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GROUP HEALTHCARE INSURANCE ENDORSEMENT

Policy Holder	: TRA CONTRACTUAL	Policy N°	: HO-HG-0093054
Policy Holder Code	: 267583	Endorsement	: 4
Address	: BEIRUT, LEBANON.	Currency	: FUSD
Phone(s)	:	Effective Date	: 30 July 2026 (at noon)
Insured	: AS PER ACCEPTED CENSUS LIST ATTACHED	Expiry Date	: 12 April 2027 (at noon)
		Account	: 40051

Total Premium : FUSD 3,678.00

Being the amount of Three Thousand Six Hundred Seventy Eight

A D D I T I O N (AS AT 30/07/2026)

At the Policyholder's request, the Company agrees to extend the coverage of the above mentioned Policy to include the person(s) as per the Accepted Census List hereattached. Consequently, the Company charges the Policyholder the premium mentioned above.

Accepted Census List hereattached, indicate the Insured(s), the Limitations and/or Exclusions to the Policy (if any) and applicable Plan(s) per Insured.

All other terms and conditions of the above Policy remain unchanged.

The General Conditions attached form an integral part of the insurance Policy.

We hereby declare, acknowledge, understand, and approve that this Policy Particular & General Conditions are deemed to be approved by us in case we don't inform LIA Assurex s.a.l, in writing, for any objection or reclamation within 15 days of the issuance of the Policy

The Insured

24/8/2026

المهورة باليد
الهيئة للخدمة للمعاملات

Issued in Beirut on August 14, 2026

LIA Assurex S.A.L.



ACCEPTED CENSUS LIST

Policy Holder Name : TRA CONTRACTUAL

Address : BEIRUT, LEBANON.

Policy N° : HO-HG-0093054

Effective Date : 30/07/2026

Expiry Date : 12/04/2027

DETAILS OF INSURED PERSONS AND THEIR COVERAGES

PIN	Full Name	DOB	Age	Rel	Exclusions/ Limitations	Plan	Cont.	Class	Nssf	End Type	Effective Date	GR	GR Remaining Days/GR Limit	Premium
267613	ELIE VINCENT EL MAZRAANI	2002	24	P	N	AM0 + IN	N	A	N	A	30/07/2026	Y	720/720	968.27
655759	RAJAA MAHMOUD CHERIF	1963	63	P	N	AM0 + IN	N	A	N	A	30/07/2026	Y	720/720	2,694.65
Total Premium (including cost of policy and fixed stamps)														3,678.00

