

General Terms and Conditions for Online Claims for Health Goods and Medical Insurance Services

I. General

Art.1. These General Terms and Conditions for online claims for health goods and medical insurance services (hereinafter referred to as: "Terms") govern the relationship between Euroins AD (hereinafter referred to as "insurer" or "company"), as an insurer and the insured persons, as users of insurance services under current medical insurance policies, in connection with online claims by the insured persons through a personal profile created in the insurer's online portal.

Art.2. The Terms and Conditions are applicable in the relations between the insurer and the insured persons solely for the purpose of submitting and reviewing online claims. With regard to the coverages and conditions for payment of indemnity under the insurance contracts, the General Terms and Conditions of the relevant insurance contract concluded in favor of the insured person shall apply.

Art.3. The possibility of submitting online claims by using a valid personal account in the insurer's online portal is created for the convenience of the insured persons and does not limit the right of individuals to submit paper claims to the insurer.

II. Definitions

Article 4. (1) For the purposes of these Terms:

1. **An insured person** is an individual who is insured under an effective medical insurance policy.
- An online portal** is a specially created website of VD-EVROINS AD, which is accessed through a web browser or a mobile application, with address: <https://www.myhealth.euroins.bg/>
3. **An account** in an online portal is a personally created electronic identifier of an insured person in the portal of the insurer, through the use of which the person can make online claims for expenses incurred by him for the health goods and services provided to him, as well as to carry out other electronic activities according to the purpose and functionality of the online portal. The profile is also the place in the information system of the insurer, where the communication on the online claim is made, including the place where insured persons receive notifications of their online claims.
4. **An online claim** is filled in by the insured person through his/her personal profile in the insurer's online portal a pre-created electronic form of claim for filing an insurance claim for expenses incurred in connection with provided / purchased health services and / or goods, together with the documents and declarations for payment of the compensation attached by the person.
5. **An electronic statement** is a written statement presented in digital form through a generally accepted standard for transformation, reading and presentation of information, including one that does not contain verbal information.
6. **An electronic document** is any content stored in electronic form and containing an electronic statement.
7. **Electronic signature** means data in electronic form which are added to or logically linked to other data in electronic form, and which are used to sign, including the action of ticking, entering data or pressing a button to continue acting in the online claim process.
8. **Advanced electronic signature** is an electronic signature that allows the identification of its holder and is linked to it in an indisputable way, including by entering confirmation data sent to an email address, phone number or unique code generated by the holder on the Insurer's website.
9. **A virtual insurance card is a personal** health card existing and maintained in the personal online profile of the insured person, which legitimizes him with the rights under the insurance contract before the providers of medical care on the territory of the Republic of Bulgaria, with

whom the insurer has a contract – when the insurance coverage is provided through subscription services.

III. Personal profile of the insured person

Art. 5. Each insured person under a medical insurance policy has a personal profile created by the insurer on the basis of the previously provided data to the insured person on the occasion of the conclusion of the insurance policy.

Art. 6. Upon initial visit, the insured person activates his personal account through a unique code sent to the insured person at the phone number provided by him. By following the steps in the online portal, the insured person activates the created profile.

Art.7. The insured person may make a change through his/her account only to his/her e-mail, telephone number and password for access to the portal. The remaining data of the insured person, indicated in the profile, may be changed only by sending a request for this to the insurer by email: backoffice@euroins.com

Art.8. Registration in the insurer's online portal, as well as online submission of insurance claims are completely free of charge and for them the insured persons do not owe additional fees or other amounts.

Art.9. Each insured person has only one personal profile in the insurer's online portal, regardless of the number of insurance policies concluded in his favor.

Art.10. The insured person has unlimited access to his/her personal profile, all documents and all information in connection with his/her online claim. The profile remains unchanged and is retained upon each subsequent conclusion of an insurance contract. The account remains active within 3 months after the end of the insurance coverage of the last contract concluded in favor of the person. In case of subsequent insurance of the person in the Company, The profile is activated automatically, and the person does not need to re-register.

Article 11. (1) The insured person has unlimited access to a virtual insurance card through his/her personal profile in the insurer's online portal for the period in which his/her account is active according to Art. 10 above.

(2) An analogue of the Virtual Insurance Card shall be the personal health card issued on a material carrier.

(3) The insured person shall present his/her virtual card to the provider of medical care by displaying it through his/her personal profile in the portal, and there is no need to present it on paper or to show plastic on a personal health card.

IV. Making and reviewing online claims

Article 12. (1) The online claim for reimbursement of the costs incurred by the insured person in connection with the health services and/or goods provided to him/her purchased by him shall be submitted through his/her personal profile, in accordance with these Terms and in compliance with the terms of the insurance contract and the annexes thereto.

(2) Any online claim submitted through the personal profile of the insured person shall be considered to have been filed personally by him.

(3) Insured persons may submit their claims online during the validity of the respective insurance contract, as well as up to three months after the end of the coverage period specified in the policy. After the expiry of the three-month period under the first sentence, the insured persons may submit their claim to the insurer only on paper.

Art. (1) In the event that health services or goods have been used/purchased by/in favor of a person other than the insured person who is the account holder in the insurer's online platform, or documents containing data of another person other than the insured person who is the account holder of the insurer's online platform are uploaded, The insurer cancels the online claim. The insurer cancels the online claim only because it is submitted through an account that is not personal to the user of the health goods or services and in order to prevent the sharing of sensitive personal data relating to persons other than the account holder.

(2) Upon cancellation of the online claim under **para 1**, the insured person, who has actually incurred expenses in connection with the health services and/or goods provided to him / purchased by him and has created in his favor a personal account in the online portal of the insurer, may at any time submit an online claim through his personal account or submit his claim to the insurer on paper.

(3) For the purposes of these Terms, the cancellation of the online claim within the meaning of **paragraph 1** shall not constitute a refusal to pay an insurance indemnity or a refusal to accept a claim for payment of insurance indemnity.

Article 14. (1) For the purposes of online filing and examination of claims, the correspondence between the insured person and the insurer shall be carried out through the personal profile of the insured person in the insurer's online portal.

(2) The insurer shall notify the insured person of any new message or document received in his/her personal profile by SMS and/or electronically.

Article 15. (1) The online claim is considered submitted from the moment of its receipt in the insurer's online portal through the personal profile of the insured person.

(2) Upon receipt of the Online Claim in the Online Portal, an incoming number of the Online Claim is automatically generated.

Art.16. (1) The online claim shall contain only electronic documents and electronic application of the insured person and the insurer, which have the force of written documents, handwritten signed by their sender.

(2) When submitting an insurance claim through the online portal and for the purposes of online submission of the insurance claim by the insured person, placing ticks at the designated places, pressing a button to move to the next window and filling in data constitute a signing by the insured person with an electronic/advanced electronic signature, which in its relations with the insurer on the occasion of the submission of the respective claim, will enjoy the power of a handwritten signature by the person.

(3) When submitting an insurance claim through the online portal of Euroins AD and for the purposes of the online submission of the insurance claim by the insured person, the data, applications, declarations and documents filled in by the person constitute electronic documents and contain electronic statements within the meaning of the Electronic Document and Electronic Certification Services Act and have the force of an original document, signed by the person in person. Each individual application, declaration or document shall constitute a separate electronic document.

(4) Each ticking, pressing a button to move to the next window and each filling in of data shall constitute a separate electronic statement.

Article 17. (1) The insurer shall not be liable for:

a) incorrect, false, poorly scanned/photographed or unscrupulously declared data entered by the insured person in connection with the online filing of a claim;

b) the payment of insurance indemnity to a bank account incorrectly submitted by the insured;

(c) interruptions of the Internet service of the insured person related to temporary unavailability or errors in loading the portal for online claims due to technical problems at the Internet service provider of the insured person.

Art.18. Access to the personal file is personal and the insured person must not provide the passwords for access to third parties. The insured persons are responsible for unauthorized access to their personal data by third parties due to the provision of access to their personal account to third parties.

Art.19. The filing of complaints against acts and decisions of the insurer on online claims shall be carried out through the section provided for this purpose on the website of the insurer (www.euroins.bg) or on paper.

Art.20. In case of questions or problems related to the presentation and consideration of online claims, the insured persons may call 07001724 or use the general contact form of the www.euroins.bg

V. Voluntary payment of amounts due

Article 21. (1) If, according to the medical insurance policy concluded in the insured person's favor, the person owes a refund of amounts paid by the insurer to a medical care provider, the insurer sends to the insured person an invitation for voluntary performance.

(2) For the invitation under **para 1.** the insurer shall notify the insured person by attaching it to his personal profile in the online portal, indicating the amount of the amount due and the time limit for its recovery, as well as full and accurate data about the bank account to which the insured person will refund the amount.

Article 22. (1) The insured person has the opportunity to pay the amounts due in the invitation for voluntary performance and directly through his personal account in the insurer's online portal through a virtual POS terminal. For payment through the POS terminal, the insurer does not charge the additional fees. Such are due only to the servicing bank and according to the tariff of fees adopted by it.

(2) The virtual POS terminal is maintained and serviced by the bank through which it is provided. The process of accepting and approving the payment is fully controlled by the servicing bank.

Art.23. In the event that the payment of the amount due cannot be made through the insurer's online portal or is not accepted by the servicing bank, the insured person may pay within the deadline specified in the invitation for voluntary execution the amount due by bank transfer to the account of the insurer.

Article 24. (1) All disputes regarding payment through the virtual POS terminal of the insurer's online portal shall be resolved through the banks servicing the payment.

(2) In the event that after the dispute under **para 1**, the servicing POS terminal bank requires from the insurer a refund of the amount paid to it, the obligation of the insured person, according to the invitation for voluntary performance, shall be considered unfulfilled and the insured person shall make the payment of the amount due to the insurer within 14 days from the moment of reimbursement of the amount paid through the virtual POS terminal to the account of the insured person.

VI. Other provisions

Article 25. These Terms apply only to the procedure for the manner of submitting insurance claims under Medical Insurance online through the website of Euroins AD.

Article 26. Applicable in connection with these Terms, including with regard to the issues not settled therein, are the Rules for settling claims of Euroins AD, the current GTC and Medical Insurance Secondary School the current legislation of the Republic of Bulgaria.

Art.27. All disputes between the parties shall be resolved through negotiations and goodwill, and if it is impossible to reach an agreement between the parties, the dispute shall be referred to the competent Bulgarian court.

VII. Final provisions

Article 28. (1) These Terms are:

1. adopted by the Board of Directors of EUROINS INSURANCE COMPANY AD by decision of 31.10.2023 and shall enter into force on 31.10.2023.