INSURANCE PRODUCT INFORMATION DOCUMENT AND GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY GROUP INSURANCE AGAINST SERIOUS ONCOLOGICAL DISEASES OF THE INSURED PERSON – MEDICAL SERVICES

Insurance Product Information Document

SUPPLEMENTARY GROUP INSURANCE SUPPLEMENTARY GROUP INSURANCE AGAINST SERIOUS ONCOLOGICAL DISEASES OF THE INSURED PERSON – MEDICAL SERVICES

Terms and Conditions Code: CMGP56

Document version dated 22 November 2025

This document contains information about the insurance product. Full details of the insurance are set out in the other insurance documents, in particular in the General Terms and Conditions of the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person – Medical Services, Terms and Conditions Code: CMGP56 (the GTC). Before deciding whether to enter into the insurance contract, please read the GTC carefully. Definitions used in the GTC may differ from their commonly accepted meaning; therefore, please pay particular attention to them.
The conclusion of the contract is voluntary.

THIS DOCUMENT:

- is provided for information purposes only;
- does not form part of the insurance contract (the Contract);
- does not constitute an offer within the meaning of Article 66 of the Polish Civil Code;
- should not be relied upon as the sole basis for making a decision to enter into the Contract.

SUBJECT MATTER AND SCOPE OF COVER

We insure the health of the Insured Person.
The supplementary insurance covers the occurrence, during the cover period, of an insured event for which we have paid a benefit under the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person.

PRODUCT FEATURES – THE MAIN FEATURES OF OUR INSURANCE

If an insured event occurs for which we have paid a benefit under the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person, you will be entitled to use the medical services listed in the Appendix to these GTC. You may use the medical services until the applicable limit has been exhausted (as specified in the Appendix to these GTC), but for no longer than 24 months from the date of the decision confirming your entitlement to use the medical services.

The supplementary insurance may be taken out either at the same time as the principal insurance policy – PZU Na Życie Plus (PZU Na Życie Plus Group Insurance) or during its term, provided that the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person is taken out at the same time or is already in force.

ELIGIBILITY TO ENTER INTO THE CONTRACT AND PERSONS COVERED

The Supplementary Insurance is taken out by the Policyholder, who is responsible for paying the insurance premium.
The Supplementary Insurance is available to Insured Persons who have joined both the Principal Insurance and the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person.

DURATION OF THE CONTRACT

The Policyholder may enter into the supplementary insurance contract for a fixed term. The duration of the supplementary insurance is confirmed in the policy. If the supplementary insurance is taken out between policy anniversaries, our insurance cover will remain in force until the next policy anniversary.

TERRITORIAL SCOPE OF COVER

Insurance cover applies worldwide. Medical services ale provided at desugnated medical facilities in Poland

PAYMENT OF PREMIUMS

Premiums are paid by the Policyholder on a monthly basis together with the premium for the principal insurance policy.

COMMENCEMENT AND TERMINATION OF INSURANCE COVER

Cover under the Supplementary Insurance commences in accordance with the rules set out in the Principal Insurance and the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person.
Cover under the Supplementary Insurance shall commence only if cover under the Principal Insurance is in force.

Insurance cover under the supplementary insurance shall terminate:

- on the date cover under the Principal Insurance or the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person ends;
- on the date we receive the Policyholder's notice of withdrawal from the supplementary insurance;
- on the expiry date of the supplementary insurance cover, where it is not renewed;
- on the last day of the month in which you opt out of the supplementary insurance;
- at the end of the month during which the supplementary insurance remains in force on its existing terms and conditions, if you have not provided the required consent to a change in the supplementary insurance;
- on the date the notice period for termination of the supplementary insurance expires;
- on the date the supplementary insurance contract is terminated.

MAIN EXCLUSIONS AND LIMITATIONS OF INSURANCE COVER

No benefit will be payable in the following circumstances:

- if the same insured event occurs again after a benefit has already been paid in respect of a previous occurrence of that event;
- if the documents required to assess the validity of the claim are not provided, unless we are able to determine our liability or the amount of the benefit on the basis of other available evidence;
- if the insured event occurs before the commencement of our cover period.

In addition, we shall not be liable where the event concerned falls outside the scope of cover, does not meet the definition specified in the Contract, where our liability has ceased, or in any other circumstances specified in the GTC.

TERMINATION OF THE CONTRACT

The Policyholder may withdraw from the supplementary insurance contract within:

- 7 days of entering into the contract, if the Policyholder is a business undertaking;
- 30 days of entering into the contract, if the Policyholder is not a business undertaking.

After this period, the Policyholder may terminate the contract by giving written notice.
The Policyholder may elect not to renew the supplementary insurance by submitting a written declaration of non-renewal no later than 30 days before the expiry of the insurance period.

INSURANCE DISTRIBUTOR'S REMUNERATION

Under the proposed contract, the insurance distributor receives commission-based remuneration.

COMPLAINTS, GRIEVANCES AND APPEALS

1. A complaint, grievance or appeal may be submitted at any of our customer service offices.
2. A complaint, grievance or appeal may be made:
   1) in writing – in person or by post within the meaning of the Postal Law Act, for example by writing to: PZU Życie SA ul. Postępu 18A, 02-676 Warsaw (correspondence address only), or by submitting correspondence through a postal or delivery service provider operating within the European Union;
   2) in writing – by sending it to the electronic delivery address of PZU Życie SA within the meaning of the Electronic Deliveries Act: AE:PL-50066-37983-FBWRA-37, as registered in the electronic address database referred to in the Act on Electronic Delivery;
   3) verbally – by telephone, for example by calling our helpline on 801 102 102, or in person at one of our offices, in which case the submission will be recorded in a written report;
   4) electronically – by sending an email to reklamacje@pzu.pl or by completing the online form available at pzu.pl or www.moje. pzu.pl.

3. We will respond to any complaint or grievance as soon as possible and no later than 30 days from the date of receipt. In particularly complex cases, where it is not possible to provide a response within 30 days, we will inform you:
   1) of the reasons for the delay;
   2) of the circumstances that still need to be established in order to resolve the matter;
   3) of the revised deadline for our response, which shall not exceed 60 days from the date on which we received the complaint, grievance or appeal.
4. Responses to complaints, grievances or appeals will be provided to the person who submitted them:
   1) where the customer is a natural person, in writing; however, the response may be provided by electronic mail solely at the customer's request;
   2) where the customer is an entity other than that referred to in item 1, in writing or by means of another durable medium.
5. If, following the investigation of the complaint:
   1) we have not upheld the claims submitted; or
   2) we have upheld the claims but have failed to carry out, within the timeframe specified in our response, the actions we undertook to perform,

   – the individual who submitted the complaint may refer the matter to the Financial Ombudsman by submitting an application.
6. Complaints, grievances and appeals are considered by the organisational units responsible for the subject matter of the case.
7. Further information regarding complaints can be found in the Act on the Handling of Complaints by Financial Market Entities, the Financial Ombudsman and the Financial Education Fund, as well as in the Insurance Distribution Act.
8. We provide for the possibility of resolving disputes through out-of-court dispute resolution procedures.
9. For the purposes of the Act on Out-of-Court Consumer Dispute Resolution, the entity authorised to conduct out-of-court dispute resolution proceedings in relation to PZU Życie SA is the Financial Ombudsman. Financial Ombudsman's website: rf.gov.pl.
10. Where the Insured Person, the Policyholder, the Beneficiary or any entitled person is a consumer, they may also seek assistance from their municipal or district Consumer Ombudsman.
11. The language used by us in our dealings with consumers is Polish.
12. PZU Życie SA is supervised by the Polish Financial Supervision Authority (KNF).

The table below identifies the provisions of the General Terms and Conditions of the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person – Medical Services, Terms and Conditions Code CMGP56 (the GTC), which set out the principal terms of the insurance contract.
This information forms part of the GTC and is provided pursuant to statutory requirements (Article 17(1) of the Insurance and Reinsurance Activity Act).

No.	Type of information	Clause reference
1.	Conditions for benefit payment	Clauses 1–2 Clauses 4–6 Clause 28 Clauses 29–31 Clause 32
2.	Limitations and exclusions of the insurer's liability entitling it to refuse payment of benefits or to reduce the amount payable	Clauses 1–2 Clause 6 Clauses 25–26 Clause 27 Clause 32

GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY GROUP INSURANCE AGAINST SERIOUS ONCOLOGICAL DISEASES OF THE INSURED PERSON – MEDICAL SERVICES

GTC Code: CMGP56

The Management Board of PZU Życie SA adopted these General Terms and Conditions of the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person – Medical Services by Resolution No. UZ/165/2025 dated 14 October 2025 (hereinafter referred to as the GTC).

These GTC come into force on 22 November 2025 and apply to insurance contracts concluded from 1 December 2025 onwards.

Before entering into the insurance contract, the Policyholder should carefully review the GTC and provide a copy of the GTC to each person wishing to join the insurance scheme.

Before joining the insurance, please read carefully the GTC provided to you by the Policyholder.

GLOSSARY
– what the terms used in these GTC mean

1. In these GTC, we use the following terms:
1) **Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person** – the supplementary insurance specified by PZU Życie SA in the insurance contract, providing cover against serious oncological diseases of the insured person;
2) **Medical facility** – an outpatient clinic, doctor's surgery or laboratory providing medical services, a list of which is published on pzu.pl and is also available via the Medical Helpline (the number is provided in the decision confirming entitlement to medical services) and at each of our branches;
3) **Cover Period** – the period during which we are liable to the Insured Person under the supplementary insurance;
4) **Supplementary Insurance** – the insurance contract to which these GTC apply;
5) **Principal Insurance** – the PZU Na Życie Plus Group Insurance contract under which the Policyholder may take out the Supplementary Insurance;
6) **Medical services** – the services listed in the Appendix to these GTC.

2. Other terms used in these GTC are defined in the General Terms and Conditions of the Principal Insurance and the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person and have the same meanings in these GTC.

SUBJECT-MATTER INSURED
– what is insured

3. We insure your health.

SCOPE OF INSURANCE AND BENEFITS UNDER THE CONTRACT
– – the insured events for which you are entitled to medical services and how you may use them

4. The supplementary insurance covers the occurrence, during the cover period, of an insured event for which we have paid a benefit under the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person.

5. If an insured event occurs for which we have paid a benefit under the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person, you will be entitled to use the medical services listed in the Appendix to these GTC.

6. You may use the medical services until the applicable limit has been exhausted (as specified in the Appendix to these GTC), but for no longer than 24 months from the date of the decision confirming your entitlement to use the medical services.

PREMIUM
– – determination and payment of the premium

7. The premium for the Supplementary Insurance:
1) is fixed, although it may be changed by mutual agreement between the parties;
2) depends on the scope of insurance, the number, age and gender distribution of the persons joining the insurance, as well as the type of work they perform.

8. The amount of the premium for the Supplementary Insurance is specified in the application for insurance and in the policy.
9. The Policyholder pays premiums for the Supplementary Insurance on a monthly basis together with the premium for the Principal Insurance.

TAKING OUT AND JOINING THE SUPPLEMENTARY INSURANCE

– – how you become insured

10. The Supplementary Insurance may be taken out either at the same time as the Principal Insurance or during its term, provided that the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person is entered into simultaneously or is already in force with the Policyholder.
11. The Supplementary Insurance is available to Insured Persons who have joined the Principal Insurance and the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person. Before you join the supplementary insurance, we may ask you to complete a medical questionnaire.

DURATION OF THE SUPPLEMENTARY INSURANCE

– the period for which the Supplementary Insurance is taken out

12. The Policyholder may enter into the supplementary insurance contract for a fixed term. The duration of the supplementary insurance is confirmed in the policy. If the supplementary insurance is taken out between policy anniversaries, our insurance cover will remain in force until the next policy anniversary.

RENEWAL OF THE SUPPLEMENTARY INSURANCE

– – the rules governing renewal of the Supplementary Insurance

13. Unless either party decides otherwise and provided that both the Principal Insurance and the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person remain in force, the Supplementary Insurance shall be automatically renewed for the next policy year on the same terms. In such circumstances, you, as the Insured Person, are not required to submit a new application to join the insurance.
14. Either party may elect not to renew the Supplementary Insurance by giving written notice to the other party. Such notice must be given no later than 30 days before the expiry of the Supplementary Insurance.

WITHDRAWAL FROM THE SUPPLEMENTARY INSURANCE

– – the circumstances in which the Policyholder may withdraw from the Supplementary Insurance

15. Withdrawal from the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
16. If the Policyholder withdraws from the Principal Insurance, this shall automatically result in withdrawal from the Supplementary Insurance.
17. If the Policyholder withdraws from the Supplementary Insurance, this shall not result in withdrawal from the Principal Insurance.
18. If the Policyholder withdraws from the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person, this also constitutes withdrawal from the supplementary insurance.
19. If the Policyholder withdraws from the Supplementary Insurance, this does not constitute withdrawal from the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person.

TERMINATION OF THE SUPPLEMENTARY INSURANCE

– – how the Policyholder may terminate the Supplementary Insurance

20. Termination of the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
21. If the Policyholder terminates the Principal Insurance, this shall automatically result in termination of the Supplementary Insurance.
22. If the Policyholder terminates the Supplementary Insurance, this shall not result in termination of the Principal Insurance.
23. If the Policyholder terminates the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person, this also constitutes termination of the Supplementary Insurance.
24. If the policyholder terminates the Supplementary Insurance, this does not constitute termination of the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person.

COMMENCEMENT OF COVER

– – when your insurance cover begins

25. Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy.
26. Cover under the supplementary insurance will commence only if cover under both the Principal Insurance and the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person is in force.

TERMINATION OF COVER

– – when the Supplementary Insurance ends

27. Insurance cover under the supplementary insurance shall terminate:

1) on the date cover under the Principal Insurance or the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person ends;
2) on the date we receive the Policyholder's notice of withdrawal from the Supplementary Insurance;
3) on the expiry date of the Supplementary Insurance cover, where it is not renewed;
4) on the last day of the month in which you opt out of the Supplementary Insurance;
5) at the end of the month during which the Supplementary Insurance remains in force on its existing terms and conditions, where you have not provided the required consent to a change in the Supplementary Insurance;
6) on the date the notice period for termination of the Supplementary Insurance expires;
7) on the date the supplementary insurance contract is terminated.

PERSON ENTITLED TO THE BENEFIT

– who is entitled to the services

28. You are entitled to receive the medical services.

PAYMENT OF THE BENEFIT

– – how to start using the medical services

29. We determine your entitlement to use the medical services on the basis of the documentation you provide. An application for payment of a benefit under the Supplementary Group Insurance Against Serious Oncological Diseases of the Insured Person also constitutes an application for entitlement to benefits under this Supplementary Insurance.

30. Once you receive our decision confirming your entitlement to use the medical services, you may begin using those services.

31. To use the medical services, you arrange an appointment for the relevant medical service through us. You may do so using the available channels specified in the Appendix to these GTC.

FINAL PROVISIONS

– – other important information

32. In matters not governed by the Supplementary Insurance, the General Terms and Conditions of the Principal Insurance, the provisions of the Polish Civil Code, the Insurance and Reinsurance Activity Act, and any other applicable laws and regulations shall apply.

APPENDIX
TO THE GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY GROUP INSURANCE AGAINST SERIOUS ONCOLOGICAL DISEASES OF THE INSURED PERSON – MEDICAL SERVICES

Scope of medical services

HOW TO ARRANGE A MEDICAL SERVICE

Medical services may be arranged through:

our 24-hour helpline on 801 405 905 or +48 22 505 15 48 (charges apply in accordance with the operator's tariff).

SMS SERVICE

Confirmation of the date, time and location of the medical service by SMS.

MEDICAL SERVICE	LIMIT
PRIMARY AND SPECIALIST CARE	
Outpatient consultations Outpatient consultations are provided without the need for a referral. They take place at a medical facility and, depending on the relevant medical speciality, may include: – physical examination of the patient, – taking a medical history, – providing a diagnosis, – recommending appropriate treatment, – issuing e-prescriptions, electronic sick notes (e-ZLA) and referrals (including e-referrals) related to further diagnostic and therapeutic procedures. We do not arrange or cover the costs of consultations provided by doctors holding senior academic titles (including the academic degrees of doctor, habilitated doctor or the title of professor).	
Outpatient consultations in the field of: **1.** anaesthesiology, **2.** vascular surgery, **3.** general surgery, **4.** oncological surgery, **5.** internal medicine, **6.** dermatology, **7.** diabetology, **8.** endocrinology, **9.** physiotherapy, **10.** gastroenterology, **11.** gynaecology and obstetrics, **12.** haematology, **13.** cardiology, **14.** neurology, **15.** ophthalmology, **16.** oncology, **17.** trauma and orthopaedics, **18.** otolaryngology, **19.** psychiatry, **20.** psychology, **21.** pulmonology, **22.** medical rehabilitation, **23.** urology.	free of charge, 5 consultations – total limit for all consultations (including telemedicine consultations)

Telemedicine consultations

Telemedicine consultations are provided without the need for a referral. Consultations take place by telephone, via chat or video consultation and, depending on the relevant medical speciality, may include:

– taking a medical history,
– providing a diagnosis,
– recommending appropriate treatment,
– issuing e-prescriptions, electronic sick notes (e-ZLA) and referrals (including e-referrals) related to further diagnostic and therapeutic procedures.

Telemedicine consultations are available Monday to Friday from 7:00 a.m. to 10:00 p.m. Use of telemedicine consultations requires acceptance of the Telemedicine Provider's terms and conditions. We do not arrange or cover the costs of consultations provided by doctors holding senior academic titles (including the academic degrees of doctor, habilitated doctor or the title of professor).

Telemedicine consultations in the field of: **1.** general surgery, **2.** internal medicine, **3.** dermatology, **4.** diabetology, **5.** endocrinology, **6.** gastroenterology, **7.** gynaecology and obstetrics, **8.** cardiology, **9.** neurology, **10.** ophthalmology, **11.** oncology, **12.** trauma and orthopaedics, **13.** otolaryngology, **14.** psychology, **15.** pulmonology, **16.** urology	free of charge, 5 consultations – total limit for all consultations (including outpatient consultations)

LABORATORY DIAGNOSTICS

The procedures are performed at medical facilities designated by the service provider on the basis of a medical referral.

• alpha-fetoprotein (AFP), • CA 125 antigen, • CA 15-3 antigen, • CA 19-9 antigen (gastrointestinal cancer antigen). • carcinoembryonic antigen (CEA), • beta-human chorionic gonadotropin (β-hCG) blood test, • total prostate-specific antigen (tPSA).	free of charge, 8 procedures – total limit for all the procedures listed

DIAGNOSTIC IMAGING

The procedures are performed at medical facilities designated by the service provider on the basis of a medical referral.

Computed tomography (CT)

The insurance covers the cost of contrast medium.
The insurance does not cover CT angiography (CT angiogram), spiral CT, cone beam CT (CBCT), CT virtual colonoscopy, high-resolution CT (HRCT), Heidelberg Retina Tomography (HRT), optical coherence tomography (OCT), scanning laser OCT (SL-OCT) or cardiac CT.

• whole spine CT, • head CT, • abdominal CT, • chest CT, • pelvic bone CT, • lumbar spine CT, • thoracic spine CT, • cervical spine CT, • laryngeal CT, • pelvic CT, • wrist CT, • orbital CT, • temporal bone CT, • lower leg CT, • forearm CT • pituitary gland CT,	free of charge, 1 procedure – total limit for all the procedures listed (CT and MRI)

• upper arm CT, • hand CT, • hip joint CT, • knee joint CT, • elbow joint CT, • shoulder joint CT, • ankle joint CT, • foot CT, • neck CT, • thigh CT, • paranasal sinus CT	free of charge, 1 procedure – total limit for all the procedures listed (CT and MRI)
Magnetic resonance imaging (MRI) The insurance covers the cost of contrast medium. The insurance does not cover MR angiography (MRA), MR enterography (MRE), or cardiac MRI.	
• whole spine MRI, • head MRI, • abdominal MRI, • chest MRI, • pelvic bone MRI, • lumbar spine MRI, • thoracic spine MRI, • cervical spine MRI, • pelvic MRI, • wrist MRI, • orbital MRI, • petrous temporal bone MRI, • lower leg MRI, • forearm MRI, • pituitary gland MRI, • upper arm MRI, • hand MRI, • hip joint MRI, • knee joint MRI, • elbow joint MRI, • shoulder joint MRI, • ankle joint MRI, • foot MRI, • thigh MRI, • paranasal sinus MRI,	free of charge, 1 procedure – total limit for all the procedures listed (CT and MRI)
SPECIALIST DIAGNOSTICS The procedures are performed at medical facilities designated by the service provider on the basis of a medical referral.	
Endoscopic examinations The insurance does not cover the cost of a CD recording of the examination.	
• gastroscopy without biopsy, • gastroscopy with biopsy for histopathological examination, • colonoscopy without biopsy, • colonoscopy with biopsy for histopathological examination, • rectoscopy without biopsy, • rectoscopy with biopsy for histopathological examination, • sigmoidoscopy without biopsy, • sigmoidoscopy with biopsy for histopathological examination,	free of charge, 2 procedures – total limit for all the procedures listed
OUTPATIENT REHABILITATION Rehabilitation procedures are performed at medical facilities designated by the service provider on the basis of a referral from a physician or physiotherapist.	
Physical therapy procedures	
• hot/cold hydrocollator therapy, • kinesiology taping (dynamic taping; excluding the cost of materials).	free of charge, 80 procedures – total limit for all outpatient rehabilitation procedures

Kinesiotherapy procedures	
• active-assisted exercises with reduced weight-bearing, • active free exercises, • zctive resisted exercises, • active-passive and assisted exercises, • isometric exercises, • general conditioning exercises, • pneumatic massage, • full dry massage, • partial dry massage, • neuromuscular re-education techniques, • fascial therapy.	free of charge, 80 procedures – total limit for all outpatient rehabilitation procedures