GENERAL TERMS
ADDITIONAL GROUP INSURANCE
IN THE EVENT OF A PERMANENT HEALTH DETRIMENT CAUSED BY A HEART ATTACK OR AN INTRACEREBRAL HAEMORRHAGE

The table below contains the general terms and conditions of supplementary group insurance in the event of a permanent health detriment to the insured due to a heart attack or an intracerebral haemorrhage, terms and conditions code TZGP55 (GTC) which govern the rules for exclusions
These provisions constitute a part of the GTC, and their indications are a result of the legal regulations (Article 17, section 1 of the Insurance and Reinsurance Act).

No.	Type of information	Record number
1.	Conditions for benefit payment	items 1-2 items 4-6 items 7-9 item 27 items 28-40 item 41
2.	Restrictions and exemptions of the facility's liability insurance granting the right to refuse or reduce the payment of benefits or to reduce them	items 1-2 item 6 items 24-25 item 26 item 41

Information about the insurance are available from:

WWW **at pzu.pl**

at the helpline 801 102 102
(charged according to the operator's tariff)

GENERAL CONDITIONS FOR SUPPLEMENTARY GROUP INSURANCE IN THE EVENT OF A PERMANENT HEALTH DETRIMENT CAUSED BY A HEART ATTACK OR AN INTRACEREBRAL HAEMORRHAGE

GTC code: TZGP55

The Board of Directors of PZU Życie SA established the general terms and conditions of additional group insurance in the event of a permanent health detriment to the insured due to a heart attack or an intracerebral haemorrhage by resolution no. UZ/202/2021 of 9 November 2021 (hereinafter referred to as the GTC).

These General Terms and Conditions shall enter into force on 01 December 2021 and shall apply to insurance agreements concluded from 1 January 2022.

The policyholder shall read the GTC carefully before concluding the contract and communicate the GTC to anyone who wishes to take out insurance.

Please read the GTC you have received from your policyholder carefully before you take out insurance.

GLOSSARY
– i.e. what do the terms actually mean

1. the GTC uses the following terminology:
1) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
2) **permanent health impairment** – is the irreversible structural damage to an organ, organ or system or the permanent impairment of its functions, which will not improve with treatment or rehabilitation;
3) **supplementary insurance** – the insurance agreement to which these GTC apply;
4) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
5) **stroke** – a stroke is a focal or generalised disorder of brain function of sudden offset caused exclusively by occlusion of the lumen of a cerebral vessel or interruption of its wall. We are only responsible for a stroke where:
   a) brain imaging studies unequivocally confirmed fresh vascular lesions or
   b) which was treated with thrombolytic therapy.
   Our cover under this insurance does not include a transient cerebral ischaemic attack (the so-called TIA) and a stroke with a non-vascular cause or that arose from trauma;
6) **heart attack** – which is the damage to part of the heart muscle as a result of acute ischaemia. We are only liable for such a myocardial infarction whose the diagnosis is confirmed by an increase or decrease in cardiac troponin levels, with at least one value above normal, and if at least one of the following criteria is met:
   a) clinical signs of myocardial ischaemia,
   b) new ischaemic changes in the ECG,
   c) new loss of viable myocardium on imaging studies or new regional systolic dysfunction, the location of which is consistent with an ischaemic aetiology,
   d) a thrombus in the coronary artery discovered through coronary angiography.
   We are also liable for a heart attack associated with a coronary artery procedure if imaging studies show a new loss of viable myocardium of a location consistent with an ischaemic aetiology, or coronary angiography shows complications of the procedure that restrict blood flow, and where cardiac troponin levels in the blood are found to be increased to the value of:
   a) 5 times the upper limit of normal for a heart attack associated with percutaneous coronary intervention, or
   b) 10 times the upper limit of normal for heat attack associated with coronary artery bypass grafting.

2. The other terms used in these GTC are defined in the general terms and conditions of the basic insurance – the same terms retain the same meaning.

OBJECT OF INSURANCE
– what do we insure

3. We insure your health.

SCOPE OF INSRUANCE AND THE BENEFIT AMOUNT
– which events do we pay for and what amounts

4. The additional cover includes the occurrence of a permanent injury to you as a result of a heart attack or stroke during the period of cover.
5. In the event that you suffer a permanent injury, we will pay a benefit for 1% of the permanent injury equal to the percentage of the sum insured specified in the policy and in the individual confirmation of insurance applicable as at the day of the heart attack or stroke.
6. The right to payment of the benefit is:
   1) a medical causal link between the heart attack or stroke and the death of the insured.
   2) maximum for 100% permanent injury due to a single heart attack or a single stroke.

SUM INSURED
– what is it, and where is it indicated

7. The sum insured is the amount which we use as the basis for determining the benefit due.
8. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
9. The sum insured does not change throughout the duration of the agreement. The sum insured is fixed, but may be changed by mutual agreement;

PREMIUM
– what does it depend on and when to pay it

10. Amount of the premium per the insured:
    1) it is fixed, but may be changed by mutual agreement;
    2) it depends on:
       a) the sum insured,
       b) benefit amount
       c) the number, age structure and gender of those who take out insurance, as well as the type of work they do.
11. The amount of the premium applicable to the additional insurance agreement is specified in the application for conclusion of the agreement as well as in the policy.
12. The policyholder pays us the premiums for the supplementary insurance on a monthly basis, together with the premium for the primary insurance.

TAKING OUT AND JOINING SUPPLEMENTARY INSURANCE
– i.e., How do we insure you

13. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.
14. The additional insurance may be joined by insured persons who joined the basic insurance.

DURATION OF SUPPLEMENTARY INSURANCE
– i.e., which period we take out the supplementary insurance for

15. The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

EXTENSION OF SUPPLEMENTARY INSURANCE
– what are the rules for extending supplementary insurance

16. Unless otherwise agreed by either party to the contract and provided that the primary insurance is in force, the supplementary insurance shall be automatically extended for the next policy year – under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.
17. Either party has the right to cancel the extension of the supplementary insurance, of which it shall notify the other party in writing. This must be done at the latest 30 days before the termination of this insurance.

WITHDRAWAL FROM SUPPLEMENTARY INSURANCE
– i.e. the conditions under which a policyholder may withdraw from the supplementary insurance

18. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.

19. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
20. If the policyholder withdraws from the additional insurance, this does not result in withdrawal from the primary insurance.

TERMINATION OF SUPPLEMENTARY INSURANCE
– i.e. the manner in which the policyholder can cancel the supplementary insurance

21. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
22. In the event the policyholder terminates the primary insurance, this results in the termination of the secondary insurance.
23. If the policyholder terminates the additional insurance, this does not result in termination of the primary insurance.

THE BEGINNING OF OUR PROTECTION
– When our insurance protection starts

24. Coverage under the supplementary insurance commences as described in the basic insurance.
25. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force.

THE CESSATION OF OUR PROTECTION
– czyli kiedy kończy się ubezpieczenie dodatkowe

26. The cover under the supplementary insurance ceases:
1) from the date of termination of cover under the primary insurance;
2) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
3) on the date of termination of cover under the supplementary insurance – if not renewed;
4) on the last day of the month in which you cancel the supplementary insurance;
5) at the end of the month of the supplementary insurance on the current terms and conditions, if you have not given the required consent to change the supplementary insurance;
6) as from the date of expiry of the notice period of the supplementary insurance;
7) as from the date on which the supplementary insurance is terminated.

PERSONS ENTITLED TO OBTAIN THE BENEFIT
– the person to whom the payment is due

27. In such case you have the right to receive the benefit.

PROVISION OF THE HEALTH BENEFIT
– when we pay the benefit

28. If you experience a heart attack or stroke, provide us with:
1) a request for payment of a benefit,
2) a medical documentation that confirms the occurrence of a heart attack or stroke.
29. If the documents provided are not sufficient to consider that you are entitled to a benefit payment and in what amount, we may ask you for other necessary documents.
30. He have the right to seek additional information by:
1) asking for the opinion of the doctor identified by us;
2) order medical examinations
– if such action are required.
31. We cover the costs of the doctor's opinion and the medical tests we order.
32. If the documents we have requested are in a language other than Polish, you must provide us with a Polish translation. This translation must be carried out by a sworn translator.
33. We decide on the payment of the benefit on the basis of the documentation provided.
34. We determine permanent damage to health if, from a medical point of view, the consequences of a heart attack or stroke are permanent and will not improve with treatment or rehabilitation, and we pay the full amount of the benefit.
35. In the event that is not possible to determine the final amount of permanent impairment, we determine the undisputed part of the impairment, i.e. the part that will not change regardless of further treatment and rehabilitation and pay the amount of the benefit to which there was no doubt. We make a final assessment of permanent health impairment no later than the 24th month after the heart attack or stroke.
36. A change in the amount of permanent health impairment after 24 months following a heart attack or stroke is not a basis for a change in benefit.
37. If, as a result of a heart attack or stroke, an organ, organ or system has been damaged that was already damaged before, the amount of permanent health impairment is determined as the difference between the state after the heart attack or stroke and the state immediately before the heart attack or stroke.

38. We determine the amount of permanent health impairment based on the Table of standards for the assessment of percentage of permanent health impairment. The table constitutes an appendix to the GTC.
39. When we determine the amount of permanent impairment, we do not take into account the type of work or activities you do.
40. We issue the benefit for the permanent damage to health caused by a heart attack or stroke in a single payment of the full amount due – subject to paragraphs 6 and 35.

FINAL PROVISIONS
– what other matters are important

41. Any matters not regulated by the supplementary insurance shall be subject to the general terms and conditions of basic insurance, the provisions of the Civil Code, the Act on Insurance and Reinsurance Activity and any other applicable laws.