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Travel Insurance

Raiffeisen Bank Card
Travel Insurance



Raiffeisen
BANK

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world is better
together



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Dear Customer!

Before making your insurance offer, please read carefully the Insurance Product Information and these Insurance Terms and Conditions, which contain a detailed description of the insurance product, including the Customer Information highlighting the most important elements.

Name of the insurance product:
Raiffeisen Bank Card travel insurance

The insurance contract (hereinafter referred to as the "Contract") for the joining Insureds is as follows – inseparable – consists of parts:

1. Insurance product information
2. Insurance Terms:
 - A) Customer Information
 - B) General Provisions
 - C) General Terms and Conditions (hereinafter: "GTC");
 - D) Special Terms and Conditions
(hereinafter referred to as the "STC"),
3. Insured's declaration of accession
4. The Contract also contains the Insurance Event (s) and the Insurance Service (s), about which the Insured receives detailed information from the Policyholder.

In the following description, in order to improve the readability of the text, some details have been grouped in a separate section at the end of the Insurance Terms and Conditions ("Detailed Explanations"). These are indicated in the text by a numeric reference enclosed in square brackets ("[...]"), the detailed descriptions of which can be found in a separate chapter

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A) Customer information

Raiffeisen Bank Card Travel Insurance is a travel insurance product available under a group insurance contract that covers – among other things – emergency medical and other expenses resulting from accidents or illnesses, damaged baggage, as well as various assistance services used during travel outside Hungary. **In all cases, the policyholder of the insurance is Raiffeisen Bank Zrt., and the insured is a natural person** who holds one of the types of bank card defined in the Insurance Terms and Conditions at the Bank. The Customer joins the group insurance contract by making a declaration (hereinafter: "Insured's Declaration") or, in the case of certain debit and credit card applications with built-in travel insurance, **enters into a bank card contract with the Bank, whereby he/she automatically becomes an Insured.**

The Insurer establishes a legal relationship directly with the Bank as the Policyholder, therefore no insurance policy shall be delivered to the Insured, the Insured's Declaration or debit and credit card contract shall serve as proof of cover, and the Bank shall issue a Certificate of Insurance upon the Insured's request.

As per the policy, the insurer undertakes to cooperate with the assistance service provider, to organise and provide assistance services, covering the associated costs up to the amount specified in the policy and in the service table.

A.1. INSURER

The insurer is UNIQA Biztosító Zrt. [1] (hereinafter: "Insurer").

Detailed data of the Insurer

- full name: UNIQA Biztosító Zártkörűen Működő Részvénytársaság
- registered office: H-1134 Budapest, Róbert Károly körút 70–74.
- company registration no.: 01-10-041515
- registration authority: Company Registry Court of the Budapest-Capital Regional Court

A.2. SUPERVISORY BODY

The supervisory body of the Insurer: the Magyar Nemzeti Bank [2] (hereinafter: "MNB")

- Registered office: H-1013 Budapest, Krisztina körút 55.
- Customer Relations Information Centre: H-1122 Budapest, Krisztina krt. 6.
- Mailing address: Magyar Nemzeti Bank, H-1850 Budapest
- Online availability: www.mnb.hu
- E-mail: ugyfelszolgalat@mnb.hu
- Customer service telephone number: +36-80-203-776

A.3. REPORT ON THE SOLVENCY AND FINANCIAL STANDING OF THE INSURER

The report is available on the website of the Insurer (www.uniqa.hu/uzleti-jelentesek).

A.4. CONSULTANCY

The Insurer provides consultancy for this insurance product, depending on the sales method for the insurance.

- a) If the insurance is sold
- through a tied insurance intermediary, the Insurer provides consultancy.
- b) If the insurance is sold
- online, through the Insurer's website, or
 - by the Insurer over the phone, the Insurer does not provide consultancy.
- c) If the insurance is sold
- biztosításközvetítő alkuusz, vagy
 - with the involvement of an insurance intermediary broker, or
 - a multi-agent tied insurance intermediary (who is not the same as the Insurer's agent), the insurance intermediary's customer information documents specify whether they provide consultancy.

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A.5. REMUNERATION OF CONTRIBUTORS

The Insurer's contributors – not qualifying as insurance intermediaries – perform their activities within the framework of employment relationships, for which they receive the remuneration typical for such employment relationships.

A.6. FURTHER IMPORTANT INFORMATION ON THE INSURANCE PRODUCT

- the Policy period and term are specified in Section C.7.;
- the start of the Insurer's coverage is specified in Section C.4.;
- Insured event(s) are specified in Section D.2.;
- the terms and conditions of premium payment are specified in Section C.9.;
- the Insurer's benefits, the mode and time of their performance and the options available are specified in Section C.8.;
- information on the expiration and termination of the Contract is contained in Section C.11.;
- the terms and conditions of Contract amendment and termination are governed by Sections C.10.-11.;
- the Insurer's exemption and unacceptable (excluded) risks are governed by Section C.14.

A.7. OTHER IMPORTANT INFORMATION AS STIPULATED BY LAW

- The Insurer ensures that the customer and consumer interest advocacy bodies can submit their potential complaints on persons involved in product distribution verbally or in writing as per the provisions of Section B.2. [3]
- Information on confidential insurance information, data processing by the Insurer and data transfer is contained in Section B.3.
- The language of the Contract and communication is Hungarian.
- Hungarian law shall apply to the Parties' obligations of coopera-

tion and information in the period prior to the conclusion of the Contract, and the preliminary information shall be provided in Hungarian.

- The Contract is governed by Hungarian law.
- Provisions deviating from legal regulations and standard contractual practice are set out in Section C.15.1.

Please note that the present insurance condition differs from the insurance condition previously applied by UNIQA Biztosító Zrt. because the Insurer has amended the present insurance condition as follows:

- **the Insurer has formulated the rules for unilateral premium increase (C.9.2.),**
- **the Insurer has clarified the rules on joining and cancellation and cancellation by e-mail shall be introduced (B.1.1.)**
- **the Insurer supplemented the condition by special provisions for contracts concluded within the framework of distance selling (C.1.1.4. and C.2.1.).**
- **the Insurer has clarified the description of complaints handling (B.2.) and data processing rules (B.3.).**

A.8. FREQUENTLY ASKED QUESTIONS

A.8.1. What to do if something goes wrong while traveling?

Please dial our emergency number: +36 1 458-4484

Report the damage as soon as possible, but no later than within 24 hours! In cases where you need emergency care, please dial the emergency number for the given country first.

A.8.2. What happens when I call the emergency number?

Our aim is to help you every step of the way regarding your claims settlement. First, we identify and verify your data.

After that, it is necessary to provide the details of the claim event:

- what claim event has occurred,
- where,

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- when,
- under what circumstances.

We will then inform you whether your insurance contract covers the reported damage or whether there are any limitations or exclusions in relation to the damage.

A.8.3. What can the Insurer request during the claim settlement?

In the case of a claim event, the Insurer may request the presentation of documents that are for proving the claim event. The Insurer will only make the due date for the performance of its benefits conditional on the presentation of such documents as are necessary to prove the occurrence of the Insured event or to determine the amount of the benefits to be provided.

The documents required for the performance of the service are included in Appendix 2.

A.8.4. When can I receive the amount of compensation?

The Insurer shall provide compensation within 15 days from the receipt of the last document necessary for the assessment of the service, provided that the legal basis exists and the amount can be established. In the event that the documents requested by the Insurer are not submitted to the Insurer or are submitted incompletely again, the Insurer may reject the claim for benefits, and shall assess the claim on the basis of the available documentation.

A.9. DETAILED TERMS

[1] [1] Detailed data of the Insurer (Section A.1.):

- full name: UNIQA Biztosító Zártkörűen Működő Részvénytársaság
- registered office: H-1134 Budapest, Róbert Károly körút 70–74.
- activity: insurance activity

[2] Detailed data of the Magyar Nemzeti Bank (Section B.2.1.):

- registered office: H-1013 Budapest, Krisztina krt. 55.
- online availability: www.mnb.hu
- postal address: Magyar Nemzeti Bank, H-1850 Budapest
- Telephone: +36 (1) 428 2600
- E-mail: info@mnb.hu

MNB Customer Relations Information Centre

- personal customer service: H-1122 Budapest, Krisztina krt. 6.
- customer service telephone number: +36-80-203-776
- customer service mailing address: H-1534 Budapest, BKKP Pf. 777
- email address: ugyfelszolgalat@mnb.hu

[3] Further details of the complaint (Section A.7.):

- person involved in the sale: a dependent insurance intermediary employed or engaged by the Insurer, or a person performing ancillary insurance intermediation activities, engaged by the Insurer
- the complaints may relate to the conduct, activities or omissions of the Insurer or the persons involved in the sale
- possibilities for oral presentation: in person or by telephone
- possibilities for written submission: in person or by way of a document hand-delivered by another person, by post, e-mail.

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B) Generaleal provisions

B.1. RULES OF COMMUNICATION BETWEEN THE PARTIES, LEGAL STATEMENTS

If the validity of the legal statement is subject to written form under legal regulations, the legal statement is deemed valid only if it complies with the provisions of the Civil Code (Act V of 2013, hereinafter: "Civil Code") [4].

B.1.1. It is the right and obligation of the Policyholder to provide the Insurer with the Insured Persons' legal statements and to submit customer-side legal statements that are relevant to the Contract.

I. How to join?

The Insured's declaration may be made by the Insured in writing at the bank branch, or by telephone through distance selling, or through the Policyholder's electronic channels via RaiConnect video call, or online through the myRaiffeisen portal (netbank) and application (application) in electronic form.

II. How to cancel?

The Insured may terminate their insurance coverage in person at the Policyholder's bank branch or by sending a written declaration to the Policyholder by post to the current post office box address available on its website, or by telephone, after identification by the Bank at the contact details on the Policyholder's website, or by electronic means, or by a written declaration of termination containing the Insured's written declaration signed by the Insured and sent from the e-mail address registered with the Policyholder to szamlabiztositasok@raiffeisen.hu.

B.1.2. Handing over the Insurer's legal statements to the Policyholder

The Insurer sends its declarations to the Policyholder, who is then responsible to notify the Insured Person(s) of the contents of the declarations, and of any current or planned changes affecting the Contract.

B.2. METHOD OF LODGING COMPLAINTS

The customer may lodge a complaint relating to the Insurer's and its tied insurance intermediary agent's conduct, activity or omission verbally (in person, by telephone) or in writing (delivered in person or by others, by post or electronic mail [hereinafter: "e-mail"]) according to the following:

- a) in person verbally or in writing at the Insurer's accessible Customer Service Office (H-1134 Budapest, Róbert Károly krt. 70–74.) during customer service hours, to be checked on our website at www.uniga.hu/kapcsolat,
- b) electronically (at the e-mail address panasziroda@uniga.hu or by filling in the electronic form available at <https://www.uniga.hu/panaszbejelentes-form>),
- c) by telephone (via the Insurer's Call Center at +36-1-544-5555 (short call number: 1418) during customer service hours,
- d) by mail (addressed to: H-1134 Budapest, Róbert Károly krt. 70–74.). On complaint submissions, please indicate Complaints Handling as the recipient. Information on the detailed rules of the complaints handling procedure [Complaints Handling Policy] is available at the <https://www.uniga.hu/panaszbejelentes> website, and the text of the Policy is also available at the Customer Service Office operating at the Insurer's registered office.

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If the insurance intermediary involved is a multi-agent tied insurance intermediary or an independent insurance intermediary broker, any potential complaints on their conduct, activity or omission may be lodged with the insurance intermediary.

B.2.1. Supervisory Body

The supervisory body of the Insurer is the Magyar Nemzeti Bank [2].

B.2.2. Forums of legal remedy

I. In the event of any contractual dispute, the customer may bring a civil suit before a competent court of law as defined by the Code of Civil Procedure.

II. Additional opportunities available to customers qualifying as Consumers under the Act on the Magyar Nemzeti Bank

In the event of the rejection, in part or in full, of the complaint or the inconclusive expiry of the 30-calendar-day statutory deadline for investigation of the complaint, customers qualifying as consumers can turn to the following bodies or authorities:

If the complaint is related to the conclusion, validity, legal effects or termination of the insurance contract, or relates to a breach of contract and its legal effects, the customer may turn to

a) the **Financial Arbitration Board** (hereinafter: "**FAB**"), registered office: MNB H-1013 Budapest, Krisztina körút 55., postal address: H-1525 Budapest Pf. 172, Customer Relations Information Centre (customer service): H-1122 Budapest, Krisztina krt. 6., telephone: +36 80 203-776, online availability: www.mnb.hu/bekeltetes) or

b) If the rejected complaint is aimed at the investigation of the violation of the consumer protection provisions defined in Act CXXXIX of 2013 on the Magyar Nemzeti Bank ("MNB Act") (concerning the Insurer's conduct, activity or omission), the

customer may initiate consumer protection proceedings at the

Customer Service of the Magyar Nemzeti Bank (Customer Relations Information Centre):

H-1122 Budapest, Krisztina krt. 6.

postal address: H-1534 Budapest, BKKP Pf. 777

telephone: +36-80 203-776

online availability: www.mnb.hu/fogyasztovedelem

e-mail address: ugyfelszolgalat@mnb.hu)

The initiation of both the FAB and the MNB proceedings is conditional upon the customer qualifying as a consumer under the provisions of the MNB Act and attempting to settle the dispute directly with the Insurer before initiating the legal remedy.

Pursuant to the MNB Act, **consumer** means natural persons proceeding in matters other than their independent profession and business activity. For the purposes of complaint handling, the following shall **not qualify as a consumer**: e.g. a business association, trade association, condominium, law firm, or any other organisation with legal personality, as well as any insurance intermediary, and/or person acting on behalf of or employed by an insurer or an insurance intermediary.

The "Request" form for the procedure of the Financial Arbitration Board may be submitted

- in writing, on paper and by post, at a government customer service office or in person at the MNB Customer Service;
- in electronic form via the FAB Online Administration application available on the Financial Arbitration Board's website or via the customer gateway (www.mo.hu).

A customer who is a consumer may request the Insurer to send him/her the "Request" form on which the procedure is based. The Insurer shall send the form via email or by post (as per the customer's request) without delay, in a verifiable manner without

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charge. The Insurer also makes the forms available on its website and at its Customer Service areas.

Online dispute resolution platform:

If the customer has a place of residence in the European Union and qualifies as a consumer under Article 4(1)(a) of Regulation 524/2013/EU (hereinafter: "Regulation"), **they may also initiate the resolution** of the financial consumer dispute arising in relation to the **electronically concluded** insurance contract **with the Insurer out of court, with the involvement of the Financial Arbitration Board, through the online dispute resolution platform established by the European Commission** (<http://ec.europa.eu/odr>).

The online dispute resolution platform is an interactive website available for the purpose of carrying out **online dispute resolution proceedings**, available electronically and free of charge in all official languages of the institutions of the Union, including Hungarian. The User Guide relating to the website's operation is available at the <https://webgate.ec.europa.eu/odr/userguide/> website.

The scope of the Regulation will directly extend to financial service providers with registered offices in Hungary if a financial consumer dispute arises in relation to the online service agreement concluded between them and the consumer.

Pursuant to the Regulation, "any natural persons who are acting outside the scope of their trade, business, craft or profession" qualify as consumers.

In Hungary, the Financial Arbitration Board (H-1525 Budapest, Pf.: 172, telephone: +36-80-203-776, e-mail: ugyfelszolgalat@mnbb.hu, website: www.mnbb.hu/bekeltetes), a professionally independent body operated by the Magyar Nemzeti Bank, is entitled to settle financial consumer disputes.

The Insurer's email address used exclusively for the purpose of online dispute resolution – which must be displayed on the online dispute resolution platform – is: onlinevitarendezes@unika.hu

B.3. DATA PROCESSING, DATA PROTECTION

In the interest of enforcing the principle of transparency, the Insurer wishes to provide clear information to its Customers on its data processing and its compliance with the General Data Protection Regulation of the European Union [10] (hereinafter: "GDPR").

At the same time, for the sake of legal comprehensiveness, the Insurer also publishes detailed data processing documents on its website [Adatkezelesi-tajekoztato.pdf](#) (unika.hu), and at its Customer Service Office (and these documents are also available in the offices of its tied insurance intermediaries). The contact details of insurance intermediary offices are available on the Insurer's website.

Pursuant to the legal provisions (Info Act [11], Insurance Act [12] and GDPR), the Insurer provides the following information to natural person data subjects (Policyholders, Insured Persons, Beneficiaries, other Customers under the Insurance Act, hereinafter collectively referred to as: "Data Subject"). The purpose, legal basis and duration of the processing of the Data Subject's personal data is shown in tabular form in [13].

B.3.1. Contact details of the Controller and the Data Protection Officer

Controller: UNIQA Biztosító Zrt.

Registered office: H-1134 Budapest, Róbert Károly körút 70–74.

Contact information: adatvedelem@unika.hu

The name and contact details of the Controller and the Data Protection Officer are available on the website of the Insurer ([Adatkezelesi-tajekoztato.pdf](#) (unika.hu)) and displayed at the Customer Service Centre. These data are also available to Customers at the offices of tied insurance intermediaries.

B.3.2. Recipients of the data transfer

Processors: On behalf of the Insurer, persons and data processors performing outsourced activities in connection with the Contract are

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allowed to act as processors and may gain access to data. Processors are listed according to recipient groups under [14]. The current list of entities providing data processing for the Insurer is available on the Insurer's website.

If it is indispensable for the performance of the Insurance Service, the Insurer shall, in order to fulfil the Contract, transmit the personal data of the Data Subject to a third country so that the Data Subject may use services abroad.

In any event, the Insurer shall transfer the personal data of the Data Subject to its partner operating in the country of the service used by the Data Subject. If indispensable for the performance of the Contract, the Insurer may transfer data to third countries, to the scope of recipients listed under [15].

B.3.3. Obtaining insurance secrets

The Insurer is entitled to process the data of its Customers that qualify as confidential insurance information. Provisions governing the processing of insurance secrets are set out in Sections 135 to 146 of the Insurance Act, which is available on the freely accessible website operating as an electronic public service specified by the Government of Hungary (www.njt.hu).

B.3.4. Rights of Data Subjects

Your rights as a Data Subject

Below you may find out what rights you have in relation to the processing of your data by the Insurer. You may submit your request to exercise your rights as a data subject to the Insurer orally or in writing, including by electronic means, using the contact details indicated in Section B.3.5.

B.3.4.1. Right of access

You are entitled to receive, at any time, adequate information from our contact points about whether your personal data are being processed and, if yes, you have the right to access your personal data

stored by us, to request copies of them and to request information on how we process your personal data.

B.3.4.2. Right to rectification

You have the right to get the Insurer, without undue delay, to rectify inaccurate personal data concerning you or to have incomplete data completed.

B.3.4.3. Right to erasure ('right to be forgotten')

You may request that the Insurer erase your personal data without undue delay if:

- the purpose of the processing no longer exists;
- You withdraw your consent to the processing of your personal data;
- You object to the processing of personal data;
- the personal data have been unlawfully processed;
- they need to be erased to comply with some legislative obligation.

The Insurer is not obliged to erase the data if the processing is necessary:

- for exercising the right of freedom of expression and information;
- for compliance with a legal obligation which requires processing by Union or Member State law to which the Insurer is subject;
- for reasons of public interest in the area of public health;
- for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes, in so far as the erasure of personal data is likely to render impossible or seriously impair the achievement of the objectives of that processing;
- for the establishment, exercise or defense of legal claims.

B.3.4.4. Right to restriction of processing

You have the right to obtain from the Insurer restriction of processing where:

- You contest the accuracy of the personal data, in which case the restriction applies for the period enabling the Insurer to verify the accuracy of the personal data;

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- the processing is unlawful and you oppose the erasure of the personal data and request the restriction of their use;
- the Insurer no longer needs your personal data for the purposes of the processing, but you require them for the establishment, exercise or defence of legal claims;
- You objected to the processing based on the legitimate interests of the Insurer, in which case the restriction applies for the period until it is determined whether the legitimate reasons of the Insurer take precedence over your legitimate grounds.

During such a restriction, no data processing may be performed; data may only be stored. The Insurer will inform you in advance of when the restriction of processing will be lifted.

B.3.4.5. Right to data portability

You have the right to receive, on request, personal data related to you that were provided by you to the Insurer in a structured, commonly used, machine-readable format. You also have the right to transmit those data to another controller without hindrance by the Insurer. If it is technically feasible, at your request, the Insurer will directly transfer your personal data.

B.3.4.6. Right to object

Where the processing of your personal data is based on the legitimate interests of the Insurer, including profiling based on legitimate interests, you have the right to object to processing based on legitimate interests at any time on grounds relating to your particular situation. In this case, the Insurer shall no longer process the personal data unless it demonstrates compelling legitimate grounds for the data processing which override your interests, rights and freedoms, or are related to the establishment, exercise or defence of legal claims.

Where your personal data are processed for direct marketing purposes based on the legitimate interests of the Insurer, you have the right to object at any time to the processing of your personal data for such marketing, which includes profiling. In this case, the Insurer may no longer process your personal data for such purposes.

B.3.4.7. Right to withdraw consent

If the legal basis for the processing of your personal data is your consent, you have the right to withdraw your consent at any time. Withdrawal of consent does not affect the lawfulness of the processing prior to its withdrawal.

The Insurer draws your attention to the fact that the withdrawal of your consent to the processing of your health data may result in the termination of your accident, health and life insurance contracts in accordance with the rules of the Civil Code on the impossibility of contract, if the processing of your health data is indispensable for the maintenance and performance of the accident, health and life insurance contracts.

B.3.4.8. Right to redress

- If you consider that the Insurer has violated the applicable data protection legislation in the processing of your personal data, you may file a complaint with the National Authority for Data Protection and Freedom of Information (address: 1055 Budapest, Falk Miksa utca 9–11., postal address: 1363 Budapest, Pf. 9., e-mail: ugyfelszolgalat@naih.hu, website: <https://naih.hu>).
- You also have the right to apply to a court to protect your personal data, which will decide on the matter subject to priority. The regional court has jurisdiction to hear the case, but you may also choose to bring the case before the court of your place of residence or place of abode.

B.3.5. The Insurer's contact details for matters relating to data processing

The Policyholder may exercise their rights specified in Section B.3.4. by means of a letter sent to the adatvedelem@uniqa.hu e-mail address or by post addressed to UNIQA Biztosító Zrt., H-1134 Budapest, Róbert Károly krt. 70–74.

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Description and purpose of processing	Legal basis of processing	Scope of data processed	Duration of data storage
The Insurer's processing activity performed in order to prevent and identify insurance fraud, and continuous monitoring for it (separate database).	Article 6(1)(f) of the GDPR – legitimate interest of the Insurer to prevent and identify insurance fraud.	Personal data provided by the Data Subject for contract conclusion and the completion of forms, personal data created during the performance of the insurance contract.	The Insurance Company processes the data during the existence of the insurance relationship, or as long as claims related to the insurance relationship may be enforced.
Compliance with the obligation to retain accounting records and documents.	Article 6(1)(c) of the GDPR – legal obligation for the Insurer, which is created by Section 169 of Act C of 2000 on Accounting.	Personal data required for accounting records and documents.	8 years from the end of the insurance contract
Identification of the data subjects who approach the Insurer in the course of the administration of the contract in order to verify their eligibility for the administration.	Article 6(1)(f) of the GDPR – the interest of the Insurer in enabling and ensuring the security of administration.	Name, name at birth, mother's maiden name, date of birth, ID document number, e-mail address, username and password required for identification in the case of administration via electronic interfaces.	The Insurance Company processes the data during the existence of the insurance relationship, or as long as claims related to the insurance relationship may be enforced.
To provide information on new or existing products or products customised to meet individual customer needs, and to send business advertising and newsletters.	Article 6(1)(a) of the GDPR – the Data Subject's consent.	Name, address, phone number, e-mail address, data of the Data Subject's existing contracts (in particular the type and premium of the contract), contract expiry.	Until the withdrawal of the Data Subject's consent or the termination of the Insurer.
The recording of an audio recording during the sale of insurance by telephone in order to retrieve the content of the statement made and to identify the declarant and the time when the statement was made.	Article 6(1)(f) of the GDPR – the legitimate interest of the Insurer in the unaltered retrieval of the Data Subject's declaration.	An audio recording of a telephone conversation with the Data Subject, which contains the personal data provided by the Data Subject for the conclusion of the contract.	The Insurance Company processes the data during the existence of the insurance relationship, or as long as claims related to the insurance relationship may be enforced.
Processing relating to non-finalised offers.	Article 6(1)(b) of the GDPR – implementation of measures at the Data Subject's request prior to the conclusion of the insurance contract.	Personal data provided by the Data Subject for contract conclusion and the completion of forms, personal data created during the performance of the insurance contract.	The Insurance Company processes the data during the existence of the insurance relationship, or as long as claims related to the insurance relationship may be enforced. In the case of a contract that has not been concluded, for as long as a claim may be enforced in relation to the failure to conclude the contract.
Conclusion of the insurance contract.	Article 6(1)(b) of the GDPR – performance of the insurance contract.	Personal data provided by the Data Subject for contract conclusion and the completion of forms, personal data created during the performance of the insurance contract.	The Insurance Company processes the data during the existence of the insurance relationship, or as long as claims related to the insurance relationship may be enforced.
Maintenance and amendment of the insurance contract.	Article 6(1)(b) of the GDPR – performance of the insurance contract.	Personal data provided by the Data Subject for contract conclusion and the completion of forms, personal data created during the performance of the insurance contract.	The Insurance Company processes the data during the existence of the insurance relationship, or as long as claims related to the insurance relationship may be enforced.
The assessment of claims arising from an insurance contract.	Article 6(1)(b) of the GDPR – performance of the insurance contract.	Personal data provided by the Data Subject for contract conclusion and the completion of forms, personal data created during the performance of the insurance contract.	The Insurance Company processes the data during the existence of the insurance relationship, or as long as claims related to the insurance relationship may be enforced.
Setting the premiums for the insurance contract.	Article 6(1)(b) of the GDPR – performance of the insurance contract.	Personal data provided by the Data Subject for contract conclusion and the completion of forms, personal data created during the performance of the insurance contract.	The Insurance Company processes the data during the existence of the insurance relationship, or as long as claims related to the insurance relationship may be enforced.

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Description and purpose of processing	Legal basis of processing	Scope of data processed	Duration of data storage
Processing of health data for the purposes of signing the insurance contract, risk management, maintaining and amending existing insurance contracts, and establishing premiums and claims related to insurance contracts.	Article 6(1)(a) of the GDPR and Article 9(2)(a) of the GDPR – the Data Subject's explicit consent.	Identification data of natural persons, social security number, answers to the health questionnaire, health data, medical reports confirming the health data, medical diagnoses and records.	The Insurance Company processes the data during the existence of the insurance relationship, or as long as claims related to the insurance relationship may be enforced.
Submission of defence against legal claims arising from the insurance contract.	Article 6(1)(f) of the GDPR – the legitimate interest of the Insurer in bringing a defence against legal claims arising from insurance contracts.	Personal data provided by the Data Subject for contract conclusion and the completion of forms, personal data created during the performance of the insurance contract.	The Insurance Company processes the data during the existence of the insurance relationship, or as long as claims related to the insurance relationship may be enforced.
Enforcement of the Insurer's claims arising from the insurance contract.	Article 6(1)(f) of the GDPR – the legitimate interest of the Insurer in pursuing its claims under the insurance contract.	Personal data provided by the Data Subject for contract conclusion and the completion of forms, personal data created during the performance of the insurance contract.	The Insurance Company processes the data during the existence of the insurance relationship, or as long as claims related to the insurance relationship may be enforced.
Response to requests from courts or authorities relating to the insurance contractual relationship.	Article 6(1)(c) of the GDPR – compliance with a legal obligation to which the Insurer is subject. The legal obligation is established by the insurance contract, the Insurance Act and Act V of 2013 on the Civil Code, as well as sector-level legal regulations applicable to the given business line.	Personal data provided by the Data Subject for contract conclusion and the completion of forms, personal data created during the performance of the insurance contract.	The Insurance Company processes the data during the existence of the insurance relationship, or as long as claims related to the insurance relationship may be enforced.

B.4. SANCTIONS CLAUSE

Without prejudice to any other provisions of this Contract, the Insured is entitled to benefits or any payment by the Insurer under this Contract if this does not constitute an infringement of any economic, commercial or financial sanction and/or embargo measure imposed by the UN Security Council or the European Union or violate other national legislation applicable to the contracting parties. This provision will also apply to economic, commercial or financial sanctions and/or embargo measures imposed by the United States of America or by other countries as long as they are not in conflict with the laws of the European Union or of Hungary.

data protection) and B.4. (Sanctions clause) contain the terms and conditions in force at the time of concluding the Contract. The Insurer is entitled to amend the provisions regulated in the referenced sections unilaterally, provided that such amendments benefit – or are not detrimental to – the Policyholder.

The Insurer provides its customers, through its website and its Customer Service, with up-to-date information on the method of lodging complaints, as well as updated information and details related to data processing and protection.

This information is also available at the offices of tied insurance intermediary agents.

B.5. POSSIBILITY OF UNILATERAL AMENDMENT

Sections A.1. (Insurer), A.2. (Supervisory Body), A.3. (Report on the solvency and financial standing of the Insurer), A.4. (Consultancy), B.2. (Method of lodging complaints), B.3. (Data processing,

B.6. APPLICABLE LAW

Issues not regulated in the Contract are governed by the provisions of the Civil Code and the Insurance Act, as well as other applicable Hungarian laws in force.

B.7. LIMITATION

Claims arising from the Contract shall have a period of limitation of two (2) years from the due date of the claim. The limitation period shall not be interrupted by a written request for enforcement of the claim.

B.8. ENTIRETY CLAUSE

The Contract contains all terms and conditions of the agreement between the Parties, thus any potential previous agreements and declarations shall become void and do not form part of this Contract. Furthermore, the previous contractual/business practice or habits of the Parties or any widely known and regularly applied practices by subjects of similar Contracts shall not become part of the Contract.

B.9. DETAILED TERMS

- [4] Referenced legal requirement for written form (Section B.1.):
- The communication must comply with the requirement of written form provided for in Act V of 2013 on the Civil Code, i.e. it must be suitable for recalling the content of the legal declaration without change, identifying the person of the declarant and the date of making the declaration.
- [5] Relevant section of the referenced EU Regulation for consumers (GDPR) (Section B.2.2.):
- Article 4(1)(a) of Regulation No (EU) 524/2013
- [6] Referenced EU regulation on data protection (Section B.3.):
- Regulation (EU) 2016/679 of the European Parliament and of the Council on General Data Protection

- [7] The cited Info Act (Section B.3.):
- Act CXII of 2011 on the Right of Informational Self-Determination and on Freedom of Information
- [8] Referenced Insurance Act (Section B.3.):
- Act LXXXVIII of 2014 on the Business of Insurance
- [9] The purpose, legal basis and duration of the processing of the Data Subject's personal data (Section B.3.):
- [10] The Insurer shall process the Data Subject's personal data specified in the tables on pages 14–19 for the purpose, legal basis and duration specified in these tables.
- [11] Processors by recipient groups (Section B.3.2.):
- domestic reinsurers and reinsurers located in a Member State that is a party to the Agreement on the European Economic Area,
 - electronic data-processing service providers,
 - IT (system maintenance, operation) service providers,
 - information security and software development service providers,
 - claims adjuster and expert claim assessor service providers,
 - private investigators involved in claims adjustment,
 - forensic medical experts involved in risk assessment and claims adjustment,
 - lawyers, law firms and collection agencies involved in claims adjustment and premium collection,
- [12] Asset managers and printing house service providers. The Insurer may transmit data to third countries to the following recipients (Section B.3.2.):
- reinsurers,
 - health service institutions,
 - providers of health services,
 - investigating authority, prosecutor's office, court.

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C) General Terms and Conditions of Raiffeisen Bank Card Travel Insurance (GTC)

The Insurer undertakes, in return for a fee, to provide the Insurance benefits specified in the Contract in the event of a future Insured event specified in the Contract.

The Insurer undertakes to provide or arrange for the provision of Insurance benefits only depending on local conditions. The Insurer shall not be liable for any lack of service due to local conditions or for any delay in performance.

C.1. SUBJECTS OF THE CONTRACT

C.1.1 Insurer

The **Insurer is UNIQA Biztosító Zrt.** which, against payment of the premium, provides cover for the risks and undertakes to deliver the Insurance benefits specified in the Contract in the event of an Insured event occurring after the assumption of risk coverage.

C.1.2. Policyholder

The Policyholder is the Bank that concludes the insurance contract. It is the right and obligation of the Policyholder to submit legal statements that are relevant to the contract.

The policyholder to this group insurance contract is Raiffeisen Bank Zrt. (hereinafter: "Policyholder/Bank"), which acts as the tied insurance intermediary of the Insurer in the establishment of the insurance coverage.

C.1.3. Insured

The Insured is the natural person named in the Contract in this capacity. The insured person under the insurance contract concluded between the Policyholder and the Insurer may be a natural

person **who holds a bank or credit card issued by the Policyholder of the type specified in this clause and who travels abroad for private purposes (as a tourist or visitor) or for official purposes – as a daily allowance or scholarship holder on a posting.**

The Insured is not entitled to enter the Contract as a Policyholder.

The Insured's enrolment into the insured group is automatic for the following cards (hereinafter: "Built-in Travel Insurance"):

- MasterCard Business Silver, Gold (Oxygen) Credit Card, MC Gold Debit Card, FWR Visa Gold Debit Card, FWR MC Platinum Debit Card, Visa Business, MasterCard Business Premium World, MC Premium Gold Debit Card, FWR MC World Elite Debit Card, OneCard Gold Credit Card, FWR Platinum Credit Card, Premium (Oxygen) Gold Credit Card, MC Premium Platinum Debit Card, Premium VISA Gold Bank Card, Visa Business Gold, Visa Gold Bank Card, debit bank or credit card.

The insured person may only be enrolled in the insurance group by making a declaration of enrolment (hereinafter: "Optional insurance") for the following cards:

- Embossed Versatile OKOS Card. Embossed Start OKOS Card, FWR MC Debit Card, FWR Visa Classic, MasterCard Business, MasterCard Standard Bank Card, MC VertiCard Debit Card, Non-Embossed Versatile OKOS Card, Non-Embossed Start OKOS Card, OneCard bank Card, OneCard Standard Credit Card, Premium Versatile OKOS Card, Premium Start OKOS Card, Standard (Oxygen) Credit Card, Széchenyi Card, Visa Classic Bank Card, bank or credit card.

The Declaration is the legal statement of the principal Insured, which includes his/her consent to the extension of the scope of the

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insurance to him/her, his/her declarations concerning his/her health status, the processing of his/her personal data and the waiver of confidentiality, as well as the declaration necessary to identify the Beneficiary. By making these declarations, the Insured also fulfils his/her obligation to provide information.

The following cannot be Insured Persons:

- **Individuals working outside the territory of Hungary (hereinafter: "Abroad"), their accompanying family members, or individuals staying abroad for longer than 90 days for any reason (hereinafter: "permanently"), as well as their accompanying family members,**
- **foreign nationals, if they are not covered for the costs of medical treatment in Hungary to the extent stipulated by law (they do not have Hungarian Social Security card), or insurance suitable for payment of these costs.**

A foreigner is a natural person who does not have, and is not allowed to have, a valid official identity card issued by the competent Hungarian authority.

C.1.4. Beneficiary

The Beneficiary of all Insurance Benefits due during the life of the Insured is the Insured him-/herself. The recipient of a death benefit is the heir of the Insured.

C.2. DEFINITIONS

C.2.1. Terms related to the service of the Insurer

The following terms shall have the meaning as used in these terms and conditions of insurance, and any use of such terms in other fields or contexts which may have a different meaning shall not be construed in relation to this Contract.

Accident: a sudden external impact occurring during the period of cover or during the Trip, against the will of the Insured, which

causes bodily injury requiring emergency treatment or as a result of which the Insured dies.

Illness: An unforeseeable, involuntary, medical condition of the Insured, occurring during the Trip, that requires emergency medical attention.

Insured Event: an event occurring within the Insurance period and covered by the Insurer's coverage. The time of the Insured event is the day of the Accident or the Sickness.

Policy anniversary for a group contract: the month and day indicated in the Contract as the start of the coverage each year after the start of the Contract. Among others, the right of termination, settlement of the insurance premium, and the modification of the content of the Contract are all connected to the Policy anniversary.

Insurance period in respect of a group contract: the period as agreed by the Parties, as indicated in the Contract, corresponding to the Policy anniversary, which shall in any case be one year, unless otherwise agreed in writing by the Parties. (The first Policy period is the period from the start of the Contract until the first Policy anniversary).

Insurance declaration: The Declaration is the legal statement of the principal Insured, which includes his/her consent to the extension of the scope of the insurance to him/her, his/her declarations concerning his/her health status, the processing of his/her personal data and the waiver of confidentiality, as well as the declaration necessary to identify the Beneficiary. By making these declarations, the Insured also fulfils his/her obligation to provide information.

In the case of distance selling, the Declaration is a statement made in the context of distance selling and recorded in an identifiable manner, pursuant to Act XXV of 2005 on the Distance Marketing of Consumer Financial Services. In the case of a Declaration made in the framework of distance selling, the Bank will send a written confirmation of the establishment and existence of the insurance relationship to the Insured. The Insurer shall not claim any additional costs from the Insured in connection with the use of the telecommunication device.

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Sum insured: The maximum amount of the insurance cover up to which the Policyholder or the Insured may assert a claim against the Insurer.

Insurance benefit: The service provided by the Insurer for an Insured event that occurred within the given period of cover. The detailed definition of the Insurance events and benefits is contained in the STC.

Health care: the totality of health activities provided by health care providers related to the given state of health of the Insured and its assessment.

Extreme sport: highly hazardous sporting activities, which require exceptional skills and knowledge, hobbies, such as, in particular, but not limited to, caving, diving, rock climbing, mountaineering, bungee jumping, as well as sports involving the use of motorised land or water vehicles, or motorised or non-motorised aircraft.

Motor vehicle: registered by a Hungarian authority and supplied with a valid Hungarian registration number and registration certificate. The age of the vehicle from the date of its first entry into service until the occurrence of the Insured Event shall not exceed 10 years.

Used value: Assuming an average use for the normal function of a given item, a value determined based on the age of the item, the amount of which may not exceed the price at the time of purchase.

Next of kin: spouse, direct relative, adoptive, stepchild, foster child, adoptive, step and foster parent, and sibling, partner, 'direct relative's spouse, direct relative and sibling of a spouse, and spouse of a sibling.

Framework agreement: Agreement between the Policyholder and the Insurer on the conclusion of the Raiffeisen Bank Card group travel insurance.

Road traffic accident: an unintentional and unexpected traffic incident on or from a public road, involving at least one moving vehicle, resulting in damage to property or personal injury or death.

Abroad: Country or territory outside the territory of Hungary.

Air disaster: The *Insured* is a passenger on a scheduled passenger aircraft with the required official authorisations for this activity and the aircraft crashes or makes an emergency landing after take-off.

Physician: A professional who is professionally engaged in the treatment of patients, the alleviation of complaints related to the Disease, and the prevention of Diseases at the level of individuals and who is qualified for this and has a license in accordance with the laws of the given country.

Robbery: unlawful taking of property by force or by direct threat to life or limb, or by rendering a person unconscious or incapable of defence, or using force or direct threat to life or limb during theft to keep the property when caught in the act.

Emergency care: *Health care* provided due to a change in the state of health, without which the *Insured* would be in immediate danger of death or would suffer further deterioration or permanent damage to health.

Benefit limit: the benefit limit set by the Insurer for each Insurance period in HUF. The benefits already used reduce the limit accordingly in the given Insurance period. The unused part of the Benefit limit cannot be carried over to the next Insurance period.

Benefit table: The table in the insurance offer and in the Policy, which is used to detail the Insurance benefits and the Sums Insured.

Accessory: A device which is necessary for the proper use or maintenance of another item, or which is not a component part of another item, whether or not it is marketed with or without the main item.

Trip: The Insured's travel outside the borders of Hungary, including the return journey to the place of permanent residence, by any means of transport, outside a radius of 20 kilometres from the place of permanent residence or place of abode (address shown on the

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address card, which can be verified) in Hungary. A journey between the place of residence and the place of work is not considered Trip. The duration of the Trip must not exceed 90 days.

Travel document: The Insured's passport, identity card, address card, driving licence and the registration certificate of the motor vehicle which the Insured is lawfully driving during the Trip. For the purposes of these conditions, the visa contained in the Travel document does not form part of the Travel document.

Baggage: Property in the possession, custody or control of the Insured during the Trip.

C.3. THE CONCLUSION AND ENTRY INTO FORCE OF THE GROUP INSURANCE CONTRACT

The group insurance Contract is concluded by written agreement between the Insurer and the Policyholder (Bank) for an indefinite period.

For the same period and for the same Insured Person, no more than one insurance under these terms and conditions may be taken out, i.e. the Insurer shall provide services under only one insurance.

The insurance cover provided by the Insurer shall begin with the entry into force of the Contract.

C.4. THE INSURED PERSON JOINING THE GROUP CONTRACT START OF COVERAGE, SCOPE OF THE CONTRACT

For bank cards with built-in travel insurance, the Insurer's coverage with respect to the card holder Insured Person begins at 0:00 on the issue date of the first bank card, and ends at 24:00 on the day of the bank card's expiry, provided that the Insurer's coverage did not end previously due to other reasons.

For travel insurance optionally available for a bank card, the Insurer's coverage shall begin at 0:00 on the day following the day on which the Insured Person makes this statement.

For every Trip leaving the country, the Insurer's coverage remains valid for a duration not exceeding 90 days from the start of the Trip.

C.5. GEOGRAPHICAL SCOPE

The Insurer's coverage extends to any country in the world beyond Hungary. In the event of Accidental death and Accidental disability, if the Insured event occurs during a Trip Abroad or a trip home from Abroad, the Insurance also covers the territory of Hungary.

In the case of a non-resident Insured, the Insurer's coverage does not extend to Insured events occurring in the territory of Hungary and the state(s) of the Insured's nationality(ies).

The geographical scope of the Contract does not extend to the Antarctic, or the territories of countries or regions which, on the initial date of coverage or on the day of the Insured Person's entry to the country, are included on the list of non-recommended travel destinations or regions issued by Hungary's Ministry of Foreign Affairs.

C.6. ASSISTANCE SERVICE PROVIDER OF THE INSURER

The Assistance Service Provider is the legal entity that has a contractual relationship with the Insurer, operates a 24-hour call centre for the notification of an Insured event and represents the Insurer in the settlement of claims in respect of assistance services.

In the performance of the present insurance Contract, the Insurer enters into a Contract with the service provider Europ Assistance Magyarország Kft. (1134 Budapest, Dévai u. 36–38.,

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hereinafter: "Assistance Service Provider") who operates the Insurer's emergency number (+36 1 458-4484).

C.7. TERM OF THE CONTRACT, POLICY PERIOD AND POLICY ANNIVERSARY

The group insurance Contract is concluded between the Policyholder and the Bank for an indefinite period.

Policy anniversary for each Insured Person:

- if the date of application for the bank card and the date of joining the optional travel insurance are the same, or if built-in travel insurance is included with the chosen bank card, the policy anniversary is the same as the card anniversary date,
- if different, **the first policy anniversary** following the date of joining **will fall on the second card anniversary following the application date, and thereafter**, the policy anniversary will align with the card anniversary every year.

Among others, the right of termination, settlement of the insurance premium are connected to the Policy anniversaries (bank card anniversaries).

In relation to a group contract between the Insurer and the Bank, the Insurance period shall be a period of one year corresponding to the Insurance anniversaries.

Among others, the right of termination, settlement of the insurance premium, and the modification of the content of the Contract are all connected to the Policy anniversary. If the Parties do not terminate the Contract in writing at least 30 days before the end of the Insurance period by the Policy anniversary, the Contract shall be automatically renewed for another one-year Insurance period on unchanged terms.

C.8. NOTIFICATION OF THE INSURED EVENT

In the event of an Accident or Illness, the Insured event must be reported to the Insurer immediately, but within 24 hours at the latest, via the following emergency number: +36 1 458-4484

In the event of an Accident or Illness, the Insurer will cover the costs incurred up to a maximum of EUR 300 if the Insured is at fault for failing to report the claim within 24 hours. Phone conversations and online reports are recorded so they can be retrieved later.

The Insured is obliged to provide the Insurer with complete and truthful information regarding the circumstances of the Insured event and the Contract, as well as to enable the verification of the content of the notification and information.

The person making the claim is obliged to answer questions asked by the Assistance provider's on-call staff fully and truthfully.

The Insurer's obligation does not arise if the Insured does not notify the Insurer of the occurrence of the insured event by the deadline set out in the Contract, or does not provide the necessary information, or does not allow the content of the information to be verified and, as a result, the material circumstances necessary for the determination of the Insurer's obligation cannot be ascertained.

C.8.1. Documents required to perform the service

In the case of a claim event, the Insurer may request the presentation of documents that are for proving the claim event. The Insurer will only make the due date for the performance of its benefits conditional on the presentation of such documents as are necessary to prove the occurrence of the Insured event or to determine the amount of the benefits to be provided.

The documents required for the performance of the service are included in Appendix 2.

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C.8.2. Performance of the Insurer's service

The Insurer shall provide the service on the basis of the notified claim within 15 days of receipt of the last document required for the assessment of the service, provided that the legal basis exists and the amount can be established, or shall send information in writing of the rejection thereof, stating the reasons for the rejection. In the event that the documents requested by the Insurer are not submitted to the Insurer or are submitted incompletely again, the Insurer may reject the claim for benefits, and shall assess the claim on the basis of the available documentation.

The Insurer and the Assistance Provider shall communicate with the Insured or the person acting on behalf of the Insured in Hungarian or English. In case of a dispute, the statements made in Hungarian shall prevail.

If, for reasons attributable to the Insured, the use of the service in connection with the event of damage was organised or approved by other than the Insurer or the Assistance provider, the Insurer's service shall not cover the reimbursement of the additional costs arising from this.

The Insurer shall reimburse the costs certified by the invoice up to the amount indicated in the Benefit table. The Insurer shall reimburse the amount of value added tax paid only based on an invoice on which the amount of value added tax has been indicated or from which the amount thereof can be calculated.

The Insurer shall pay the amount due in HUF, or in kind in the case of assistance services. In the case of payment in foreign currency, the Insurer shall convert the amount into HUF at the MNB (Central Bank of Hungary) central rate valid on the day of payment of the service amount.

The Insurer shall make the payment for the service with the Sum insured determined in forint currency by bank transfer. If the person entitled to the service of the Insurer (beneficiary) requests the service to be provided in a different way, the

costs incurred in this regard will be passed on to the person entitled to the service and the amount of the service will be reduced by the amount of the costs. The Insurer will transfer the Insurance amount in HUF by post to a Hungarian address only.

C.9. INSURANCE PREMIUM, RULES OF PREMIUM PAYMENT

C.9.1. Payment of the insurance premium

The insurance premium is the consideration payable for the Insurer's risk coverage, and is payable by the Policyholder.

In the case of automatic, built-in insurance, the Insured shall not be liable to pay any premiums.

In the case of optional insurance, the insurance premium shall be debited by the Policyholder on the Account Holder's bank account.

The fees to be paid by the Insured to the Bank for the insurance cover are set out in the Bank Card List of Conditions of Raiffeisen Bank in force at any time. The first time you are required to pay a fraction of the annual premium for the period between the start date of the coverage and the anniversary date of your bank card. Thereafter, the premium is payable once a year, on the bank card's anniversary date, with the premium being debited to your bank account by the Bank. The rules for the payment of premiums between the Policyholder (Bank) and the Insurer:

The Policyholder shall pay the premium to the Insurer within 90 days of the commencement of the coverage. In the case of claims incurred in the period between the beginning of the coverage and the payment of the premium within the time limit, the Insurer has a service obligation.

Preliminary premiums for the Insurance periods of the Contracts are due in advance on the first day of each Insurance period.

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The Policyholder undertakes to pay the insurance premium in one amount for the Insured declared in the given Insurance period.

The premium for the Contract is due on the commencement date of the coverage, the first day of the Insurance period to which the premium applies.

The premium payment may only be paid by bank transfer.

The insurance premium is deemed to have been paid when it is credited in full to the Insurer's dedicated account, in a manner that allows it to be identified as being linked to the Contract.

The Insurer shall be entitled to the insurance premium for the whole term of the coverage until the end of the last calendar month.

The payment of an amount higher than the premium instalment due does not create an obligation to provide additional benefits. The Insurer treats the premium surplus paid as an interest-free premium advance, and offsets it against the next premium instalment due.

The Insurer does not accept partial payment of the insurance premium, unless otherwise agreed; the partial payment of the insurance premium will be transferred back by the Insurer to the Policyholder without any additional interest, and the Insurer will act in line with the rules on the non-payment of the insurance premium (Section C.11.1.).

C.9.2. Unilateral modification of the premium by the Insurer

The Insurer shall be entitled to unilaterally adjust the premium payable by the Policyholder during the term of the insurance contract, in prior agreement with the Policyholder, once a year for each Insured, i.e. irrespective of the date of the Insured's joining the insurance, in accordance with the following conditions.

The Insurer shall notify the Policyholder in writing of the premium adjustment at least 120 days before the Policy anniversary, and the Policyholder shall inform the Insured of the premium amendment by means of a notice on its website.

The Insurer may unilaterally adjust the premium in the following cases:

• Average wage growth tracking:

The Insurer is entitled to increase the portion of the insurance premium allocated to the cost ratio by the growth of the average earnings for the period since the previous premium adjustment or, if no such adjustment has yet been made, since the product's original pricing. This re-pricing may take place up to every 5 years, to be calculated from the date of the previous premium adjustment or, if no such adjustment has yet been made, from the date of the original pricing of the product.

For this product, the original pricing date is May 2023 and the cost ratio is 20% of the premium payable by the Insured. Average earnings are defined as the average gross earnings of full-time employees as published by the HCSO.

Expressed as a formula:

$$H1 = H0 \times (1 + K \times (B1/B0 - 1)) \text{ i.e. } H1 = H0 + H0 \times K \times (B1/B0 - 1)$$

where

H1 = premium valid after re-pricing

H0 = premium valid before re-pricing

K = cost ratio, which for this product is 20% of the premium

B1 = average earnings at the time of re-pricing (average gross earnings of full-time employees as published by the HCSO)

B0 = average earnings (average gross earnings of full-time employees as published by the HCSO) valid at the last re-pricing of the product or, failing that, at the original pricing (May 2023 for this product)

• In case of changes in the legislative environment:

In the event of a change in legislation, central bank regulations or other regulations binding on the Insurer, applicable to or related to the insurance activity or operating conditions of the Insurer, or a change in the public charges (e.g. taxes) related to the insurance activity of the Insurer, the Insurer shall be entitled to unilaterally amend the premium in order to comply with the legislation, provided that it shall notify the Policyholder of the legal provision on which

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the premium amendment is based at the same time as it informs the Policyholder of the premium amendment.

The Policyholder shall notify the Insured of any change in the premium or in the conditions of the Insurance benefit by means of a notification on its website no later than 60 days before the Policy anniversary.

If the Insured does not wish to maintain the Contract with the amendments communicated by the Policyholder, the Contract effective as of the Policy anniversary. A declaration of rejection of the amendment may be submitted to the Policyholder by the day before the amendment takes effect, in the manner specified in Section B.1.1. Following the rejection of the amendment, the insurance Contract shall terminate at the end of the day preceding the entry into force of the amendment.

If the Insured does not declare or accept it by the deadline indicated above, the Policyholder is obliged to pay the changed insurance premium with effect from the date of the Policy anniversary.

C.9.3. Settlement between the Parties, data disclosure, reporting changes

The detailed rules of settlement, data disclosure and change reporting between the Policyholder (Bank) and the Insurer and other agreements between the Parties are set out in the Framework agreement.

The Policyholder must report any changes affecting the Insured Persons during the given period to the Insurer, in the manner, with the data content and by the deadline specified in the Framework agreement. A new Insured Person may be added to the Contract at any time during its term.

If the Policyholder fails to pay the regular premium of the Contract when due and has not agreed in writing with the Insurer on the deferral of premium payment, the Insurer, while warning the Policyholder of the consequences, shall issue a written notice to the Pol-

icyholder to pay the premium, setting an additional deadline of 20 days from the date of sending the notice. If the additional deadline lapses and no payment is made, the Contract terminates retroactively as of the due date, except if the Insurer enforces its premium claim through judicial avenues without delay.

C.10. AMENDMENT OF THE CONTRACT

C.10.1. Mutual agreement

The Insurer and the Policyholder may amend the content of the Contract by mutual agreement in writing. Either Party may initiate the amendment of the Contract in writing.

C.10.2. Increase in insurance risk

If the Insurer gains knowledge of any material circumstance affecting the Contract after its conclusion, the Insurer may make a proposal within 15 days to amend the Contract or – if it does not undertake the risk pursuant to the Contract – to terminate the Contract with 30 days' written notice. The additional condition of the entitlement of the Insurer to propose an amendment or to terminate the Contract is for the subsequently uncovered and changed circumstances to result in a substantial increase in insurance risk. If the Policyholder does not accept the proposed amendment or does not reply in writing within 15 days, the Contract shall terminate on the 30th day from the communication of the amending proposal, provided that the Insurer has warned the Policyholder of this consequence when communicating the proposal.

If the Insurer does not exercise its above right to amend/terminate the Contract, the Contract shall remain in force with its original content.

C.11. TERMINATION OF THE CONTRACT, END OF THE INSURANCE COVERAGE

The Contract – and the Insurer's coverage with it – is terminated in any one of the following cases:

C.11.1. Failure to fulfil premium payment obligations

If the premium due is not paid, a warning shall be issued of the expected consequences and a written payment reminder to the Policyholder, setting a 20-day extended payment deadline. If the additional deadline lapses and no payment is made, the Contract between the Policyholder Bank and the Insurer shall terminate retroactively with the last day of the period covered by premium payments, unless the Insurer enforces its premium claim in court without delay.

In the event of the late payment of the insurance premium, the Insurer may restrict or suspend the Insurance benefits as of the start of such a delay.

If the Contract is a regular premium contract and the Policyholder does not pay the valid premium (premium instalment) of the Contract when due for the Insured for whom the premium is due, the Insurer shall provide coverage for these Insured Persons until and including the due date of the first premium (premium instalment) not paid. If the Policyholder fails to pay the outstanding premium within this period and the Parties do not agree on a deferral, the Contract shall terminate retroactively for these Insured Persons as of the due date as set out in Section C.12. b).

C.11.2. Termination of the Policyholder without a legal successor

In the event of the termination of the Policyholder without a legal successor, the Contract terminates at the end of the day of such termination as specified in the resolution thereon.

C.11.3. Termination without cause

The Policyholder and the Insurer may terminate a Contract of indefinite duration in writing at least 60 days prior to the end of the Insurance Period, of which the Policyholder shall notify the Insured in writing at least 30 days before termination.

C.11.4. Mutual agreement

The Contract may be terminated at any time by mutual agreement.

C.12. TERMINATION OF INSURANCE COVERAGE FOR SPECIFIC INSURED PERSONS

The Insurer's coverage with respect to the card holder Insured Person shall be terminated in the following cases:

- a) upon termination of the insurance Contract between the Policyholder and the Insurer, at 24:00 on the day of termination,
- b) if the insurance premium is not paid,
- c) at 24:00 on the day of termination of the bank card contract to which the insurance under these terms and conditions relates, or, if there are several bank cards in the bank card contract, the part of the bank card contract relating to the bank card to which the insurance under these terms and conditions relates,
- d) in the event of the Insured Person's death, the date of death,
- e) if the Insured Person submits a written statement or a statement via a fixed line or the Bank's electronic interfaces, 30 days before the Policy anniversary, requesting the termination of coverage with regard to their person on the Policy anniversary (bank card anniversary),
- f) in the case of a Contract concluded by distance selling, the Insured is entitled to terminate it with immediate effect within 14 days from the date of making the declaration to join, without giving reasons.

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The termination of the insurance does not affect the assessment of ongoing or pending claims related to the Insurance events that occurred before the termination.

Right of termination in the case of joining by distance selling:

1. In the event of termination by the Insured – without an obligation to give reasons and a payment obligation, based on the provisions of the Act on Distance Selling – in the event of joining under distance selling, the Insured may exercise his/her right of termination within 14 days of receipt of written confirmation of the extension of the scope of the insurance contract to him/her, in which case the Insurer's coverage shall cease retroactively from 0.00 hours on the day following the joining.
2. In the case of joining under distance selling, after the 14th day calculated from the date of joining, the Insurer's coverage shall cease to exist on the Insurance anniversary (bank card anniversary), provided that the notice of withdrawal of the joining is received by the Bank 30 days before the Insurance anniversary. The full annual premium for the period of withdrawal of joining shall be charged by the Policyholder to the bank account of the Insured. The time limit for exercising the right of termination may vary as follows:
 - If the Insured receives the distance selling information only after the date of joining, he/she may exercise his/her right of termination from the date of receipt of the information in the case referred to in point a) until the expiry of the time limit specified therein.
 - If the Insurer fails to provide the Insured with any information in connection with the distance selling, the Insured may exercise his/her right of termination from the date specified in point a) until the time limit specified in point a), calculated from the date of receipt of the information in accordance with the law, but not exceeding the one-year limitation period calculated from the date specified in points a).
 - If the Insurer fails to comply with its obligation to provide information with the correct content, the Insured may exercise

his/her right of termination from the date specified in point a) until the time limit specified in point a), calculated from the date of receipt of the information in accordance with the law, but not exceeding the three-month limitation period calculated from the date stipulated in points a).

- If the Insurer has not informed the Insured of their right of termination, the Insured may exercise his/her right of termination from the date specified in point a) until the expiry of the time limit specified in point a), calculated from the date of receipt of the information in accordance with the law, but not exceeding the one-year limitation period calculated from the date indicated in point a).

The Insurer shall consider the right of termination to have been exercised in due time if the Insured provides the Bank with a **verifiable** declaration to this effect.

If the Insured has exercised the right of termination, the Insurer shall be entitled to claim only the proportionate consideration for the service actually provided in accordance with the contract. The amount payable by the Insured may not exceed the proportionate amount corresponding to the service already provided, relative to the entirety of the service specified in the contract, and it may not be of such extent as to constitute a penalty. Also, reimbursement for services related to joining may be claimed only to the extent that the other services actually provided are proportionate to the services covered by the contract. The Insurer is only entitled to claim this amount if it can prove that it has provided the Consumer with the information on the right of Termination as defined in the Distance Selling Act.

- If the time limit for Termination has been extended on the basis of the above paragraphs, the Insurer may not claim any compensation for the service provided during the period of the extension, i.e. until the time when the information is provided in accordance with the law.
- If the Insurer has commenced performance before the expiry of the Termination Period without the prior consent of the Insured,

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the Insurer shall not be entitled to claim the above consideration for the service from the Insured either.

The Insurer shall reimburse the amount paid by the Insured, except for the amount of the consideration for the service as set out above, immediately upon receipt of the notice of Termination, but no later than within 30 days.

The Insured shall reimburse the amount paid by the Insurer immediately, but no later than within 30 days after sending his/her notice of Termination.

Terminations may be submitted by the Insured in accordance with Section B.1.1.

C.13. OTHER RIGHTS AND OBLIGATIONS OF THE PARTIES

C.13.1. Other obligations of the Policyholder and the Insured

I. Disclosure obligation and the obligation to provide information

The Policyholder and the Insured are both bound by a disclosure obligation; namely, they are required to disclose to the Insurer at the time of the conclusion of the Contract any material circumstances of which they were aware or had to be aware that may impact the acceptance of the Contract.

The Insured fulfils their disclosure obligation by providing complete and truthful answers to the Insurer's written questions. The Insured hereby authorises the Insurer to verify the disclosed data.

II. Obligation to report changes

The Insured must inform the Insurer within 5 days of any change in his/her details and legal status recorded in the Contract (in particular name, address, e-mail address, telephone number). Any legal consequences of failing to do so shall be borne by the Insured. In the event of failure to notify, the Insurer may send a state-

ment to the last known address, including the e-mail address, with legal effect.

III. Reporting claims for benefit (*reporting Insured events*)

The STC contains the process of using the Insurance benefit and a detailed description of the documents required for performance.

C.13.2. The Insurer's right to override

The Insurer is entitled to involve its own medical expert in assessing the claim for benefits. The Insurer's medical specialist is entitled to – among other things – override the necessity and justified duration of the medical treatment in respect of the performance of the benefit.

The findings of the Insurer's medical expert are independent of the findings of any other medical or social security organs or bodies or other medical experts, and the Insurer shall take the opinion of its own medical expert into account when assessing the insurance claim.

C.13.3. The Insurer's obligations

Obligation to provide information

The Insurer shall

- comprehensively provide all necessary information to the Policyholder relating to the Contract, and changes affecting the Contract;
- notify the Insured – at the Insured's request – of the status of the settlement and payment of the reported claim for benefits or any obstacles to it.

Obligation to provide benefits

The Insurer shall provide the benefits undertaken in the Contract in line with the contractual terms and conditions in force at the time of the occurrence of the Insured event and on the basis of the latest

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group membership data disclosure form. In order to verify coverage relating to the given Insured, the Insurer shall request the necessary data from the Policyholder and is also entitled to verify the data of the group of Insured Persons retroactively.

The Insurer has no benefit provision obligation if performance is prevented or hindered by force majeure (unavoidable external obstacle unforeseen by the Insurer).

If the legal basis exists, the Insurer shall provide the financial benefits within 15 days from the receipt of the last document necessary for assessing the claim. If the documents requested by the Insurer are not submitted to the Insurer or submitted incompletely then, after 30 days following the request being sent, the Insurer shall assess the claim for benefits on the basis of the available documentation. The Insurer shall make the payments that have been delayed due to the late submission of the claim for benefits or the late submission of the documents needed for its assessment without any additional interest.

C.14. EXEMPTIONS AND EXCLUSIONS REGARDING THE INSURER

C.14.1. Unlawfulness, wilful misconduct, gross negligence

The Insurer is exempted from the obligation to provide the benefit (in whole or in part) if:

- the costs incurred as a result of the Insured event are reimbursed by another obligor (e.g. contract between countries, social security, other insurance – liability, travel insurance, except accident insurance);
- if the Insurer has compensated the loss, it shall have the rights which the Insured had against the person responsible for the loss, unless this Relative of the Insured living in the same household as the Insured caused the Insured event by the unlawful, intentional or grossly negligent conduct of the Policyholder or the Insured.

In particular, grossly negligent behaviour is considered to be:

- if this fact was established by the court or another authority by way of a resolution;
- if the event occurred in relation to a crime wilfully committed by the Insured;
- if the event occurred as a direct result of the Insured's heavily intoxicated condition with a blood alcohol level exceeding 2.5 or 1.26 mg/l of alcohol in air, or of being under the influence of intoxicating, narcotic or similar substances or of their addiction to toxic substances;
- if the event was directly caused by the Insured's driving without a valid licence or driving under the influence of alcohol;
- if the event occurred because the Insured performed their activities in the absence of the personal, material, technical or IT conditions or safety equipment set out in the legal regulations or other mandatory requirements.
- the conditions set out in Section B.4. of this condition are met.

C.14.2. General exclusions

The Insurer's coverage does not cover, unless otherwise specified, Insured events which are directly or indirectly related to the following, caused in whole or in part by the pursuit of or participation in the pursuit of the following activities, or to which the following causes have contributed:

- direct or indirect exposure to radiation or radioactive nuclear energy classified as ionising according to law,
- nuclear energy, harmful effects of released nuclear energy, injuries caused by magnetic/electromagnetic fields;
- war, belligerent acts, civil war, civil disturbances, interstate war, acts of terrorism, hostile acts by foreign powers, riots, coup or attempted coup against the government, political upheaval, revolution, rebellion, riots, demonstrations, marches, strikes, acts of terrorism, workplace disturbances, rioting at the border, insurrection. (Except as described in Expenses of Accidents caused by War, Civil Disorder, Natural Disaster and Terrorism in these Terms and Conditions.);

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- Accidents involving powered or unpowered aircraft, flying machines, hang gliders, all types of parachute jumps, or as a crew member of an aircraft;
- acts caused by biological weapons;
- any mental disorder or abnormal mental state of the Insured;
- suicide or attempted suicide of the Insured, withdrawal of medication, alcohol or drugs, or alcoholic condition of the Insured;
- an Insured event as a result of an Insured Person's illness which occurred within six weeks prior to the commencement of the Trip and/or existed prior to the commencement of the Trip;
- insurance-related events occurring during participation in national or international sports competitions or during preparation or training for such competitions;
- insurance-related events occurring in connection with a pregnancy of over 25 weeks (at any stage);
- an Insured event as a result of an Insured Person's Illnesses which occurred within six weeks prior to the commencement of the Trip and/or existed prior to the commencement of the Trip;
- an event related to the carrying or use of a weapon during the Insured's armed service;
- any sporting activity in a sport in which the Insured is a professional competitive athlete;
- Insured events occurring during highly hazardous sporting activities, which require exceptional skills and knowledge, hobbies (extreme sports), such as in particular caving, diving, rock climbing, mountaineering, bungee jumping, as well as sports involving the use of motorised land or water vehicles, or motorised or non motorised aircraft;
- the insurance coverage also covers the following active leisure and hobby activities exclusively for the Insured with MC Platinum, MC World Elite, MasterCard Premium Platinum and PlatinumCard bank cards issued by Raiffeisen Bank Zrt: white water kayaking (rodeo, river running, creek), rafting, canyoning, hydrospeed, trekking, water touring, sea kayaking, waveskiing, wakeboarding, kitesurfing, windsurfing, sailing, jetskiing, water skiing, parasailing;
- use of any weapon.

The insurance cover does not extend to the following either:

- consequential loss,
- non-pecuniary damage, compensation for damages and the consequences of the infringement of moral rights under the law of the country where the Insured event occurred,
- costs incurred due to late performance of the obligations of the Policyholder or the Insured arising from this Contract.

C.14.3. Violation of the obligation to notify or notify changes

In the event of a breach of the disclosure or change reporting obligation by the Insured, the Insurer's obligation shall only stand if it is proved that the concealed or unreported circumstance did not contribute to the occurrence of the Insured event, and that – in the case of sickness insurance benefits – 5 years have already passed from the start of the coverage period (in the case of the change reporting obligation, from the reporting deadline) pertaining to the Insured until the occurrence of the Insured event. In all other cases of the breach of the disclosure obligation or the obligation to report changes, the Insurer is exempted from its benefit provision obligation.

The Policyholder and the Insured are both subject to the disclosure obligation; neither can cite any circumstance that either of them has failed to disclose to the Insurer even though they must have been aware of it and the circumstance would have been subject to the disclosure obligation. The Policyholder is liable for fulfilling the change reporting obligation.

C.14.4. Premium refund

In the event of the Insurer's exemption, the Policyholder and the Insured shall not be entitled to any reimbursements from the insurance premium.

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C.15. OTHER PROVISIONS

C.15.1. Provisions substantially different from legal provisions or previous or former contractual practice

This Section contains the provisions of the Contract that are substantially different from ordinary contractual practice or the provisions of the Civil Code.

- In accordance with the provisions on communication and legal statements, the Parties may also communicate with one another via email as per the provisions of Section B.1.
- Pursuant to the rules on the limitation of claims arising from the Contract, the limitation period is 2 years instead of the usually applied 5 years as per the provisions of Section B.7.

- Pursuant to Section C.1.3., the Insured may not replace the Policyholder.
- Pursuant to Sections B.1.1. and C.3., the Contract shall be concluded in writing.
- In case of non-payment of premiums, the Insurer may limit the service – during the grace period for the execution of the payment – or suspend the service according to Section C.11.1.
- Payment of the premium may only be made by bank transfer as set out in Section C.9.1.
- In respect of each Insured, the insurance cover is terminated as described in Section C.12.

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D.1. INSURANCE EVENTS

The Insurer will provide cover in the event of an Insured event as defined in this Chapter, provided that the insurance cover of the Contract extends to the relevant Insured event. The condition for the provision of the service is that the Insured event occurs during the period of coverage or during the period of the Insurance benefit.

D.1.1. Accident and illness Accident

Accident

During the term of the Contract, during the Trip, a sudden external mechanical or chemical impact occurring beyond the Insured Person's control, which causes an anatomical damage certified by a Physician during the term of the Contract, which acutely justifies a targeted medical intervention, or the Insured Person dies or suffers bodily injury or health impairment within one year.

The following does not qualify as an Accident: poliomyelitis and meningitis and/or encephalitis due to tick bites, rabies, tetanus infection, any infection transmitted by man or an animal or any other living creature, even if caused by an accidental physical cause, frostbite, hypothermia, exhaustion, sunstroke, overstrain caused by lifting and heat stroke, so-called sprain accidents that do not involve a confirmed fresh injury to an anatomical structure, do not require acute open surgical intervention, herniated discs and other hernia diseases, where no anatomical lesion with direct causal link to the recent accident event can be established on the basis of the available Medical records.

Illness

A sudden, unexpected, adverse change in the Insured's state of health during the Trip – an acute illness – which, in the absence of urgent Medical assistance or Medical care, causes further deterioration of health, may lead to death. The Insurer's obligation to provide services shall not apply in respect of complaints or Illnesses which are the result of an Accident or Illness requiring Medical treatment which already occurred within six months prior to the commencement of the Trip. The Insurer's services are provided in respect of the Insured's Accident and serious Illness.

Decision on the service: the medical emergency manager to be called on the emergency number makes a decision from a Medical point of view, on the form and type of the Insurer's service.

The Insurer shall reimburse the justified costs of basic care – without the option to choose a Physician – that is considered as standard at the place of using the service considering the average tariffs of healthcare providers. The Insurer shall have the right to arrange for the continuation of the Healthcare already commenced at another institution designated by the Insurer, provided that the Insured's health condition is not endangered by that. The Insurer reserves the right to cover the costs of Medical treatment Abroad only until such time as the Insured's state of health allows him/her to be transported to or return to the territory of his/her country of residence. **The Insurer will not reimburse any additional costs incurred as a result of the fact that, although Medically permissible, the Insured Person did not travel or was not transported home due to his/her decision or lack of cooperation.**

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Accidental death

Definition of Insured event	In the event of the death of the Insured as a result of an Accident during the Trip, the Insurer shall pay the Sum insured indicated in the Benefit table.
List of events not covered by the Insurer (exclusions, in addition to those listed under "general exclusions")	<ul style="list-style-type: none">☒ Accidents occurring in causal connection with the Insured's psychosis or derangement.☒ Accidents suffered by the Insured in the course of an intentional criminal offense being committed or attempted to be committed.☒ Infections not related to the Accident, illnesses from non-European infections, insect bites.☒ Poisoning and injuries due to the intentional ingestion of solid, liquid, gaseous substances, including drugs.☒ Non-Accidental bleeding and stroke.☒ Accidents occurring during competitive sport or training.

Accidental disability

Definition of Insured event	<ul style="list-style-type: none">• In the event of permanent impairment to the Insured's health resulting from an Accident during the Trip, the Insurer shall pay the Sum insured specified in the Benefit table in proportion to the extent of the damage to health.• Permanent impairment of health is an impairment of health that has a direct causal link to an accident and that leads to a permanent (irreversible) impairment of physical or mental capacity.
List of events not covered by the Insurer (exclusions, in addition to those listed under "general exclusions")	<ul style="list-style-type: none">☒ Accidents occurring in causal connection with the Insured's psychosis or derangement.☒ Accidents suffered by the Insured in the course of an intentional criminal offense being committed or attempted to be committed.☒ Health impairment caused by medical treatment or medical intervention (unless it was necessary because of an Accident covered by the Contract).☒ Infections not related to the Accident, illnesses from non-European infections, insect bites.☒ Poisoning and injuries due to the intentional ingestion of solid, liquid, gaseous substances, including drugs.☒ Abdominal or lower body hernia (overstrain caused by lifting) if not causally related to the Accident.☒ Non-Accidental bleeding and stroke.☒ Accidents occurring during competitive sport or training.

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Accidental disability

Limit	Sum insured included in the service package under the Benefit table in proportion to the degree of disability				
	• Total loss of vision in both eyes	100%	• Loss of thumb	20%	
	• Total loss of vision in one eye	50%	• Loss of index fingers	10%	
	• Total loss of hearing in both ears	60%	• Loss of other fingers one by one	5%	
	• Total loss of hearing in one ear	30%	• Total loss or total functional loss of one leg above mid-thigh	70%	
	• Total loss of the sense of smell	10%	• Total loss or total functional loss of one leg up to mid-thigh	60%	
	• Total loss of sense of taste	5%	• Loss of one leg up to knee	50%	
	• Total loss or total functional loss of one arm from shoulder joint	70%	• Loss of one lower leg below knee	45%	
	• Total loss or total functional loss of one arm above elbow joint	65%	• Loss of foot	40%	
	• Total loss or total functional loss of one arm below elbow joint	60%	• Loss of big toe	5%	
	• Total loss of one hand	55%	• Loss of another toe	2%	
	Comment	<ul style="list-style-type: none">• The percentage of disability or impairment is determined on a linear basis for the loss or non-functioning of the listed body parts and sensory organs, based on the Medical examination taking into account all the circumstances.• In the event of partial loss or impairment of body parts or sensory organs, the appropriate percentage given in the table may be considered.• In case of loss of organs or parts of the body not listed in the table, the Insurer's Medical expert will determine the extent to which the Insured's normal physical or mental capacity is reduced.• If more than one function is reduced as a result of the same Accident, the degrees of disability determined on the basis of the table are added together.• The findings of the Insurer's Medical expert are independent of those of any other medical or social security body.• If the Accident results in damage to functions or parts of the body that were already impaired before the Accident, the degree of previous disability will be deducted according to the table when determining the benefit.• The extent of the permanent impairment to health will be definitively determined one year after the Insured event, within this period an advance payment may be made, considering the expected claim.• In the case of permanent impairment, the Insured is entitled to have his/her condition reviewed annually, but not later than two years after the Insured event, and to claim for benefits in the event of deterioration.• If the Insured dies as a result of an Accident within one year, no disability benefit can be claimed and the amount already paid will be deducted from the death benefit amount.			

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Costs of emergency medical treatment

Definition of Insured event	If the Insured requires hospitalisation or outpatient treatment as a result of an Accident or Illness during the Trip, the Insurer will arrange for Medical treatment and will cover the costs incurred in this regard (Medical examination, medication, care) up to the amount specified in the Benefit table. The Insurer shall undertake to procure and make available to the Insured or his/her Physician any medicines that may be necessary in the event of the occurrence of the above Insured event and that cannot be obtained on the spot.
List of events not covered by the Insurer (exclusions, in addition to those listed under "general exclusions")	<ul style="list-style-type: none">☒ The Insured is travelling against Medical advice.☒ The purpose of the Trip is to receive Medical treatment, counselling, Healthcare.☒ Treatments that have been under Medical treatment or supervision within the six months immediately preceding the stay Abroad.
Limit	<ul style="list-style-type: none">• The Benefit limit of the given benefit package shown in the Benefit table.• The Insurer will cover in-patient hospital treatment for a maximum of 30 days in total during the Insurance period, regardless of the number of Insured events.• In the event of a dental complaint, the Insurer will reimburse the cost of treatment only in an emergency, up to the amount specified in the Benefit table.
Comment	<ul style="list-style-type: none">• In the case of the purchase of medicines, the Insurer's service only covers the costs of organisation, delivery and customs clearance, not the price of the medicine and related costs (customs duties, taxes, etc.).• The Insurer does not provide Health Care Organisation or direct reimbursement to the provider for dental care.• Emergency pregnancy or obstetric care is covered by the Insurer up to the end of the 24th week of pregnancy and up to the amount indicated in the Benefit table.

Transport or transfer of a patient to a physician, hospital

Definition of Insured event	<ul style="list-style-type: none">• The Insurer shall arrange for the transfer of the Insured Person to another hospital, place of residence or the nearest hospital to the place of residence, as Medically advisable and necessary, in connection with the Insured Person's Accident or Illness during the Trip, and shall assume any other costs demonstrably incurred in connection with the Illness/Injury or the transport..• Air transfer is also covered; this is transport by air from the hospital of first treatment to a central hospital or a specialised department with sufficient equipment for follow-up treatment.
Limit	<ul style="list-style-type: none">• The Benefit limit included in the benefit package under the Contract.
Comment	<ul style="list-style-type: none">• The service and the appropriate means of transport will be decided in each case by the on-call Physician of the Assistance Service Provider available via the emergency number and contracted with the Insurer for the purposes of this Contract, even involving consultation with the injured person's Physician as necessary.

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Daily hospital allowance

Definition of Insured event	The Insurer will provide daily reimbursement for the period of hospitalisation (in-patient care) exceeding 24 hours due to an Accident or Illness occurring during the Trip. The benefit provided by the Insurer's is equal to the daily reimbursement amount multiplied by the number of nights spent in hospital.
Limit	<ul style="list-style-type: none">• The Sum insured included in the service package according to the Benefit table.• The Insurer will provide daily reimbursement for a maximum of 30 days within an Insurance period

Terrorism-related accidental expenses

Definition of Insured event	<p>If during the Trip the Insured is injured, needs Medical treatment abroad or dies as a result of an act of terrorism, the Insurer will reimburse the following expenses and provide the following services incurred as a result of the act of terrorism, provided that the Insured did not actively and intentionally participate in the act of terrorism:</p> <ul style="list-style-type: none">• Cost of Emergency Medical treatment• Costs of repatriating an injured person• Costs of repatriating of mortal remains• Accidental death (also in case of air disaster)
List of events not covered by the Insurer (exclusions, in addition to those listed under "general exclusions")	<ul style="list-style-type: none">☒ At the time of the occurrence of the Insured event, the Insured was in the territory concerned despite a prohibition published by the local authorities.☒ Active participation of the Insured in the terrorist act.☒ On the day of the start of the Trip the country of destination was among the countries that were not recommended for travel or was considered as a dangerous country as defined by the Ministry of Foreign Affairs.
Limit	<ul style="list-style-type: none">• The Insurer undertakes to provide the services up to a maximum of HUF 1,000,000 per Insured.• The Insurer shall provide the services up to a maximum amount of HUF 20,000,000 for all Insured Persons who have been injured in an act of terrorism and who have joined a travel insurance contract with the Insurer during the given period.
Comment	<ul style="list-style-type: none">• If the total amount of the services for all Insured Persons reaches the limit of HUF 20,000,000, the payment of the loss per Contract will be calculated in proportion to the ratio between the HUF 20,000,000 and the actual total loss.

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Ski pass reimbursement

Definition of Insured event	<p>If the Insured receives emergency medical care during the Trip and is therefore unable to ski or snowboard within the remaining validity period of the ski pass, the Insurer will reimburse the price of one unused ski pass – purchased before the Accident or Illness.</p> <p>The Insurer provides the benefit if the Insured receives immediate emergency medical care Abroad as follows:</p> <ul style="list-style-type: none">a) due to an accident,b) due to an Illness involving hospital inpatient care,c) due to an illness or accident as a result of which the Insurer repatriates the Insured to the territory of the country of residence for the purpose of continuing medical care after the emergency care abroad.
Limit	<ul style="list-style-type: none">• The Benefit limit of the given benefit package shown in the Benefit table.• One unused ski pass
Comment	<ul style="list-style-type: none">• The Insurer's service shall be provided in proportion to the unused period, but only for the days covered by the Contract.

Medical repatriation

Definition of Insured event	<ul style="list-style-type: none">• If during the Trip the Insured needs immediate patient transport due to an Accident or Illness, the Insurer will organise the assistance with the help of the Assistance Service Provider and will bear the costs. In this case, the insurance also covers special helicopter or airplane patient transport. Within the Sum insured, the Insurer may provide cover for Medically necessary air transport of patients to the place of residence or to a hospital with equipment especially suitable for the special case of illness or Accident.• The insurance also covers the costs of repatriation.• If the Insured is transported back from Abroad on a scheduled flight, the Insurer will cover the additional costs of travel for one person travelling with the Insured and living in the same household as the Insured, if Medically justified. In the case of patient transport by air ambulance, an accompanying person may also join the patient, if the local conditions on the aircraft allow it and it is medically justified.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<p>✗ The Insurer does not undertake to reimburse the costs of repatriation if the repatriation was not organised by the Assistance Service Provider.</p>
Limit	<ul style="list-style-type: none">• The Benefit limit of the given benefit package shown in the Benefit table.
Comment	<ul style="list-style-type: none">• The cover includes in-flight care and Medical care, including the cost of other necessary rescue equipment, provided that the Insured Person is in imminent danger of life or serious damage to health.• The need for air transport of patients is decided by the on-call Physicians of the emergency number of the assistance service provider contracted by the Insurer for the purposes of this Contract, who will also select the appropriate means of transport.

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Repatriation of mortal remains

Definition of Insured event	If the Insured dies as a result of an Accident or Illness during the Trip, the Insurer will organise the repatriation of the mortal remains to the Hungarian burial place or place of residence at the request of the Relatives or will assume the costs of the funeral Abroad.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	✘ The Insurer does not undertake to reimburse the costs of repatriation if the repatriation was not organised by the Assistance Service Provider.
Limit	• The Benefit limit of the given benefit package shown in the Benefit table.

Reimbursement of coffin costs

Definition of Insured event	If the Insured dies during the Trip within the term of the insurance and the legislation of the place of death requires the transport of the remains in a coffin, the Insurer shall organise and pay for the purchase of a coffin in accordance with international standards up to the Benefit limit specified in the Benefit table.
Limit	• The Benefit limit of the given benefit package shown in the Benefit table.

Search and rescue

Definition of Insured event	If an Insured Person needs to be searched for or rescued due to an Accident or Illness during the Trip, the Insurer will organise the most efficient assistance possible and will therefore bear the costs up to the extent specified in the Benefit table. As part of this, the Insurer will reimburse the certified costs of locating the Insured Person and transporting him or her to the nearest hospital. If medically justified or necessary due to the location of the Accident, rescue can be performed in any way.
Limit	• The Benefit limit of the given benefit package shown in the Benefit table.

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Accommodation costs due to an extended stay

Definition of Insured event	If the Insured suffers an Accident or Illness during the Trip that does not allow for proper patient transport or the Trip home to the permanent place of residence cannot be started at the originally planned time, the Insurer may organise and reimburse the reasonable and certified costs of the stay for up to two accompanying persons who must stay with the Insured up to the amount or period indicated in the Benefit table.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<input checked="" type="checkbox"/> The Insurer's service does not cover the costs of returning Abroad.
Limit	<ul style="list-style-type: none">• The Benefit limit of the given benefit package shown in the Benefit table.

Patient visits

Definition of Insured event	If the Insured becomes hospitalised for more than 10 days due to an Accident or Illness during the Trip, the Insurer will arrange for a person to travel to the place of the hospital stay and from there back to his / her place of residence in Hungary.
Limit	<ul style="list-style-type: none">• The Benefit limit of the given benefit package shown in the Benefit table.

Reimbursement of accommodation costs during a hospital stay of a minor passenger

Definition of Insured event	The Insurer will reimburse the reasonable costs of any additional stay and accommodation, supported by an invoice, incurred by a close Relative of minor age travelling with the Insured as a result of emergency hospitalisation for Accident or Illness during the Trip, up to the amount and for the duration shown in the Benefit table.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<input checked="" type="checkbox"/> The Insurer's service does not cover the costs of returning Abroad.
Limit	<ul style="list-style-type: none">• The Benefit limit of the given benefit package shown in the Benefit table.

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Reimbursement of accommodation costs during a hospital stay of an adult, elderly passenger

Definition of Insured event	The Insurer will reimburse the reasonable costs of any additional stay and accommodation, supported by an invoice, incurred by a close Relative travelling with the Insured as a result of emergency hospitalisation for Accident or Illness during the Trip, up to the amount and for the duration shown in the Benefit table.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<input checked="" type="checkbox"/> The Insurer's service does not cover the costs of returning Abroad.
Limit	<ul style="list-style-type: none">• The Benefit limit of the given benefit package shown in the Benefit table.

Repatriation of a minor child, family

Definition of Insured event	If, due to the death, Accident or Illness of the Insured, neither the Insured nor a member of his/her family living in the same household as the Insured and travelling with the Insured, a child(ren) under the age of 14 travelling with the Insured during the Trip cannot be cared for, the Insurer will arrange for the child to be transported home to the place of permanent residence with an accompanying person. The Insurer assumes the costs incurred during the service, including the costs related to the accompanying person. The Insurer offers this service even if the Insured, as the sole driver, becomes unable to drive due to an Accident or Illness when traveling with his/her own vehicle, and his/her passengers and their family members living in the same household must be transported home with the vehicle.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<input checked="" type="checkbox"/> The Insurer's service does not cover the costs of returning Abroad.
Limit	<ul style="list-style-type: none">• The Benefit limit of the given benefit package shown in the Benefit table.

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Trip recall

Definition of Insured event	<ul style="list-style-type: none">• If the Insured is forced to end the trip earlier than planned because he/she or a family member living in the same household suddenly falls seriously ill, has an Accident or dies, or suffers significant damage to property, or there is a sudden outbreak of war or civil unrest or a natural disaster at the place of destination, the Insurer will arrange for the return journey. The Insurer will cover any reasonable and justified additional costs incurred in connection with the return journey over and above the costs of the return journey originally planned, up to the amount specified in the Benefit table.• The Insurer will reimburse the Insured for the cost of his/her early return to the country of residence in economy class (II), if, after the start of the Travel, but not earlier than the commencement of coverage, the Insured's close relative or the close relative of the Insured's spouse or partner dies or falls into a life-threatening condition in the country of residence, or the Insured Person's property is substantially damaged.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<p>☒ The Insurer's service does not cover the costs of returning Abroad.</p>
Limit	<ul style="list-style-type: none">• The Benefit limit of the given benefit package shown in the Benefit table.

Flight delay

Definition of Insured event	<p>If the Insured's flight is delayed beyond the time indicated in the Benefit table, the Insurer will reimburse the expenses – supported by invoice – that were indispensable during the waiting time (refreshments, food, baggage storage). If the Insured is also covered by other insurance for the delay, the Insurer will only pay the difference that still exists according to the legitimate claim.</p>
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<p>☒ The Insurer shall not be liable if the Insured travels by a charter flight.</p>
Limit	<ul style="list-style-type: none">• The Benefit limit of the given benefit package shown in the Benefit table.
Comment	<ul style="list-style-type: none">• The benefit payment is subject to the condition that the Insured has checked in or shown up at the time specified in the itinerary set by the tour operator or transport company and has received an official written confirmation from the airline in his/her name stating the reason for the delay, the duration of the delay and the fact that the Insured was in possession of a valid travel ticket and showed up at the start of the Trip according to the itinerary.• The duration of the delay shall be calculated based on the time included in the flight schedule and the actual departure.

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Interpreter service

Definition of Insured event	The Insurer undertakes that the Assistance Service Provider will provide an interpreter service to the Insured via the emergency number in connection with the insurance service or the official proceedings initiated against the Insured during the Trip.
Limit	<ul style="list-style-type: none">• The Benefit limit of the given benefit package shown in the Benefit table.

Baggage theft or its damage due to accident

Definition of Insured event	<p>The Insurer shall reimburse the Used value of the Luggage damaged, destroyed or unlawfully stolen as a result of an Insured event occurring during the Trip up to the amount specified in the Benefit table. If the damaged object can be repaired, the Insurer will reimburse the costs of the repair.</p> <p>The Insurer will provide cover for luggage and personal property in the event of the following Insured events:</p> <ul style="list-style-type: none">• Damage to or destruction of luggage Accident, Traffic accident, natural damage or fire of technical origin in a motor vehicle,• theft or attempted theft.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<p>Items excluded from insurance:</p> <ul style="list-style-type: none">✗ jewellery (including watches),✗ precious metals, precious stones,✗ collections,✗ works of art,✗ means of payment, any means of substituting payment (including cash, checks, vouchers for the use of any service, season ticket, ticket), except bank card issued to the Insured's name✗ securities, savings deposits,✗ fur,✗ sports equipment,✗ technical articles (in particular: video camera, (digital) camera, laptop, palmtop, mobile phone, manager calculator),✗ musical instruments,✗ damage to fragile items (e.g. glass, porcelain) (breakage, cracking)✗ work equipment

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Baggage theft or its damage due to accident

List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	Events not covered by the Insurer <ul style="list-style-type: none">✗ loss, abandonment, disappearance of baggage left unattended✗ damage to baggage if it is not proved by the airport baggage handling company (in the case of air luggage) or – in case of damage caused by the shipping company – it is not proved by the report of the shipping company✗ theft, seizure, confiscation by an authority, damage or destruction of property from the passenger compartment of the vehicle (including the glove box),✗ damage caused by dropping or wetting the Baggage or Travel document (regardless of the circumstances of the dropping or wetting), except in the event of a traffic accident or flood,✗ consequential damages and indirect losses and damages arising from the specific nature of property,✗ theft from the unclosed hard luggage compartment of the vehicle or from the soft luggage compartment of the vehicle,✗ mechanical or electronic technical failure,✗ disappearance due to the break-up of an unguarded vehicle after occupying the accommodation at night (between 10 pm and 6 am),✗ theft at undesignated camping site (wild camp),✗ continuous deterioration, wear and tear,✗ improper use.
Limit	<p>The limit of the given benefit package shown in the Benefit table.</p> <ul style="list-style-type: none">✗ Damage limit per item in a luggage carrier (suitcase, bag): the Service Limit in the service package according to the Service Table.✗ Toilet facilities limit: up to 10% of the amount specified as baggage insurance limit.✗ Limit on damage, destruction or theft of dioptré glasses (excluding sunglasses) or contact lenses: up to 50% of the amount specified as baggage insurance limit.
Comment	<ul style="list-style-type: none">• The object and its Accessories, as well as the property in pairs or in stock are considered one thing, therefore in the event of an Insured event affecting the Accessories, the Insurer's service covers all Accessories together up to the luggage insurance limit.• If the purchase value of the Baggage and the date of purchase are not confirmed by the original invoice in the name of the Insured certifying the new purchase, the Insurer reserves the right to determine the amount of payment based on the Used value of the average quality item with the same basic function.• Specific provisions for baggage insurance as described in Sections D.2.2. and D.2.3.

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Baggage delay

Definition of Insured event	If the Insured receives their Baggage Abroad that was checked in properly at the carrier (e.g. airline) under the name of the Insured or the person travelling with the Insured after the arrival of the given flight at the destination of the Trip beyond the time specified in this Contract and the Insured notifies the carrier's representative in writing of the absence of the baggage in accordance with the rules of the travel conditions, but not later than within 2 hours, the Insurer undertakes to reimburse, in the period between the time of arrival of the flight and the actual pick-up of the baggage, up to the duration of the Contract, the value of justified emergency purchases becoming necessary (e.g. toiletries, change clothes) Abroad and the sum above the amount reimbursed by the carrier company due to the Insured event up to the amount specified in the Benefit table provided that the purchases are confirmed by an invoice issued in the Insured's own name.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none">☒ Delay due to security reasons.☒ Flight cancellation.
Limit	<ul style="list-style-type: none">• The limit of the given benefit package shown in the Benefit table.
Comment	<ul style="list-style-type: none">• In order to obtain the benefit, it is necessary to submit toward the Insurer the original certificate, protocol or PIR (Property Irregularity Report) issued by the carrier (e.g. airline) in the name of the Insured before leaving the transit area, which includes:<ul style="list-style-type: none">– planned and actual arrival dates,– the reason for the delay, the amount of compensation for the delay,– and recognition of the liability of the carrier.• The service is provided by the Insurer only if the carrier (e.g. airline) has not provided compensation or emergency compensation due to the delay, or its amount is less than the costs incurred, certified by invoices.• The Insurer's liability for indemnification applies to the amount in excess of the amount reimbursed by the carrier, i.e. the indemnity and emergency compensation paid by the carrier will be deducted from the costs certified by invoice.• The Insured is entitled to the service once during a Trip, regardless of the number of transfers, and regardless of the number of baggage items involved. The transfer point is not considered a destination.• The Insurer provides the service subsequently after the arrival home of the Insured, it does not undertake to pay any amount at the place of the event.• In case of permanent loss of the baggage, the amount previously paid by the Insurer as a luggage delay will be deducted from the final amount of baggage reimbursement.• The Insured must report the loss event to the airport baggage handling company or the carrier immediately after its detection.

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Cost of replacing travel documents if they are lost or damaged in an accident

Definition of Insured event	<p>If Insured's Travel documents (passport, identity card, address card, driving license) necessary for the continuation of the Trip become stolen, damaged or unusable during the Trip, the Insurer will provide assistance in re-obtaining the temporary documents necessary for returning home.</p> <p>In connection with the replacement the Insurer will reimburse:</p> <ul style="list-style-type: none">• the consular fees of issuing a return permit and the costs of replacing travel documents required by law,• the certified additional travel costs from the place of the Insured event to the local office of the foreign mission of Hungary competent in the replacement of the Travel documents or obtaining a return permit in the given country.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none">☒ Damage caused by dropping or wetting the Travel document (regardless of the circumstances of the dropping or wetting), except in the event of a traffic accident or flood,☒ theft from the unclosed hard luggage compartment of the vehicle or from the soft luggage compartment of the vehicle,☒ disappearance due to the break-up of an unguarded vehicle after occupying the accommodation at night (between 10 pm and 6 am)☒ theft at undesignated camping site (wild camp).
Limit	<ul style="list-style-type: none">• The Benefit limit of the given benefit package shown in the Benefit table.
Comment	<ul style="list-style-type: none">• Specific provisions for baggage insurance as described in Sections D.2.2. and D.2.3.

Bank card replacement costs

Definition of Insured event	<p>If the bank card issued to the Insured as cardholder to which this insurance product is linked is stolen during the Trip, or is damaged or becomes unusable due to an Accident, Traffic accident, elemental damage or fire in a vehicle due to technical cause, the Insurer shall reimburse the Insured for the costs of disabling or replacing the bank card specified by the issuing bank.</p>
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none">☒ Loss or abandonment of the bank card, disappearance due to leaving it unattended,☒ theft from the passenger compartment of the vehicle (including the glove box),☒ theft from the unclosed hard luggage compartment of the vehicle or from the soft luggage compartment of the vehicle,☒ disappearance due to the break-up of an unguarded vehicle after occupying the accommodation at night (between 10 pm and 6 am),☒ theft at undesignated camping site (wild camp).
Limit	<ul style="list-style-type: none">• The Benefit limit of the given benefit package shown in the Benefit table.
Comment	<ul style="list-style-type: none">• Specific provisions for baggage insurance as described in Sections D.2.2. and D.2.3.

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Damage or theft of goods purchased with the card

Definition of Insured event	In case of theft, robbery or damage or destruction of the goods purchased by the Insured with the bank card / credit card during his/her stay abroad within 15 days of the purchase, the Insurer will reimburse the purchase price or repair costs of the given goods on the basis of an invoice.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none">✗ Loss or abandonment of the bank card, credit card, disappearance due to leaving it unattended,✗ theft from the passenger compartment of the vehicle (including the glove box),✗ theft from the unclosed hard luggage compartment of the vehicle or from the soft luggage compartment of the vehicle,✗ disappearance due to the break-up of an unguarded vehicle after occupying the accommodation at night (between 10 pm and 6 am),✗ theft at undesignated camping site (wild camp).
Limit	• Up to 2 occasions per insurance period, up to the Benefit limit of the service package in the Benefit table.
Comment	• Specific provisions for baggage insurance as described in Sections D.2.2. and D.2.3.

Bank card fraud

Definition of Insured event	In the event of misuse of the Insured's bank card unlawfully stolen or misappropriated during the Trip, the Insurer will reimburse the value of the transactions following the preceding events up to the amount shown in the Benefit table per claim.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none">✗ Loss or abandonment of the bank card, disappearance due to leaving it unattended,✗ theft from the passenger compartment of the vehicle (including the glove box),✗ theft from the unclosed hard luggage compartment of the vehicle or from the soft luggage compartment of the vehicle,✗ disappearance due to the break-up of an unguarded vehicle after occupying the accommodation at night (between 10 pm and 6 am),✗ theft at undesignated camping site (wild camp).
Limit	• The Benefit limit of the given benefit package shown in the Benefit table.
Comment	• Specific provisions for baggage insurance as described in Sections D.2.2. and D.2.3.

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Theft of keys

Definition of Insured event	In the event of the unlawful theft or theft of the keys to the Insured's registered permanent residence or place of habitual residence, the Insurer shall reimburse the verifiable costs of acquisition, replacement or change incurred in Hungary as a result of the Insured event.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none">☒ Loss, abandonment, disappearance of baggage left unattended,☒ theft from the passenger compartment of the vehicle (including the glove box),☒ theft from the unclosed hard luggage compartment of the vehicle or from the soft luggage compartment of the vehicle,☒ disappearance due to the break-up of an unguarded vehicle after occupying the accommodation at night (between 10 pm and 6 am),☒ theft at undesignated camping site (wild camp).
Limit	<ul style="list-style-type: none">• Up to 1 event/year, up to HUF 50,000.
Comment	<ul style="list-style-type: none">• Specific provisions for baggage insurance as described in Sections D.2.2. and D.2.3.

Robbery at ATM

Definition of Insured event	<ul style="list-style-type: none">• The Insurer will reimburse the value of cash withdrawn from an ATM using a bank card and stolen from the Insured within 1 hour of the withdrawal during a Robbery.• If the Insured is hospitalised as a result of personal injuries suffered during the loss event specified above, the Insurer will pay a daily indemnity for each day spent in the hospital.
Limit	<ul style="list-style-type: none">• <i>Robbery</i>: Up to 1 event/insurance period, up to HUF 100,000.• <i>Daily hospital allowance</i>: HUF 5,000/day, up to 3 days/event
Comment	<ul style="list-style-type: none">• Specific provisions for baggage insurance as described in Sections D.2.2. and D.2.3.

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D.1.2. The Insured 's loss prevention obligations in connection with baggage insurance

During the Trip, the Insured is obliged to fulfil the following loss prevention obligations:

- If you have baggage, the vehicle must be parked in a guarded car park or the luggage must be removed from the vehicle and stored in a guarded place.
- Luggage may only be kept in the vehicle for as long as is strictly necessary (in a closed and unobservable place, especially for vehicles without a separate luggage compartment from the passenger compartment).
- Travel documents must not be left in the vehicle or in the Baggage handed over to the passenger carrier.
- If the vehicle is equipped with an alarm, it must be activated.
- Baggage must be placed in the accommodation, cloakroom or left-luggage office as soon as possible after arrival at the accommodation.

D.1.3. Damage mitigation obligations of the Insured

After discovering the baggage loss, the Insured is obliged to:

1. Report as soon as possible the fact and circumstances of the committed crime or the Accident to the local Police Abroad competent as per the place of occurrence or to another authority competent as per the place of the incident (e.g. fire department). If the Insured event occurred on a scheduled transport vehicle it must also be reported at the transport company. If the Insurance event occurred within the accommodation's competence it is also to be reported at the accommodation. In case of illegal theft, the Insured must submit a police report and request a detailed on-site inspection and a detailed report from the competent authority and the relevant economic organisation.

2. The report shall contain all relevant information, in particular a detailed description of the event (date, place, other relevant circumstances), an itemised list of the loss (itemised list of assets, including their value), theft, robbery, accident, elemental damage physical injuries (e.g. breaking a window, door, tensioning, other injuries).
3. In the case of lost or damaged luggage carried by a passenger carrier or a transport company, to fulfil the conditions imposed by that company as a condition for settling or compensating for damage – e.g. to comply with the requirements for the date, manner or place of notification. In the case of loss of air baggage, the loss must also be reported directly to the airline after notification to the airport baggage handling company.
4. In the case of damage to air baggage, the damage event shall be reported to the airport baggage handling company immediately upon detection. If the Insured has not reported to or received a report from the airport baggage handling company, the occurrence of the loss event must also be reported directly to the airline within the time limit specified in the airline service Agreement.

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Bail deposit

Definition of Insured event	If official proceedings are initiated against the Insured on charges of misconduct or negligence committed during the Trip, the Insurer undertakes to provide a deposit for bail or similar security established against the Insured up to the amount specified in the Benefit table.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none">✗ Claims submitted by the Insured Persons against each other.✗ Proceedings against the Insured are initiated due to the suspicion of intentional crime or gross negligence or the committing of such offenses is established during the proceedings.✗ Fines and penalties imposed on the Insured.✗ Legal costs related to the Insured's claim against the Policyholder or the Insurer.✗ Legal costs arising from breach of contract.
Limit	<ul style="list-style-type: none">• The limit of the given benefit package shown in the Benefit table.
Comment	<ul style="list-style-type: none">• The Insured is obliged to return the bail deposit to the Insurer within 6 months from the date of payment.

Legal costs

Definition of Insured event	If official proceedings are initiated against the Insured on charges of misconduct or negligence committed during the Trip, the Insurer undertakes to pay the fee, litigation costs, procedural costs established against the Insured up to the amount specified in the Benefit table.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none">✗ Claims submitted by the Insured Persons against each other.✗ Proceedings against the Insured are initiated due to the suspicion of intentional crime or gross negligence or the committing of such offenses is established during the proceedings.✗ Fines and penalties imposed on the Insured.✗ Legal costs related to the Insured's claim against the Policyholder or the Insurer.✗ Legal costs arising from breach of contract.
Limit	<ul style="list-style-type: none">• The limit of the given benefit package shown in the Benefit table.
Comment	<ul style="list-style-type: none">• The legal costs incurred shall be paid directly by the Insurer to the authority conducting the proceedings. If the Insured bears the legal costs, they may do so only with the prior approval of the Insurer.• The condition for the provision of services by the Insurer is that the Insured cooperates with the authorities, their legal representative and the Insurer during the procedure.• Legal proceedings arising out of the same cause, event or circumstance, including any appeal, shall be considered as a single claim.

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Cost of legal advice

Definition of Insured event	If official proceedings are initiated against the Insured on charges of misconduct or negligence committed during the Trip, the Insurer shall undertake the fees and expenses invoiced by the lawyer or law firm providing the Insured's legal representation in connection with the legal representation up to the amount specified in the Benefit table.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none">☒ Claims submitted by the Insured Persons against each other.☒ Proceedings against the Insured are initiated due to the suspicion of intentional crime or gross negligence or the committing of such offenses is established during the proceedings.☒ Fines and penalties imposed on the Insured.☒ Legal costs related to the Insured's claim against the Policyholder or the Insurer.☒ Legal costs arising from breach of contract.
Limit	<ul style="list-style-type: none">• The limit of the given benefit package shown in the Benefit table.
Comment	<ul style="list-style-type: none">• A legal representative (lawyer or law firm) may be appointed to represent the Insured only with the prior consent of the Insurer.• The legal costs incurred shall be paid directly by the Insurer to the authority conducting the proceedings. If the Insured bears the legal costs, they may do so only with the prior approval of the Insurer.• The condition for the provision of services by the Insurer is that the Insured cooperates with the authorities, their legal representative and the Insurer during the procedure.• Legal proceedings arising out of the same cause, event or circumstance, including any appeal, shall be considered as a single claim.

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Liability insurance

Definition of Insured event	If the Insured has an obligation to indemnify for personal injury or death caused to a third party during the Trip, the Insurer shall reimburse the amount that is charged to the Insured up to the limit indicated in the Benefit table.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none">☒ The Insured's own loss, losses of the Insured's Relatives, losses of employees of the Insured or the Policyholder resulting from the employment.☒ Any loss to property (damage, loss, destruction of property)☒ Liability arising from the transmission of infectious diseases by the Insured, liability arising from sexual harassment, physical violence or mental forced labour☒ Losses caused by an activity subject to an official license if the Insured pursued the activity without a license.☒ Liability of the Insured or the Policyholder under another Contract.☒ Claims arising from losses that occurred due to things rented, borrowed or taken over by the Insured for safekeeping.☒ Claims arising from loss of pecuniary advantage, grievance fee.☒ Liability arising from the professional activities of the Insured.☒ Liability arising from driving a Motor vehicle.
Limit	<ul style="list-style-type: none">• The Benefit limit of the given benefit package shown in the Benefit table.
Comment	<ul style="list-style-type: none">• Without the written consent of the Insurer, the Insured may not make any declaration of admission of liability, offer of settlement or any promise to settle a claim.• The Insurer provides legal protection and representation against the claim submitted to the Insured at its own discretion, may take over and pass on the legal protection or the related agreement if necessary and is entitled to act on behalf of the Insured for this purpose. The Insurer may enforce any claim for damages or compensation against third parties at its own expense and benefit.• The Insured is obliged to co-operate with the Insurer in the representation against claims and in the enforcement of claims, for this purpose they are obliged to provide the Insurer with all available information and documents.• The Insurer shall not be liable for any interest charges or other costs arising from or in connection with the Insured's non-cooperation.• The Insurer may provide the service to the injured party. The Insured may demand the performance of the Insurer only if he/she has settled the claim of the injured party himself/herself.

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Motor vehicle assistance – Roadside repair

Definition of Insured event	<p>The Insurer shall organise and carry out the emergency service up to the Benefit limit specified in the Benefit table and shall bear the invoiceable costs incurred directly at the place of the Insured event in connection with the restoration of the Vehicle to roadworthiness in accordance with the official regulations with the assistance of a towing vehicle(s) and a specialist.</p> <p>The purpose of roadside repair is to enable the Motor vehicle to reach the nearest garage where the breakdown will be repaired.</p>
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<p>☒ The coverage of the Insurer does not extend to the territory of the following countries and regions: Iceland, Greenland, Spitsbergen, Canary Islands, Madeira, Azores.</p>
Limit	<ul style="list-style-type: none">• The Benefit limit of the given benefit package shown in the Benefit table.
Comment	<ul style="list-style-type: none">• The main components of the Motor vehicle (brake, chassis, engine, transmission) must not be dismantled during roadside assistance.• If the vehicle cannot be repaired on the spot, the Insurer will send a rescue vehicle to the spot.• The cost of permanent repairs exceeding the Benefit limit shall be borne by the Insured.

Motor vehicle assistance – Transport to repair facility

Definition of Insured event	<p>If it is not possible to make the impaired Motor vehicle drivable at the place of the Insured event, the Insurer shall assume the costs certified by invoice up to the Benefit limit specified in the Benefit table which arise in connection with transporting the Motor vehicle to the nearest repair facility with the help of a rescue vehicle.</p>
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<p>☒ The coverage of the Insurer does not extend to the territory of the following countries and regions: Iceland, Greenland, Spitsbergen, Canary Islands, Madeira, Azores.</p>
Limit	<ul style="list-style-type: none">• The Benefit limit of the given benefit package shown in the Benefit table.
Comment	<ul style="list-style-type: none">• The cost of permanent repairs exceeding the Benefit limit shall be borne by the Insured.

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Motor vehicle assistance – Return vehicle from the repair facility

Definition of Insured event	If the repair of the Motor vehicle delivered to the repair facility by the Insurer cannot be resolved within 5 working days based on the opinion of the repair facility, the Insurer undertakes to arrange delivery and reimburse the transportation costs to the Insured's (who is the owner or the operator of the Motor vehicle) permanent residence or other address named by the Insured in Hungary up to the limit indicated in the Benefit table.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<input checked="" type="checkbox"/> The coverage of the Insurer does not extend to the territory of the following countries and regions: Iceland, Greenland, Spitsbergen, Canary Islands, Madeira, Azores.
Limit	<ul style="list-style-type: none">• The Benefit limit of the given benefit package shown in the Benefit table.
Comment	<ul style="list-style-type: none">• The cost of permanent repairs exceeding the Benefit limit shall be borne by the Insured.

Motor vehicle assistance – Rental car

Definition of Insured event	If the Motor vehicle breaks down during the Trip for any reason – excluding theft of the Motor vehicle – and the Insured is forced to interrupt the Trip (including the Trip to his/her permanent place of residence), the Insurer undertakes to provide a rental car for up to 2 days, up to the amount indicated in the Benefit table.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<input checked="" type="checkbox"/> The coverage of the Insurer does not extend to the territory of the following countries and regions: Iceland, Greenland, Spitsbergen, Canary Islands, Madeira, Azores. <input checked="" type="checkbox"/> The Insurer provides the benefit for up to 2 days.
Limit	<ul style="list-style-type: none">• The Benefit limit of the given benefit package shown in the Benefit table.
Comment	<ul style="list-style-type: none">• Only one of the benefits of the Return Home in the event of the Vehicle becoming unusable and the Rental car services may be used for an Insured event.• The cost of permanent repairs exceeding the Benefit limit shall be borne by the Insured.

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Motor vehicle assistance – Home or onward travel in the event of motor vehicle breakdown

Definition of Insured event	If the Motor vehicle breaks down during the Trip for any reason – excluding theft of the Motor vehicle – and the Insured is forced to interrupt the Trip (including the Trip to his / her permanent residence), the Insurer will reimburse the Insured for the Insured's travel expenses between the place where the Trip was originally intended to be made and the place of the Insured event (including to and from the repair shop) or to the Insured's permanent place of residence and from there to the repair shop and back for the Insured or a person nominated by the Insured.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	 The coverage of the Insurer does not extend to the territory of the following countries and regions: Iceland, Greenland, Spitsbergen, Canary Islands, Madeira, Azores.
Limit	<ul style="list-style-type: none">• The Benefit limit of the given benefit package shown in the Benefit table.
Comment	<ul style="list-style-type: none">• The journey can only be made by scheduled public transport – based on individual choice – via the shortest route possible.• The Insurer's reimbursement includes the price of a second-class railway ticket (with surcharge and discount) up to the amount indicated in the Benefit table.

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D.2. BENEFIT TABLE

Issues not regulated in these STC are subject to the provisions of the GTC. In the event of a discrepancy between what is described in the STC and the GTC, the provisions of the STC shall prevail.

Insurance benefits	Raiffeisen Bank Card Travel Insurance					
	Standard	Silver Business	Gold	Upgraded Gold	FWR Gold	Exclusive
Accident over 75 years	HUF 1 000 000 HUF 1 000 000	HUF 3 000 000 HUF 3 000 000	HUF 4 000 000 HUF 3 000 000	HUF 4 000 000 HUF 3 000 000	HUF 4 000 000 HUF 3 000 000	HUF 6 000 000 HUF 6 000 000
Accidental disability over 75 years	HUF 2 000 000 HUF 1 000 000	HUF 6 000 000 HUF 3 000 000	HUF 6 000 000 HUF 3 000 000	HUF 6 000 000 HUF 3 000 000	HUF 6 000 000 HUF 3 000 000	HUF 6 000 000 HUF 3 000 000
Costs of emergency medical treatment due to illness or accident Above the age of 75	HUF 6 000 000 HUF 4 000 000	HUF 15 000 000 HUF 5 000 000	HUF 20 000 000 HUF 6 000 000	HUF 30 000 000 HUF 9 000 000	HUF 30 000 000 HUF 9 000 000	HUF 55 000 000 HUF 15 000 000
Emergency dental treatment expenses Limit per tooth	HUF 100 000 HUF 30 000	HUF 150 000 HUF 40 000	HUF 175 000 HUF 50 000	HUF 200 000 up to 2 teeth	HUF 200 000 HUF 50 000	HUF 250 000 HUF 50 000
Daily hospital allowance (up to 30 days)	–	–	–	HUF 20 000	HUF 20 000	HUF 30 000
Costs of accident due to terrorism (medical treatment, repatriation of injured person, repatriation of mortal remains, death due to accident)	–	–	–	HUF 1 000 000	HUF 1 000 000	HUF 1 000 000
Extreme sport	–	–	–	–	–	Yes
Ski pass reimbursement	–	–		HUF 100 000	HUF 100 000	HUF 100 000
Medical repatriation	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Repatriation of mortal remains	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Reimbursement of coffin costs	HUF 500 000	HUF 500 000	HUF 500 000	HUF 500 000	HUF 500 000	HUF 500 000
Search and rescue	HUF 3 500 000	HUF 4 000 000	HUF 5 000 000	HUF 6 000 000	HUF 6 000 000	HUF 8 000 000
Accommodation costs due to extension of stay (up to 7 days)	–	–	–	HUF 200 000 (max. HUF 50 000/night)	HUF 200 000 (max. HUF 50 000/night)	HUF 300 000 (max. HUF 50 000/night)
Patient visits	HUF 150 000	HUF 150 000	HUF 300 000	HUF 300 000	HUF 300 000	HUF 300 000
Reimbursement of accommodation costs during a hospital stay of a minor passenger (up to 7 nights)	–	–	–	HUF 150 000	HUF 150 000	HUF 200 000
Reimbursement of accommodation costs during a hospital stay of an adult, elderly passenger (up to 7 nights)	–	–	–	HUF 150 000	HUF 150 000	HUF 200 000
Repatriation of a minor child	HUF 300 000	HUF 300 000	HUF 500 000	HUF 500 000	HUF 500 000	HUF 500 000
Trip recalls, notification of relatives	Unlimited	Unlimited	Unlimited	Unlimited	LUnlimitedl	Unlimited

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Insurance benefits	Raiffeisen Bank Card Travel Insurance					
	Standard	Silver Business	Gold	Upgraded Gold	FWR Gold	Exclusive
Flight delays in excess of 4 hours	–	HUF 100 000	HUF 150 000	HUF 150 000	HUF 150 000	HUF 200 000
Interpreter service	–	HUF 200 000	HUF 200 000	Unlimited	Unlimited	Unlimited
Luggage insurance Limit per item	HUF 60 000 HUF 60 000	HUF 200 000 HUF 200 000	HUF 250 000 HUF 250 000	HUF 200 000 HUF 100 000	HUF 250 000 HUF 250 000	HUF 300 000 HUF 300 000
Compensation for damage caused to a luggage carrier (suitcase)	–	–	–	HUF 75 000	HUF 75 000	HUF 100 000
Baggage delay	over 4 hours over 6 hours over 8 hours	– HUF 30 000 HUF 50 000	– HUF 50 000 HUF 100 000	– HUF 75 000 HUF 125 000	HUF 150 000	HUF 150 000
Cost of replacing travel documents	HUF 15 000	HUF 20 000	HUF 40 000	HUF 150 000	HUF 150 000	HUF 200 000
Bank card replacement costs	–	–	–	Unlimited	Unlimited	Unlimited
Damage or theft of goods purchased with the card	–	–	–	–	–	HUF 50 000
Bank card fraud	–	–	–	–	–	HUF 45 000
Theft of keys	–	–	–	–	–	HUF 50 000 up to 2 events/ insurance period
Robbery at ATM	–	–	–	–	–	HUF 100 000 up to 1 event/ insurance period
Daily hospital costs due to robbery at ATM	–	–	–	–	–	5 000 Ft/nap, up to 3 days/event
Bail deposit (to be paid back within 6 months from the date of payment)	HUF 1 000 000	HUF 1 000 000	HUF 1 000 000	HUF 2 000 000	HUF 2 000 000	HUF 3 000 000
Legal costs	–	–	–	HUF 2 000 000	HUF 2 000 000	HUF 3 000 000
Legal advice	HUF 1 000 000	HUF 500 000	HUF 500 000	HUF 2 000 000	HUF 2 000 000	HUF 3 000 000
Liability insurance	–	HUF 10 000 000	HUF 10 000 000	HUF 4 000 000	HUF 10 000 000	HUF 10 000 000
Motor vehicle assistance						
Roadside repair	–	–	–	–	–	HUF 75 000
Transport to repair facility	–	–	–	–	–	HUF 50 000
Return vehicle from the repair facility	–	–	–	–	–	HUF 150 000
Rental car (for 2 days)	–	–	–	–	–	HUF 40 000
Travelling home or travelling on in case of motor vehicle breakdown	–	–	–	–	–	HUF 30 000

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the Insurer may request the following
documents upon the occurrence of the
Insured events listed in the Benefit table

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Type of insurance	Optional insurance	Built-in insurance				
Insurance package name	Standard	Silver Business	Gold	Upgraded Gold	FWR Gold	Exclusive
Type of bank card and credit card	Embossed Sokoldalú OKOSkártya	MasterCard Business Silver	Gold (Oxigén) credit card	MC Gold debit card	FWR Visa Gold debit card	FWR MC Platina debit card
	Embossed Start OKOSkártya	Visa Business	MasterCard Business Premium World	MC Premium Gold debit card		FWR MC World Elite
	FWR MC debit card		OneCard Gold credit card			FWR Platina credit card
	FWR Visa Classic		Premium (Oxi-gén) Gold credit card			MC Premium Platina debit card
	MasterCard Business		Premium VISA Gold			
	MasterCard Standard		Visa Business Gold			
	MC VertiCard debit card		Visa Gold			
	Unembossed Sokoldalú OKOSkártya					
	Unembossed Start OKOSkártya					
	OneCard					
	OneCard Standard credit card					
	Premium Sokoldalú OKOSkártya					
	Premium Start OKOSkártya					
	Standard (Oxigén) credit card					
	Széchenyi card					
	Visa Classic					

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In case of claims reported to the Raiffeisen
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the Insurer may request the following
documents upon the occurrence of the
Insured events listed in the Benefit table

In case of claims reported to the Raiffeisen Bank Card Travel Insurance Contract the Insurer may request the following documents upon the occurrence of the Insured events listed in the Benefit table.

Description of document	Medical assistance	Emergency medical treatment due to illness or accident	Medical transport	Emergency dental treatment	Hospital cash benefit	Emergency medical costs due to terrorism	Ski pass reimbursement	Extension of stay	Medical repatriation	Repatriation of remains	Travel assistance	Repatriation of a minor child, family	Return prior schedule	Sick visiting	Accommodation costs - hospital stay of fellow	Flight delay, cancellation	Accident insurance	Death due to accident	Disability due to accident	Baggage and travel documents	Baggage	Replacement of travel documents	Baggage delay	Replacement costs of bank	Fraud use of bank card	Theft of keys	Robbery at ATM	Legal fees and liability	Legal fees	Legal representation	Third party liability
Medical documents																															
Outpatient sheet, hospital inpatient report, care sheet, histological report		x	x	x	x	x	x	x	x			x		x	x				x	x								x			
Autopsy report										x									x												
Death certificate										x									x												
Halotti anyakönyvi kivonat										x			x						x												
Medical documentation and expert opinion on the injured person																															x
Documents proving incapacity for work																				x											
Medical certificate			x	x	x	x	x	x		x	x		x	x	x	x			x	x								x			
Invoice of medical treatment			x	x	x	x	x	x			x			x	x	x			x									x			
Medical document determining the degree of disability, specialist's opinion																															
Details of the Examiner doctor		x	x	x	x	x	x	x	x	x		x		x	x				x												
Invoices, certificates, statements																															
Bank account statement													x								x				x			x			
Invoice of purchase														x							x										
Boarding pass													x								x		x								
Invoice of repair																					x										
Certificate of cash withdrawal																												x			
Consulate certificate																						x									
Proof of payment													x	x		x						x									
Transport ticket			x										x	x		x						x	x								
Baggage receipt														x							x	x	x								
Accommodation invoice													x			x															

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