

INSURANCE TERMS AND CONDITIONS GOVERNING THE OPTIONAL COLLECTIVE PAYMENT PROTECTION INSURANCE FOR CREDIT CARDS

Of 1 December 2019

Article 1 – General Provisions

1.1.

This private insurance, arranged by Komerční pojišťovna, a. s., identification number (IČ) 63998017, with its registered office at Karolinská 1/650, 186 00 Prague 8 (hereinafter the “insurer”), is namely governed by Act No. 37/2004 Coll., on Insurance Contract (hereinafter the “Insurance Contract Act”), these Insurance Terms and Conditions, and Collective Insurance Contract No. 3230000000 of 1 April 20011 (hereinafter the “Contract”) entered into by and between the insurer and Komerční banka, a. s., identification number (IČ) 45317054, with its registered office at Na Příkopě 33/969, 114 07 Prague 1 (hereinafter “KB”).

1.2.

This insurance, as well as the rights and obligations arising from this insurance, shall be governed by the laws of the Czech Republic. Competent Czech courts shall have jurisdiction in respect of any disputes arising hereunder.

1.3.

Czech is the language of communication.

1.4.

All amounts and payments related to the insurance are quoted and payable in the lawful currency of the Czech Republic.

Article 2 – Terms and Definitions

The following terms have, inter alia, been defined for these Insurance Terms and Conditions:

- a) **Periodic premiums** – shall mean premiums for an insurance period paid by the policyholder in the form of periodic payments in the amount agreed in the Contract;
- b) **Waiting period** – shall mean a period during which the insurer is not required to pay out insurance benefits in connection with events that would otherwise constitute insured events;
- c) **Exemption period** – shall mean a period of time after the moment of an insured event, during which the insurer does not indemnify;
- d) **Beneficiary** – shall mean a person, who is entitled to insurance benefits as a result of the insured person’s death; for the purpose of this insurance, beneficiary shall always refer to KB;
- e) **Fixed-amount insurance** – shall mean insurance, in which the insurer is required to pay out insurance benefits (either lump-sum or periodic benefits) in case of an insured event to the extent foreseen by the Contract;
- f) **Beneficiary (entitled person)** – shall mean a person, who is entitled to insurance benefits as a result of an insured event; for the purpose of this insurance, beneficiary shall always refer to KB;
- g) **Written questions of the insurer** – shall mean insurer’s questions concerning the health of the insured person included in the Health Declaration document;
- h) **Total disability** – shall mean 3rd degree disability
- i) **Term of coverage** – shall mean a period, for which an individual insured person’s insurance coverage has been agreed;
- j) **Insurance policy** – shall mean a financial service contract, in which the insurer undertakes to pay out the agreed insurance benefits in case an incident arises and the policyholder undertakes to pay premiums to the insurer;
- k) **Insured event** - shall mean an incident defined by the Contract that gives rise to the insurer’s obligation to pay out insurance benefits;
- l) **Premiums** - shall mean private insurance consideration;
- m) **Insurance period** - shall mean a period of time agreed in the Contract, for which periodic premiums are paid; for the purpose of this insurance, insurance period shall always be 1 calendar month;
- n) **Insurance benefits** - shall mean an amount paid out to a beneficiary in case of an insured event in accordance with the Contract;

- o) **Policyholder** - shall mean a person, who has entered into the insurance contract with the insurer and is required to pay the premiums; for the purpose of this insurance, policyholder shall always mean KB, as a legal entity providing credit;
- p) **Insured person** - shall mean an individual, who receives credit from the policyholder, is eligible to take part in the insurance, and whose life or health is covered by the insurance;
- q) **Professional sport** - shall mean sports activities, for which an individual receives income from employment (employees) or from another form of self-employment (independent freelancers);
- r) **Accident** - shall mean an unexpected and sudden application of outside forces or one’s own physical force beyond the insured person’s control, or unexpected and uninterrupted exposure to high or low temperatures, gases, vapors, radiation (with the exception of nuclear radiation), electricity and poisons (with the exception of microbial poisons and immunotoxins) beyond the insured person’s control, whereas such events result in the insured person’s bodily injury or death during the term of coverage; for the purpose of this insurance, bodily injury shall mean damage to health; accident shall also mean death by drowning or as a result of lightning strike, provided such events occur beyond control of the insured person;
- s) **Credit** – shall mean a credit card loan (credit) under a Personal Credit Card Agreement;
- t) **Entry age** – shall mean an actual age of the insured person at the moment he/she enters into the insurance scheme;
- u) **Loan acceleration statement** – shall mean a monthly statement by which KB notifies the insured person of the immediate maturity of the drawn loan principal (or any part thereof), together with any associated interest and charges, in compliance with the applicable contract terms.

Article 3 – Insured Risks and Options

This fixed-amount life insurance for individuals, available with the credit, comprises the following:

- Insurance for the event of the insured person’s death;
- Insurance for the event of the insured person’s total disability;
- Insurance for the event of the insured person’s incapacity for work;
- Insurance for the event of the insured person’s loss of employment (unemployment).

Article 4 – Consulting Medical Records and Health Assessment

4.1

Based on the consent and authorization given by the insured person in the Health Declaration, the insurer has the right to request information and notifications concerning insured person’s health from health facilities, where the insured person has been undergoing treatment – even after the insured person’s death. Moreover, based on the aforementioned consent, the insurer has the right to ask the insured person to undergo medical assessment or examination with a physician or health facility specified by the insurer.

Any facts that might be obtained by the insurer during such health assessment may be used solely for the insurer’s internal purposes, unless the insured person’s prior consent is obtained.

Article 5 – Insurance Commencement and Termination

5.1.

The insurer includes the insured person in the credit card collective insurance immediately after the payment protection insurance supplementary banking service is agreed; such service forms part of a Personal Credit Card Agreement – provided the insured person meets the eligibility requirements foreseen by the Contract at the given date, or at any time thereafter – immediately after the relevant Amendment to the Personal Credit Card Agreement is concluded, subject to the signing of Health Declaration by the insured person. Health Declaration must be signed on the day the supplementary banking service is procured and one copy of such Health Declaration must be forwarded to KB on the same day. The insured may not alter any provisions of the Health Declaration and may not provide any data other than the requested data.

5.2.

The insured person's entry age must be between 18 and 55 years.

5.3.

Insurance coverage of an insured person shall fully cease to exist in the following situations:

- At the moment a Personal Credit Card Agreement is terminated;
- At 24:00 on the day preceding the day, on which the insured person turns 60 years of age;
- Insured person's death;
- On the day an insured event – total disability arises;
- Loan acceleration;
- Refusal of insurance benefits;
- Exclusion of the insured person from coverage by the policyholder on the basis of their mutual written agreement;
- Unilateral exclusion of the insured person from coverage by the policyholder;
- Unilateral exclusion of the insured person from coverage by the insurer or policyholder within two months from the moment the insured person is included in the insurance scheme.

5.4.

The insurance for the event of the insured person's incapacity for work shall expire upon awarding disability pension for first, second or third degree disability, old-age pension or extraordinary old-age pension, as appropriate. Moreover, the insurance shall also expire upon payment of insurance benefits for 24 months of such person's incapacity for work (in total).

Article 6 – Insurance for the Event of Death

6.1.

In the event the insured person dies during the term of coverage, the insurance benefits shall be paid out to the beneficiary.

6.2.

In case the insured person dies during the waiting period, the right to claim the insurance benefits shall not be granted. For the purpose of this insurance, the waiting period shall mean the period of first three months of the term of coverage.

6.3.

The provisions of the preceding section do not apply if the insured person dies as a result of an accident, as defined in Article 2 of these Insurance Terms and Conditions.

6.4.

The payment of the insurance benefits shall be subject to:

- Written notification of an insured event;
- Presentation of an original or certified copy of a Personal Credit Card Agreement, original of death certificate, and a document corroborating the cause of the insured person's death (e.g. attending physician's report, protocol of the Czech Police, autopsy report or cause of death confirmation by the relevant civil registration office);
- Credit card statement(s) relating to the period, in which the insured event took place.
- The conformity of a copy with an original may also be certified by a KB employee.

Article 7 – Insurance for the Event of Total Disability

7.1.

The insured event shall mean insured person's total disability that occurs during the term of coverage and during a period, in which KB has receivables from the insured person under an insured credit (loan). The day of such insured event shall be the day, on which the relevant decision of the competent Czech authority on awarding the third degree disability to the insured person becomes final. In case of an insured event, the insurance company must be notified without any undue delay that the insured event took place and the necessary documents must be supplied:

- Written notification of an insured event – on a specified form "Insured event notification – total disability", presentation of an original or certified copy of a Personal Credit Card Agreement or an Amendment to the Personal Credit Card Agreement that contains a Health Declaration;
- Presentation of an original or certified copy of the decision of the competent Czech authority on awarding the third degree

disability, including any documents concerning the reasons for such disability (e.g. medical reports relating to an illness leading to the disability, extract from the records of the competent Czech authority regarding the disability award proceedings).

The conformity of a copy with an original may also be certified by a KB employee.

7.2.

In the event disability pension (third degree disability) is awarded during the waiting period, the right to claim the insurance benefits shall not be granted. For the purpose of this insurance, the waiting period shall mean the period of first twenty-four months of the term of coverage.

7.3.

The provisions of the preceding section do not apply if the disability pension (third degree disability) had been awarded to the insured person solely as a result of an accident (as defined in Article 2 of these Insurance Terms and Conditions) that takes place during the term of coverage.

7.4.

In order to receive insurance benefits, it is necessary to document the reason for awarding disability pension (third degree disability) to the insured person.

Article 8 – Insurance for the Event of Incapacity for Work

8.1.

The insurance coverage only applies to:

- a) Citizens of the Czech Republic and the EU employed under a permanent employment contract or fixed-term contract exceeding one year;
- b) Citizens of other countries employed under a permanent employment contract or fixed-term contract exceeding one year, provided such employment fulfils terms and conditions set down in this regard by Act No. 435/2004 Coll., on Employment, as amended (hereinafter the "Employment Act");
- c) Citizens of the Czech Republic, EU or other countries generating income from self-employment registered and carried out in the Czech Republic, provided they have not been awarded first, second or third degree disability and provided they incurred loss of income from such activities in connection with their incapacity for work.

This insurance coverage does not apply to individuals drawing disability pension (first, second or third degree disability).

8.2.

Insured event shall mean an insured person's incapacity for work, certified by a physician, resulting from an illness or accident of such insured person, provided it occurs during the term of coverage and provided receivables under the insured loan (credit) exists. The incapacity for work must be certified by a physician established within the territory of the Czech Republic.

8.3.

For the purpose of these Insurance Terms and Conditions, incapacity for work shall occur, if the insured person cannot (based on a physician's decision) and does not carry out his/her employment or other gainful activity – not even for a part of the day – and does not carry out any management or supervisory activity for valuable consideration.

8.4.

With regard to the nature of this insurance coverage, an insured event shall start on the day a physician determines insured person's incapacity for work and ends on the day such incapacity for work ends on the basis of a physician's decision.

8.5.

For the purpose of this insurance, the waiting period shall mean the period of first three consecutive months of the term of coverage.

8.6.

For the purpose of this insurance, the exemption period shall mean the period of first two months of insured person's incapacity for work.

8.7.

In the event of insured person's incapacity for work, the insurer shall pay out insurance benefits for each month of such incapacity for work; however, only after the exemption period expires and

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solely up to the moment of the insurance termination. In case the insurance coverage is only terminated after an insured event occurs and the exemption period is already over, whereas the insured event pursuant to this Article continues, the insurer shall pay out insurance benefits until the end of the month, in which the insurance coverage pursuant to this Article is terminated. In case an insured event occurs prior to the exemption period expiration, whereas this insurance coverage is terminated prior to the exemption period as well, the right to claim insurance benefits will not arise.

8.8.

The insured person shall immediately report an insured event and present any necessary documents that might be requested by the insurer, where objectively possible. In case the insured person fails to do so within the period of 4 months from the commencement of his/her incapacity for work, the insurer may, at its discretion, only provide insurance benefits for incapacity for work from the day, on which it is presented with the necessary documents.

8.9.

The following must be presented for the payment of insurance benefits:

- Completed form "Incapacity for work confirmation" by an attending physician, with information about diagnosis of the insured person, start, term, and end of the insured person's incapacity for work. The cost associated with the issuance of this form shall be borne by the insured person. This form cannot be issued by an attending physician, who is also a spouse, companion (common-law spouse), sibling, parent, child or another close person within the meaning of Section 116 of the Civil Code;
- Confirmation of an employer confirming the insured person's employment or confirming that the employee is not subject to notice period or has not terminated his/her employment by agreement; for self-employed individuals, a copy of a trade license;
- Original or certified copy of a Personal Credit Card Agreement;
- Credit card statement(s) relating to the period, in which the insured event took place;
- Document that the person's incapacity for work still continues at least 1 month after the period of such incapacity for work.

The conformity of a copy with an original may also be certified by a KB employee.

Article 9 – Insurance for the Event of Loss of Employment (Unemployment)

9.1.

This insurance coverage only applies to citizens of the Czech Republic, EU citizens, and citizen of third countries with permanent residence permit in the Czech Republic, employed on the basis of a permanent employment contract or fixed-term contract exceeding one year, concluded pursuant to Act No. 65/1965 Coll. or Act No. 262/2006 Coll.; moreover, it also applies to citizens of other countries employed on the basis of a permanent employment contract or fixed-term contract exceeding one year concluded pursuant to Act No. 65/1965 Coll. or Act No. 262/2006 Coll., provided such employment fulfils terms and conditions set down by the Employment Act.

9.2.

For the purpose of this insurance, the waiting period shall mean the period from the start of coverage or any new employment. The waiting period shall be 6 months.

9.3.

For the purpose of this insurance, the exemption period shall mean the period of first two months of insured person's unemployment.

9.4.

The right to claim insurance benefits in connection with unemployment (loss of employment) shall only arise, if an employer terminates the relevant employee's employment for one of the following reasons:

- a) Employer or any part thereof is dissolved (Section 52(1)(a) of the Labor Code); or
- b) Employer or any part thereof is relocated (Section 52(1)(b) of the Labor Code); or

- c) Employee becomes redundant as a result of a decision of an employer or relevant authority on the change of its tasks, technology, staff reductions with a view to promote work efficiency or on other organizational changes (Section 52(1)(c) of the Labor Code);

Employment was terminated, for the reasons outlined above, on the basis of an agreement.

9.5.

In case of the loss of employment, the insurer shall pay out insurance benefits for each commenced month, after the exemption period expiration, until an employee starts a new job, retires, goes on maternity leave, is remanded in custody or imprisoned; however, always for up to 4 months. In case the insurance coverage is only terminated after an insured event occurs and the exemption period is already over, whereas the insured event pursuant to this Article continues, the insurer shall pay out insurance benefits until the end of the month, in which the insurance coverage pursuant to this Article is terminated. In case an insured event occurs prior to the exemption period expiration, whereas this insurance coverage is terminated prior to the exemption period as well, the right to claim insurance benefits will not arise.

9.6.

The payment of the insurance benefits shall be subject to:

- Written notification of an insured event, together with a copy of an employment contract including any amendments thereto, employment record and employment termination notice/agreement that specifies the date and reason for employment termination, as well as a confirmation of a labor (employment) office about the insured person's registration as a person seeking employment. In case the insured person is a citizen of another EU Member State, he/she is required to present a copy of an employment permit and permanent residence permit for the territory of the Czech Republic;
- Credit card statement(s) relating to the period, in which the insured event took place;
- Presentation of an original or certified copy of a Personal Credit Card Agreement.

The conformity of a copy with an original may also be certified by a KB employee.

9.7.

The insured person shall report and document the start of his/her new employment, retirement (both old-age pension and disability pension due to first, second, and third degree disability), maternity leave or custody/imprisonment – always within one month of any change.

Article 10 – Insurance Benefits (Indemnification)

10.1.

Insurance benefits under the insurance for the event of death shall be paid out in the amount of rightful receivables – i.e. in the amount of any outstanding balance of the loan (credit) as of the relevant month and year, in which the insured event took place. Insurance benefits shall not cover loan principal amount resulting from credit card transactions executed after the insured event arises.

10.2.

Insurance benefits under the insurance for the event of total disability shall be paid out in the amount of rightful receivables – i.e. in the amount of any outstanding balance of the loan (credit) as of the relevant month and year, in which the third degree disability was awarded to the insured person in compliance with the applicable social security legislation. The day of awarding the third degree disability shall mean the day (or date, as appropriate) shown in the operative part of the decision of the Czech Social Security Administration as the day, from which the third degree disability is awarded. Insurance benefits shall not cover loan principal amount resulting from credit card transactions executed after the insured event arises. In case the insured person's total disability is awarded on the day that falls within the period of his/her incapacity for work or such period immediately follows, the insurer shall pay out insurance benefits in the amount of rightful receivables – i.e. in the amount of any outstanding balance of the loan (credit) as of the relevant month and year, in which the

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insured person's incapacity for work ended. In this case, insurance benefits shall not cover loan principal amount resulting from credit card transactions executed after the insured person's incapacity for work starts.

10.3.

Insurance benefits under the insurance for the event of incapacity for work shall be paid out in the amount of the monthly loan payment – provided such monthly loan payment falls within the period of the insured person's incapacity for work and after the exemption period expires. The amount of insurance benefits does not change throughout the duration of an insured event. The monthly loan payment shall correspond to the prescribed monthly payment specified in the periodic credit card account statement issued as the first statement after the end of the month, in which the insured person's incapacity for work occurred. Insurance benefits shall not cover the relevant monthly loan payment amount resulting from credit card transactions executed after the insured event arises. Moreover, the insurance benefits shall not include any overdue payments that might have become overdue prior to the insured event date.

The provisions of this section shall not prejudice the provisions of Section 8.7.

10.4.

Insurance benefits under the insurance for the event of unemployment (loss of employment) shall be paid out in the amount of the monthly loan payment – provided such monthly loan payment falls within the period of the insured person's unemployment and after the exemption period expires. The amount of insurance benefits does not change throughout the duration of an insured event. The monthly loan payment shall correspond to the prescribed monthly payment specified in the periodic credit card account statement issued as the first statement after the end of the month, in which the insured person's loss of employment occurred. Insurance benefits shall not cover the relevant monthly loan payment amount resulting from credit card transactions executed after the insured event arises. Moreover, the insurance benefits shall not include any overdue payments that might have become overdue prior to the insured event date.

The provisions of this section shall not prejudice the provisions of Section 9.5.

10.5.

The insured person or the beneficiary shall immediately notify the insurer of any insured event in writing. The insured person or the beneficiary shall present any documents that might be necessary for insurance benefits payments, as requested by the insurer, and notify the insurer of any changes that might affect such insurance benefits payments. Moreover, the insured person shall undergo medical examination, if requested by the insurer. In case these requirements are not met, the insurer will not pay out any insurance benefits. The insurer reserves the right to review any presented documents, as well as the right to request and consult expert reports.

10.6.

The upper limit of insurance benefits is defined by the Contract.

Article 11 – Insurance Exclusions; Limitation of Indemnity and Refusal to Indemnify

11.1.

The insurer will not pay out insurance benefits in connection with insured events:

- a) That occur as a result of any military action or civil war, civil riots or terrorist attacks, revolt or uprising;
- b) That occur during motor vehicle operation by the insured person, if the insured person does not hold the relevant driving license or if the motor vehicle was driven without authorization;
- c) Where insured person dies as a result of his/her suicide;
- d) Where the insured person's total disability or incapacity for work results from intentional self-harm of the insured person throughout the term of coverage;
- e) In connection with consumption or consuming of alcohol or other addictive or toxic substances by the insured person or in connection with drug abuse or poisoning as a consequence of

the consumption solid, liquid or gaseous substances due to negligence or when handling such substances;

- f) In case the insured person refuses to undergo medical examination or breathalyzer test per instruction of a policeman or municipal police officer according to special regulation in order to determine whether or not he/she is under the influence of alcohol or another addictive substance;
- g) In connection with an accident or illness that occurred prior to the commencement of the insurance coverage, provided the insurance had been treated for, monitored or diagnosed with any symptoms of such illness in the period of five years prior to the commencement of the insurance coverage;
- h) In case of AIDS, TBC (tuberculosis), Hepatitis B (VHB) or Hepatitis C (VHC).

11.2.

The insurer may reduce insurance benefits by up to fifty percent:

- a) If an insured event occurred in connection with any actions suggesting the insured person committed a crime;
- b) If an insured event occurred in connection with any actions of the insured person that result in severe bodily injury or death of another person or materially breached any vital interest of society;
- c) If the insurer discovers that the insured person or the beneficiary have provided the insurer with information relating to an insured event occurrence that varies from information gathered in the course of insurer's investigation or if any such information is withheld.

11.3.

Moreover, the insurer shall not pay out insurance benefits in the following cases of incapacity for work:

- a) In case the insured person stays in facilities that treat alcoholism, drug addiction, gambling and other form of addiction;
- b) In the event of the insured person's incapacity for work as a result of a psychiatric or psychological finding (F00 – F99 diagnoses pursuant to the international classification of diseases);
- c) In the event of the insured person's incapacity for work as a result of an injury sustained in connection with professional sports;
- d) In connection with the following high-risk sports activities: canyoning, sky-surfing, bungee-jumping, shark-diving, rafting, black-water-rafting, heli-skiing (biking), deep diving to depths of more than 30 meters, rock climbing, paragliding, gliding (non-powered aircrafts), skydiving – from airplanes or elevated locations;
- e) In the event the insured person does not reside in the place reported to his/her attending physician (as specified in the incapacity for work confirmation), unless:
 - i. The insured person undergoes any medically required treatment;
 - ii. The insured person leaves the place reported to his/her attending physician with his or her consent (e.g. in connection with a walk permitted by an attending physician in the incapacity for work confirmation);
 - iii. Insured person's incapacity for work occurs during a temporary stay outside of the place of his/her permanent residence in connection with acute illness or injury and he/she cannot return to his/her permanent residence for medical reasons;
- f) In case of any stay in sanatoriums, health resorts and rehabilitation centers with the exception of situations, in which the relevant stay represents – from a medical point of view – a necessary part of treatment of an illness or injury and the insurer has consented to such treatment stay beforehand in writing;
- g) In the event of the insured person's incapacity for work in connection with pregnancy, high-risk pregnancy, childbirth or miscarriage;
- h) In connection with back pains and the consequences and complications thereof during the term of coverage (diagnoses M40 – M99 pursuant to the international classification of diseases);

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- i) As a result of the insured person's occupational injury or work-related illness;
- j) During the period, in which the insured person collects maternity or parental benefits and for the period of insured person's maternity or parental leave, who is not entitled to maternity pay – even during the period, for which such person would collect maternity pay under the applicable legislation;
- k) In connection with the insured person's intentional exposure to risk;
- l) If the insurer identifies any breach of treatment regime – from the day such breach is identified;
- m) Where any substances were tested on the insured person, with his/her consent, prior to their approval, registration, and authorization of production and distribution (drugs, etc.);
- n) In the event of incapacity for work relating to cosmetic surgeries.

11.4.

The insurer may refuse to pay out insurance benefits in connection with an insured event that results from any fact that was only disclosed by the insurer after the insured event occurred and that could not have been discovered upon the insurance negotiation or its change due to the fact that the insured person had provided false or incomplete answers to insurer's written questions (either intentionally or negligently), where the insurer would not have agreed to provide such insurance coverage or would have provided it under different terms and conditions had it known such fact at that time. The insurance coverage shall cease to exist on the day the notification regarding the refusal to pay out insurance benefits is delivered.

Article 12 – Informing the Insured Person and Other Individuals about the Information Notice (Memorandum)

Immediately after the insured person is enrolled to the insurance or after the insurer receives his/her personal data (as appropriate); however, no later than one month thereafter, the policyholder must inform the insured person about the Information Notice (Memorandum) that contains information relating to personal data processing and associated rights and obligations; moreover, the policyholder must inform the insured person that the current version of such Information Notice (Memorandum) is available on the insurer's website. The policyholder has the same obligation to any other individual, whose personal data are collected in connection with this insurance – immediately after collecting such personal data from the person in question.

Article 13 – Service

13.1.

Any communications, notices, and requests relating to the insurance must be made or given in writing in Czech or Slovak; they shall be effective upon their delivery to their intended recipient.

13.2.

The parties shall send any communications via a postal license holder to an address agreed in advance or to the last known address of the intended recipient. Any communications intended for the policyholder, insured person or beneficiaries may also be delivered to these persons by the insurer in person via an employee or another authorized person of the insurer.

13.3.

In case the intended recipient is not reached and he/she fails to collect any communication deposited with a postal license holder within the agreed period (15 days), the relevant communication shall be deemed delivered on the last day of such period – even if the addressee did not find out about it.

13.4.

In case the intended recipient refuses to accept any communication, it shall be deemed delivered on the day it is refused.

Article 14 – Address for service

Any correspondence for the insurer shall be sent to the following address: Komerční pojišťovna, a. s., Karolinská 1/650, 186 00 Prague 8. Any correspondence of the insurer or insured persons intended for the policyholder shall be sent to any branch of Komerční banka, a. s.

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Article 15 – Resolution of Disputes

In case of any claim or complaint, it is possible to contact Komerční pojišťovna, a. s., Customer Service Department, Karolinská 1/650, 186 00 Prague 8; alternatively, it is possible to contact the Czech National Bank, with its registered office at Na Příkopě 28, 115 03 Prague 1.

RELATED INFORMATION

(Notification requirements pursuant to Section 66 of the Insurance Contract Act)

Article A – Taxes

In the event of insured person's death, total disability, incapacity for work or loss of employment, the insurance benefits shall be exempt from income tax (Section 4(1)(l) of the Income Tax Act).

Article B

With regard to this insurance, the insurer does not pay out surrender value and does not attribute profit sharing.

Article C

Information concerning other matters that are subject to notification requirements of the insurer pursuant to Section 66 of the Insurance Contract Act is included directly in the wording of these Insurance Terms and Conditions.