INSURANCE PRODUCT INFORMATION DOCUMENT AND GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY GROUP INSURANCE AGAINST INFECTIOUS DISEASE OF THE INSURED PERSON

Insurance Product Information Document

SUPPLEMENTARY GROUP INSURANCE AGAINST INFECTIOUS DISEASE OF THE INSURED PERSON

Terms and Conditions Code: CZGP56

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 Infectious Disease of the Insured Person, Terms and Conditions Code: CZGP56 (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 contracting an infectious 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 in 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, provided that the Supplementary Group Insurance against Serious Illness 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 Illness 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.

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 terms set out in the principal insurance policy. Cover under the Supplementary Insurance will commence only if cover under both the Principal Insurance and the Supplementary Group Insurance against Serious Illness of the Insured Person 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 Illness 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;
- the occurrence of the infectious disease 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 Infectious Disease of the Insured Person, Terms and Conditions Code CZGP56 (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 4–5 Clauses 12–14 Clause 36 Clauses 37–42 Clause 43
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 6–9 Clauses 10–11 Clauses 33–34 Clause 35 Clause 43

Further information about the insurance is available:

WWW **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 INFECTIOUS DISEASE OF THE INSURED PERSON

GTC Code: CZGP56

The Management Board of PZU Życie SA adopted these General Terms and Conditions of the Supplementary Group Insurance against Infectious Disease 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) **Supplementary Group Insurance against Serious Illness of the Insured Person** – the supplementary insurance specified by PZU Życie SA in the insurance contract, providing cover against serious illness of the insured person;
2) **Cover Period** – the period during which we are liable to the Insured Person under the supplementary insurance;
3) **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;
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.

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 Illness of the Insured Person and shall have the same meaning 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 cover an insured event if the insured 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) 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;
5) as a result of self-inflicted injury or an attempted suicide by the Insured Person;

6) 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;
7) as a result of an accident that occurred before the beginning of the cover period.

7. Our liability does not cover the insured events listed in the Appendix to these GTC if they occurred, or if diagnostic or therapeutic procedures in relation to them were initiated for the Insured Person, within the period of 3 years before 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 infectious disease.

9. 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

10. We shall not be liable during the first 90 days following your enrolment in the Supplementary Insurance.

11. 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

12. The Sum Insured is the amount used as the basis for calculating the benefit payable.

13. The amount of the Sum Insured is specified in the policy and in the individual certificate of insurance.

14. 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

15. 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.

16. The amount of the premium for the Supplementary Insurance is specified in the application for insurance and in the policy.

17. 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

18. 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 Diseases of the Insured Person is entered into simultaneously or is already in force with the Policyholder.

19. The Supplementary Insurance is available to Insured Persons who have joined both the Principal Insurance and the Supplementary Group Insurance against Serious Illness of the Insured Person.

DURATION OF THE SUPPLEMENTARY INSURANCE

– – the period for which the Supplementary Insurance is taken out

20. 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

21. Unless either party decides otherwise, and provided that both the Principal Insurance and the Supplementary Group Insurance against Serious Diseases of the Circulatory System of the Insured Person remain 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.
22. 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

23. Withdrawal from the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
24. If the Policyholder withdraws from the Principal Insurance, this shall automatically result in withdrawal from the Supplementary Insurance.
25. If the Policyholder withdraws from the Supplementary Insurance, this shall not result in withdrawal from the Principal Insurance.
26. If the Policyholder withdraws from the Supplementary Group Insurance against Serious Illness of the Insured Person, this also constitutes withdrawal from the Supplementary Insurance.
27. If the Policyholder withdraws from the Supplementary Insurance, this does not constitute withdrawal from the Supplementary Group Insurance against Serious Illness of the Insured Person.

TERMINATION OF THE SUPPLEMENTARY INSURANCE
– – how the Policyholder may terminate the Supplementary Insurance

28. Termination of the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
29. If the Policyholder terminates the Principal Insurance, this shall automatically result in termination of the Supplementary Insurance.
30. If the Policyholder terminates the Supplementary Insurance, this shall not result in termination of the Principal Insurance.
31. If the Policyholder terminates the Supplementary Group Insurance against Serious Illness of the Insured Person, this also constitutes termination of the Supplementary Insurance.
32. If the Policyholder terminates the Supplementary Insurance, this does not constitute termination of the Supplementary Group Insurance against Serious Illness of the Insured Person.

COMMENCEMENT OF COVER
– – when your insurance cover begins

33. Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy.
34. Cover under the Supplementary Insurance will commence only if cover under both the Principal Insurance and the Supplementary Group Insurance against Serious Illness of the Insured Person is in force.

TERMINATION OF COVER
– – when the Supplementary Insurance ends

35. Insurance cover under the supplementary insurance shall terminate:
1) on the date cover under the Principal Insurance or the Supplementary Group Insurance against Serious Illness 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 receive the benefit

36. You are entitled to receive the benefit.

PAYMENT OF THE BENEFIT

– – when we will pay the benefit

37. 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.

38. 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.

39. We will bear the cost of any medical opinion or medical examinations that we request.

40. 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.

41. If any documents requested by us are in a language other than Polish, you must provide a Polish translation prepared by a sworn translator.

42. Our decision on payment of the benefit will be based on the documentation provided.

FINAL PROVISIONS

– – other important information

43. 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 INFECTIOUS DISEASE OF THE INSURED PERSON

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

1) **Lyme arthritis** – an infectious disease caused by spirochetes of the Borrelia genus, characterised by inflammation of the joints.
   We shall provide cover only for Lyme arthritis diagnosed on the basis of a test identifying its causative pathogen and in the course of which acute inflammation of at least one joint has been confirmed.
   The date of occurrence of the insured event shall be the date on which, according to the medical records, Lyme arthritis was diagnosed in the manner described above.
2) **Brucellosis** – an infectious disease caused by bacteria of the Brucella genus.
   We shall provide cover only for brucellosis diagnosed on the basis of a test identifying its causative pathogen and in the course of which:
   a) hospitalisation was required; or
   b) involvement of the musculoskeletal system or the nervous system was confirmed.
   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) brucellosis was diagnosed in the manner described above; and
   b) hospitalisation was required or one of the above complications of brucellosis was confirmed.
3) **Cholera** – an infectious disease caused by the cholera bacterium (Vibrio cholerae).
   We shall provide cover only for cholera diagnosed on the basis of a test identifying its causative pathogen and in the course of which hospitalisation was required.
   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) cholera was diagnosed in the manner described above; and
   b) hospitalisation was required.
4) **Typhoid fever** – an infectious disease caused by Salmonella typhi. We shall provide cover only for typhoid fever diagnosed on the basis of a test identifying its causative pathogen and in the course of which hospitalisation was required.
   Our cover does not include asymptomatic carriage of Salmonella typhi or Salmonella paratyphi.
   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) typhoid fever was diagnosed in the manner described above; and
   b) hospitalisation was required.
5) **Chikungunya fever** – an infectious disease caused by the chikungunya virus.
   We shall provide cover only for chikungunya fever diagnosed on the basis of a test identifying its causative pathogen and in the course of which hospitalisation was required.
   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) chikungunya fever was diagnosed in the manner described above; and
   b) hospitalisation was required.
6) **Dengue fever** – an infectious disease caused by the dengue virus.
   We shall provide cover only for dengue fever diagnosed on the basis of a test identifying its causative pathogen and in the course of which hospitalisation was required.
   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) dengue fever was diagnosed in the manner described above; and
   b) hospitalisation was required.
7) **Ebola fever** – an infectious disease caused by the Ebola virus.
   We shall provide cover only for Ebola virus disease diagnosed on the basis of a test identifying its causative pathogen and in the course of which hospitalisation was required.
   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) Ebola virus disease was diagnosed in the manner described above; and
   b) hospitalisation was required.
8) **Lassa fever** – an infectious disease caused by the Lassa virus.
   We shall provide cover only for Lassa fever diagnosed on the basis of a test identifying its causative pathogen and in the course of which hospitalisation was required.
   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) Lassa fever was diagnosed in the manner described above; and
   b) hospitalisation was required.
9) **Marburg virus disease** – an infectious disease caused by the Marburg virus.
   We shall provide cover only for Marburg virus disease diagnosed on the basis of a test identifying its causative pathogen and in the course of which hospitalisation was required.

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) Marburg virus disease was diagnosed in the manner described above; and
b) hospitalisation was required.

10) **Q fever** – an infectious disease caused by the bacterium Coxiella burnetii.
We shall provide cover only for Q fever diagnosed on the basis of a test identifying its causative pathogen and in the course of which hospitalisation was required.
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) Q fever was diagnosed in the manner described above; and
b) hospitalisation was required.
11) **West Nile fever** – an infectious disease caused by the West Nile virus.

We shall provide cover only for West Nile fever diagnosed on the basis of a test identifying its causative pathogen and in the course of which hospitalisation was required.
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) West Nile fever was diagnosed in the manner described above; and
b) hospitalisation was required.

12) **Leptospirosis** – an infectious disease caused by bacteria of the Leptospira genus.
We shall provide cover only for leptospirosis diagnosed on the basis of a test identifying its causative pathogen and in the course of which hospitalisation was required.
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) leptospirosis was diagnosed in the manner described above; and
b) hospitalisation was required.
13) **Amoebiasis (amoebic dysentery)** – an infectious disease caused by Entamoeba histolytica. We shall provide cover only for amoebiasis diagnosed on the basis of a test identifying its causative pathogen and in the course of which hospitalisation was required.
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) amoebiasis was diagnosed in the manner described above; and
b) hospitalisation was required.
14) **Schistosomiasis** – an infectious disease caused by parasitic flukes of the Schistosoma genus.
We shall provide cover only for schistosomiasis diagnosed on the basis of a test identifying its causative pathogen and in the course of which hospitalisation was required.
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) schistosomiasis was diagnosed in the manner described above; and
b) hospitalisation was required.
15) **Shigellosis** – an infectious disease caused by bacteria of the Shigella genus.
We shall provide cover only for shigellosis diagnosed on the basis of a test identifying its causative pathogen and in the course of which hospitalisation was required.
Our cover does not include asymptomatic carriage of Shigella bacteria.
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) shigellosis was diagnosed in the manner described above; and
b) hospitalisation was required.
16) **African trypanosomiasis (sleeping sickness)** – an infectious disease caused by the protozoa Trypanosoma brucei gambiense and Trypanosoma brucei rhodesiense.
We shall provide cover only for African trypanosomiasis diagnosed on the basis of a test identifying its causative pathogen and in the course of which hospitalisation was required.
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) African trypanosomiasis was diagnosed in the manner described above; and
b) hospitalisation was required.

17) **Trichinellosis** – an infectious disease caused by nematodes of the Trichinella genus.
We shall provide cover only for trichinellosis diagnosed on the basis of a test identifying its causative pathogen and in the course of which hospitalisation was required.
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) trichinellosis was diagnosed in the manner described above; and
b) hospitalisation was required.

18) **Malaria** – an infectious disease caused by Plasmodium parasites.
We shall provide cover only for malaria diagnosed on the basis of a test identifying its causative pathogen and in the course of which hospitalisation was required.
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) malaria was diagnosed in the manner described above; and
b) hospitalisation was required.

19) **Yellow fever** – an infectious disease caused by a virus of the Flaviviridae family.
We shall provide cover only for yellow fever diagnosed on the basis of a test identifying its causative pathogen and in the course of which hospitalisation was required.
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) yellow fever was diagnosed in the manner described above; and
b) hospitalisation was required.