

Important terms of the contract

Important terms of this agreement represent incomplete information. Detailed information about the insurance terms can be found in the Health Insurance Terms and Conditions of JSC “Insurance Company Unison” and in the relevant insurance policy.

№	Name	Information / Description
1	Insurer	JSC "Insurance Company Unison" Identification code: 404393152 Legal/Actual address: Tbilisi, D. Gamrekeli str. №19 E-mail: unison@unison.ge Tel: +995 32 2 991 991
2	Type of insurance	Health insurance
3	Description of the insured risk	For a description of the insured risk and insurance coverage conditions, see Article 5 of the Health Insurance Terms and Conditions.
4	Additional coverages	Additional coverages (in the form of a travel insurance product), if any, must be specified in the insurance policy.
5	Deductible	No deductible is considered under the present insurance.
6	Insurance period	The insurance period is determined in accordance with the insurance policy;
7	The insurer is free from its obligations until the first or one-time insurance contribution is paid on time.	

8	Amount of insurance premium	It is determined for each insured event in accordance with the package selected by the insurer/insured.
9	Reference to the article(s) regulating the detailed procedures for sending a notification to the insurer, submitting a claim, regulating the insured event and issuing insurance compensation upon the occurrence of an insured event.	See Article 8 of the Health Insurance Terms and Conditions. The insured is obliged to submit to the insurer, within 30 (thirty) calendar days, an identity card and reimbursement documents, which must reflect the referral to a specialist doctor for the need for specific medical services, the diagnosis, the type and cost of the service, as well as the document(s) confirming payment of the cost of the service.
10	The insurer's obligation to provide information and the legal consequences of its violation	1. When concluding a contract, the insured must notify the insurer of all circumstances known to him that are of essential importance for the occurrence of the risk or the insured event. Essential are those circumstances that can influence the insurer's decision to refuse the contract or conclude it with a changed content. 2. A circumstance about which the insurer inquires in writing from the insurer in a clear and unambiguous manner shall also be considered essential. 3. Both before accepting the insurance policy and during its validity period, notify the insurer of reliable information that affects the assessment of the degree of risk/subsequent change; 4. If, contrary to the rules of the first part of this article, the insurer is not informed of essential circumstances, then it may refuse the contract. The same applies if the insurer intentionally avoided notifying the essential circumstances. 5. If the insurer is provided with incorrect information, falsified or misled/attempted to mislead the insurer in any way, the insurer is entitled to: • Not to issue insurance compensation; • Unilaterally terminate the insurance immediately.
11	Conditions for withdrawing from the contract	The insurer/insured has the right, without giving any reason, penalty or additional fee, to withdraw from the contract in the event of the conclusion of the insurance contract remotely or

		outside the territory of the country - within 14 days from its conclusion. The above paragraph does not apply to: a) services whose price does not exceed 30 GEL; b) insurance contracts whose validity period is less than the period of the right of withdrawal; c) an insurance contract related to the main contract, when the main contract does not include the right of withdrawal; d) an insurance contract whose price depends on changes in the financial market that are beyond the control of the insurer and that may occur during the period of exercise of the right of withdrawal from the contract; e) If the insurer/insured, before the expiration of the right to withdraw from the contract, directly and clearly requested, taking into account the terms of the insurance contract, to receive the service and the insurer provided information that by receiving the relevant service, he loses the right to refuse. In case of refusal from the contract, the insurer/insured must contact the insurer by e-mail unison@unison.ge, submit the application form in material form to the insurer's address (19 D. Gamrekeli Street, Tbilisi / 31 Demetre Tavadzebuli Street, Batumi) or electronically fill out the above-mentioned application form indicated on the insurer's official website.
12	Conditions for termination of the contract	For a complete list, see clauses 12-13 of the health insurance terms and conditions.
13	Procedure for submitting a claim	➤ In case of any claim, the insured/insured is entitled to apply to the insurer in writing (see www.unison.ge); ➤ The claim can be filed at the following e-mail: complaint@unison.ge You can also contact us at the following number: (+995 32) 2 991 991; ➤ The maximum period for receiving a response is from 3 to 12 working days.
14	Insurance exclusion conditions	For the complete list, please refer to Clause 9 of the Health Insurance Terms and Conditions.

		For persons insured for the first time, as well as for persons whose last continuous insurance period ended one (1) month or more ago, a waiting period of 15 (fifteen) days shall apply to emergency inpatient and outpatient services. For persons insured for the first time, as well as for persons whose last continuous insurance period ended one (1) month or more ago, a waiting period of 12 (twelve) months shall apply to planned/urgent deferrable inpatient services. For persons insured for the first time, as well as for persons whose last continuous insurance period ended one (1) month or more ago, a waiting period shall apply to cardiology/cardiac surgery services as follows: 24 (twenty-four) months for the “Start” and “Classic” packages, and 12 (twelve) months for the “Advance,” “Premium,” and “UNIQUE” packages. For persons insured for the first time, as well as for persons whose last continuous insurance period ended one (1) month or more ago, a waiting period of 12 (twelve) months shall apply to oncology services. For persons insured for the first time under any package, as well as for persons whose last continuous insurance period ended one (1) month or more ago, a waiting period of 12 (twelve) months shall apply to planned day hospitalization/one-bed-day hospitalization services, while a waiting period of 15 (fifteen) days shall apply to emergency day hospitalization/one-bed-day hospitalization services. For persons insured for the first time under any package, as well as for persons whose last continuous insurance period ended one (1) month or more ago, a waiting period of 9 (nine) months shall apply to planned high-tech diagnostic examinations (computed tomography, magnetic resonance imaging, PET-CT).
--	--	---

		For persons insured for the first time under any package, as well as for persons whose last continuous insurance period ended one (1) month or more ago, a waiting period of 24 (twenty-four) months shall apply to pregnancy and childbirth services.
15	Supervisory body	LEPL "Georgian Insurance State Supervision Service"; Address: Tbilisi, Levan Mikeladze St. №3 Tel: +995 32 2 23 44 10.