

# Residential Customers

## Information Document of the «**Bill Protection**» Insurance Product



All you need to know  
March 2018

ELPEDISON S.A., in cooperation with AXA Insurance, is now offering its residential customers an insurance product called «Bill Protection» without any additional cost to them.

Coverage is provided through the Group Insurance Policy with no 1516206 concluded between ELPEDISON S.A. and AXA Insurance S.A. and applies automatically to each customer of ELPEDISON S.A. who meets the following criteria:

- Has concluded a Power Supply Contract under the “Protect” product.
- Is a natural person, a resident of Greece and aged 18 to 70 years
- Is in good state of health upon inception of the insurance
- Upon conclusion of their Power Supply Contract, has agreed to participate in the Insurance Cover.

A detailed description of all covers can be found in the terms below under **“Terms of the Bill Protection insurance product”**. To better understand the product, please place special emphasis on article 1 “Definitions” and article 6 “Exclusions” of the terms.

Below you will find a brief description of the insurance covers and limits:

<p>Temporary Disability due to Accident or Illness Cover</p>	<p>In case the insured becomes temporarily disabled to work as a result of an accident or illness, for a period of not less than 30 consecutive days, the Reimbursement shall be payable, which is set at €100 per meter and up to 12 months overall per Claim and up to 24 months overall for the policy period.</p> <p>Insured by this cover are people employed as Permanent Staff, Self-Employed, Public Servants, Seasonal Staff or Staff with Fixed-Term contracts.</p>
<p>Involuntary Unemployment Cover</p>	<p>In case the insured becomes involuntarily unemployed, for a period of not less than 30 consecutive days, the Reimbursement shall be payable, which is set at €100 per meter and up to 6 months overall per Claim and up to 12 months overall for the policy period.</p> <p>Insured by this cover are people employed as Permanent Staff who, in the event of unemployment should be registered with the Employment Agency and receive a monthly unemployment allowance.</p>
<p>Hospitalisation due to Accident or Illness Cover</p>	<p>In case the insured is hospitalised as a result of an accident or illness, for a period of not less than 5 consecutive days, the Reimbursement shall be payable. Upon payment of the first Reimbursement, each subsequent Reimbursement shall be payable upon 30 additional consecutive Hospitalisation days.</p> <p>The Reimbursement is set at €100 per meter and up to 12 months overall per Claim and up to 24 months overall for the policy period.</p> <p>Insured by this cover are people who work as Self-Employed, Public Servants, Seasonal Staff, Staff with Fixed-Term contracts or non-workers.</p>

## Inception and duration of insurance

The insurance shall enter into effect upon activation of the Power Supply Contract by ELPEDISON S.A.

It has a one-year duration and is automatically renewable according to the group insurance policy concluded between AXA Insurance and ELPEDISON S.A., and shall remain in force for as long as you remain a customer of ELPEDISON S.A. under this power supply contract, and provided the group insurance policy remains in effect.

## Information regarding AXA Insurance

**Name:** AXA Insurance S.A.

**Registered Office:** 48, Michalakopoulou str., 115 28 Athens, Tel.: 210 72 68 000, FAX: 210 72 68 810, VAT No: 094005265, Athens Corporations Local Tax Office (FAE Athinon), Companies Reg.No.: 12850/5/B/86/30 and Electronic Commercial Register (GEMI) no.: 232201000.

**Applicable law of the insurance contract:** Greek Law shall be the applicable law.

### How and When requests and complaints are handled:

#### How:

**A)** Regarding claims handling: either by phone +30 211 19 80 694 Monday – Friday 09:00-17:00, except national holidays, or by mail addressed to AXA Insurance S.A. 5, Koumpari str, 106 74 Athens.

**B)** Regarding complaints: The policyholder or insured members shall be entitled to submit complaints:  
a) by filling out the complaint form that can be found in the following link: <https://www.axa.gr/el/epikoinonia/complain-form>, b) by sending an e-mail at [complaintsdepartment@axa.gr](mailto:complaintsdepartment@axa.gr), c) by fax at +30 210 72 68 850, d) by mail addressed to AXA Insurance S.A., Complaints department, 48 Mihalakopoulou str., 115 28 Athens, e) by calling the company's Complaints department at +30 210 72 68 328.

**C)** Regarding other requests: The policyholder or insured members shall be entitled to submit requests:  
a) by filling out the relevant form that can be found in the following link: <https://www.axa.gr/el/epikoinonia/contact/>,  
b) by sending an e-mail at [info@axa.gr](mailto:info@axa.gr), c) by fax at +30 210 72 68 121, d) by mail or telephone at the company's contact information above.

**When:** The Company will send a written and justified reply within 30 days from receiving a request or complaint from the policyholder or insured. If it is unable to provide a reply, it will explain the reasons of the delay within the above deadline, and offer an approximate time for completing the task. In case the requesters are not satisfied by the reply given, they can refer the matter to the Consumer Protection Authorities, such as the Bank of Greece, the General Secretariat for Consumers, and the Ombudsman, for an out-of-court settlement of their issue and, if that fails as well, they can bring the case before the competent Courts.

## Terms of the Bill Protection insurance product

### Article 1: Definitions

The following words appearing anywhere in the insurance contract shall have the meaning given below:

**Insurance Company:** The insurance company under the corporate name “AXA INSURANCE S.A.” having its registered office in Athens (48, Michalakopoulou str).

**Policyholder:** The societe anonyme under the trade name “ELPEDISON S.A.” with reg.no. 29XTHESSALPOWERA, having its registered office in the Municipality of Amaroussio (18-20 Amaroussiou - Halandriou str.), with which the Insured has concluded a Power Supply Contract.

**We/us:** The insurance company “AXA INSURANCE S.A.”. The use of a first person verb always suggests that it is preceded by the word ‘we’, even if it has not been written.

**Insured:** The natural person who has signed the Power Supply Contract and who meets all the insurance conditions.

**Power Supply Contract:** The contract concluded between the Insured and the Policyholder for the purpose of electrical power provision by the Policyholder to the Insured’s premises.

**You:** The insured. The use of a second person verb always suggests that it is preceded by the word ‘you’, even if it has not been written.

**Reimbursement:** The monthly amount payable by the Insurance Company to the Beneficiary if a Loss occurs, a Claim is submitted and all the terms and conditions of the ‘Bill Protection’ insurance product are met. The monthly reimbursement for any of the covers shall amount to €100 (one hundred) euros per meter of the Insured represented by the Policyholder and covered under the Insurance Policy.

**Insured Risk:** The event for which Cover is provided, as qualified in article 3 of the terms below.

**Loss:** A future, uncertain event, beyond the control of the Insured, whereby the Risk materialises and which triggers the Cover.

**Insurance Policy:** The group insurance agreement concluded between the Policyholder and the Insurance Company regarding the Product, further specified with the Terms herein.

**Beneficiary:** The beneficiary of the Reimbursement, namely the person entitled to receive the Reimbursement, as described in Article 7 herein below.

**Insurance Product:** The set of Covers that the Insurance Company offers to the Insured, as detailed in the Terms of the Product herein.

**Involuntary Unemployment:** Unemployment condition due to: a) Collective dismissal or b) Dismissal due to job reductions for economic reasons, reasons related to the market, technological or organizational reasons related to the employer or c) Termination of employment contract by employer.

**Disability:** Total, physical, clinically proven inability of the Insured to perform his/her business activity, as a consequence of an Accident or Illness.

**Hospitalisation:** A state where the Insured is admitted to a hospital, namely a legally established institution which has the capacity to hospitalise patients and has properly organised infrastructure for the performance diagnostic tests and surgical operations. Sanatoriums, treatment centres and retirement homes are not considered hospitals.

**Temporary Disability:** The temporary physical state that is due to an Accident or Illness, which causes Disability for the Insured to exercise his/her professional activity or work for limited time. The term Temporarily Disabled shall have the corresponding meaning.

**Pre-existing Condition:** Any bodily or mental disability, illness, disease or similar condition/symptoms that the Insured is aware of upon Start of Cover or for which the Insured has consulted a doctor in the past 24 months before Start of Cover.

**Claim:** Notice of a statement made in writing by the Insured to the Insurance Company, or any third party legally authorised by the Insurance Company, as per the Terms herein, whereby the Insured requests the payment of the Reimbursement in the event of a Claim.

**Accident:** Event due to violent, external and accidental causes which results in bodily injury confirmed by a Doctor.

**Illness:** Any condition with pathological causes, appearing for the first time after inception of the insurance, which is a legal and non-excluded reason for payment of Reimbursement as per the terms herein.

**Public Servants:** Means those people employed by the State, local authorities or public bodies, under contracts governed by the Code of Civil Servants.

**Self-Employed:** The exercise by the Insured independent and free profession or the exercise of any commercial, industrial or agricultural activity, which may be exercised individually or in association with others, always provided that the Insured is registered as a freelancer competent Revenue Service and pay their contributions to its social security agency.

**Seasonal Staff:** The exercise by the Insured of occupation under the seasonal employment contract.

**Permanent Staff:** The professional capacity of the Insured under remunerated professional activity as a worker, under the authority and direction of the employer, through (a) private law concluding individual indefinite continuous employment term employment contract or a contract is accounted for as such, and (b) the registration of the insured in the relevant Social Security Agency.

**Staff with Fixed-Term contract:** The exercise by the Insured of occupation under fixed-term employment contract or work contract, or contracts that are accounted for as such.

**Doctor:** A medical school graduate and holder of a medical profession license in Greece.

**Cover:** Insurance offered each time against Risks covered under the Product. Subject to confirmation of application of the insurance conditions (as described in article 2 of the Terms) in case of a Claim. Cover starts with the Start of Cover and shall continue to apply until End of Cover.

**Exclusion Period:** The period following immediately after the addition of an Insured to the Product, during which the rising of any Claim shall not entail the creation of any, present or future, entitlement to Reimbursement for the Insured.

**Consumption Bill:** The detailed service provision invoice issued by the Policyholder in accordance with the provisions of the Code of Electrical Power Supply to customers (Government Gazette issue B 832/2013), as in force.

## **Article 2: Who is insured under the product and under what conditions**

Elpedison, in cooperation with the Insurance Company, offer this «Bill Protection» insurance product to power supply customers, under the group insurance policy with no. 1516206.

To be eligible for the Product, you need to meet the insurance conditions, and specifically be: a) a natural person that has concluded a Power Supply Contract with the Policyholder for the “Protect” product; b) a resident of Greece; c) aged between 18 and 70 years and d) you need to have stated that your health is in good state.

## **Article 3: Covers offered under the product**

There cannot be Claims for the payment of Reimbursement rising for numerous Covers for the same Insured at the same time.

### **3.1 Temporary Disability due to Accident or Illness**

- a) This cover applies to employees who work as Permanent Staff, Self-Employed, Public Servants, Seasonal Staff or Staff with Fixed-Term contracts, who will be entitled to coverage for Temporary Disability Risks due to accident or sickness, subject to the exclusions expressly referred to the condition 6a below.
- b) The Cover guarantees the payment of a Reimbursement after 30 consecutive days of your Temporary Disability to work. Upon payment of the first Reimbursement amount, each subsequent Reimbursement payment shall be payable upon 30 additional consecutive Temporary Disability days.
- c) Maximum Reimbursement Up to 12 monthly Reimbursement payments per Claim. Up to 24 monthly Reimbursement payments for the same Cover throughout the insurance period, subject to sub-paragraph (f), below.
- d) The Temporary Disability period shall start on the day following the day on which you sought medical assistance for the Accident or Illness that caused the Temporary Disability, according to the Required Supporting Documents.
- e) In case of Temporary Disability due to Illness, the Exclusion Period is one (1) month from insurance inception.
- f) In case of a new Temporary Disability event due to Illness, if the cause of the Temporary Disability due to Illness is the same, you can file a new Claim if you have been working again for six (6) months before filing the Claim, while if the cause for the Temporary Disability due to Illness is different, you can file a new Claim provided you have been working again for at least one (1) month prior to filing the Claim.

### **3.2 Involuntary Unemployment**

- a) This cover applies only to Insured who work as a Permanent Staff and is registered with the Employment Agency, from whom they receive a monthly unemployment allowance, as unemployed and entitled Coverage for Risks of Involuntary Unemployment, subject to the exclusions referred to the condition 6b below.
- b) The period of Involuntary Unemployment starts the day immediately following that on which you were fired or your work contract was terminated. The Cover guarantees the payment of a Benefit after 30 consecutive days of your Involuntary Unemployment. Upon payment of the first Reimbursement, each subsequent Reimbursement payment shall be payable upon 30 additional consecutive unemployment days.
- c) Maximum Reimbursement Up to 6 monthly Benefit payments per Claim. Up to 12 monthly Reimbursement payments for the same Cover throughout the insurance period, subject to sub-paragraph (e), below.
- d) The Exclusion Period is two (2) months from insurance inception.
- e) In case of a new Involuntary Unemployment event, you can file a new Claim if you have been working again for six (6) months before filing the Claim.

### **3.3 Hospitalisation due to Accident or Illness**

- a) This cover applies to employees who work as Self-Employed, Public Servants, Seasonal Staff, Staff with Fixed-Term contracts or non-workers who will be eligible for coverage for the risks of hospitalisation, subject to the exclusions referred to the condition 6a below.
- b) The Cover guarantees the payment of a Reimbursement after 5 consecutive days of your Hospitalisation. Upon payment of the first Reimbursement, each subsequent Reimbursement payment shall be payable upon 30 additional consecutive Hospitalisation days.
- c) Maximum Reimbursement Up to 12 monthly Reimbursement payments per Claim. Up to 24 monthly Reimbursement payments for the same Cover subject to sub-paragraph (g), below.
- d) For each case of Hospitalisation, Cover shall expire immediately upon your discharge from hospital, or whenever your condition is characterised as Temporary Disability.
- e) The Hospitalisation period shall commence on the day following your admission into a hospital.
- f) In case of Hospitalisation due to Illness, the Exclusion Period is one (1) month from insurance inception.
- g) In case of a new Hospitalisation event due to Illness, if the cause of the Hospitalisation due to Illness is the same, you can file a new Claim after the lapse of six (6) months from the filing date of the previous Claim, while if the cause for the Hospitalisation due to Illness is different, you can file a new Claim after the lapse of one (1) month from the above date.

### **Article 4: Information regarding premiums**

All premiums for the product shall be payable by Elpedison to us and shall include all legal charges applicable each time. You are participating in the insurance product free of charge.

### **Article 5: Inception, duration and expiry of insurance**

#### **Inception of insurance**

The covers of the product shall enter into force on the activation date of the Power Supply Contract.

#### **Duration of Insurance:**

It has a one-year duration and is automatically renewable according to the group insurance policy concluded between AXA Insurance and ELPEDISON S.A., and shall remain in force for as long as you remain a customer of ELPEDISON S.A. under this power supply contract, and provided the group insurance policy remains in effect. The Insurance Company or the Policyholder may remove, change or modify the covers or the terms of the product. In case of modification or termination of the product, the Policyholder will so inform all the Insureds.

#### **Expiry of insurance**

The insurance shall expire in the following cases:

- a. full payment of the entire Reimbursement pursuant to any Cover provided under the Product;
- b. when you become 75 years old;
- c. death of the Insured;
- d. dissolution or expiry in any way of the Power Supply Contract which you have concluded, including termination;
- e. expiry of the period of Cover;
- f. non-payment of premiums by the Policyholder; and
- g. termination of the group insurance policy between AXA Insurance and ELPEDISON S.A.

## Article 6: Special Exclusions

### 6.a Exclusions regarding Temporary Disability due to Accident or Illness and Hospitalisation due to Accident or Illness

The “Temporary Disability due to Accident or Illness Insurance” and the “Hospitalisation due to Accident or Illness Insurance” shall not cover cases which, directly or indirectly, derive from or are caused by:

- a) Pre-existing Condition, even if the insured was justifiably ignorant of the existence of such condition;
- b) Attempted suicide or causing of voluntary bodily injuries irrespective of your mental or psychological state, in the first year of insurance;
- c) Illness which is a direct consequence of the consumption of alcohol (both acute and chronic), use of and addiction to narcotics or other drugs and substances not prescribed by a Doctor, as well as injuries or illnesses that may occur in a state of mental disorder, while sleepwalking or as a result of fighting, except if you can prove you were legally defending yourself, as well as due to your participation in criminal activities for which you have been prosecuted;
- d) War, even undeclared war, invasion, acts of foreign army, hostilities or war operations, civil war, mutiny, revolt or revolution, and, similarly, from those actions randomly caused by explosive or detonating devices, military uprising or legal acts or acts intended to usurp military power;
- e) Your involvement with or participation in sports of any nature (competition, exhibition, training) relating to professional sports or dangerous sports such as skydiving or paragliding, motorised or non-motorised hang-gliding, diving, climbing, horse-riding, boxing and any motorsport;
- f) Mental illness or disorder including stress, depression and stress-related conditions;
- g) Explosion, leakage of heat and radiation released from the splitting or combination of atoms or from radioactivity, as well as those released from radioactivity caused by artificial particle acceleration;
- h) Earth tremors, earthquakes, volcanic eruptions, floods, landslides and subsidence, as well as other geological phenomena and any catastrophic event connected with nature’s insurmountable forces;
- i) Birth, pregnancy or voluntary or involuntary pregnancy termination;
- j) Accidents caused by driving motor vehicles without a legal license;
- k) Cosmetic or corrective treatment of any nature, except if it is a direct consequence of an Accident or Illness.
- l) Back pain, except if there is adequately documented medical proof (x-rays, CT scans, MRI scans, etc), or
- m) Accidents in the course of your professional activities as members of the security forces, mine workers, divers, movie industry personnel and explosives handlers.

Moreover, Temporary Disability due to Accident or Illness Insurance and Hospitalisation due to Accident or Illness Insurance shall not cover Insured aged more than 65 years

### 6.b Exclusions regarding Involuntary Unemployment

The «Involuntary Unemployment Insurance» shall not cover cases of Involuntary Unemployment directly or indirectly, derive from or are caused by:

- a) Voluntary resignation of the Insured.
- b) Termination of Employment Convention Standing retirement or your early retirement.
- c) Termination of Your contract of indefinite duration with relevant parties’ agreement.
- d) Termination of Your contract of indefinite duration from your side.
- e) Termination of your employment contract due to misconduct / breach of duty, fraud, embezzlement, illegal strike or lockout or any other illegal activity that you had as a result in termination of your employment contract whether it was against the lawsuit for the operation.

Furthermore, you are not entitled to collect Reimbursement for “Involuntary Unemployment”, where any of the following cases applies:

- a1) Immediately before the start of Involuntary Unemployment, you did not have contract of indefinite duration for a continuous period of at least six months with the same employer.
- b1) Immediately before the start of Involuntary Unemployment, worked as Seasonal Staff or Staff with Fixed-Term contract.
- c1) Provided your work abroad with an Employment contract, which is not linked to the Greek legislation.
- d1) Involuntary Unemployment, which occurs during the first two months of the commencement of insurance.
- e1) You are aged more than 65 years.

**6.c Restrictions and exclusions stemming from International Sanctions**

It is hereby stated and agreed that, amending any contrary term herein, the Insurance Company shall not provide cover and shall not be responsible to pay any Reimbursement insofar as providing such cover or payment of such Reimbursement would expose the Insurance Company to sanctions, prohibitions or restrictions under decisions of the United Nations Organisation or trade or economic sanctions, the laws or regulations of the European Union or the United States of America.

**Article 7: Beneficiary:**

Elpedison shall be the Beneficiary. In case a Loss occurs, a Claim is raised and the conditions herein are met, the Insurance Company will pay the Reimbursement to the Policyholder who will then reflect the Reimbursement as credit in the Consumption Bill issued by the Policyholder for the Insured's supply in the framework of the Power Supply Contract.

If there is no overdue Insured debt in the framework of the Power Supply Contract, the payable Reimbursement shall be credited to the next Consumption Bill of the Insured.

**Article 8: Procedure/Obligations of the Insured in Case of Claims/Complaint**

- 8.1** In the event of a Claim, the Insured, or any third party acting on his/her behalf, shall be obliged to announce their Claim by phone, by calling the following number: +30 211 1980 694 Monday-Friday 09:00 - 17:00, except of national holidays. The Insured may also call the same number for any clarification or information regarding the Product and the Covers.
- 8.2** For the written announcement of the Claim, the Insured, or any third party acting on his/her behalf, must fill-out the relevant Claim Form, in which there is a special field to be completed by the employer, in case of Involuntary Unemployment, that the Insurance Company will send to the Insured, and return it to the following address: 5, Koumpari str., 106 74, Athens, to the attention of "AXA INSURANCE S.A.", by registered mail. The Insured shall also be entitled to send a Declaration of Objection to the above address, exercising any of his/her Rights.
- 8.3** The Insured, or any third party acting on his/her behalf, shall be obliged to provide all the Required Supporting Documents as may be required by the Insurance Company or any other third-party company authorised by the Insurance Company to this end. The Insurance Company may, at its discretion, refuse to pay the Reimbursement where the above documents are not submitted within ninety (90) days from the day they were requested.
- 8.4** In every Loss occurrence, the Insured shall be obliged to announce the Claim within eight (8) days from the moment the Insured becomes aware of the Risk. In any case, peremption of the right to a Reimbursement occurs six (6) months from the moment the Insured becomes aware of the Risk.
- 8.5** The existence of a Claim shall not release the Insured from his/her debts and obligations to the Policyholder stemming from the Power Supply Contract.

**Article 9: Required Supporting Documents****9.1 For Temporary Disability**

- a) Original letter from the employer / dept. manager stating that the Insured was working immediately prior to occurrence of the Loss and that the Insured has not been working for at least 30 days due to inability.
- b) Hospitalisation certificates (Hospitalisation History, Admission, Discharge).
- c) A statement by the doctor of the relevant social insurance organisation or a State Hospital Doctor, certifying the condition of the Insured and the duration of Disability.
- d) Disability Decision of the relevant social insurance organisation's Medical Committee.

**9.2 For Involuntary Unemployment**

- a) Letter terminating the indefinite contract by the employer, which states at least the following: a) start and end dates of work and b) the type of employment contract.
- b) Decision Grant Unemployment by OAED.
- c) In case of partial payment of Reimbursement on a monthly basis, the Insured must submit a certificate of OAED unemployment for the relevant month.

**9.3 For Hospitalisation**

Hospitalisation certificates (Hospitalisation History, Admission, Discharge) certifying the hospitalisation duration of the Insured.



#### **9.4 For all covers**

- a) A copy of the Identity Card or Passport of the Insured.
- b) Claim Form, filled-out in full and signed.
- c) Any document relevant with the Loss which may reasonably be requested by the Insurance Company or any third party legally authorised by the Insurance Company.
- d) The Insured shall submit all documents to the Insurance Company in original form or duly ratified copies.
- e) The Insured, or any third party acting on his/her behalf, shall bear all the costs for the collection and forwarding of all the documents necessary for payment of the Reimbursement.

#### **Article 10: Court jurisdiction, currency and time-barring**

Greek law shall be applicable in the resolution of any dispute arising from the interpretation and performance of the terms herein. It is agreed that the Courts of Athens shall have exclusive jurisdiction. Any amount paid or collected shall be in the currency of the Hellenic Republic. Any dispute arising from the insurance shall be time-barred after five years, starting at the end of the calendar year within which said claim was raised.

#### **Article 11: Personal Data**

- 11.1.** AXA Insurance S.A. shall keep a record of personal data in its offices and shall process any personal data of article 2, para. a) and b) of Law 2472/1997 as in force, that it will obtain during its contractual relationship with the Insured, for the purpose of supporting, promoting and performing the contractual relationship and for complying with any requirements in force each time stemming from laws, regulations and Regulatory Authority decisions. For the above purposes, the Insurance Company will transmit said personal data to other natural persons in the same Company, to AXA Group subsidiaries in Greece and abroad, to associated companies in Greece and abroad or to any other recipient required by law.
- 11.2.** The Insured shall have the right to ask the Insurance Company for, and to get information on his/her personal data, and also raise objections, at any time, on the processing of his/her personal data, according to articles 12 and 13 of Law 2472/1997, as in force.