Pre-Contract Information of Health Insurance

Provided data

The insurance contract is concluded based on the information provided by the policyholder and/or an equalized person. The policyholder and/or the equalized person confirms that the information they have provided is accurate and that they have an insurable interest in entering into the insurance contract. The policyholder is obligated to inform the insurer of any changes in data or risk circumstances as soon as possible.

Terms and Conditions

The insurance offer and the insurance contract concluded based on it are governed by the Law of Obligations Act and the insurance conditions titled "Health Insurance Conditions for foreigners 01.02.2022" (hereinafter referred to as the Conditions). By paying the first installment of the insurance premium, the policyholder confirms that they have reviewed and understood the terms of the contract and wish to enter into the insurance agreement based on these terms. The detailed description of the selected insurance coverages is provided in Section 4 of the Conditions. The insured amounts and compensation limits for the selected coverages are specified in the insurance policy.

Exclusions

The insurer has established the circumstances in Section 6 of the Conditions under which the insurer is not obligated to compensate for damages.

Contract validity

The insurance contract takes effect, and the insurance coverage begins on the start date of the insurance period specified in the insurance policy and ends on the end date of the insurance period indicated in the policy. If the insurance premium is not paid by the agreed deadlines, the insurer has the right to terminate the contract in accordance with the provisions of the Law of Obligations Act. If the policyholder has not paid the first installment of the insurance premium within 14 days of the agreed date, it is presumed that the insurer has withdrawn from the contract. If the paid insurance premium (including installments) is less than the amount specified in the insurance policy, it is considered that the insurance premium is unpaid.

Termination of the Contract

Termination of the insurance contract during the period shall occur by mutual agreement of the parties in accordance with the procedures established by the Law of Obligations Act. If the policyholder does not specify a termination date in the application for the termination of the insurance contract, the insurance contract will be terminated the day after the date of delivery of the application.

Behavior in the Event of an Insured Event

The policyholder or an equalized person must notify the insurer of the occurrence of an insured event as soon as possible, but no later than within five working days. The notice of damage can be submitted via the Elama website elama.ee, by phone at +372 6 410 436, or by email at kahjud@elama.ee.

Dispute Resolution

Disputes shall be resolved through negotiations. This agreement is governed by Estonian law. All disputes will be resolved by mutual agreement and in accordance with the legislation of the Republic of Estonia. If no agreement can be reached, the policyholder may turn to a conciliation body (www.lkf.ee/lepitusorgan) or, if a consumer policyholder, may approach the Consumer Disputes Committee (www.komisjon.ee) or the court.

Insurance Supervision

The activities of the insurer are supervised by the Financial Supervisory Authority located at Sakala 4, 15030 Tallinn. The Financial Supervisory Authority does not resolve contractual disputes between the insurer and the policyholder/insured person.

Processing of Personal Data

The insurer's data processing principles are detailed in the document "Elama Kindlustus AS Personal Data Processing Conditions," available on the insurer's website www.elama.ee. The insurer has the right to process the data of the policyholder and the insured persons for risk assessment, preparation, conclusion, and execution of the insurance contract.