



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



SUPPLEMENTARY GROUP INSURANCE AGAINST SERIOUS ONCOLOGICAL DISEASES OF THE INSURED PERSON

Terms and Conditions Code: COGP56

Document version dated 22 November 2025

This document contains information about the insurance product. Full details of the insurance are provided in other documents, in particular in the General Terms and Conditions of the Supplementary Group Insurance against Serious Oncological Diseases of the Insured Person, Terms and Conditions Code: COGP56 (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 scope of the insurance covers the occurrence, during the cover period, of an insured event affecting the insured person that meets our definition set out in the Appendix to the GTC.

PRODUCT FEATURES – THE MAIN FEATURES OF OUR INSURANCE

In the event of the Insured Person suffering a serious oncological disease, we will pay the Insured Person a benefit equal to the percentage of the Sum Insured applicable on the date of occurrence of the insured event, as specified in the policy and the individual certificate of insurance.

The Supplementary Insurance may be taken out either at the same time as the Principal Insurance (PZU Na Życie Plus Group Insurance) or during its term.

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 the Principal Insurance.

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.

PAYMENT OF PREMIUMS

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

Powszechny Zakład Ubezpieczeń na Życie Spółka Akcyjna, District Court for the Capital City of Warsaw, 13th Commercial Division, KRS [National Court Register Number] 30211, NIP [Tax Identification Number] 527-020-60-56, share capital: PLN 295,000,000.00 paid in full, Rondo Ignacego Daszyńskiego 4, 00-843 Warsaw, pzu.pl, helpline: 801 102 102 (charge according to the operator's tariff)

COMMENCEMENT AND TERMINATION OF INSURANCE COVER

Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy. 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 terminates;
- 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, Terms and Conditions Code COGP56 (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).

Item	Type of information	Clause reference
1.	Conditions for benefit payment	Clauses 1–2 Clauses 4–5 Clauses 13–15 Clause 33 Clauses 34–39 Clause 40
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 Clauses 6–10 Clauses 11–12 Clauses 30–31 Clause 32 Clause 40

Further information about the insurance is available:

 at pzu.pl



or by calling our helpline on 801 102 102
(charge according to the operator's tariff)

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



GTC Code: COGP56

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 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) **Cover Period** – the period during which we are liable to the Insured Person under the supplementary insurance;
 - 2) **Diagnostic and Therapeutic Procedure** – a medical process consisting of a medical history, physical examination of the patient and any additional diagnostic investigations required to establish a diagnosis, or any medical treatment provided for therapeutic purposes;
 - 3) **Supplementary Insurance** – the insurance contract to which these GTC apply;
 - 4) **Principal Insurance** – the PZU Na Życie Plus Group Insurance contract under which the Policyholder may take out the Supplementary Insurance.
2. Other terms used in these GTC are defined in the General Terms and Conditions of the Principal Insurance and shall have the same meaning when used in these GTC.

SUBJECT-MATTER INSURED

– what is insured

3. We insure your health.

SCOPE OF COVER AND BENEFIT AMOUNT

– the events for which we will pay a benefit and the amount payable

4. The scope of the supplementary insurance covers the occurrence, during the cover period, of an insured event affecting you that meets our definition set out in the Appendix to these GTC.
5. If you suffer an event specified in the Appendix to these GTC, we will pay you a benefit equal to the percentage of the Sum Insured applicable on the date the event occurs, as specified in the policy and in the individual certificate of insurance.

EXCLUSIONS OF COVER

– the circumstances in which no benefit will be payable

6. Our liability does not extend to any event specified in the Appendix to these GTC if the event occurred:
 - 1) as a result of acts of war;
 - 2) as a result of the Insured Person's active participation in acts of terrorism or civil unrest;
 - 3) as a result of the Insured Person committing or attempting to commit an act constituting an intentional criminal offence;
 - 4) as a result of a road traffic accident where the Insured Person was driving a vehicle:
 - a) without the driving licence or other authorisation required by law; or
 - b) after consuming alcohol or while under the influence of alcohol, within the meaning of the Act on Upbringing in Sobriety and Counteracting Alcoholism; or

- c) after using narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances within the meaning of the Act on Counteracting Drug Addiction, provided that any of these circumstances contributed to the occurrence of the road traffic accident;
- 5) where the Insured Person was under the influence of alcohol, within the meaning of the Act on Upbringing in Sobriety and Counteracting Alcoholism, or had used narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances within the meaning of the Act on Counteracting Drug Addiction, provided that any of these circumstances contributed to the occurrence of the insured event;
- 6) as a result of self-inflicted injury or an attempted suicide by the Insured Person;
- 7) directly as a result of poisoning caused by alcohol consumed or by the use of narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances, within the meaning of the Act on Counteracting Drug Addiction;
- 8) as a result of an accident that occurred before the beginning of the cover period.
- 7. Our liability also excludes any event specified in the Appendix to these GTC that occurred, or in respect of which a diagnostic and therapeutic procedure had commenced, during the three-year period preceding the commencement of the cover period. This exclusion does not apply to Clause 6.
- 8. The exclusion referred to in Clause 7 does not apply:
 - 1) where the diagnostic and therapeutic procedure commenced and was completed before the Insured Person reached the age of 18; or
 - 2) where there is no causal relationship between the previous occurrence and the current occurrence of the same event.
- 9. In the case of malignant cancer, only one benefit shall be payable, irrespective of the location, number or type of malignant tumours.
- 10. Once a benefit has been paid in respect of a particular event specified in the Appendix to these GTC, our cover in respect of that event shall cease.

WAITING PERIOD

– the period following your enrolment in the Supplementary Insurance during which our liability is excluded or limited

- 11. We shall not be liable during the first 90 days following your enrolment in the Supplementary Insurance.
- 12. We shall be liable if the insured event results from an accident that occurred during the first 90 days following your enrolment in the Supplementary Insurance, subject to the exclusions set out in Clause 6.

AMOUNT INSURED

– definition and amount

- 13. The Sum Insured is the amount used as the basis for calculating the benefit payable.
- 14. The amount of the Sum Insured is specified in the policy and in the individual certificate of insurance.
- 15. The Sum Insured remains unchanged throughout the term of the insurance contract. The Sum Insured may be changed by mutual agreement between the parties.

PREMIUM

– determination and payment of the premium

- 16. The premium for the Supplementary Insurance:
 - 1) reflects the waiting periods applicable under the Supplementary Insurance;
 - 2) is fixed, although it may be changed by mutual agreement between the parties;
 - 3) depends on:
 - a) the Sum Insured;
 - b) the scope of insurance;
 - c) the amount of the benefit;
 - d) the number of persons joining the insurance, their age and gender profile, and the nature of the work they perform.
- 17. The amount of the premium for the Supplementary Insurance is specified in the application for insurance and in the policy.
- 18. 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

- 19. The Supplementary Insurance may be taken out either at the same time as the Principal Insurance or during its term.
- 20. The Supplementary Insurance is available to Insured Persons who have joined the Principal Insurance. 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

21. 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

22. Unless either party decides otherwise, and provided that the Principal Insurance remains in force, the Supplementary Insurance shall be automatically renewed for a further policy year on the same terms and conditions. In such circumstances, you, as the Insured Person, are not required to submit a new application to join the insurance.
23. 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

24. Withdrawal from the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
25. If the Policyholder withdraws from the Principal Insurance, this shall automatically result in withdrawal from the Supplementary Insurance.
26. If the Policyholder withdraws from the Supplementary Insurance, this shall not result in withdrawal from the Principal Insurance.

TERMINATION OF THE SUPPLEMENTARY INSURANCE

– how the Policyholder may terminate the Supplementary Insurance

27. Termination of the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
28. If the Policyholder terminates the Principal Insurance, this shall automatically result in termination of the Supplementary Insurance.
29. If the Policyholder terminates the Supplementary Insurance, this shall not result in termination of the Principal Insurance.

COMMENCEMENT OF COVER

– when your insurance cover begins

30. Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy.
31. Cover under the Supplementary Insurance shall commence only if cover under the Principal Insurance is in force.

TERMINATION OF COVER

– when the Supplementary Insurance ends

32. Insurance cover under the supplementary insurance shall terminate:
- 1) on the date cover under the Principal Insurance terminates;
 - 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 receive the benefit

33. You are entitled to receive the benefit.

PAYMENT OF THE BENEFIT

– when we will pay the benefit

34. If you experience an insured event specified in the Appendix to these Terms and Conditions, please provide us with:
- 1) a completed benefit claim form;

- 2) medical documentation confirming the occurrence of the insured event;
 - 3) documentation confirming the circumstances of the accident, where the insured event resulted from an accident;
 - 4) the hospital discharge summary, where you have been hospitalised.
35. We may also:
- 1) request a medical opinion from a doctor appointed by us;
 - 2) require you to undergo medical examinations, where this is necessary to determine our liability.
36. We will bear the cost of any medical opinion or medical examinations that we request.
37. If the documents you provide are insufficient for us to determine your entitlement to the benefit, we may ask you to submit any additional documents required.
38. If any documents requested by us are in a language other than Polish, you must provide a Polish translation prepared by a sworn translator.
39. Our decision on payment of the benefit will be based on the documentation provided.

FINAL PROVISIONS

– – other important information

40. 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

Insured events covered under this insurance and the date on which an insured event is deemed to have occurred:

- 1) **Benign brain tumour** – a benign intracranial tumour of the brain, meninges or intracranial portions of the cranial nerves.
We shall provide cover only where the benign brain tumour has been diagnosed on the basis of brain imaging or histopathological examination and has been removed or, where removal of the tumour was not possible, neurological deficits have been confirmed. Our cover does not extend to cysts, granulomas, vascular malformations, cerebral haematomas or pituitary tumours. The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
 - a) brain imaging was performed or a specimen was obtained for the examinations referred to above, confirming the benign brain tumour; and
 - b) the treatment referred to above was carried out or the neurological deficits referred to above were confirmed.
- 2) **Benign spinal cord tumour** – a benign intradural tumour of the spinal cord or spinal meninges. We shall provide cover only where the benign spinal cord tumour has been diagnosed on the basis of imaging or histopathological examination and has been removed or, where removal of the tumour was not possible, neurological deficits have been confirmed.
Our cover does not extend to cysts, granulomas, vascular malformations or spinal cord haematomas.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
 - a) imaging was performed or a specimen was obtained for the examinations referred to above, confirming the benign spinal cord tumour; and
 - b) the treatment referred to above was carried out or the neurological deficits referred to above were confirmed.
- 3) **Malignant tumour** – uncontrolled proliferation of malignant cells capable of invading and destroying surrounding tissues and forming distant metastases, diagnosed on the basis of histopathological examination. We shall also provide cover for metastatic malignant cancer where no specimen has been obtained for histopathological examination, provided that the clinical presentation and diagnostic investigations clearly confirm the malignant nature of the neoplastic process.
Our cover does not extend to:
 - a) cutaneous melanoma staged as T1aN0M0 according to the TNM classification, or any skin cancer, including cutaneous lymphoma;
 - b) papillary thyroid carcinoma staged as T1aN0M0 according to the TNM classification;
 - c) prostate cancer with a Gleason score of 6 or classified as ISUP Grade Group 1;
 - d) cervical cancer and cervical dysplasia classified as CIN1, CIN2 or CIN3;
 - e) Hodgkin lymphoma classified as Stage I;
 - f) malignant cancers classified as pre-invasive (carcinoma in situ);
 - g) malignant cancers associated with AIDS or HIV infection;
 - h) tumours of borderline malignancy, tumours of low malignant potential, non-invasive tumours, dysplasia and benign tumours.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the specimen for histopathological examination was obtained.