INFORMATION NOTICE

ABOUT THE GROUP LIFE AND ACCIDENT INSURANCE POLICY FOR STUDENTS OF SEMMELWEIS UNIVERSITY

Who is the Insurer?

The insurance services are provided by UNIQA Insurance Zrt. (hereinafter referred to as the Insurer).

Who is the Policyholder?

The Policyholder and premium payer is Semmelweis University (hereinafter referred to as the University).

Who is the Insured?

The Insured persons are students participating in public education or vocational education, as well as students enrolled in higher education, who have a legal relationship with the Policyholder (hereinafter referred to as the Insured).

Who is entitled to receive the insurance benefit?

The Insured, or the Beneficiary designated by the Insured. If no Beneficiary has been designated, the insurance benefit shall be paid to the legal heirs of the Insured.

What does the insurance cover?

The group life and accident insurance policy is based on the principle of cumulative benefits, meaning that if an insured event occurs, the Insurer will pay benefits for every insured risk covered under the policy for which the conditions for payment are met.

Accordingly, the insurance benefits payable for the various covered risks are cumulative, provided that the relevant policy conditions are fulfilled.

When does the insurance cover take effect?

The insurance policy entered into force on 1 January 2026 at 00:00. For students who enroll after the policy has entered into force, the insurance cover becomes effective at 00:00 on the day following the establishment of their student status.

When does the insurance cover end?

The insurance cover terminates on the date the insurance policy expires or terminates, or, in the case of students, at 24:00 on the last day of their student status (or the corresponding legal relationship, where applicable).

What is the territorial and temporal scope of the insurance?

The insurance cover applies to insured events occurring anywhere in the world, at any time, without territorial or time limitations.

What should be done in the event of a claim, and how can insurance benefits be requested?

All administrative matters relating to the insurance are handled by the University. This includes submitting the insurance claim (claim notification) and issuing the student certificates required to support the claim.

In every case, the insured event must be reported to the University without delay.

In the event of an accident, the notification is generally submitted by the Insured person. In the event of death, the notification may be submitted by the deceased's colleague, fellow student, supervisor, lecturer, family member, or another appropriate person.

What additional options does the insurance provide?

Under the insurance policy, it is possible to designate one or more Beneficiaries for the death benefit. If the Insured designates a Beneficiary, the Beneficiary will be entitled to receive the insurance benefit payable in the event of the Insured's death. A Beneficiary may be either a natural person or a legal entity.

If the Insured does not designate a Beneficiary, the insurance benefit shall be payable to the Insured's legal heirs.

A Beneficiary may be designated in writing by completing and signing the designated beneficiary declaration form.

What benefits are included in the group life and accident insurance policy?

Insurance Benefits	Student Group (B)
Life insurance	
Death from any cause	HUF 1,000,000
Accident Insurance	
Accidental death	HUF 1,500,000
Progressive permanent impairment resulting from an accident (11–100%)	HUF 1,000,000
Temporary disability resulting from an accident (from the first day; payable for sick leave exceeding 7 days)	-
Surgical benefit for accidental injury	HUF 150,000
Bone fracture (fixed benefit)	HUF 40,000

IMPORTANT NOTICE: Claims submitted under the group life and accident insurance policy will be assessed by the Insurer in accordance with the applicable policy terms and conditions, taking into account all relevant medical records, official documents, and other supporting documentation submitted in connection with the claim.

In what cases does the Insurer not provide insurance benefits?

The Insurer does not provide insurance benefits for claims arising from or in connection with:

- acts of warfare, war, civil war, terrorism, injuries caused by weapons of war, or measures taken by military or civil authorities;
- insurrection, rebellion, riot, looting, strike, demonstration, or the actions of any political organization or persons acting on its behalf;
- the harmful effects of released nuclear energy or injuries caused by magnetic or electromagnetic fields;
- radioactive nuclear energy or ionizing radiation (except where exposure results from medical treatment for therapeutic purposes);
- HIV infection;
- aviation-related activities, including parachuting and the use of powered or non-powered aircraft, except when participating as a passenger, pilot, or crew member on a scheduled civil aviation flight;
- injury or impairment resulting from medical treatment or medical procedures, unless such treatment or procedure became necessary because of an accident or illness covered under the insurance policy;
- medical treatment that commenced before the insurance cover took effect;
- any physical or mental (including neurological or psychiatric) illness or condition that existed before the insurance cover took effect, for which the Insured had received treatment or had been advised to seek treatment;
- healthcare services, medical treatment, or rehabilitation related to the use of alcohol, drugs, narcotic substances, or substance addiction.

- events arising from or related to the Insured's mental incapacity or impaired state of consciousness, or resulting from suicide, attempted suicide, intentional self-inflicted injury, or attempted self-inflicted injury;
- poisoning or injury resulting from the intentional ingestion of solid, liquid, or gaseous substances, including drugs and narcotic substances;
- events occurring while the Insured is performing armed service or arising from the possession or use of a weapon by the Insured;
- plastic surgery, aesthetic or cosmetic treatments, or procedures performed for cosmetic purposes, except for medically necessary reconstructive surgery following an accident or illness;
- treatment provided by a person who does not hold the required medical or healthcare qualifications or a valid license to practice;
- events occurring during competitive sports or training for competitive sports;
- events occurring while participating in particularly hazardous hobbies or sporting activities, including extreme sports (such as caving, scuba diving, rock climbing, wall climbing, mountaineering, and bungee jumping), as well as sports involving the use of motorized land or water vehicles or other activities requiring exceptional skill, training, or expertise;
- any accident that occurred before the commencement of the insurance cover, or any physical or mental (including neurological or psychiatric) illness or condition that developed before the commencement of the insurance cover, or that arose from circumstances existing before the commencement of the insurance cover, for which the Insured had received treatment or had been advised to seek treatment.

The Insurer further excludes from the scope of accident insurance benefits and accident-related events:

- previous accident-related injuries affecting any body part of the Insured that is permanently damaged or not fully intact for any reason;
- impairments caused by heatstroke;
- infections unrelated to an accident, as well as illnesses resulting from infections not endemic to Europe;
- abdominal or groin hernias (including those caused by lifting), and spinal disc hernias where there is no causal connection with an accident;
- cartilage injuries, sprains, dislocations, bruises, abrasions, strains, as well as bleeding not resulting from an accident;
- all forms of injury or strain caused by lifting.

The Insurer further excludes from the scope of health insurance benefits and illness-related events illnesses based on subjective complaints that cannot be verified by objective medical methods, as well as migraine, certain degenerative diseases of the spine (in particular poly-diskopathy), and their direct and indirect consequences.

Circumstances resulting in the Insurer being released from its obligation to provide benefits

The Insurer shall be released from its obligation to provide insurance benefits or make payments if it is proven that the illness, accident, or health impairment was caused unlawfully, intentionally, or through gross negligence by the Insured or the Policyholder.

In relation to an illness, accident, or health impairment (hereinafter collectively referred to as an "event"), the following shall in particular be considered grossly negligent conduct:

- if this fact has been established by a court or another authority (such as the police);
- if the event occurred in connection with a criminal offence intentionally committed by the Insured or with the Insured's intentional conduct;
- if the event occurred as a direct causal consequence of the Insured being under the influence of alcohol with a blood alcohol concentration exceeding 0.8‰, or being under the influence of intoxicating, narcotic, or other substances with a similar effect, or due to dependence resulting from the use of toxic substances;

- if the event occurred as a direct causal consequence of the Insured driving a motor vehicle without a valid driving license and/or in violation of traffic regulations;
- if the Insured carried out an activity without the personal, material, technical, technological, IT-related conditions or safety equipment required by legislation or other mandatory regulations, and the event occurred in connection with this activity.

With regard to any Insured person, the Insurer shall also be released from its obligation to provide death or illness benefits if it is proven that the Insured's death or illness resulted from suicide or attempted suicide committed within two years from joining the insurance policy, or from the intentional conduct of the Beneficiary. Suicide committed within two years from joining the insurance policy shall result in the Insurer being released from its obligation to pay benefits even if the Insured committed suicide while lacking the capacity for judgement.

I. Life Insurance Benefits

Death from any cause (term life insurance)

In the event of the Insured's death, regardless of the cause, the Insurer shall pay the sum insured specified in the policy to the Beneficiary.

This cover also applies where death results from, or is related to, COVID-19 or an infection caused by any other virus or bacterium.

II. Accident Insurance Benefits

Accidental death

If the Insured dies as a direct result of an accident within one year of the date of the accident, the Insurer shall pay the sum insured for accidental death in addition to the death benefit payable under the life insurance cover.

Permanent impairment resulting from an accident (11–100%)

If the Insured suffers permanent impairment as the result of an accident, the Insurer shall pay the proportion of the sum insured corresponding to the assessed degree of permanent impairment.

The benefit payable for permanent impairment resulting from an accident is doubled if the injury was directly caused by a road traffic accident.

Insurance benefit payable in the event of permanent impairment resulting from an accident

Where an insured event results in permanent impairment, the insurance benefit payable by the Insurer shall be:

- 10–49% permanent impairment: a percentage of the sum insured applicable to the Insured at the time of the accident, corresponding to the assessed degree of permanent impairment;
- 50–75% permanent impairment: a percentage of one and a half times the sum insured applicable to the Insured at the time of the accident, corresponding to the assessed degree of permanent impairment;
- 76–100% permanent impairment: a percentage of twice the sum insured applicable to the Insured at the time of the accident, corresponding to the assessed degree of permanent impairment.

Surgical benefit for accidental injury

If surgery becomes necessary as the result of an accident, the Insurer shall pay 25% to 200% of the sum insured, depending on the complexity of the surgical procedure.

The benefit payable shall be:

- 200% of the sum insured for a major, complex surgical procedure;

- 100% of the sum insured for a major surgical procedure;
- 50% of the sum insured for an intermediate surgical procedure; and
- 25% of the sum insured for a minor surgical procedure.

Bone fracture or bone fissure

An insured event is a bone fracture or bone fissure sustained by the Insured as the result of an accident, provided that the accident giving rise to the insured event occurs during the period of insurance cover.