

**NATIONAL BANK OF GREECE S.A.**

Aiolou 86, GR 105 59 Athens, Tel: +30 210 3341000
TIN: 094014201 GEMI No.: 237901000
TAX OFFICE: FAE ATHINON (ATHENS TAX OFFICE FOR COMPANIES)
www.nbg.gr



ETHNIKI HELLENIC GENERAL INSURANCE S.A. Year of Establishment 1891, TIN :094003849, Tax Office: FAE ATHINON (ATHENS TAX OFFICE FOR COMPANIES) GEMI No.: 224801000
103-105 Syggrou Avenue, GR 11745 Athens, Tel: 18189
www.ethniki-asfalistiki.gr

PRE-CONTRACTUAL INFORMATION

(as per Law 4364/2016 and Law 4583/2018)

"FULL Preventive Healthcare" Program

This document contains information that should be communicated to the Contracting Party (Policy Holder) before the conclusion of the agreement, as per insurance legislation and legislation on consumer protection and does not constitute a legally binding offer. Any reported numbers are provided in good faith and represent accurately the offer which Ethniki Insurance may propose based on the current market conditions and the information that was provided. This document does not constitute an obligation for the insurance company to accept the insurance proposal or conclude the insurance agreement.

Ethniki Insurance data

The title of the Company is ETHNIKI HELLENIC GENERAL INSURANCE S.A. Registered office: LEOFOROS SYGGROU 103-105, 117 45, ATHENS, GREECE, GEMI No.: 000224801000, TEL.18189, FAX 2109099111, e-mail:ethniki@insurance.nbg.gr, website:

NBG data

The title of the Company is NATIONAL BANK OF GREECE S.A. Registered office: AILOU 86, GR 10559 ATHENS, GREECE, GEMI No.: 237901000, TEL. +30 210 3341000, The aforementioned insurance programs are undertaken with the mediation of National Bank of Greece S.A., AMEEA No.: 311481, ESIP special registry No.: 1028. (<http://insuranceregistry.uhc.gr/>).

Supervisory Authority

The competent supervisory authority for Ethniki Insurance SA is the Bank of Greece, registered at Eleftheriou Venizelou 21, GR 102 50 Athens, tel.: +30 210 32 01 111, www.bankofgreece.gr.

Purpose of Ethniki Insurance

Ethniki Insurance conducts in Greece and overseas all such insurance, reinsurance and, in general, financial operations as are allowed for Insurance Companies under applicable Greek and EU law. In compliance with Law 4364/2016 (Solvency II), the Company discloses on an annual basis a report on solvency and its financial situation, which is available to the Insuree or the Counterparty on the website of Ethniki Insurance www.ethniki-asfalistiki.gr.

Type of Program This is an Insurance plan that covers Diagnostics - Out of hospital non invasive Tests carried out exclusively at Private Diagnostic Centers of the Affidea-Euroiatniki Group, at the Partner Diagnostic Centres as well as at the outpatient clinics of the Hygeia Group and Athens Medical Group Hospitals. The benefits apply after the lapse of at least thirty (30) days as of the Insurance Start Date. Information can be found via the website www.affideanet.gr.

Presentation of the Affidea Group

Affidea is one of the largest health providers and investors in the health sector in Europe as well as administrator of a large number of medical centers nationwide in Greece and EU-wide with a specialization in diagnostic tests and radiotherapy services. The network of Partner Diagnostic Centers and partner Doctors has a very wide presence and the potential to constantly expand according to local needs and possibilities. Information on the network of Partner Diagnostic Centers and partner Doctors is available on the website www.affideanet.gr

Features of the Program There is the option to choose between two packages with a Maximum Annual Limit of **up to €2,000 (Package A) or up to €700 (Package B)**. Depending on the Package, the following will apply:

Package A Free-of-charge diagnostic tests with a referral note provided by any doctor of relevant specialization for up to **€2,000** per year according to the applicable State Pricing List (Government Gazette), with no participation cost for the Insuree. **WITH THE EXCEPTION OF:** Tests that are not included in the Government Gazette (State Pricing List), x-rays and ultrasounds. In such cases, charges apply on the basis of a discount of 50% on the private pricing list of the Affidea Group.

Package B Diagnostic tests with a referral note provided by a Network Doctor or an EOPYY doctor of relevant specialization for up to **€700** per year according to the applicable State Pricing List (Government Gazette), with no participation cost for the Insuree. **WITH THE EXCEPTION OF:** Tests that are not included in the Government Gazette (State Pricing List), x-rays and ultrasounds. In such cases, charges apply on the basis of a discount of 50% on the private pricing list of the Affidea Group.

In both Packages, thirty (30) days as of the date this Policy comes into effect, the Company shall provide to all Insurees **one preventive healthcare check-up** during the insurance year. Alternatively, female Insurees, in the event of a confirmed pregnancy, are given the option, after the lapse of at least six (6) months as of the Insurance Start Date and provided that no annual check-up has already been carried out, to carry out **prenatal testing** one time during the insurance year.

Check-ups and prenatal tests are carried out all together.

State Pricing List (Government Gazette)

The State Pricing list is the pricing list published in the Government Gazette and applies to the setting of prices to be indemnified in relation to diagnostic and imaging tests carried out at diagnostic centers, microbiological laboratories, and private clinics.

Insuree

The person to whom the Diagnostic-Out of Hospital Tests Coverage is provided, as per the Insurance Policy. If the Insuree is a minor, the Contracting Party must be an Individual or a Legal Person over 18 years old.

Contracting Party (Policy Holder):

The Contracting Party is the person which contracts with the Company for the preparation of this insurance policy and which has, inter alia, the obligation to pay the agreed premium. Said person can be any natural person older than 18 years of age, or any legal person, which, with the consent and on behalf of the Insuree, pays the premium and has all the rights and obligations that derive from the Insurance Agreement, until the expiry date of the Insurance Policy, but cannot use the program's benefits, beneficiary of which shall in any case be the Insuree. In the event of his death provided that he is a natural person or dissolution, liquidation or bankruptcy in the case of a legal person, the rights and obligations shall be undertaken by the Insuree or the guardian, if the former is a minor.

Participation Conditions:

1. Age at the commencement date: Insuree: from 30 days up to 70 years of age. Contracting Party (provided it is not the same person):age 18 and over
2. Both the "Insuree" and the "Contracting Party" must be permanent residents of Greece. In the event the "Contracting Party" is a legal person, its registered office must be in Greece.
3. The Insuree must not suffer from a serious illness such as: Diabetes mellitus, Cancer, Heart Failure or Chronic Renal Insufficiency and he must not be receiving invalidity pension.
4. Each customer can participate in only one Program as the "Insuree", but can participate in more programs as the "Contracting Party".

Insurance Commencement Date

The insurance commencement date is the date indicated on the Insurance Policy as the commencement date for the Coverage of Diagnostic-Out of hospital Tests, which is conditional on the prior payment of the premium due. The use of the benefits offered by the program can start 30 calendar days after the commencement date of the 1st insurance policy for Diagnostic tests and the check up, and after the lapse of six (6) months as of the commencement date of the 1st insurance policy for prenatal testing.

In the event that the program is renewed, the said insurance coverage is provided **immediately** upon the renewal date of the policy.

Discontinuation/Termination of the Insurance

The insurance coverage of this Program ceases to apply in the event of:

- the Insuree's death.
- Submission of a declaration cancelling the status of the Contracting Party or the Insuree (in case there is no Contracting Party) via NBG Internet Banking (as regards insurance plans concluded via IB/MB), or at any NBG branch.

Note that any cancellation of the insurance policy will be carried out at the end of the monthly period for which the corresponding premium has already been paid, regardless of the date that the discontinuation/termination application has been filed.

- Non-payment of premiums

Insurance Policy Duration

The insurance plan lasts for **one year** and can be renewed automatically.

The insurance coverage commences only upon payment of the total premium to the insurance company, prior to which the delivery of the contract to the Insuree or Policy holder is prohibited.

Types of Coverage

I. Diagnostic Tests Coverage

PACKAGE A:

Package A Free-of-charge diagnostic tests with a referral note provided by any doctor of relevant specialization for **up to €2,000** per year according to the applicable State Pricing List (Government Gazette), with no participation cost for the Insuree.

WITH THE EXCEPTION OF: Tests that are not included in the Government Gazette (State Pricing List), x-rays and ultrasounds. In such cases, charges apply on the basis of a discount of 50% on the private pricing list of the Affidea Group.

PACKAGE B:

Diagnostic tests with a referral note provided by a Network Doctor or an EOPYY Doctor of relevant specialization for **up to €700** per year according to the applicable State Pricing List (Government Gazette), with no participation cost for the Insuree.

WITH THE EXCEPTION OF: Tests that are not included in the Government Gazette (State Pricing List), x-rays and ultrasounds. In such cases, charges apply on the basis of a discount of 50% on the private pricing list of the Affidea Group.

II. Proactive Health Check-up Coverage

- **Free of charge** annual CHECKUP for which no doctor's referral note is required and which includes the following tests:
- For Insurees between the ages of 1 month to 20 years old (Children-Adolescents): General Blood Test, Glucose, Erythrocyte Sedimentation Rate, Urinalysis
- For Insurees over the age of 21: General Blood Test, Glucose, Urea, Creatinine, Total Cholesterol, HDL, LDL, Triglyceride level, Electrocardiogram, Urinalysis, Chest x-ray (F)
- Additional Proactive Health Check-up tests **FREE OF CHARGE** for insurees **over the age of 45**. For women: Test Pap, Mammography (Digital or Analogue), For men: PSA

Note: The benefit is offered only once (1) annually and on condition that no annual prenatal tests have already been covered. Prenatal tests are carried out all together.

III. Insurance Policy for Prenatal tests

Free of charge PRENATAL TESTS, for which no doctor's referral note is required and which includes the following tests: VDRL, HBsAG, ANTI-HCV, HIV(I,II), CMV IGG&IGM antibodies, Rubella IGG&IGM antibodies, Toxoplasma IGG&IGM antibodies, General Blood Test, Blood Type, RHESUS, Haemoglobin Electrophoresis, Urinalysis.

Note: The benefit is offered following the lapse of six (6) months as of the Insurance Start Date, only once (1) annually, following certified pregnancy and provided that no annual check-up has already been carried out.

Prenatal tests are carried out all together.

In addition to the above benefits, Ethniki Insurance S.A. in cooperation with the Partner Diagnostic Centre has secured for the Insuree additional free-of-charge benefits or benefits offered at privileged prices, which are stated in the "Full Preventive Healthcare -AFFIDEA additional Benefits Prospectus". The hereinabove benefits are not the subject of this insurance policy and are not binding on Ethniki Insurance, but offered by the Partner Diagnostic Center to Ethniki Insurance's insurees and are subject to changes depending on the applicable framework of Cooperation between the Diagnostic center and Ethniki Insurance.

Exceptions

The Diagnostic Tests insurance shall not cover expenses related to:

- Diagnostic tests referral notes which are related to check ups, except for cases that are expressly set out in the Proactive Health Tests (check ups) Insurance.
- Mental health conditions, learning disabilities including any neuroses or related psychosomatic manifestations.
- Alcohol-related liver disease, deliberate consumption of medicinal products without a doctor's prescription, use of narcotics and hallucinogenic substances.
- Control for pre-existing physical injury or illness or any damage of the body and their potential complications which, even though they were known, were never cited at the insurance application, as well as control for birth defects and diseases.
- Examining for sterility or fertility, pregnancy and childbirth
- Examining options for treating obesity and its complications
- Teeth, alveolus and gums
- Acquired immune deficiency syndrome (AIDS), as well as its complications
- Allergy testing by molecular diagnosis and cytogenetics

In addition, the following are not covered:

- Doctors' fees for treatments, actions, as well as for diagnostic test referrals.
- Medicines used for the performance of diagnostic tests.

- Expenses related to out of hospital diagnostic tests carried out by Diagnostic Centers not partnered with Ethniki Insurance.
- Diagnostic tests carried out exclusively and solely in a hospital environment.

Special Conditions

In deviation from the term regarding molecular diagnoses, PCR screening for coronavirus offered only once annually at AFFIDEA diagnostic centers (privately owned and partner diagnostic centers with the appropriate equipment to carry out this specific test. For more information please visit our webpage: www.ethniki-asfalistiki.gr or call our Contact Center). The participation cost for the insuree for PCR screening is €12, and €6 for any medically required re-examination. The maximum covered amount annually is set at €80 and €60, respectively. This test is offered only once annually including any re-examinations. The PCR screening for coronavirus is carried out by presenting a referral note exclusively by doctors of the AFFIDEA network having the following specialities: pulmonologist, pathologist, cardiologist and ENT. Preoperative or hospitalization PCR screening for coronavirus is excluded.

Insurance Premium - Payment

PACKAGE A (up to €2,000.00) Net monthly: €11.17, Gross monthly: €12.85

PACKAGE B (up to €700.00) Net monthly: €9.96 Gross monthly: €11.45

The 1st premium instalment shall bear a **€4** policy fee.

The premium shall be collected via the Insuree or Contracting Party's (if not the same) bank account or via his credit card starting from the 2nd instalment onwards. Any cancellation of the insurance policy will be carried out at the end of the monthly period for which the corresponding premium has already been paid, regardless of the date that the cancellation application has been filed.

Ethniki Insurance is entitled in case of renewal of this insurance policy on every anniversary of this insurance policy to readjust the premium for the next insurance year for all insurees after considering the indicative factors listed below either individually or together with others: The age of the Insuree, the cost of the diagnosis, as well as the total cost of general costs and expenses that are covered by the specific Program. The continuous development of approved medical methods and practices that are used for preventive healthcare diagnosis and the corresponding charge that will add to the above cost. The frequency in which the incidents covered by this insurance policy take place, as recorded in the statistical data and according to Ethniki Insurance's experience, as well as the experience of both Greek and international organizations. Ethniki Insurance's general operating costs in relation to the specific Program. The possible cost which Ethniki Insurance shall bear in order to always fulfil its obligation as per the relevant legislation regarding sufficient inventory and freezing of funds for the specific Program. The fee for each insuree that the Partner Diagnostic Center has agreed upon with Ethniki Insurance, in order to continue supporting the benefit.

Note: Ethniki Insurance is entitled to readjust the premium in line with the above, on the annual anniversary of the program following notification given to the Contracting Party at least 45 days earlier.

Procedure for using the Program

To use the program the Insuree should call the Ethniki Insurance contact center at **18189** Moreover, on a 24/7 basis, you can ask for medical advice, discuss health issues you are concerned about, make appointments with network doctors, and find out about Diagnostic Centers and doctors in your area.

Renewal of the Program-Amendment/Termination of Program

The Contracting Party has the right, provided there is no premium owed, to renew the Program for the following insurance year under the same conditions and types of coverage/benefits. If the Contracting Party pays the premium that shall apply with the renewal of the Program until the date set for payment, then the Insurance Contract shall be renewed under the exact same conditions/types of coverage/benefits for the following insurance year, with no insurability control needed. According to the Insurance Terms of the Program, the Company reserves the right provided the Insuree or Contracting party (if not the same) has been informed at least forty-five (45) days before every anniversary of the Policy effective date insurance year to carry out amendments on the conditions/types of coverage/benefits of the Program, or to proceed to the termination of the specific Program.

In the event that the Program is terminated by the Company, after the expiry of the insurance period the Company undertakes the obligation to propose to the Contracting Party the provision of another similar insurance program.

EXERCISE OF THE RIGHT TO DISSENT OR WITHDRAWAL

The Insuree/Contracting Party (Policy Holder) has the following rights:

a) The right to object, if the content of the Insurance Policy differs from the Insurance Application, can be exercised within one (1) month as of the date the Insurance contract was received as per article 2.5 of Law 2496/97.

b) The right to object, in case of no receipt of all general and special terms of the insurance policy and all required information regarding Ethniki Insurance and the product, as per article 150 of L. 4364/2016, can be exercised within 14 days as of the date the Insurance plan was received as per article 2.6 L. 2496/97.

c) Also, the Insuree/ Contracting Party (Policy Holder), pursuant to the insurance legislation (Law 2496/1997) and consumer protection legislation (Law 2251/1994), is entitled to withdraw from this agreement within 14 days as of the delivery of the insurance policy or the conclusion of the agreement.

The Insuree/ Contracting Party (Policy Holder) is entitled to withdraw from this agreement via Internet/ Mobile Banking platform by submitting electronically the relevant request (as regards insurance plans concluded via IB/MB), or with the physical presence at any NBG branch. Note that the Withdrawal Statement has been delivered to the Insuree/ Policy holder together with the Insurance Application.

REASONS/TERMINATION OF THE INSURANCE POLICY

The Company has the right to terminate the Insurance Policy in any of the following cases:

1. In the event of late payment of premium dues, the termination will be communicated in written form to the Contracting Party/Insuree, stating also that any further delay in the payment of premium due will lead to dissolution of the agreement, with the lapse of 2 weeks from the notification.
2. In the event of breach due to fraud of the obligations of the Contracting Party or the Insuree, as set in Article 4 par 2.1 of the Insurance Conditions and in Article 3 par 1 of Law 2496/1997 (description of risk), the Company has the right to terminate the insurance agreement, within one (1) month of becoming aware of the breach. In accordance with the law (article 3 par.6 of Law 2496/1997), the said termination shall have immediate effect. If the insured event occurs within the above deadline, the Company shall be released from its obligation to pay the insurance indemnity and the Contracting Party shall have to make restitution for any damage to the Insurer. In this case the Insurer is entitled to the accrued premium (article 3 par.6 and 7 of Law 2496/1997)
3. In the event that the risk occurred is related to the commission or to an attempt of commission on behalf of the Insuree of a criminal offence.
4. In the event there is untrue statement of the Age of the Insuree.
5. In the event of fraudulent or bad faith behavior on behalf of the Contracting Party or the Insuree against the Company and/or Exclusive Partner Diagnostic Centre or attempt to deceive or mislead them with a view to provide insurance coverage despite the law and the terms hereof.

The termination of the agreement due to any one of the above reasons can occur even after of the occurrence of the insured risk.

The outcome of the termination, as regards the previous paragraphs 2 and 3 when initiated by the Insurer cannot come into effect prior to the lapse of 30 days from its communication to the Contracting Party.

The insurance may be terminated as provided for by law or by the policy itself, and will be communicated to the Party hereto by written notification.

TAX REGIME

Any taxes, fees and any other relevant right in favor of the Greek State or other Organization in relation to this contract and any relevant document in general shall be borne by the Policy Holder or the Insuree.

Any taxes, fees and notarial costs regarding the payment of the benefits shall be borne by the beneficiary, as well as all expenses related to notifications to Ethniki Insurance, assignments or attachments imposed in the hands of Ethniki Insurance as the third party.

APPLICABLE LAW - COURT JURISDICTION

The relations resulting from the Insurance Policy are governed by the Greek law. Any dispute that may arise in relation to the Insurance Policy is subject to the jurisdiction of the courts of Athens. In accordance with the applicable legislation, the language of the agreement terms and the consumer's relevant information is Greek.

MANNER & TIME OF COMPLAINTS MANAGEMENT - ALTERNATIVE DISPUTE RESOLUTION BODIES

1. You should address any complaints to the following:

- the relevant staff of your local NBG branch

- NBG Client Conduct Sector:

- by calling 800 11 88988 (from a landline in Greece) or +30 210 48 06 100 (from a mobile phone or if you're calling from outside Greece), on the days and hours stated on the Bank's official website www.nbg.gr,
- by filling out the relevant electronic form for comments, suggestions and complaints, available on the Bank's website: www.nbg.gr;

- by sending an e-mail to customer.service@nbg.gr;
- - by sending a letter or the relevant form available at all NBG Branches:
 - by post to: National Bank of Greece, Sector for Client Conduct, Omirou 30, 10672 Athens, or
 - by fax to +30 210 3347740.

Moreover, if the contracting party and/or the insuree and/or the beneficiary and/or the affected third party are not satisfied with the Bank's reply, they have the option to seek out-of-court settlement by referring to recognized bodies of alternative dispute resolution, such as the Hellenic Customer's Ombudsman, +30 210 6460862, Leoforos Alexandras 144, GR 114 71 Athens, Tel.: +30 2106460862, webpage: www.synigoroskatanaloti.gr More details on referring a complaint to alternative dispute resolution bodies are available on the Bank's website, at www.nbg.gr.

-Ethniki Insurance Objections & Complaints Management Subdivision, Leoforos Syggrou 103-105, GR 117 45 Athens, tel. +30 210 9099777, fax +30 210 9099846, email: parapona@insurance.nbg.gr. The usual response time to written objections is 15 business days from the day of their submission, while under no circumstances shall the response time exceed 50 calendar days from the submission of the objection.

In addition, if you believe that the complaints settlement process applied by Ethniki Insurance has been exhausted, you can communicate with the relevant Authorities, e.g. the Hellenic Consumer Ombudsman or the General Secretariat of Trade and Consumer Protection, within the applicable time limits.

For any complaints regarding the insurance intermediary, you should file a written complaint with the Private Insurance Supervisory Committee (PISC) of the Bank of Greece, Eleftheriou Venizelou 21, GR 102 50 Athens, Contact Centre: +30 210 3201111, website: www.bankofgreece.gr, regarding acts or omissions by individuals or legal persons that constitute a breach of the legislation on the distribution of insurance products.

2. In addition, the said persons have the option to seek out-of-court dispute resolution of any dispute that may arise with the Insurance Company and/or the Bank in relation to this Insurance Policy by addressing the issue to the certified Alternative Dispute Resolution Bodies, such as: 1) Hellenic Consumers' Ombudsman (www.synigoroskatanaloti.gr); 2) ADR POINT (Alternative Dispute Resolution Point) (www.adrpoint.gr); 3) European Institute for Conflict Resolution (EICR) (www.europeanresolution.com/evropaiko-institouto-epilyshs-syggrouseon) 4) Alternative Dispute Resolution (startADR) (<https://startadr.org/>). - More details on referring a complaint to alternative dispute resolution bodies are available on the Bank's website, at www.nbg.gr. Further information regarding the recognised/certified bodies can be found at the General Secretariat for Consumers of the Hellenic Ministry of Development & Competitiveness (website <http://www.efpolis.gr>) or on the Online Dispute Resolution platform. It is expressly stated that the Company shall not be bound or required to resolve any dispute that may arise in relation to the Plan by using the above alternative dispute resolution bodies, and that any request of the party hereto/insuree regarding dispute resolution via these bodies shall be examined on a case by case basis.

Note that your recourse to the hereinabove institutions, authorities or bodies does not interrupt the limitation period for your relevant claim, while in any case the Contracting Party and/or Insuree and/or Beneficiary and/or the Third Party claiming damage has/have the right to take legal action.

I declare that I have received and been apprised by NBG of the pre-contractual information as provided for by Law, and all the terms of the insurance product, and I declare that I fully understand their contents, and accept them unreservedly.