

Number of the PZU Na Życie Plus (PZU For Life Plus) policy
(to be completed by a person who processes the insurance)



Number of the PZU Na Życie Plus declaration

Policy number (Wsparcie dla rodziny-
Support for a Family)
(to be completed by a person who processes the
insurance)

Policy number (Ochrona dla dziecka-Cover
for a Child)
(to be completed by a person who processes the
insurance)

Policy number (Wsparcie w razie
nowotworu – Support in Case of Neoplastic
Disease - basic coverage Plus)
(to be completed by a person who processes the

Declaration number (Wsparcie dla rodziny)

Declaration number (Ochrona dla dziecka-
Cover for a Child)

Declaration number (Wsparcie w razie
nowotworu - basic coverage Plus)

Policy number (W Razie Wypadku-In Case of an Accident)
(to be completed by a person who processes the insurance)

Declaration number (W Razie Wypadku)

PZU Na Życie Plus (For Life Plus) group insurance and supplementary packages

☐ Declaration of taking out the insurance

I am taking out the insurance as:

- ☐ Primary Insured Party (e.g. employee)
- ☐ Primary Insured Party's child of full age
- ☐ Primary Insured Party's spouse
- ☐ Primary Insured Party's domestic partner

☐ Declaration of data change

Complete the Details of person taking out the insurance section, and in
the other sections only those details that have changed.

Terms in this document have the same meaning as in the general terms and conditions of insurance.



1. Complete in CAPITAL letters
2. Sign in the spaces marked
3. Enter the date in the DD-MM-YYYY format

Details of the person who is taking out the insurance

Forename

Surname

Sex: ☐ female ☐ male

PESEL
(complete, if you hold one)

Date of birth
(complete if you do not hold the PESEL number)

Place of birth Nationality ☐ Polish and/or ☐ other - which:
(complete if you do not hold PESEL)

Country of permanent residence
(complete, if other than Poland)

Contact details of the person who is taking out the insurance



If you provide your e-mail and tick the consents at the end of the document, we will be able to send insurance information to your mailbox.

E-mail Telephone no.

Street House no. Flat no.

Locality Postal code Post

Country ☐ Poland ☐ other - which:

Insurance variant



You will find information about the variants on the offer.

I am choosing the PZU Na Życie Plus (PZU For Life Plus) insurance:

Variant I	Variant II	Variant III	Variant IV	Variant V	Variant VI	Variant VII
<input type="checkbox"/> 51.00 zł	<input type="checkbox"/> 55.00 zł	<input type="checkbox"/> 57.00 zł	<input type="checkbox"/> 70.00 zł	<input type="checkbox"/> 71.00 zł	.. <input type="checkbox"/> 88.00 zł	: <input type="checkbox"/> 89.00 zł

I am choosing the PZU Na Życie Plus (PZU For Life Plus) insurance (Wsparcie dla rodziny -Support for a Family supplementary package):

Variant I	Variant II	Variant III
<input type="checkbox"/> 5.00 zł	<input type="checkbox"/> 10.00 zł	<input type="checkbox"/> 15.00 zł

I am choosing the PZU Na Życie Plus (PZU For Life Plus) insurance (Ochrona dla dziecka-Cover for a Child supplementary package):

Variant I	Variant II	Variant III
<input type="checkbox"/> 10.00 zł	<input type="checkbox"/> 16.00 zł	<input type="checkbox"/> 24.00 zł

I am choosing the PZU Na Życie Plus (PZU For Life Plus) insurance (Wsparcie w razie nowotworu-Support in Case of Neoplastic Disease):

basic coverage Plus
<input type="checkbox"/> 17.00 zł

I am choosing the PZU Na Życie Plus (PZU For Life Plus) insurance (W Razie Wypadku-In Case of an Accident supplementary package):

Variant I
: <input type="checkbox"/> 12.00 zł

I give my consent for the amount to be deducted monthly from my remuneration for work, sick pay and social security benefits, as well as any other receivables due from the employer, for the insurance premium financed by me resulting from the insurance coverage I have chosen. In the event that my relatives and loved ones (spouse or domestic partner, child of age) take out the insurance, the above consent also applies to the premiums due for the insurance cover provided to them.

Beneficiaries



Enter the personal details of the persons who will receive the benefit after your death. If you do not do so, we will pay it to the persons specified in the general terms and conditions of insurance. If you are completing a declaration of change in personal details, enter all the persons you wish to make beneficiaries (even if, for example, only one of the two persons specified in the previous declaration is subject to change).

No.	Surname and forename/ Entity name	PESEL-if the beneficiary holds one/ REGION of the entity	Date and place of birth - if the beneficiary does not hold a PESEL	% of the benefit
1				<div><div></div><div></div><div></div></div> %
2				<div><div></div><div></div><div></div></div> %
3				<div><div></div><div></div><div></div></div> %
				TOTAL 100%

Domestic partner's details



Complete, if **you are not married**, but you have a domestic partner. This will ensure that your partner is treated as a spouse, e.g. you will receive a benefit after the death of his/her parents (if such a benefit is included in your insurance coverage).

Forename

Surname

PESEL

Date of birth

(complete if the domestic partner holds a PESEL number and will be taking out the insurance)

(complete if the domestic partner does not hold a PESEL number or does not take out the insurance)

Place of birth

Nationality

☐ Polish and/or ☐ other-which:

(complete if the domestic partner does not hold a PESEL number or does not take out the insurance)

Confirmation of primary insured party (employee)



In this part, the employee (primary insured party) enters his/her data on the declaration of a child, spouse or domestic partner.

Forename

Surname

PESEL

Date of getting married

(refers to a spouse)

Date

Primary insured party's signature

(employee)

Declarations of the person taking out the insurance

Declarations and consents we need to be able to insure

- 1A. I want to be covered under the insurance protection with the sum insured and under the terms and conditions specified in the contract which has been served to me prior to taking out the insurance by me (declaration refers to persons taking out the supplementary package Wsparcie dla rodziny (Support for a Family), Ochrona dla dziecka (Cover for a Child), W Razie Wypadku (In Case of an Accident)).
18. I want to be covered under the insurance protection with the sum insured and under the terms and conditions specified in the contract which has been served to me prior to taking out the insurance by me. I further declare that I am aware of the content of the change of insurance variant which will take place on the policy anniversary date falling after I have turned the age specified in the given insurance variant, I accept the change of insurance variant after the turning of the specified age according to the content of the offer accepted by the policyholder, which I have received before taking out the insurance (declaration refers to persons taking out the supplementary package Wsparcie w razie nowotworu (Support in Case of Neoplastic Disease) – basic coverage, Wsparcie w razie nowotworu (Support in Case of Neoplastic Disease) – basic coverage Plus).
2. I consent to PZU Życie S.A. requesting from the entities carrying out medical activities within the meaning of the provisions on medical activity, which provided me or my minor children with healthcare services, information on my health condition and the health condition of my minor children specified in the Art. 38 para. 2 of the Act on Insurance and Reinsurance Activity, i.e. about: the reasons for hospitalisation and outpatient treatment, diagnostic tests performed during them and their results (excluding genetic tests), other healthcare services provided, the results of treatment and the results of the autopsy, if performed. I further authorise PZU Życie S.A. to request the aforementioned entities to make available copies of my medical records and medical records of my minor children to PZU Życie S.A. I hereby authorise PZU Życie S.A. to apply to the National Health Fund for the transfer of data on the names and addresses of healthcare providers who has provided me or my minor children with healthcare services in connection with the occurrence of an insurance event. The said consents and authorization are aimed at enabling PZU Życie S.A. to determine its liability and the amount of benefit in connection with the occurrence of an insurance event. On the basis of the aforementioned consents and authorisation, PZU Życie S.A. is entitled to request the aforementioned information, data, medical documentation also after my death or the death of my minor children
3. I am not on sick leave, in hospital, in a hospice, in an institution for the chronically sick, on rehabilitation benefits and I have not been declared incapable of working or unfit for service by a competent authority at the date of signing the declaration of taking out the insurance.

4. Additionally, a declaration concerning health submitted by the SPOUSE, DOMESTIC PARTNER AND CHILD OF AGE, who immediately before taking out the insurance:
- 1) have not been covered by another group life insurance in PZU Życie S.A., or
- 2) have been covered by such the insurance for less than 12 months, or
- 3) have been covered by such the insurance for at least 12 months, but without maintaining a continuity of insurance cover

(please do not cross out or correct the text of the declaration).

I declare that:

- a) I have never been diagnosed with any of the following diseases, nor am I in the process of being diagnosed with symptoms of any of them :
- atherosclerosis, aortic aneurysm, pulmonary embolism, venous thrombosis, ischaemic heart disease (coronary artery disease), myocardial infarction, valvular heart defect, atrial fibrillation ,
 - transient cerebral circulatory disorder, intracranial haemorrhage, stroke, Alzheimer's disease, multiple sclerosis, epilepsy,
 - chronic obstructive pulmonary disease,,
 - chronic renal failure,
 - alcoholic liver disease, toxic liver damage, liver failure, chronic hepatitis, cirrhosis, chronic pancreatitis ,
 - diabetes mellitus (except gestational diabetes), rheumatoid arthritis, HIV infection,
- b) I have not been diagnosed with any malignant neoplastic disease within the last 10 years, nor am I in the process of being diagnosed with symptoms of any malignant neoplastic disease ,
- c) I have not undergone as a recipient of a liver, heart, kidney, lung, bone marrow transplant within the last 10 years, nor am I awaiting such a transplant.

NOTE! If in your case the above declaration in any point is not true and you nevertheless take out the insurance, PZU Życie S.A., according to the Art. 815 of the Civil Code, may refuse you the benefit.

5. I declare that I have read the information on the processing of my personal data contained in the document provided to me, Information of the Controller (PZU Życie S.A.).

Marketing consents

HAVE A LOOK WHAT YOU WILL GAIN:

Access to special offers, discounts and promotions of all products of the PZU Group.

Enter X in the check boxes below, if you consent.

6. I consent that PZU Życie S.A. may share my personal details with PZU Group entities, i.e.: PZU S.A., PTE PZU S.A., TFI PZU S.A., PZU Pomoc S.A., PZU Zdrowie S.A., PZU CO S.A., Link4 TU S.A., PEKAO S.A., Alior Bank S.A., for their own marketing purposes, including profiling to identify preferences or needs for insurance and other financial products and to make an appropriate offer.

You will receive special offers, discounts and promotions from our insurers by e-mail or text message/MMS.

7. I consent to receive from PZU SA, PZU Życie SA, PTE PZU SA, TFI PZU SA, PZU Pomoc SA, PZU Zdrowie SA, PZU CO SA, Link4 TU SA, PEKAO SA, Alior Bank S.A. marketing information via electronic communication means (e-mail, text message/MMS).

We will call you when we have attractive offers, discounts or promotions.

8. I consent to receive from PZU SA, PZU Życie SA, PTE PZU SA, TFI PZU SA, PZU Pomoc SA, PZU Zdrowie SA, PZU CO SA, Link4 TU SA, PEKAO SA, Alior Bank S.A. marketing information via voice calls (phone call, IVR voice messages).

You will find out about interesting offers even after your contract has ended.

9. I consent to the processing of my personal details by PZU Życie S.A. for the purpose of providing me with marketing content regarding insurance and other financial products, where I do not hold insurance with this company.

Method of providing documentation and information on insurance

HAVE A LOOK WHAT YOU WILL GAIN:

You will receive information on your insurance by e-mail or text message/MMS.

Enter X in the check boxes below, if you consent.

10. I consent to the sending of information and documents, including the GTCI and the product information document, as well as information referred to in the Art. 9, paragraph 1 of the Act on Insurance Distribution, which are related to the insurance contract applied for or concluded with PZU Życie S.A. by means of electronic communication, including SMS/MMS or e-mail messages, to the telephone number or e-mail address specified by me. In case where the contact details I have provided are subject to an amendment, I undertake to update my details, thanks to which I will receive information via electronic means of communication.

Names and addresses of companies whose names appear in the content of marketing consents

Abbreviated name of the company	Full name of the company	Address of the registered office
PZU SA	Powszechny Zakład Ubezpieczeń Spółka Akcyjna	Rondo Ignacego Daszyńskiego 4, 00-843 Warszawa
PZU Życie SA	Powszechny Zakład Ubezpieczeń na Życie Spółka Akcyjna	Rondo Ignacego Daszyńskiego 4, 00-843 Warszawa
PTE PZU SA	Powszechne Towarzystwo Emerytalne PZU Spółka Akcyjna	Rondo Ignacego Daszyńskiego 4, 00-843 Warszawa
TFI PZU SA	Towarzystwo Funduszy Inwestycyjnych PZU Spółka Akcyjna	Rondo Ignacego Daszyńskiego 4, 00-843 Warszawa
PZU Pomoc SA	PZU Pomoc Spółka Akcyjna	Rondo Ignacego Daszyńskiego 4, 00-843 Warszawa
PZU Zdrowie SA	PZU Zdrowie Spółka Akcyjna	Rondo Ignacego Daszyńskiego 4, 00-843 Warszawa
PZU CO SA	PZU Centrum Operacji Spółka Akcyjna	Rondo Ignacego Daszyńskiego 4, 00-843 Warszawa
Link4 TU SA	LINK4 Towarzystwo Ubezpieczeń Spółka Akcyjna	ul. Postępu 15, 02-676 Warszawa
PEKAO SA	Bank Polska Kasa Opieki Spółka Akcyjna	ul. Żubra 1, 01-066 Warszawa
Alior Bank SA	Alior Bank Spółka Akcyjna	ul. Łopuszańska 38D, 02-232 Warszawa

Information

1. You have the right to withdraw your consent to the processing of personal data to the extent to which your consent applies. You can withdraw your consent at any time in a branch or by sending an e-mail to kontakt@pzu.pl or a letter to PZU, ul. Postępu 18a, 02-676 Warsaw. In accordance with the law, we may process your data until you withdraw your consent.
2. PZU Życie SA., for the purpose of enabling the insured party to remotely perform activities related to the contract of insurance, provides the mojePZU service. After taking out (entering the contract of) a group insurance, the insured party receives a one-time password and login to mojePZU. Using mojePZU is possible after logging in and accepting the Rules and Regulations of mojePZU by the insured party. The one-time password expires 3 days after its receipt. Once the one-time password expires, creating an account on mojePZU is possible according to the rules described on <https://moje.pzu.pl>. Using mojePZU is voluntary and free of charge.

Date

Signature of the person taking out the insurance 

Information on employment – to be completed by the policyholder (employment establishment)

Type of legal relationship linking the primary insured party and the policyholder:

☐ contract of employment ☐ contract for specific work ☐ contract for mandate ☐ other-which: _____

The primary insured party remains in a legal relationship with the policyholder since

Date _____ Seal of the policyholder _____ Signature and seal or legible signature of a person processing the insurance _____