



## INFORMATION SHEET

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**Deposited contract  
#260021795**

**Confirmation date  
12.01.2026**

## INSURANCE INFORMATION SHEET

The Information Sheet provides general and incomplete information regarding the insurance terms and shall not be deemed to form part of the insurance contract or its conditions. Review of this Information Sheet, including any explanations provided by the Insurer, does not give rise to any legal consequences and does not create or impose any rights or obligations on either party. The legal relationship between the Insured and the Insurer is governed exclusively by the insurance contract and its terms.

**Insurer:** JSC “Insurance Company Unison”

**Identification Code:** 404393152

**Legal/Actual Address:** 19 D. Gamrekeli Str., Tbilisi

**Telephone:** +995 32 2 991 991

**E-mail:** unison@unison.ge

**Type and Description of Insurance Contract:** Health Insurance

**Insured Risks:**

For the description of the insured risks and the terms of insurance coverage, see Article 5 of the Health Insurance Terms.

**Additional Coverages:**

Additional coverages (in the form of a travel insurance product) must be specified in the insurance policy, if any.

**Prerequisites, amount and procedure for incurring any other financial expenses by the user in addition to the insurance premium**

For the description of the insured risk and the terms of insurance coverage, please refer to Article 13 of the Health Insurance Terms.

**Deductible**

No deductible is considered under the present insurance.

**A Complete List of Insurance Exclusion Terms**

For a complete list, see paragraph 9 of the Health Insurance Terms.

A waiting period of 12 (twelve) months shall also apply to persons whose last continuous insurance period has been 1 (one) month or more. (Including oncology, hospital, services)

**For additional coverages, compensation is paid if:**

**Emergency outpatient services** - A waiting period of 15 (fifteen) days applies to primary insured persons as well as to persons whose last continuous insurance period has passed 1 (one) month or more.

A waiting period of 9 (nine) months applies to primary insured persons as well as to persons whose last continuous insurance period has passed 1 (one) month or more, and scheduled high-tech examinations (computed tomography, magnetic resonance imaging (PET-CT)).

Primary insured persons as well as persons whose 1 (one) month or more has passed since the last continuous insurance period, a waiting period of 24 (twenty-four) months applies to pregnancy and maternity services

**Form and terms for sending a notification to the insurer in the event of an insured event, submitting a claim, regulating the insured event and issuing insurance indemnity:**

See Article 8 of the Health Insurance Terms.

The insured is obliged to submit to the insurer within 30 (thirty) calendar days an identity card and reimbursement documents, which shall reflect the referral of a specialist doctor for the need for specific medical services, diagnosis, type and cost of services, as well as the document(s) confirming the payment of the cost of the service.