hotel staying in the amount of no more than Trip cancellation limit per Insured person if the trip was canceled due to: any serious injury of unforeseen medical condition that makes you unfit for travel (by order of licensed physician); the death of you or your travelling companion, or the death of a non-travelling family member; strikes or severe weather that result in travel services being unable to operate; unforeseen natural disasters at home or at destination that make them uninhabitable; a legal obligation such as jury duty or being served with a court order or subpoena. Applies if expenses are not refunded by airline/hotel. Optional coverage, check your Policy Schedule for availability;
- arrangement and payment of expenses for a missed return flight of the Insured person to their Home country if due to medical reasons. Optional coverage, check your Policy Schedule for availability;
- payment of the cost of travel in economy class to the Home Country for the Insured Person's family member or another insured person on the same insurance policy accompanying the Insured person in case of his or her hospitalization or death;
- arrangement and payment of expenses for a missed return flight to the Home country of Insured Person's children under the age of 14 if the Insured person cannot supervise them for medical reasons and if such children share insurance with the Insured Person. Optional coverage, check your Policy Schedule for availability;
- payment of expenses for the search and rescue (SAR) of the Insured Person as a result of an accident while driving/walking along a tourist route in the mountains, at sea, in the jungle or other remote areas - if there was no ban by the local authorities on visiting those areas - including the costs of evacuation from the scene to a medical facility. Optional coverage, check your Policy Schedule for availability;
- compensation for telephone communication services between the Insured person or person representing his/her interests and the Company related to reporting an insured event;
- compensation for damage (including mental pain and suffering) inflicted on the health or property of third parties as a result of the Insured person's actions. The extent of damage must be proved by the Insured person by submitting a court decision that can confirm the amount of loss but without exceeding third-party liability limit, mentioned in the Policy;
- compensation of the cost to receive new documents to return to the Home country in case original documents were lost during the trip. Optional coverage, check your Policy Schedule for availability;
- payment for legal, translation services for the Insured Person to receive medical services or return to the Home country if such services are required to avoid life threatening conditions. Optional coverage, check your Policy Schedule for availability;
- posting bail to release the Insured Person from arrest. The amount of bail must not exceed the limit specified on your Policy schedule;
- compensation of the cost of Insured person's lost baggage if the carrier has refused to compensate. Reimbursement is done if the Insured person follows rules of baggage transportation. Compensation can be only issued to PIR confirmed baggage air transportation;

- reimbursement of the cost of stay in an enhanced comfort waiting area in the event of a flight delay by longer than 4 hours from the originally scheduled departure time. Allowed stay time is 24 hours;
- in case of “Travel by personal vehicle” option:
 - reimbursement for towing services in case of breakdown or accident;
 - reimbursement for service station labor cost.

5. If the Insured Person covers expenses related to an insured event as specified above out of pocket, the Company reimburses the Insured Person for such expenses.

6. Insurance coverage does not apply to insured events defined by this Contract when the Insured Person consumes alcohol, unless that extra option had been selected by the Insured Person (confirmed by check marking “Alcohol” in the Contract), which applies a deductible of 200 USD.

Section VI EXCLUSIONS AND LIMITATIONS

1. The Company does not pay for or reimburse the cost of diagnosis, treatment or services related to the following medical conditions and events:

- medical care and treatment unrelated to the need to provide the Insured Person with emergency or urgent medical care;
- diseases (including relevant actions) that manifest in atypical conditions for human habitation and are a direct consequence of voluntary presence in such conditions: altitude sickness, decompression sickness, radiation sickness, hypothermia, etc.
- treatment of chronic or congenital diseases (anomalies), deformities or chromosomal disorders and malformations, complications, exacerbations of these diseases that are not life-threatening, or complications that the Insured Person had at the time of conclusion of the Contract and needed treatment, except for the cases where there is an immediate threat to life of the insured person or a need for targeted measures to eliminate acute pain;
- neoplasms, endocrine system diseases, diabetes mellitus;
- neurological conditions (except for neuritis), mental illnesses, incl. diagnosis and determination of the causes of epileptic seizures; treatment of psychosomatic disorders, as well as associated bodily injuries;
- oncologic diseases, cirrhosis, chronic renal failure, systemic connective tissue disorders, autoimmune diseases;
- treatment of medical conditions the Insured Person is known to have at the time of conclusion and/or commencement of the Insurance Contract, regardless of whether treatment was carried out or not, except for the cases where medical assistance was necessary for emergency medical care or saving the life of the Insured person. The presence of such a medical condition must be proven by the Company;
- sexually transmitted diseases, immunodeficiency, AIDS;
- diseases of the blood and blood-forming organs;
- epidemic and pandemic diseases with the exception of COVID-19;
- acute and chronic radiation sickness;
- scheduled consultations, physical exams and tests during pregnancy, regardless of the stage of pregnancy;
- consultations, exams, tests and treatment related to complications of pregnancy after 27 weeks of pregnancy, obstetric care for persons with a gestational age of more than 27 weeks, childbirth;
- medical services related to abortion to the Insured Person, with the exception of an urgent mandatory termination of pregnancy for medical reasons;
- diagnosis and treatment of male/female infertility, menopause, wasted ovary syndrome, menstrual disorders, premenstrual syndrome, hormonal disorders (hyperprolactinemia, hyperandrogenemia, others), erectile or sexual dysfunctions, artificial insemination, prevention costs;
- any health problems, complications or death due to failure to follow recommendations of the attending physician, side effects of medications not prescribed by a doctor, as well as side effects of nutritional supplements;

- diseases or consequences (complications) of viral hepatitis or tuberculosis;
- diseases and disorders of the hearing organs, except for acute diseases of the hearing organs;
- diseases, injuries, inflammation of eyes, eyelids, lacrimal apparatus, except for cases requiring emergency care and that are life threatening for the Insured Person;
- fungal and dermatological diseases, allergic dermatitis of any origin, sunburn of the first and second degree, other skin changes caused by ultraviolet exposure;
- diseases contracted before the beginning of the insurance period and/or on the territory of permanent residence, resulting in medical or additional expenses during the trip, as well as diseases contracted after Insured Person's return from the trip;
- further treatment of the Insured person abroad, if he refuses medical evacuation to the place of residence. The Parties agree that a telephone recording of a conversation or correspondence and messaging in instant messengers between the Insured Person or his relatives and the assisting company or the Company regarding the refusal of medical evacuation is equal to a written refusal and can be used by the Company as evidence in disputes;
- a medical examination that is not for an acute pain, sudden illness or injury, the provision of services that are not medically necessary or urgent, not part of the treatment prescribed by a doctor, or the provision of special services such as a private room, telephone, television, etc.;
- services and treatment that can be postponed until after the return from the trip, including surgical procedures that can be replaced by a course of conservative treatment till the end of the trip, etc.;
- surgical interventions associated with benign or malignant neoplasms (carcinoma, lipoma, or other types of growths as listed on the International Classification of Diseases ICD-10);
- medical interventions including surgery on the heart or blood vessels, such as angiography, angioplasty, shunting, stenting, installation of a pacemaker, etc.;
- diagnostic services: consultations, laboratory tests and other activities not prescribed by the doctor and the assisting company as necessary for establishing a diagnosis and further treatment;
- preventive vaccinations, medical examinations or laboratory tests not related to the insured event;
- all types of plastic or cosmetic surgeries and procedures; all types of prosthetics (including teeth and eyes) , organ transplants;
- planned dental treatment (except for an acute pain relief);
- medical services provided by a legal entity or individual that does not have the appropriate license, or by a person who does not have the right to practice medicine;
- physical therapy treatment, non-conventional treatment, treatment considered experimental or research;
- purchase or repair of assisting devices (such as pacemakers, glasses, contact lenses, hearing aids, inhalers, prostheses, crutches, wheelchairs, measuring devices, etc.), purchase of vitamins and other supplements, hygiene products, baby food;
- artificial insemination, infertility treatment, contraception;
- treatment of alcoholism, drug addiction, etc., including the treatment of withdrawal symptoms;

- medical evacuation, repatriation or burial abroad, arranged without a written consent of the Company;
- expenses for medical tourism;
- self-treatment, as well as treatment carried out by spouses, parents or children;
- elimination of consequences of self-treatment;
- the need for individual care, patronage and protection;
- medical examination for preventive purposes;
- continuation of treatment of the Insured Person after his/her return to the place of permanent residence, expenses covered by social insurance, medical insurance or any other kind of coverage;
- health resort and rehabilitation services, spa and wellness treatment, diagnostic services, consultations, laboratory tests and other activities not prescribed by a doctor and the assisting company as necessary to establish a diagnosis for further treatment;
- diseases resulting from a mental reaction to military events, internal unrest, a terrorist attack, a plane crash or fears associated with such events;
- the expenses stipulated in the Contract are not reimbursed if they are made by the Insured Person without prior agreement with the Company, except for emergency cases when an agreement with the Company is impossible due to the risk to the life and health of the Insured person;
- expenses for insured events that occurred performing professional sports, active recreation or manual work are not reimbursed, except for the presence of a special checkmark in the Contract (Sport/Extreme leisure and/or Active leisure and/or Work optional coverage);
- expenses are not reimbursed in case of the failure to notify / untimely notification of the Company about the occurrence of an event that can be qualified as an insured event;
- expenses related to treatment assigned as a result of an animal or insect attack that occurred in their original habitat outside of the place of temporary residence of the Insured Person unless the Insured person followed the safety instructions and rules specified in the regulatory acts;
- taking part in tours and events organized by third parties unless such an activity is covered as per current Policy. Insured person should make sure that any negative consequences related to such participation are covered by the organizers of such events and cannot report any further possible negative consequence of such participation as an Insured event as per the Policy;
- if Insured person is entitled to free medical care.

2. Medical expenses of the Insured person are not subject to insurance compensation in cases where:

- the Insured person took the trip against medical advice;
- medical services were received by another person who is not insured according to the Contract;
- the insured person refused scheduled examination, treatment, or medical transportation.

3. The Company does not reimburse fines, penalties, forfeits, late payment interest and other indirect losses, lost profits incurred by the Insured Person and/or third Parties.

4. Baggage insurance does not include events resulting from:
- effects on baggage of normal temperature, normal atmospheric humidity, natural qualities of baggage (normal wear and tear of baggage) and the limiting difference in determining the net weight, corrosion, rotting, internal damage, loss, rust, mold, etc.;
 - natural properties or defects of the insured baggage;
 - illegal actions of third parties not confirmed by law enforcement agencies;
 - transfer of baggage for transportation in damaged condition;
 - damage inflicted on baggage by worms, rodents, insects;
 - faulty technical condition of luggage (suitcases, bags, etc.) disruptive to the safety of transportation, loading, unloading or storage of the baggage;
 - non-compliance of baggage packaging with airline's requirements and standards;
 - transportation of baggage by carriers that do not have a license/permit for transportation;
 - confiscation of baggage by customs authorities or other representatives of the official authorities of the country of temporary residence;
 - violation by the Insured person of rules for carriage of baggage, in particular, inclusion in checked baggage of items that, in accordance with the rules of carriage, must be carried as carry-on baggage;
 - any loss of the contents of a piece of luggage if the integrity of packaging and seals remains intact.
5. The following personal liability cases are not subject to insurance compensation:
- damage associated with economic activities of the Insured person, his obligations under any contracts;
 - damage associated with any crimes committed by the Insured Person;
 - environmental damage;
 - damage caused by the Insured person using any type of transportation with an engine;
 - damage caused by the Insured person to members of his family;
 - losses in excess of the amount the Insured specified in the Contract;
 - injury suffered during participation in athletic competitions or preparation for those;
 - injury associated with Insured Person's work/professional activities;
 - losses incurred due to circumstances known to the Insured Person before the conclusion of this Contract or those the Insured Person was able to foresee and avoid;
 - damage to the rented equipment, unless such an option was selected;
 - damage to the reputation or moral damage inflicted on third parties.
6. The grounds for refusal by the Company to issue an insurance payout are:
- intentional actions or omissions by the Insured Person aimed at causing the occurrence of an insured event, except for actions committed in a state of necessary self-defense (without exceeding its boundaries) or protection of property, life, health, honor, dignity or business reputation. The qualification of the Insured Person's actions is established in compliance with destination country's current legislation;
 - violation by the Insured Person of the rules of conduct, safety or established practices

- of the territory/place of temporary residence; violation of country's of temporary residence legislation;
- submission by the Insured person of knowingly false information about the subject of insurance, the location of the Insured person as of the date of conclusion of the insurance contract or the fact of the occurrence of an insured event and the amount of expenses. Proof of the Insured Person's location as of the date of conclusion of the Contract can be relevant border crossing marks in his/her passport or airline, railway or bus tickets in cases when the Insured Person crosses borders of countries where the marks are not put in;
- obstructing the Company from determining the circumstances, nature or amount of damage;
- untimely notification, without a good reason, to the Company on the occurrence of an insured event, lack of agreement or violation of the terms of agreement on out-of-pocket expenses for diagnosis or treatment, as well as untimely submission/non-submission, incomplete submission of documents to the Company, a written application for receiving insurance payout (insurance compensation) and other documents that are attached to the application in compliance with this Agreement or requested by the Company;
- non-fulfillment by the Insured Person of his/her obligations under the Contract;
- failure to comply with Company's instructions in the process of settling an insured event;
- the receipt of full compensation for damage related to an insured event from a third party;
- consumption of alcohol (if not covered by the optional service), narcotics or toxic substances. Alcohol is considered consumed if consumption is documented by a medical facility in the amount of more than 1.5 ppm in the blood;
- insurance of persons 2 months to 3 years of age, as well as 60 to 80 years old without additional payment (surcharge);
- if the insured event occurred as a result of an intentional crime committed by the Insured person;
- if the Insured person refuses to undergo a re-diagnosis or a medical recheck at Company's request;
- purchase of a Policy for a period shorter than the duration of the trip, except for the cases where the Insured person extends the duration of their stay abroad, being already outside of the Home country;
- if the Insured person receives legal assistance or interpretation services without prior approval from the Company;
- if the Insured person is a citizen of an aggressor state, a terrorist state or a state that is a sponsor of terrorism as per the local legislation of Company's country of registration, or EU, or the USA, or according to the United Nations decision.

7. The following events are not recognized as insured events if they occurred as a result of or in connection with:

- civil unrest, strikes or state of emergency, ionizing radiation;
- the use of nuclear, chemical or biological weapons;
- suicide or attempted suicide by the Insured Person;
- illegal actions committed or attempted by the Insured Person and recognized by competent authorities as such;

- travel to a territory, for which the U.S. Department of State's Bureau of Consular Affairs has issued "Level 4: Do Not Travel", as prescribed by Section IV of the Policy;
- not following governmental or Company's recommendations regarding conduct during terrorist attacks, natural disasters, epidemics or pandemics;
- Insured Person's active participation in war (declared or undeclared), civil war, combat or hostilities, service in the armed forces and military formations;
- Insured Person's self-exposure to unjustified risk, conscious self-endangering (except for life saving);
- performance by the Insured Person of any type of professional sports or active (sports) recreation, (see Appendix 1), if such risks are not paid for by an additional insurance premium (options "Active leisure" or "Extreme/Sport").
- an accident while driving on a tourist route in the mountains, at the sea, in the jungle or other remote areas, including in the event of local authorities' prohibition on movement in the mountains, at the sea, etc.
- participation in bets, arguments, or fights (except for cases of self-defense);
- driving by the Insured Person of land/water/air transport without an appropriate valid license with a relevant category or in a state of alcohol, drug or any other substance intoxication;
- performance of any labor under an employment agreement (contract) or performance of manual work and/or provision of services under any civil law contract, including using a tool, when loading/unloading vehicles, etc., without "Work" option as on the Policy;
- receiving dental care in excess of what is needed to relieve pain.

8. The Company does not reimburse any damage caused by professional malpractice by doctors or other persons who provided assistance to the Insured Person. No administrative or service fees are reimbursed by the Company either.

9. The insurance protection and obligations to pay out claims or services provided for in this contract are effective as long as they do not contradict economic, trade or financial sanctions or embargoes established by the USA or the European Union.

10. For more information on active USA sanctions, please visit OFAC page <https://ofac.treasury.gov/sanctions-programs-and-country-information>.

11. In case the person is already traveling outside the Home country and would like to extend insurance coverage, option "Already traveling" must be activated while purchasing the Policy. In such a case, the Policy becomes effective 48 hours after payment is done.

Section VII PAYMENT OF CLAIMS

1. The Insured person has to inform the Company about the occurrence of an insured event within 48 hours from the moment of the occurrence of the event, by calling or sending a notification to Company's email address specified on the Policy, and provide the following information:

- first and last name of the Insured person;
- contact phone number;
- location (country, city, hotel, etc.);
- insurance contract number;
- a brief description of what happened and what kind help is needed;
- any additional information at the company's request.

2. The cost of assistance provided will be paid by the Company in compliance with the terms of the Insurance Contract.

3. If the Insured Person is unable to contact the Company or the situation requires an immediate decision related to the need for urgent medical or other assistance, the Insured Person must independently contact the nearest medical facility or Medical Practitioner for emergency care and make sure to:

- present the Insurance Policy;
- pay, if required, for emergency medical and/or other services provided;
- collect checks, receipts, slips, etc., from the doctor, all duly executed documents confirming the diagnosis and the amount of medical expenses;
- submit an application to the Company for payment of insurance indemnity and the documents stipulated by the Insurance Contract.

4. In case of seeking outpatient or inpatient medical care, the Insured Person has to inform the Company and agree on all expenses within 24 hours from the moment of requesting necessary medical assistance or hospitalization and before receiving medical services and paying for those services. If the cost of medical services, including outpatient or inpatient treatment, exceeds 1,000 USD, the Insured Person is obliged to consent to the costs in writing with the Company before the beginning of getting medical services including treatment. Written consent should be understood as a message sent to the Company by the Insured Person about needed medical services and an estimate for diagnosis or treatment by means of electronic transmission of information (e-mails) and a written consent (guarantee) sent by the Company to the Insured Person in the same way.

5. The Insured Person is obliged to submit to the Company all documents necessary to make a decision on insurance payout, within 30 calendar days since the occurrence of the Insured event.

6. In case of deadline violation to notify the Company of the occurrence of the Insured event without a good reason, or deadline violation to provide documents necessary for making a decision on an insurance payout, the Company refuses to make an insurance payout/compensation. Recognition of the reasons as valid is carried out at Company's discretion.

7. If the Insured person pays for medical services out of pocket, the following documents are expected from the medical facility:

- a duly formalized certified invoice from the medical institution indicating: the patient's first and last name, the exact diagnosis, the date of seeking medical help, the duration of treatment, detailed data on the provision of medical services, diagnostics, medications prescribed with indication of their quantity and cost;
- duly formalized prescriptions (issued to the Insured Person for the purchase of medications, indicating the name of each medication);
- itemized invoices for other services, broken down by date and cost;
- documents confirming the fact of payment for medications, provided medical and other services (settlement and cash documents, sales receipts, bank receipts, etc.);
- bills for telephone communication services of the Insured person or person representing his/her interests with the Company related to the occurrence of the Insured Event;
- insured event supporting documents (e.g., offense record, statement from the victim, a police report, proposals for pre-trial settlement, copies of a statement of claim or any other documents evidencing requirements to the Insured Person and substantiating the amount of damage caused - in the event of a personal liability case).

8. If the insured event is baggage related, the Insured person is obliged to:

- report the occurrence of the Insured event to competent authorities (Lost and Found service, baggage tracking service or other services, a carrier representative, police, etc.) immediately after the discovery of damage/loss, without leaving the territory of the station/airport;
- leave the baggage as it was found after the occurrence of the insured event (unless immediate actions are required to preserve the baggage and reduce losses) for inspection of the baggage by a representative of a competent service or authority.

9. If the Insured event is car accident related, the Insured Person provides the Company with the following documents:

- an official (police) report or certificate of the event that reflects date, time, place and details of the incident as well as designation and contact details of the official who certified the fact of the incident;
- a detailed description of the circumstances of the Insured event and the insured person's role in it;
- confirmation that the Insured person was not in a state of alcohol, drug or any other kind of intoxication;
- a copy of the Insured Person's valid driver's license.

10. For Personal liability insured events, in addition to the actions specified in this section above, the Insured person is obliged to send any further documents within 24 hours from their receipt to the Company's email address, specified in this Contract: a copy of the letter, court order, statement of claim, notice, message, court summons, any other documents received in connection with the claim.

11. The Company has the right, but is not obliged, to defend the Insured Person against

any claim related to damage caused to a third party. The Company has the right to refuse to represent Insured Person's interests at any time. If Insured Person's interests are represented by the Company, the Insured Person is forbidden to conduct any negotiations with the plaintiff or their representatives on a pre-trial settlement of the case, to offer compensation, to recognize in part or in full claims presented to him/her in connection with the insured event, assume obligations to resolve the dispute.

12. Burden of proof of the occurrence of an insured event and justification of the amount of expenses, as well as, if necessary, the impossibility of getting in touch with the Company, fully rests on the Insured person.

13. Claim payments related to Insured events are carried out by the Company without the Insured Person's participation.

14. In case if the Insured person pays for medical or additional services out of pocket, the Company shall reimburse the Insured person on the basis of a claim for an insurance payout.

15. In order to issue an insurance payout, the Company shall be provided the following documents common to all insured events:

- written claim as per the Company's template;
- copy of the Insurance Policy;
- copy of the passport or international travel document with marks on crossing the border of the country of travel; in cases where border crossing does not require stamping, copies of airline, railway or bus tickets or any other documents confirming the border crossing;
- bills for telephone conversations with the Company regarding Insured Events broken down to the telephone number and cost of each call;
- a copy of the return ticket to the Home country.

16. Original documents are provided at Company's request.

17. The Company has the right to request additional documents to confirm the fact and circumstances of the Insured Event, as well as determine the amount of insurance payout. The Insured person must provide such additional documents within 10 calendar days since the date of receipt of the Company's request.

18. Documents are provided to the Company in English. If documents are submitted in a different language, the Insured Person shall attach their notarized English translation.

19. All documents submitted to the Company must be legibly written or printed on forms and have signatures of the officials with appropriate seals as well as the name, address and contact telephone number of the institution (person) that issued them. Originals of statements (invoices) and other financial documents confirming the fact of payment (checks, receipts, orders, slips, etc.) are to be provided. All documents, information and evidence are provided to the Company free of charge.

20. The Company has the right to obtain additional documents or clarifications from

medical institutions where the Insured Person received medical care.

21. The Insured Person agrees to provide duly certified medical history and medical chart at Company's request.

22. The decision on insurance payout or refusal to pay is made by the Company within 30 business days since the date of filing all the necessary documents provided as described in this Contract.

23. The Company completes the insurance payout within 5 business days since the decision on the insurance payout or indemnity was made.

24. If any supporting documents for the Insured event raise doubts, the Company may extend the time period needed to make a decision on the insurance payout for up to 45 business days.

25. The Company notifies the Insured Person using email/mail/mobile device on the refusal to proceed with an insurance payout (insurance indemnity) or on the decision to defer the payment within 5 business days since the date of the decision justifying the reasons for refusal.

26. The insurance payout is executed by the Company via bank transfer.

27. The total amount of all insurance payouts for each particular type of insurance cannot exceed the amount specified in the Contract separately for each type of insurance.

Section VIII GENERAL PROVISIONS

1. The Insurer

IC "EKTA". Insurance company headquartered at B1, building 2, 5, Dilova str, Kyiv, Ukraine, 03150.

2. How we collect your payment

When you pay for an insurance product, we will charge your credit or debit card account using our website or App and contracted payment systems. As an agent to our coverholder, we hold your payment, which means your insurance is effectively paid for without a delay when we charge your credit or debit card account.

3. Our part in the contract is as follows

We provide the cover set out in this policy. Your policy schedule shows all additional sections of cover you have chosen to purchase. Cover will only apply to the insured person(s), during the policy period and within the geographic limits as shown on your policy schedule.

4. Your part in the contract is as follows

You must pay the premium for each policy period. You can pay the premium with a debit or credit card or any other agreed upon method.

5. Canceling or amending Your Policy

Please let us know immediately if your policy does not meet your needs. You have the right to cancel your policy before the first of the following occurs: (a) the Effective Date of your insurance; or (b) your scheduled Departure Date. We will only refund you any premium you have paid, deducted by 40% of the administrative fee.

Once your policy has been canceled, your cover will end and you will not be able to make a claim for anything occurring after the policy is canceled.

If your pre-existing medical conditions or personal circumstances have changed, you must let us know. If you do not, you may not get coverage.

6. Fraud

The contract between you and us is based on mutual trust.

However, if you or anyone acting on your behalf, provides false information or documentation or withholds important information in order to submit a claim, obtain coverage under this policy, for which you do not qualify, or to obtain coverage at a reduced premium, then your policy may be voided, and we:

- will not pay any part of a claim and will be entitled to recover the amount already paid to you on any claim; and
- will, at our discretion, cancel your policy; and
- will not refund any premium paid; and
- will inform the Police, and criminal proceedings may follow.

Section IX DATA PROTECTION NOTICE

1. Consent

We will only use your personal data as the law allows us to. Most commonly we will use your personal data under two following circumstances:

1.1 When you gave explicit consent for your personal data and that of other insured persons on your policy to be collected and processed by us in compliance with this Data Protection Notice.

1.2 When we need to fulfill the contract that we are about to enter into or have already entered into with you.

2. How we use your personal data

We use your personal data for the purposes of providing you with insurance, handling claims and providing other services under your policy and any other related purposes (this may include underwriting decisions made via automated means). We also use your personal data to manage your policy, for research or statistical purposes and to provide you with information, products, or services you request from us or that we feel may interest you. We will also use your personal data to safeguard against fraud and money laundering and to meet our general legal or regulatory obligations. We collect and process your personal data in line with the General Data Protection Regulation and all other applicable Data Protection legislation. The Data Controllers Insurance Company “EKTA” and “AURA Global” FZ-LLC are independent Data Controllers of their own data. Insurance Company “EKTA” and “AURA Global” FZ-LLC are also independent Data Processors of their own data.

3. Special categories of personal data

Some of the personal data you provide to us may be more sensitive in nature and is treated as a Special Category personal data. That could be information related to health or criminal convictions and may be required by us for the specific purposes of underwriting or as part of the claim handling process. The provision of such data is conditional for us to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes set out in this notice.

4. Sharing your personal data

We will keep any information you have provided to us confidential. However, you agree that we may share this information with AURA Global FZ-LLC and other companies within the EKTA Group and with third parties who perform services on our behalf in administering your policy, handling claims and providing other services under your policy. Please see our Privacy Policy (<https://ekta.insure/en/defense-mechanisms-en/>) for more details about how we will use your information. We will also share your information if we are required to do so by law and have your authorization to do so when we need to share this information for fraud prevention. We may transfer your personal data outside of the European Economic Area (“EEA”). When we transfer your personal data outside of the EEA, we will ensure that it is treated securely and in compliance with all applicable Data Protection legislation.

5. Your rights

You have the right to request us not to process your personal data for marketing purposes, to see a copy of your personal information we hold, to have your personal data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to request us provide a copy of your personal data to any Controller and to file a complaint with the local data protection

authority. The above rights apply whether we hold your personal data on paper or in electronic form. Your personal data will not be kept longer than necessary. In most cases, it will be for a period of seven years following the expiry of the insurance contract, or our business relationship with you, unless we are required to retain the data for a longer period of time due to business, legal or regulatory requirements.

6. Further information

Any queries regarding how we process your personal data or requests regarding your Personal Data Rights, should be directed to:

Enquiries in relation to data held by “EKTA” IC should be directed to:

Data Protection Officer,

B1, building 2, 5, Dilova str, Kyiv, Ukraine, 03150

Email: info@ekta.insure

Enquiries in relation to data held by “AURA Global” FZ-LLC should be directed to: AURA Global FZ-LLC

T2-SF-3E, RAKEZ AMENITY CENTER,

P.O. Box 10055

Ras Al Khaimah, United Arab Emirates

info@auras.insure

7. Complaint Procedure

We aim to provide the highest service standards at all times. However, we recognize that we do sometimes get things wrong. Accordingly, we have set up a complaint procedure to allow you to inform us on any aspect of our service that you are dissatisfied with and allow us to review our processes and any decisions we might have made. Our objective is to ensure that your concerns are dealt with promptly and fairly.

In all communications with us, whether via email/messaging or telephone calls, please quote your name as shown on your policy schedule, your policy number, and if your complaint is about a claim, then the claim number. First of all, we would encourage you to write to us and ask for your complaint to be investigated:

8. Complaints related to your policy:

Please forward details of your complaint to:

Complaints Team,

B1, building 2, 5, Dilova str, Kyiv, Ukraine, 03150

Email: info@ekta.insure

9. If we cannot resolve your complaint to your satisfaction, you should contact:

Address: 9, Instytutska str., Kyiv, Ukraine, 01601

E-mail: nbu@bank.gov.ua

Web-site: <https://bank.gov.ua/>

The National Bank of Ukraine

APPENDIX 1: Extreme and Sport Activities

1. The following activities are recognized as bearing increased risk of serious injury or having a reasonable expectation of aggravating any preexisting injury or condition.

1.1 **Active leisure** - occasional activities by the Insured person (the Insured) in any sport or physical activity including but not limited to:

- a. cycling, riding mopeds, buggies, electric kick scooters, hoverboards, unicycles and other vehicles and personalized mobility devices with a speed of no more than 15 km (9 miles) per hour;
- b. riding a horse, camel, elephant and other animals;
- c. bungee, rope jumping;
- d. hiking;
- e. visiting water parks, safari;
- f. playing beach soccer, volleyball;
- g. swimming in a pool or open water;
- h. fishing, hunting.

1.2 **Doing sports at a professional level** (Sports/Extreme rest) – regular engagement by the Insured (Insured person) in sport activities and/or occasional exercise with extreme loads including:

- i. skiing, snowboarding, ice-skating and other winter sports;
- j. rafting;
- k. surfing;
- l. high jump;
- m. mountaineering and climbing;
- n. acrobatics;
- o. water jumping;
- p. diving;
- q. cycling, riding mopeds, buggies, electric kick scooters, hoverboards, unicycles and other vehicles and personalized mobility devices with a speed of greater than 15 km (9 miles) per hour.