



ARDI

Individual Health
Insurance Agreement

VITAMINS By ARDI





THANKS FOR BEING OUR INSURED!

We advise you some basic rules, just because that Vitamins by ARDI were most comfortable to you:

RULE №1: Before intake of these Vitamins, please read this document in details.

RESULT: You already know all the details about that particular insurance program, the beneficiary of which you are.

RULE №2: If you need Family Doctor's (GP) service, please make an appointment in advance at most suitable date, time and location, within "ARDIMEDI" network.

RESULT: You'll receive prompt and highly qualified medical consultation, exactly at that time, when you have scheduled the service.

RULE №3: Please, always keep a thorough documental record of your medical treatments. We recommend you to buy a special folder in which you may keep your complete medical history.

RESULT: The above mentioned will help you to fully track your medical history and receive insurance compensation in shortest time.

RULE №4: Before purchasing the medication prescribed by a specified specialist, please, check whether this medication/drug is registered in Georgia by the LEPL Drug Agency or not. In case if it turns out that the medication does not have a registration number, contact your physician with the request to change the prescription with a registered medication/drug. You can check the registration of the medication with the help of the following official website:

<http://pharmacy.moh.gov.ge>

RESULT: The above mentioned will help you to save your budget, time and not to buy such medication, which would not subject insurance coverage and which may cause any kind of threat to your health.

RULE №5: In case if you could not find a satisfactory answer to your question in this guide, before making any independent action, please, contact our Call Center, on simplest phone number 2101010 (from a mobile phone or from regions - 0322101010). Our operators work for you 24 hours a day, 7 days a week including public holidays.

RESULT: You'll receive an accurate information on how to behave for not to delay your medical service and to be provided with a comprehensive answer to any of your question you may have concerning medical insurance.



EXPLANATION OF THE TERMS:

INSURER	JSC “ARDI INSURANCE” (Tax Payer Number: 405662242)
POLICYHOLDER	Recipient of insurance services, a person, who concludes an agreement to the Insurer and implements payment of the insurance premium.
INSURED PERSON	A person, in favor of whom, is implemented the Insurance considered by the Agreement.
BENEFICIARY	A person, who is authorized to receive insurance compensation according to the terms of the Agreement and current legislation of Georgia.
INSURANCE CASE	An event that occurs during the validity period of the Insurance Contract, provided by the Insurance Policy, upon the occurrence of which arises the Insurer's obligation to pay of the insurance compensation based on the Contract conditions and insurance program.
ACUTE CASE	Disease and state of a person, that occurs as soon as a disease-causing factor appears and is rather an active, acute process. In case of timely and proper treatment the case will end with full recovery.
REIMBURSEMENT LIMIT	The sum amount, which is determined in this Agreement and in the insurance card, which represents the maximum of total insurance reimbursement to be paid for a specific insurance service during insurance period.
TERRITORIAL LIMIT	The insurance coverage area where this insurance Agreement operates, in particular, is Georgia, except the occupied territories.
INSURANCE PREMIUM (CONTRIBUTION)	The annual insurance fee that the Policyholder is obliged to pay to the Insurer within the terms established by this Insurance Agreement and which is the price for insurance service.
MEDICAL FACILITY	Medical institution operating on the territory of Georgia, which is entitled with the right (License) to implement any medical activities according to the requirements of the Law of Georgia.
DOCTOR	Certified Doctor in accordance with the legislation of Georgia, who is authorized to implement medical activities.
MEDICAL CONTRACTOR	Medical Institution being in a contractual relationship with the Insurer and/or certified physician, who provides the medical services specified in this insurance contract on the basis of the insured person's application.
WAITING PERIOD	The period during which the specific medical costs for insured person's treatment are not covered by the Insurer and which is calculated from the date of the insured person's primary insurance.
LETTER OF WARRANTY	Written letter or electronic document, issued by the Insurer on the basis of the insured person's request and relying the proper documentation and the medical necessity, which determines the volume of medical service and is certified by the authorized person and should be submitted to the Contractor Medical Institution.
CHRONIC DISEASE	A disease, characterized by a long course duration (3 months or more) and periods of remission and relapse/exacerbation.

GUIDED SCHEME Insurance/medical service, which is guided by the Family Doctor (GP) in the medical Institution determined by the Insurer.

HEALTH INSURANCE ELECTRONIC CARD (E-CARD)

A card, uploaded by the Insurer to the portal <http://ecard.ardi.ge/> or at ARDI's official website www.ardi.ge being registered - in the relevant menu of "My Room" – Ecard - which can be viewed and downloaded by the Insured person as a confirmation of the insurance provided in his/her favor, under this agreement.

CONTINUOUS INSURANCE

The interim (interval) which is calculated by countdown from the beginning of the insurance period and during which the person held the insurance within the current Insurer so, that the interval between each previous and subsequent insurance periods does not exceed **14 (fourteen) consecutive** calendar days.



USEFUL SERVICES

1.1

COSTS OF THE INSURER ASSISTANCE (HOTLINE/CALL-CENTER):

The costs of Insurer's assistance would be reimbursed within the limit and co-payment of the chosen insurance program and provides 24-hours qualified, unlimited, day-and-night telephone, information, organizational consulting, providing complete and operational information about insurance programs, medications, about organizing and coordinating medical services. The above mentioned implies, in case of need of the Insured person's treatment, providing supervision of the process and quality of medical treatment, as well as monitoring medical and financial documentation.

1.2

SERVICE COSTS OF PRIVATE/FAMILY DOCTOR:

It would be reimbursed within the limit and co-payment of the chosen insurance program and provides:

- Insurer's Private/Family Doctor's services within its competence;
- Monitoring the health status of the insured and creation medical history for each insured person;
- If necessary, inviting additional specialists and organize medical consilium;
- Issuing the letter of warranty according to the medical necessity at provider medical institution;
- Medical recommendations for healthy lifestyle;
- Issuing of a sick leave certificate, if necessary.

Private/Family doctor service is provided by the Insurer within particular medical centers of ARDIMEDI.

1.5

PRIVATE/FAMILY DOCTOR'S HOUSE CALL SERVICE COSTS:

Provides Private/Family Doctor's visit at home in case of acute and urgent cases (service is available in Tbilisi and Batumi). If necessary, issuance letter of guarantees on laboratory/instrumental tests and medications.

1.4

NURSING AT HOME SERVICES COSTS:

Provides for nursing home care services provided by the insurer for no more than two (2) calendar weeks per one accident, in case of existence of medical indications in the postoperative period.

1.8

COSTS OF INPATIENT (HOSPITAL) MEDICAL SERVICE DUE TO ACCIDENT:

Shall be reimbursed within the limits and co-payment of the chosen insurance program and provides principle of free choice, the combination of immediate medical measures related to the deterioration of the health of the insured caused by an accident (externally, unexpected/sudden) during the insurance period, the delayed implementation of which will result in death, disability and significant deterioration of the health of the insured. During this type of service, the Insured will be hospitalized for 24 hours or longer.

COSTS OF EMERGENCY (URGENT) INPATIENT (HOSPITAL) MEDICAL SERVICE DUE TO ILLNESS:

1.6

Shall be reimbursed within the limit and co-payment and include, by the principle of free choice, the combination of immediate medical measures related to the deterioration of the health of the Insured caused by the illness of the Insured during the insurance period, the delayed implementation of which will result in death, disability and significant deterioration of the health of the Insured. During this type of service, the Insured will be hospitalized for 24 hours or longer.

PLANNED INPATIENT (HOSPITAL) MEDICAL COSTS:

1.7

Provides, on the basis of the principle of free choice and/or appeal, while locating the insured person in a licensed medical institution for 24 hours or more, due to relevant medical indication, is considered medical-diagnostics, laboratory and instrumental examinations and treatment provided by this Agreement, including compensation of:

- Surgical and conservative treatment;
- Care and patronage;
- Medical manipulations;
- Prescribed medications;
- Reimbursement of the costs of all other necessary medical measures.

PREGNANCY MONITORING AND CHILDBIRTH COSTS:

1.8

Shall be reimbursed according to the selected program limit, considers co-payment and waiting period providing observance of the principle of free choice, pregnancy monitoring, management of abnormal pregnancy, maintenance of pregnancy (with appropriate medical indication, any laboratory-instrumental studies, including triple testing from genetic research, amniotic fluid diagnosis, gynecologist consultation and medication treatment throughout the whole period of pregnancy). It provides childbirth (physiological, caesarean section with medical indications, complicated childbirth, including termination of pregnancy) in any licensed maternity home.

AMBULANCE SERVICE COSTS:

1.9

Provides the services of any licensed Ambulance brigade on the territory of Georgia, with appropriate medical indications.

COSTS OF EMERGENCY (URGENT) OUTPATIENT MEDICAL CARE:

1.10

Will be reimbursed within the limit and co-payment specified in the selected program and provides for the set of immediate medical measures, which is related to deterioration of health status of the insured person during the insurance period. In case of its postponement, death of the insured person, limitation of his/her legal capacity or significant deterioration of health condition is inevitable, and does not require the patient's delay in a medical facility for 24 hours or more.

The following are subjected to compensation:

- **In particular: during trauma:** consultation, radiological or ultrasound examination, repositioning, fixation as needed, immobilization with plaster, wound healing, medical assistance;
During severe trauma, assessed according to neurological status and the Glasgow Coma Scale, computed tomography if necessary;
- **In case of hypertonic crisis:** Doctor's consultation, Medicinal support, Infusion;
- **In case of hyperthermia, hypothermia:** Consultation, Medication assistance, Infusion;
- **In case of pain in the chest area and severe rhythmic disorder:** Physician's consultation, ECG, heart ultrasound or chest radiography, general blood test electrolytes, medicines, in case of need in Troponin;
- **In case of injury caused to the body due to thermal and chemical exposure:** Doctor's consultation, surgical treatment of the wound/bandaging/suturing, medicament assistance;

- **In case of nasal bleeding:** Doctor's consultation, front and back tamponade, stop bleeding;
- **In case of renal, abdominal, gallstone colic:** Doctor's consultation, general analysis of blood and urine, ultrasound, infusion study, analgesic and spasmolytic agents;
- **In case of bronchial and cardiac asthmatic attack:** Doctor's consultation, ECG, medication treatment, attack suppression;
- **In case of intoxication (despite of taking narcotic substances):** Doctor's consultation, infusion, general blood test, laboratory examinations, electrolytes, medications;
- **In case of allergic reactions (anaphylaxis shock, Urticarial, Quince's edema):** Doctor's consultation, infusion, anti-allergic treatment;
- **In case of acute obstructive laryngitis and bronchospasm (croup/false croup):** Doctor's consultation, attack suppression, infusion;
- **In case of abscess, phlegmon:** Doctor's consultation, surgical treatment, medication treatment;
- **In case of a foreign body enters into the respiratory tract, hearing, digestive system:** Doctor's consultation, removing the foreign body.

Note: At the same time, it is possible to implement other specific interventions that do not appear in the above list, but according to the doctor's decision there is a need for their implementation. The costs for such cases will be reimbursed within the planned limit of out-patient services and co-payments determined by the insurance package.

URGENT VACCINATION:

Urgent vaccination includes doctor's consultation and vaccinations with anti-rabies, anti-tetanus and anti-botulism serum, anti-venom anatoxine.

PLANNED OUT-PATIENT SERVICE COST:

Will be reimbursed within the limit and co-payment specified in the selected program and based on relevant medical necessity considers doctor consultations fees of various profiles, instrumental-laboratory examinations, treatment-diagnostic manipulations including out-patient surgical services (among them as: hysteroscopy/hysteroresectoscopy; operations on phimosis, angiology-radiofrequency ablation, tonsillectomy, nasal septum resection/nasal valves disintegration, highmorotomy, sinus endoscopy operations, excision/dissection of soft tissues and tumors from the skin (lipoma, papilloma, benign tumors, fistulas), when patient stays in a medical facility for less than 24 hours. Planned out-patient services can be obtained both in accordance with the principle of free choice, as well as on the basis of an application issued by the Insurer's Family Doctor. Expenses related to pregnancy or oncology will be reimbursed within the relevant service limit and co-payment.

Note: In addition, in case, if the medical care due to the complications will be hospitalized, out-patient interventions/manipulations/surgery costs of postoperative complications, will be covered by the card within the relevant service limit and co-payment.

COSTS OF PRESCRIBED MEDICINES:

Will be reimbursed within the limit and co-payment (enclosed to the Agreement) and based on relevant medical necessity considers reimbursement of medicines charges prescribed by the doctor. During in-patient medical care, reimbursement of expenses for medication treatment, is carried out within the limit and co-payment of in-patient care (hospitalization). Purchase of the medications, is possible at any licensed

pharmacy on the territory of Georgia observing the principle of free choice and on the basis of the insurer's Family Doctor's referral. Based on the referral issued by the Family Doctor, the medicines will be reimbursed with additional +5% coverage in following pharmacy networks: PSP, AVERSI, PHARMADEPO and GPC.

1.14 PREVENTIVE MEDICAL CHECK-UP COSTS:

Complies the package of the following type in the provider's medical centers only on the basis of the referral issued by the Family Doctor:

- Specialist's consultation;
- General blood test;
General urine test;
- Determination of glucose level in blood;
- Ultrasound of one system of organs.

Note: Specialist's consultation includes:

For women - consultation of a gynecologist or mammologist;

For men - consultation of urologist or cardiologist;

For children – consultation of a pediatrician, orthopedist or ophthalmologist.

1.15 URGENT DENTAL SERVICE COST:

Will be reimbursed based on of free choice principle at any licensed dental clinic through all the territory of Georgia and provides the following services:

- Acute pain removal (anesthesia, depulption, root canal filling);
- Tooth extraction during acute pain.

1.16 PLANNED DENTAL SERVICE COST:

Will be reimbursed within the limit and co-payment of selected program and provides therapeutic and surgical dental treatment.

Note #1: Treatment with microscope is financed only based on relevant medical indications.

Note #2: Prophylactic cleaning is compensated 2 times per year, among them by the method of Air-flow, but treatment cleaning will be reimbursed according to the patient's indications.

1.17 DISCOUNTS AT ORTHODONTIC-ORTHOPEDIC AND IMPLANT DENTAL SERVICES INTO PROVIDER DENTAL CLINICS:

Provides discounts at orthodontics-orthopedic and implant services in a provider dental clinics indicated by the Insurer. However, the amount of discount depends on the provider dental clinic. Both, the volume of discounts and the number of provider clinics are subjected to changes during the insurance period.

1.18 TREATMENT ABROAD (PLANNED IN-PATIENT AND/OR PLANNED OUT-PATIENT TREATMENT):

Provides reimbursement of medical services being implemented in exclusive ARDI providers in foreign countries, among them, in medical centers of **TURKEY** according to the Georgian average market prices and the terms of the agreement. Such exclusive providers are:

■ IN TURKEY:

ANADOLU Medical Center (In affiliation with [John Hopkins Medicine](#)); ACIBADEM Healthcare Group and KOC Healthcare clinics.

Note #1: In those medical centers, where the costs of medical treatment are covered by the government program, the Insurer undertakes liability to repay the amounts payable by the Insured on a co-payment basis under this Agreement according to the provided conditions.



EXCEPTIONS

2. THE INSURER IS ENTITLED TO DECLINE REIMBURSEMENT OF THE FOLLOWING:

DISEASES:

Diseases:

- 2.1. Diabetes mellitus and diabetes insipidus, chronic and viral hepatitis (except "A" hepatitis), renal chronic insufficiency and costs of medical service for the complications, except emergency /life-threatening conditions;
- 2.2. Costs, related to the congenital diseases and diseases, conditioned by genetic mutation and their complications. Genetic studies (except the costs for triple testing during pregnancy and genetic tests in case of oncological disease);
- 2.3. Costs for STD sexually transmitted (venereal) diseases, in particular and only: syphilis, gonococcal infection, chlamydial lymphogranuloma, chancroid (mild Chancre), lymphogranuloma inguinale (donovanosis), chlamydia, candidiasis and costs for AIDS medical service;
- 2.4. Costs for medical services related to the metabolic syndrome, obesity and overweight;
- 2.5. Costs for Medical service for acne, rosacea, folliculitis, alopecia and nail fungus (onychomycosis, onychodystrophy);
- 2.6. Costs of medical care for mental illness and its complications;
- 2.7. Climacteric syndrome, infertility, diagnosis of potency disorders and treatment costs;
- 2.8. Costs related to alcoholism, drug addiction and toxic substance abuse.

SERVICES:

Services:

- 2.9. Costs related to exoprosthesis, endoprotheses, implants and medical devices for corrective purposes (including soft tissue implantation) and complications during any medical intervention;
- 2.10. Costs for vision correction, for purchase of glasses, lenses and hearing devices;
- 2.11. Planned vaccinations and immunization;
- 2.12. Physio-procedures, plasmapheresis; laser therapy, Kinesiotherapy;
- 2.13. Costs related to cosmetic/aesthetic treatment, plastic surgery, weight correction;
- 2.14. Costs related to abortion of non-medical indication, contraception, artificial insemination, reproductive medicine, due to change of a sex;
- 2.15. Costs related to rehabilitation treatment, massage, podologist, expenses for psychotherapist, psychiatrist, psychologist and logopedist's services;
- 2.16. Costs related to reception of any kind of medical certificates (except a certificate issued by a Family Doctor).
- 2.17. Costs for non-traditional medical care (ozone therapy, acupuncture/biopuncture, manual therapy, homeopathy, Sujok therapy, physical exercises and others).

SITUATIONS:

Situations:

- 2.18. Costs for medical services for diseases caused by intentional self-harm/rough negligence of the body and similar cases;
- 2.19. Costs for treatment of diseases incurred by the insured person by his/her own intention rough negligence, except of such cases, when he/she acts for the purpose of saving someone else's life;
- 2.20. Costs for medical services as a result of car accident incurred while driving the car under effect of alcoholic, narcotic or toxic or psychotropic substance;
- 2.21. Costs for medical services caused as a result of the insured person's participation in a criminal act, as well as medical expenses incurred during the period of imprisonment;
- 2.22. Costs of medical care for diseases and cases, caused the insured person's participation in professional and risky sports (rock climbing, mountaineering, speleology, aeronautics, parachuting, hang gliding, paragliding, rafting, scuba diving or swimming under water using respiratory devices, horse racing, speed racing on motorboats, auto vehicles or other motor vehicles, military martial arts);

- 2.23. Costs of treatment conditioned by non-medical indications including non-standard ward and recruited staff and self-treatment;
- 2.24. Costs of service for preparations of dentures, orthopedics and orthodontics services;
- 2.25. Costs related to purchase of non-registered, according to the legislation of Georgia, medications and remedies, biologically active or/and food supplements, phyto-medicines, paramedics, immunomodulators, immunostimulants, monoclonal antibodies, personal hygienic and/or other body care products, medical devices and aids (corsets, clamps, bandages, soft bands, silicone tampons, saturators etc.);
- 2.26. Costs for services rendered before the entry of the Contract into force or after the expiration of the Contract term.



SERVICE GUIDE OF THE VITAMINS



When applied to those medical institutions, where the Insurer's medical service is not being implemented, the Insurer provides issuance of insurance sum during 10 (ten) working days after the submission of the full medical and financial documentations by the Insured person in case of appropriate insurance program. The documents to be submitted are as follows:

- Payment receipt and check;
- Form #IV-100/a;
- Doctor's prescription;
- Calculations;
- Medical conclusions;
- Identity document;
- Bank details.



When applied to those medical institutions where the Insurer's medical service is being implemented, the Insurer provides medical service organization and the insured person submits medical and financial documents, including:

- Form # IV-100/a;
- Invoice/calculation, issued by the clinic;
- Medical conclusion, in case of need;
- Identity document.



In case of insurance under a managed program, outpatient, medicated pregnancy monitoring and prevention services can be obtained only on the basis of a referral issued by a family doctor. In order to receive planned inpatient services, the insured person must submit the documentation referred to in paragraph 3.2 in advance and receive the referral/letter of guarantee within the specified time period. The services listed in this paragraph will not be reimbursed in cash to the insured person. On emergency services the insured person benefits with the principle of free choice.



The Insured person is responsible for submitting complete medical and financial documentation to the Insurer. In case of submission an incomplete documentation, the insurer is entitled not to issue insurance reimbursement until the existing deficiencies are eliminated. In case of compliance with the terms of the current insurance program and the requirements of the insurer, the referral/letter of guarantee is issued within 10 (ten) working days.



In order to receive doctor's electronic guarantee letter, delivery of the requested documentation is implemented through the relevant module of our website as follows:

- You must click on the button "My Room" in the upper right corner of the website www.ardi.ge;
- You choose to register (if you do not already have an account) or authorization to log in (if you already have an account);
- On the left side of the menu list you will find the button "Referrals" > "New application" > then send the required documentation for the referral.

In order to receive an electronic reimbursement, delivery of the requested documentation is implemented through the relevant module of our website as follows:

- You must click on the button **"My Room"** in the upper right corner of the website www.ardi.ge;
- You choose to register (if you do not already have an account) or authorization to log in (if you already have an account);
- On the left side of the menu list you will find the button **"Reimbursements"** > **"New Reimbursement"** > then send the required documentation for the reimbursement.

Wherein, the originals of the documents sent through the electronic portal should be delivered through a special mailbox located at the insurance company's head office (3, Vazha-Pshavela Avenue, Tbilisi, Georgia) or at the nearest ARDI service center within 6 months after receiving the electronic payment, but no later than the expiration of the insurance term. In other cases, the insurer reserves the right to demand a refund of the reimbursed sum.

RIGHTS AND OBLIGATIONS OF THE PARTIES:

THE INSURER SHALL BE ENTITLED TO:

- 4.1. Check the designation and accuracy of the insurance case and expenses before paying the reimbursement;
- 4.2. Terminate payment of insurance indemnity if the Policyholder violates any of the terms hereof;
- 4.3. Suspend the service without additional notification in case of violation of the premium payment schedule, and unilaterally terminate the insurance contract immediately, if the outstanding payables are not repaid by the next payment date;
- 4.4. Review and revise the terms of the contract and tariffs therein if the national currency depreciates by 25% following the signing thereof;
- 4.5. Deduct the remaining (payable) annual premium from the reimbursement amount and reimburse the remaining difference, if the cost of the service under actualized insurance case exceeds the annual insurance premium;
- 4.6. Divide the costs of the insurance case with another insurer, based on the principle of solidarity, if the case of dual insurance is at hand.
- 4.7. Request the reimbursement of costs of the medical services rendered from the third party, if such party causes damage to the health of the insured person;
- 4.8. Re-review the insurance case, in case of change/clarification of the preliminary diagnosis, reimburse insurance services to be rendered within the co-payment terms and limits set forth herein.

THE POLICYHOLDER/INSURED PERSON IS ENTITLED TO:

- 5.1. The insured person is entitled to receive reimbursement of insurance amount under the contracted terms;
- 5.2. Upon renewing the contract for the following insurance year, the Policyholder/Insured person shall be entitled to improve the insurance program by one level only.

THE POLICYHOLDER SHALL:

- 6.1. Pay the insurance premium in the prescribed manner;
- 6.2. In case of cancellation of insurance for any reason: if the policyholder, or a family member (if any) has used the insurance service at least once and the amount reimbursed by the Insurer exceeds the insurance premium paid (generated) by the insured person, pay the remaining part of the annual premium in full, in form of cash/non-cash payment, under relevant contracted terms. If the Policyholder, or a member of his/her family (if any), did not benefit from insurance services, the insurer shall be entitled to terminate this contract on the basis of a written application;
- 6.3. Inform the Insured persons (if any) about insurance case review, reimbursement of expenses and other terms of the contract, also the circumstances when the costs will not be reimbursed.



FORCE-MAJEURE FINAL PROVISIONS

7

FORCE-MAJEURE:

- 7.1. The Parties shall be released from their obligations and liabilities for non-performance under contractual undertakings, if such breach is caused due to the force-majeure circumstances. Such specific situations could be: flood, earthquake, fire, military operations, strikes, government acts or actions, which shall be confirmed by the competent authorities in writing;
- 7.2. In the event of force-majeure, the affected party shall immediately inform the counterparty in writing;
- 7.3. Performance under contracted undertakings shall be postponed until elimination of the outstanding force-majeure circumstances.

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CONCLUSIVE PROVISIONS:

- 8.1. All actions, conditions and requirements that enable the parties to lawfully sign this agreement, exercise the rights assigned thereby and fulfill the obligations assumed in relation to each other, shall be performed in due manner;
- 8.2. The parties shall submit each other all documents defined by Georgian legislation as obligatory for due conclusion and execution of the legal agreement;
- 8.3. The obligations assumed by the parties in relation to each other lawful and shall be deemed legally binding for both parties;
- 8.4. The parties shall not refuse performance hereunder;
- 8.5. The Parties shall warrant that all statements and certifications submitted by them herein have been executed by the date of signing the Agreement and shall be adhered to by the Parties completely and unconditionally;
- 8.6. When fulfilling obligations, the parties are guided by the legislation of Georgia and provisions hereof;
- 8.7. The parties shall not be entitled to transfer their rights and obligations hereunder to third parties without acquiring the prior written consent of the counterparty;
- 8.8. Any dispute arising between the parties shall be resolved by agreement settlement. If a settlement cannot be reached, the dispute shall be resolved through litigation, in accordance with the rules established by the legislation of Georgia;
- 8.9. All messages and consents necessary for the performance under the contract shall be exchanged between the parties in writing, signed by an authorized person, in electronic form or by insured mail. The party, within the limits of its guilt, is responsible for the authenticity, accuracy and legality of the information (documents) submitted to the counterparty. If the information delivered to the counterparty does not turn out to be such, this shall unconditionally be deemed as a violation of the corresponding obligation(s) by the submitting party and the counterparty shall be entitled to refuse performance under its reciprocal obligation(s);
- 8.10. If the Policyholder breaches the terms for paying the premium (and in case of installment – the payables due) set forth by the insurance policy, including, but not limited to incomplete payment of the premium, the issuance of compensation will be suspended until the debt is fully covered. If payment is delayed by one month, the insurance (Insurance contract) shall be canceled (terminated) automatically. The event (damage) that may occur after the cancellation of the contract shall not be subject to insurance compensation;
- 8.11. For the purpose of quality control, the Policyholder (Insured) shall be authorized to use a special e-mail sos@ardi.ge, where he can submit any of his claims or grievances for further processing;
- 8.12. The parties are obliged to strictly observe the confidentiality of financial, commercial and other information received from the counterparty. Transfer of information of any kind shall be permissible only with the written consent of the counterparty or in cases provided for by the legislation of Georgia;
- 8.13. By signing this contract, the Policyholder declares his consent that, if necessary, the Insurer shall be entitled to check and request personal information from public services, medical documentation related directly or indirectly to insured events from medical and other institutions, as well as a copy of the employment contract from the employer.



ANNOTATION OF THE VITAMINS:



ANNOTATION OF THE VITAMINS:

- 9.1. The subject of this contract of the insurance program "Vitamins" is the insurance of the Policyholder's health with the Insurer in accordance with the chosen "Vitamins" program and conditions herein;
- 9.2. The Policyholder undertakes to pay the insurance premium to the Insurer in exchange for "Vitamins" (hereinafter "Premium"), in the amount and term specified in the policy; Besides, by Parties agree that the insurance premium for the first two months shall be paid upon signing the contract, before the insurance enters into force;
- 9.3. If the monthly payment schedule of the insurance premium (contribution) is selected, the Policyholder shall pay to the Insurer the monthly insurance premium in the appropriate amount on the dates indicated in the policy. In case of violation of the above schedule, the insurer shall be entitled not to issue insurance reimbursement until full repayment of the outstanding payables and/or to terminate the contract unilaterally;
- 9.4. An insurance case shall be reviewed if the insured person (or his/her representative, if he/she is unable to show due to reasons evidenced by medical certificate), provides the Insurer with detailed information about the insurance case and submits the relevant documentation in full, no later than 30 (thirty) days after the insurance case;
- 9.5. Insurance reimbursement is issued:
 - In case of a minor - to the parent;
 - In case of a third party - on the basis of a notarized power-of-attorney;
- 9.6. The Insurer reserves the right to seek the necessary documentation from other organizations to regulate the insurance case and identify the insured person;
- 9.7. The Insurer shall be informed about the existence of another medical policy, or other reimbursement of expenses;
- 9.8. The grounds for termination of insurance under this Agreement may be:
 - Prior written agreement;
 - Notification sent by the Insurer to the Policyholder;
 - Notice sent by the Policyholder to the Insurer within 30 days of delivery of this notice;
 - Non-fulfillment of obligations by the counterparty;
 - Other cases provided by the legislation of Georgia.