



Policy number (Support for Your
Heart)
(to be completed by the insurance provider)

Policy number (Protection for Your
Child)
(to be completed by the insurance representative)

Policy number (Cancer
Support)
(to be completed by the insurance representative)

Declaration number (Support
for Your Heart)

Declaration number (Child Protection)

Declaration number (Cancer
support)

PZU Na Życie Plus group insurance and additional packages

Declaration of accession to insurance

I am joining as:

- Basic insured person (e.g. employee)
- Adult child of the primary insured
- Spouse of the primary insured
- Life partner of the primary insured person

Declaration of change of data

Fill in the section Data of the person joining the insurance, and in the other sections only the data that has changed.

Name of the insurer (employer):

- Faurecia Automotive Polska S.A.
- Faurecia Gorzów S.A.
- Faurecia Wałbrzych Limited Company
- Faurecia R&D Centre Limited

Employee ID _____

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

i 1. Fill in using BLOCK CAPITALS 2. Sign in the marked places 3. Enter the date in the format DD-MM-YYYY

Details of the person taking out the insurance

First name _____

Last name _____

Gender: female male

PESEL _____
(fill in if you have it)

Date of birth _____
(fill in if you do not have a PESEL number)

PoB _____ Nationality Polish and/or other – specify: _____
(fill in if you do not have a PESEL number)

Country of permanent residence _____

(fill in if different from Poland)

Contact details of the person taking out insurance

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

Email _____

Telephone number _____

Street _____ House number _____ Flat number _____

Town _____ Postcode _____ Post office _____

Country Poland Other – please specify: _____

Insurance option

 Information about the options can be found in the offer.

I choose PZU Na Życie Plus insurance:

Option I	Option II	Option III	Option IV
PLN 47.00	PLN 61.00	PLN 76.00	PLN 91.00

I choose PZU Na Życie Plus insurance (Additional Support for Your Heart package):

Option I
PLN 13

I choose PZU Na Życie Plus insurance (additional Child Protection package):

Option I	Option II
PLN 5	PLN 15

I choose PZU Na Życie Plus insurance (additional Cancer Support package):

Option I
PLN 17

Beneficiaries

 Enter the 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 filling in a declaration of change of details, enter all the persons you wish to appoint as beneficiaries (even if, for example, only one of the two persons specified in the previous declaration changes).

No.	Surname and first name / Name of entity	Personal identification number (PESEL) – if the beneficiary has one / Entity registration number (REGON)	Date and place of birth – if the beneficiary does not have a PESEL number	% of benefit
1				<input type="text"/> <input type="text"/> %
2				<input type="text"/> %
3				<input type="text"/> %

TOTAL 100%

Life partner details

 Fill in if you are not married but have a life partner. This will ensure that your partner is treated as your spouse, e.g. you will receive benefits after the death of their parents (if such benefits are included in your insurance coverage).

First name

Surname

PESEL
(fill in if your life partner has a PESEL number)

Date of birth
(fill in if your life partner does not have a PESEL number)

Place of birth Nationality
(fill in if your life partner does not have a PESEL number)

Polish and/or

other – specify:

Confirmation of basic insurance (employee)

 In this section, the employee (basic insured person) enters their details on the declaration for their child, spouse or life partner.

First name

Surname

PESEL

Date of marriage
(applies to spouse)

Date

Signature of the primary insured person 

Declarations of the person taking out insurance

Statements and consents we need to insure you

1. I wish to be covered by insurance with the sum insured

and under the terms and conditions specified in the contract, which were delivered to me before joining the insurance.

2. I consent to PZU Życie SA contacting entities providing medical services within the meaning of the provisions on medical activities, which have provided

me or my minor children with healthcare services, to provide information about my health and the health of my minor children as specified in Article 38(2) of the Act on Insurance and Reinsurance Activities, i.e. about: the reasons for hospitalisation and outpatient treatment, diagnostic tests performed during such hospitalisation and outpatient treatment and their results (excluding genetic tests), other health services provided, treatment results and autopsy results, if performed.

I also authorise PZU Życie SA to request the above entities to provide PZU Życie SA with copies of my medical records and medical records of my minor children. I consent to PZU Życie SA requesting the National Health Fund to provide data on the names and addresses of healthcare providers who provided me or my minor children with healthcare services in connection with the occurrence of an insured event. The above consents and authorisations are intended to enable PZU Życie SA to determine its liability and the amount of benefits in connection with the occurrence of an insured event. On the basis of the above consents and authorisations, PZU Życie SA is entitled to request the above-mentioned information, data and medical records also after my death or after the death of my minor children.

3. **On the date of signing the declaration of accession, I am not on sick leave, in hospital, hospice, chronic care facility, undergoing rehabilitation, and I have not been declared unfit for work or unfit for service by a decision of the competent authority.** This declaration is valid unless the insurance contract provides otherwise.
4. **Additional health declaration submitted by the SPOUSE, LIFE PARTNER and ADULT CHILD who, immediately prior to joining the insurance:**
 - 1) were not covered by any other group life insurance at PZU Życie SA, or
 - 2) were covered by such insurance for less than 12 months, or
 - 3) they were covered by such insurance for at least 12 months, but without continuous coverage

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

I declare that:

- a) I have never been diagnosed with any of the following diseases, nor am I currently undergoing diagnosis for any of their symptoms:
 - atherosclerosis, aortic aneurysm, pulmonary embolism, venous thrombosis, ischaemic heart disease (coronary artery disease), heart attack, valvular heart disease, atrial fibrillation,
 - transient ischaemic attack, intracranial haemorrhage, stroke, Alzheimer's disease, multiple sclerosis, epilepsy,
 - chronic obstructive pulmonary disease,
 - chronic renal failure,

Marketing consents

SEE WHAT YOU GAIN:

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

Tick the boxes below if you agree.

8. I consent to PZU Życie SA sharing my personal data to entities from the PZU Group, i.e.: PZU SA, PTE PZU SA, TFI PZU SA, PZU Pomoc SA, PZU Zdrowie SA, PZU CO SA, Link4 TU SA, PEKAO SA, Alior Bank SA, for their own marketing purposes, including profiling aimed at determining preferences or needs in terms of insurance products and other financial products, and presenting appropriate offers.

You will receive special offers, discounts and promotions for our insurance products by e-mail or SMS/MMS.

9. I agree to receive marketing information 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 SA marketing information via electronic means of communication (e-mail, SMS/MMS).

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

10. I agree to receive marketing information 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 SA marketing information via voice calls (telephone calls, IVR voice messages).

You will learn about interesting offers even after the contract has ended.

11. I consent to the processing of my personal data by PZU Życie SA for the purpose of providing me with marketing content regarding insurance products and other financial products when I do not have insurance with this company.

Information

1. You have the right to withdraw your consent to the processing of personal data within the scope of your consent. You can revoke your consent at any time at a branch or by sending an email to tokontakt@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 provides the mojePZU service to enable the insured to perform activities related to the contract remotely. The use of mojePZU is possible after logging in and accepting the mojePZU Terms and Conditions by the insured. An account on mojePZU can be created in accordance with the rules described on the website <https://moje.pzu.pl>. Use of mojePZU is voluntary and free of charge.

Date

Signature of the person joining



- **alcoholic liver disease, toxic liver damage, liver failure, chronic hepatitis, cirrhosis of the liver, chronic pancreatitis,**
- **diabetes (excluding gestational diabetes), rheumatoid arthritis, HIV infection,**

- b) **I have not been diagnosed with any malignant tumours in the last 10 years, nor am I currently undergoing diagnosis for symptoms of malignant tumours.**
- c) **In the last 10 years, I have not been a recipient of a liver, heart, kidney, lung or bone marrow transplant, nor am I awaiting such a transplant.**

PLEASE NOTE! If any of the above statements are not true in your case and you still proceed with the insurance, PZU Życie SA may refuse to provide you with benefits in accordance with Article 815 of the Civil Code.

This statement is valid unless the insurance contract provides otherwise.

5. Applies to the additional package Support for Your Heart: I declare that:

- 1) **Over the past 6 months, I have not been referred for diagnostics (excluding preventive examinations), hospitalisation, surgery or other medical treatment in connection with the following conditions: heart defects, heart valve defects, ischaemic heart disease, coronary artery disease, atherosclerosis, cardiac arrhythmia, heart attack, stroke, haemorrhage, obesity, diabetes;**
- 2) **I have not been diagnosed with or treated for any of the conditions listed in point 1) above in the last 5 years.**

6. Applies to the additional Cancer Support package: I declare that:

- 1) **In the last 6 months, I have not been recommended for diagnosis (excluding preventive examinations), hospitalisation, surgery or other medical treatment in connection with cancer;**
- 2) **I have not been diagnosed with or treated for cancer in the last 5 years.**
7. I declare that I have read the information on the processing of my personal data contained in the document provided to me, Information from the Personal Data Administrator (PZU Życie SA).

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

Abbreviated name of the company	Full name of the company	Registered office address
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	Powszechnie 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

Employment information – to be completed by the policyholder (employer)

Type of legal relationship between the primary insured and the policyholder:

employment contract contract for specific work contract of mandate other – specify: _____

The primary insured person has been in a legal relationship with the policyholder since _____ – _____ – _____



Date

Insurer's stamp

Signature and stamp or legible signature of the person handling the insurance