INSURANCE PRODUCT INFORMATION DOCUMENT AND GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY GROUP HOSPITAL TREATMENT INSURANCE FOR THE INSURED PERSON PLUS

Insurance Product Information Document

SUPPLEMENTARY GROUP HOSPITAL TREATMENT INSURANCE FOR THE INSURED PERSON PLUS

Terms and Conditions Code: LPGP56

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 Hospital Treatment Insurance for the Insured Person Plus, Terms and Conditions Code: LPGP56 (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 Supplementary Insurance covers, depending on the option selected by the Policyholder, the following insured events occurring during the period of insurance:

- hospital stay resulting from
  - an accident,
  - a traffic accident;
  - an occupational accident;
  - a myocardial infarction or stroke;
- stay in an intensive care unit;
- convalescence, provided that your hospital stay lasted for at least 14 days

and we have paid a benefit in respect of your hospital stay under the Supplementary Group Hospital Treatment Insurance for the Insured Person;

- stay in a psychiatric ward;
- stay in a rehabilitation ward;
- stay in a sanatorium.

PRODUCT FEATURES – THE MAIN FEATURES OF OUR INSURANCE

Depending on the scope of cover under the insurance contract:

1. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of the hospital stay resulting from an accident (provided that the hospital stay lasted continuously for at least 4 days), during the first 14 days of such hospital stay, provided that the hospital stay commenced no later than 12 months after the date of the accident.
2. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of the hospital stay resulting from a traffic accident (provided that the hospital stay lasted continuously for at least 4 days), during the first 14 days of such hospital stay, provided that the hospital stay commenced no later than 12 months after the date of the traffic accident.
3. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of the hospital stay resulting from an occupational accident (provided that the hospital stay lasted continuously for at least 4 days), during the first 14 days of such hospital stay, provided that the hospital stay commenced no later than 12 months after the date of the occupational accident.
4. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of the hospital stay resulting from a myocardial infarction or stroke (provided that the hospital stay lasted continuously for at least 4 days), during the first 14 days of such hospital stay, provided that the hospital stay:
   - is your first hospital stay resulting from that myocardial infarction or stroke; and
   - commenced no later than 12 months after the date of the myocardial infarction or stroke.
5. If you stay in an intensive care unit, we shall pay a one-off benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance.

6. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of convalescence.
7. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of your stay in a psychiatric ward (provided that the stay in the psychiatric ward lasted continuously for at least 4 days).
8. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of your stay in a rehabilitation ward (provided that the stay in the rehabilitation ward lasted continuously for at least 4 days). Our cover applies to stay in a rehabilitation ward due to an illness or an accident, provided that such stay commenced no later than 12 months after the end of the Insured Person's hospital stay for which we paid a benefit under the Supplementary Group Hospital Treatment Insurance for the Insured Person, and that it was related, as applicable, to the same illness or the same accident.
9. If you stay in a sanatorium, we shall pay a one-off benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance (provided that the stay in the sanatorium lasted continuously for at least 7 days). Our cover applies to stay in a sanatorium due to an illness or an accident, based on a referral issued no later than 12 months after the end of the Insured Person's hospital stay for which we paid a benefit under the Supplementary Group Hospital Treatment Insurance for the Insured Person, and that was related, as applicable, to the same illness or the same accident. A health resort hospital shall also be deemed to be a sanatorium.

During each 12-month period between policy anniversaries, we shall pay a maximum of:
- 365 days of hospital stay;
- 30 days of stay in a psychiatric ward;
- 30 days of stay in a rehabilitation ward;
- 90 days of convalescence;
- one benefit for stay in a sanatorium.

If you stay in a hospital or an intensive care unit during the period of convalescence, we shall pay, at your option, either:
- the benefit for the hospital stay and the stay in an intensive care unit (if you stayed in an intensive care unit); or
- the benefit for convalescence.

– at your option.

You shall make your choice by submitting a claim for payment of:
- the benefit for the hospital stay and the stay in an intensive care unit (if you stayed in an intensive care unit); or
- the benefit for convalescence.

The amount of the benefit shall be determined on the basis of the Sum Insured applicable, as appropriate, on the date of the hospital stay, the date on which the stay in an intensive care unit commenced, the date of convalescence, the date of the stay in a psychiatric ward, the date of the stay in a rehabilitation ward, or the date on which the stay in a sanatorium commenced.

The supplementary insurance may be taken out either at the same time as the principal insurance policy – PZU Na Życie Plus Group Insurance – or during its term, provided that the supplementary group hospital treatment insurance for the Insured Person is entered into simultaneously or is already in force with the Policyholder.

ELIGIBILITY TO ENTER INTO THE CONTRACT AND PERSONS COVERED

The supplementary insurance contract is entered into by the Policyholder, who is responsible for paying the insurance premiums. The supplementary insurance is available to Insured Persons who have joined both the principal insurance policy and the supplementary group hospital treatment insurance for 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

Our cover applies to:
- hospital stay, stay in an intensive care unit, stay in a psychiatric ward or stay in a rehabilitation ward anywhere in the world;
- stay in a sanatorium located in a health resort locality 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 terms set out in the principal insurance policy. Cover under the supplementary insurance will commence only if cover under both the principal insurance policy and the supplementary group hospital treatment insurance for the Insured Person is in force.

Insurance cover under the supplementary insurance shall terminate:
- on the date cover under the principal insurance policy or the supplementary group hospital treatment insurance for the Insured Person 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:
- a hospital stay lasting fewer than 4 days;
- the absence of our insurance cover during the hospital stay;
- failure to provide the documents necessary to assess the validity of the claim.

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 sets out the provisions of the General Terms and Conditions of the Supplementary Group Hospital Treatment Insurance for the Insured Person Plus, Terms and Conditions Code LPGP56 (the GTC), which specify the principal terms and conditions 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 4–16 Clauses 26–28 Clause 50 Clauses 51–55 Clause 56
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 17–20 Clauses 21–22 Clauses 23–25 Clauses 47–48 Clause 49 Clause 56

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 HOSPITAL TREATMENT INSURANCE FOR THE INSURED PERSON PLUS

GTC Code: LPGP56

The Management Board of PZU Życie SA adopted these General Terms and Conditions of the Supplementary Group Hospital Treatment Insurance for the Insured Person Plus 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 Hospital Treatment Insurance for the Insured Person** – the supplementary hospital treatment insurance designated by PZU Życie SA in the insurance contract;
2) **Intensive care unit** – a hospital ward established within the hospital structure for the treatment of patients requiring intensive care and equipped with facilities enabling continuous monitoring of vital functions or the replacement of failing organs or organ systems, while ensuring the continuous and direct supervision of a physician and a nurse. An intensive care room established within a hospital ward for the treatment of patients requiring intensive care, equipped with facilities enabling continuous monitoring of vital functions or the replacement of failing organs or organ systems, and ensuring the continuous and direct supervision of a physician and a nurse, shall also be deemed to be an intensive care unit;
3) **Rehabilitation ward** – a ward established within the hospital structure for the provision of medical rehabilitation services;
4) **Cover Period** – the period during which we are liable to the Insured Person under the supplementary insurance;
5) **Stay in an intensive care unit** – a stay in an intensive care unit lasting continuously for at least 24 hours;
6) **Stay in a psychiatric ward** – an inpatient stay in a psychiatric ward established within the hospital structure, lasting continuously for at least 4 days. Our cover applies exclusively to a stay in a psychiatric ward for the purpose of receiving healthcare services in connection with the diagnosis of:
   a) mental and behavioural disorders classified in accordance with the International Statistical Classification of Diseases and Related Health Problems ICD-10 (codes F00–F99), excluding mental and behavioural disorders due to psychoactive substance use (codes F10–F19); or
   b) mental, behavioural or neurodevelopmental disorders classified in accordance with the International Classification of Diseases for Mortality and Morbidity Statistics ICD-11 (codes 6A00–6E8Z), excluding disorders due to substance use or addictive behaviours (codes 6C40–6C5Z).

   The above disorders are listed in the Appendix to these GTC;
7) **Stay in a rehabilitation ward** – an inpatient stay in a rehabilitation ward lasting continuously for at least 4 days. Our cover applies exclusively to a stay in a rehabilitation ward due to an illness or an accident, provided that such stay commenced no later than 12 months after the end of your hospital stay in respect of which we paid a benefit under the Supplementary Group Hospital Treatment Insurance for the Insured Person, and that it was related, as applicable, to the same illness or the same accident.
8) **Stay in a sanatorium** – an inpatient stay in a sanatorium lasting continuously for at least 7 days.. Our cover applies exclusively to your stay in a sanatorium resulting from an illness or an accident, based on a referral issued no later than 12 months after the end of your hospital stay in respect of which we paid a benefit under the Supplementary Group Hospital Treatment Insurance for the Insured Person, and that it was related, as applicable, to the same illness or the same accident.
9) **Convalescence** – a continuous period of sick leave lasting no more than 30 days, taken immediately after the hospital stay;
10) **Sanatorium** – a health resort treatment facility located in a health resort locality in Poland that provides medical rehabilitation services and ensures medical care together with 24-hour nursing care. A health resort hospital shall also be deemed to be a sanatorium;

11) **Vessel** – a passenger or cargo seagoing vessel or inland waterway vessel powered by an engine or sails; warships are not regarded as vessels;
12) **Legal relationship** – an employment relationship or another civil-law relationship under which, on the date of the accident at work, there is a legal obligation to pay accident insurance contributions within the meaning of the provisions on the social insurance system;
13) **Hospital** – an inpatient healthcare facility providing round-the-clock healthcare services consisting of diagnosis, treatment, nursing care and rehabilitation that cannot be provided on an outpatient basis;
14) **Supplementary Insurance** – the insurance contract to which these GTC apply;
15) **Principal Insurance** – the PZU Na Życie Plus Group Insurance contract under which the Policyholder may take out the Supplementary Insurance;
16) **Stroke** – a sudden focal or generalised impairment of brain function caused exclusively by the occlusion of a cerebral blood vessel or the rupture of its wall. We shall provide cover only for a stroke:
    a) diagnosed on the basis of the presence of acute vascular lesions in brain imaging; or
    b) treated with thrombolytic therapy.

    Our cover under the insurance does not include transient ischaemic attack (TIA) or any stroke resulting from a non-vascular cause or caused by trauma.

    The date of occurrence of a stroke shall be the date on which, according to the medical records, one of the following conditions was met:
    a) the stroke was diagnosed in the manner described above; or
    b) the above-mentioned method of stroke treatment was applied;
17) **Traffic accident** – only such a traffic accident that constitutes an accident caused by:
    a) the movement of a vehicle on a public road (a vehicle also includes a tram), provided that you participated in the traffic as a road user (within the meaning of the Road Traffic Act);
    b) the movement of a railway vehicle hauled by a traction vehicle (a self-propelled vehicle) or the movement of a metro train, provided that you were a passenger or a member of the crew of that vehicle. A traffic accident does not include an accident involving internal industrial rail transport or cable and funicular transport;
    c) the movement of a passenger aircraft operated by a licensed airline, provided that you were a passenger or a member of the crew, where the aircraft:
        – was damaged or destroyed; or
        – disappeared or is located in a place inaccessible to it;
    d) the movement of a vessel, provided that you were a passenger or a member of the crew, where the vessel:
        – sank or was damaged; or
        – disappeared or is located in a place inaccessible to it;
18) **Accident at work** – only an accident that constitutes an accident and occurred while or in connection with the performance of:
    a) your ordinary duties; or
    b) instructions given by your superiors,

    under the legal relationship in which you remain at the time of the accident at work. An accident occurring on the way to or from work shall not be regarded as an accident at work.
19) **Myocardial infarction** – damage to part of the heart muscle resulting from acute myocardial ischaemia.

    We shall provide cover only for a myocardial infarction diagnosed on the basis of a rise and/or fall in cardiac troponin levels, with at least one value above the upper reference limit, and where at least one of the following criteria is met:
    a) clinical symptoms of myocardial ischaemia;
    b) new ischaemic changes on the ECG;
    c) new loss of viable myocardium or new regional wall motion abnormality on imaging consistent with an ischaemic cause;
    d) identification of a coronary thrombus by coronary angiography.

    We shall also provide cover for myocardial infarction associated with a coronary artery procedure, provided that imaging demonstrates new loss of viable myocardium consistent with an ischaemic cause or coronary angiography confirms a procedure-related complication restricting blood flow, and that an increase in the blood cardiac troponin concentration to the following value has been confirmed:
    a) at least five times the upper reference limit following percutaneous coronary intervention; or
    b) at least ten times the upper reference limit following coronary artery bypass grafting. The date of occurrence of the myocardial infarction shall be the date on which, according to the medical records, the myocardial infarction was diagnosed in the manner described above.

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 the Insured Person's Hospital Treatment 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, depending on the option selected by the Policyholder, the following insured events occurring during the period of insurance:
   1) hospital stay resulting from
      a) an accident,
      b) a traffic accident;
      c) an occupational accident;
      d) myocardial infarction or stroke;
   2) stay in an intensive care unit;
   3) convalescence, provided that your hospital stay lasted for at least 14 days

   provided that we have paid a benefit for your hospital stay under the Supplementary Group Insurance against the Insured Person's Hospital Treatment;
   4) stay in a psychiatric ward;
   5) stay in a rehabilitation ward;
   6) stay in a sanatorium.
5. Our cover applies to hospital stay, stay in an intensive care unit, stay in a psychiatric ward and stay in a rehabilitation ward anywhere in the world.
6. The scope of the Supplementary Insurance is confirmed in the policy and in the individual certificate of insurance.
7. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of the hospital stay resulting from an accident, during the first 14 days of such hospital stay, provided that the hospital stay commenced no later than 12 months after the date of the accident.
8. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of the hospital stay resulting from a traffic accident, during the first 14 days of such hospital stay, provided that the hospital stay commenced no later than 12 months after the date of the traffic accident.
9. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of the hospital stay resulting from an occupational accident, during the first 14 days of such hospital stay, provided that the hospital stay commenced no later than 12 months after the date of the occupational accident.
10. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of the hospital stay resulting from a myocardial infarction or stroke, during the first 14 days of such hospital stay, provided that the hospital stay:
    1) is your first hospital stay resulting from that myocardial infarction or stroke; and
    2) commenced no later than 12 months after the date of the myocardial infarction or stroke.
11. If you stay in an intensive care unit, we shall pay a one-off benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance.
12. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of convalescence.
13. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of your stay in a psychiatric ward.
14. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of your stay in a rehabilitation ward.
15. If you stay in a sanatorium, we shall pay a one-off benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance.
16. The amount of the benefit shall be determined on the basis of the Sum Insured applicable, as appropriate, on the date of the hospital stay, the date on which the stay in an intensive care unit commenced, the date of convalescence, the date of the stay in a psychiatric ward, the date of the stay in a rehabilitation ward, or the date on which the stay in a sanatorium commenced.

EXCLUSIONS OF COVER

– the circumstances in which no benefit will be payable

17. We shall not be liable for any hospital stay, stay in an intensive care unit, stay in a rehabilitation ward, stay in a psychiatric ward or stay in a sanatorium that commenced before the beginning of the period of insurance, or for any hospital stay, stay in an intensive care unit, stay in a rehabilitation ward, stay in a psychiatric ward or stay in a sanatorium resulting from:
    1) as a result of acts of war;
    2) disasters causing radioactive, chemical or biological contamination;
    3) as a result of the Insured Person's active participation in acts of terrorism or civil unrest;
    4) the Insured Person's attempted commission or commission of an act constituting an intentional criminal offence under applicable law;
    5) a 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;

6) 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 referred to in Clause 4;
7) as a result of the Insured Person's self-inflicted injury or attempted suicide;
8) 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 on Counteracting Drug Addiction, or as a result of conditions caused by the abuse of the aforementioned substances;
9) the Insured Person's use of medicinal products contrary to a physician's instructions or contrary to the information contained in the package leaflet accompanying the medicinal product, or illnesses resulting from the abuse of such medicinal products;
10) in connection with the treatment of mental disorders or behavioural disorders classified under categories F00–F99 of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) or categories 6A00–6E8Z of the International Classification of Diseases (ICD-11), as specified in Appendix No. 3 to these GTC. If the scope of the Supplementary Insurance includes stay in a psychiatric ward, this exclusion shall not apply to stay in a psychiatric ward;
11) infertility treatment;
12) cosmetic or aesthetic surgery, except where such surgery is necessary to remove the consequences of:
    a) an accident occurring during the period of insurance; or
    b) a malignant neoplasm occurring during the period of insurance;
13) in connection with gender reassignment surgery;
14) in connection with rehabilitation. If the scope of the Supplementary Insurance includes stay in a rehabilitation ward or stay in a sanatorium, this exclusion shall not apply, as applicable, to stay in a rehabilitation ward or stay in a sanatorium;
15) as a result of an accident, where the Insured Person was participating in any of the following sports: motor sports, powerboat sports, air sports, rock climbing or mountaineering (defined as any climbing above 2,000 metres above sea level), caving, scuba diving using specialised underwater breathing equipment (excluding snorkelling), diving, bungee jumping, provided that any of these circumstances contributed to the occurrence of the accident.

18. We shall not be liable for any stay:
1) in hospices, addiction treatment facilities, chronic care facilities, long-term care facilities or nursing care facilities;
2) in health resort treatment facilities, including sanatoria and health resort hospitals. If the scope of the Supplementary Insurance includes stay in a sanatorium, this exclusion shall not apply to stay in a sanatorium;
3) in rehabilitation centres;
4) in rehabilitation hospitals or rehabilitation wards. If the scope of the Supplementary Insurance includes stay in a rehabilitation ward, this exclusion shall not apply to stay in a rehabilitation ward;
5) in day-care wards;
6) in healthcare facilities that are not intended to provide inpatient hospital treatment.

19. Our liability shall not cover convalescence if:
1) your hospital stay immediately preceding the convalescence resulted from infertility treatment;
2) the convalescence took place during your health leave or medical rehabilitation leave.

20. No benefit shall be payable for full days during which the Insured Person was on authorised leave during the hospital stay (including during a stay in a psychiatric ward or a rehabilitation ward). The benefit is payable for the day on which the child commenced authorised leave and the day on which the child returned from such leave.

LIMITATIONS OF COVER

– the circumstances and the maximum amount payable under the Supplementary Insurance

21. During each 12-month period between policy anniversaries, we shall pay a maximum of:
1) 365 days of hospital stay;
2) 30 days of stay in a psychiatric ward;
3) 30 days of stay in a rehabilitation ward;
4) 90 days of convalescence;
5) one benefit for stay in a sanatorium.

22. If you stay in a hospital or an intensive care unit during the period of convalescence, we shall pay, at your option, either:
1) the benefit for the hospital stay and the stay in an intensive care unit (if you stayed in an intensive care unit); or
2) the benefit for convalescence.

– at your option.

You shall make your choice by submitting a claim for payment of:
1) the benefit for the hospital stay and the stay in an intensive care unit (if you stayed in an intensive care unit); or
2) the benefit for convalescence.

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

23. We shall not be liable for any hospital stay, stay in an intensive care unit, convalescence or stay in a psychiatric ward during the first 30 days following your enrolment in the Supplementary Insurance.
24. We shall be liable if the hospital stay, the stay in an intensive care unit, the convalescence or the stay in a psychiatric ward resulted from:
1) an accident,
2) a traffic accident;
3) an occupational accident
– occurring during the first 30 days following your enrolment in the Supplementary Insurance, subject to the exclusions set out in Clauses 17–20.
25. If you change the scope of the insurance, we shall not be liable during the first 30 days in respect of those insured events referred to in Clause 4 that were not covered under the previous scope of insurance. In such a case, the 30-day period shall be calculated from the commencement of cover under the new scope of insurance. We shall be liable if the insured event referred to in Clause 4 resulted from an accident occurring during those 30 days.

AMOUNT INSURED
– definition and amount

26. The Sum Insured is the amount used as the basis for calculating the benefit payable.
27. The amount of the Sum Insured is specified in the policy and in the individual certificate of insurance.
28. 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

29. 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.
30. The amount of the premium for the Supplementary Insurance is specified in the application for insurance and in the policy.
31. 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

32. 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 Hospital Treatment Insurance for the Insured Person is entered into simultaneously or is already in force with the Policyholder.
33. The supplementary insurance is available to Insured Persons who have joined both the principal insurance policy and the supplementary group hospital treatment insurance for the Insured Person.

DURATION OF THE SUPPLEMENTARY INSURANCE
– the period for which the Supplementary Insurance is taken out

34. 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

35. Unless either party decides otherwise, and provided that both the Principal Insurance and the Supplementary Group Hospital Treatment Insurance for 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.

36. 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

37. Withdrawal from the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.

38. If the Policyholder withdraws from the Principal Insurance, this shall automatically result in withdrawal from the Supplementary Insurance.

39. If the Policyholder withdraws from the Supplementary Insurance, this shall not result in withdrawal from the Principal Insurance.

40. If the Policyholder withdraws from the Supplementary Group Hospital Treatment Insurance for the Insured Person, this shall automatically result in withdrawal from the Supplementary Insurance.

41. If the Policyholder withdraws from the Supplementary Insurance, this shall not result in withdrawal from the Supplementary Group Hospital Treatment Insurance for the Insured Person.

TERMINATION OF THE SUPPLEMENTARY INSURANCE

– how the Policyholder may terminate the Supplementary Insurance

42. Termination of the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.

43. If the Policyholder terminates the Principal Insurance, this shall automatically result in termination of the Supplementary Insurance.

44. If the Policyholder terminates the Supplementary Insurance, this shall not result in termination of the Principal Insurance.

45. If the Policyholder terminates the Supplementary Group Hospital Treatment Insurance for the Insured Person, this shall automatically result in termination of the Supplementary Insurance.

46. If the Policyholder terminates the Supplementary Insurance, this shall not result in termination of the Supplementary Group Hospital Treatment Insurance for the Insured Person.

COMMENCEMENT OF COVER

– when your insurance cover begins

47. Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy.

48. Cover under the supplementary insurance will commence only if cover under both the principal insurance policy and the supplementary group hospital treatment insurance for the Insured Person is in force.

TERMINATION OF COVER

– when the Supplementary Insurance ends

49. Insurance cover under the supplementary insurance shall terminate:

1) on the date cover under the Principal Insurance or the Supplementary Group Hospital Treatment Insurance for the Insured Person 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

50. You are entitled to receive the benefit.

PAYMENT OF THE BENEFIT

– when we will pay the benefit

51. In the event of your hospital stay (including a stay in a psychiatric ward or a rehabilitation ward), please provide us with:

1) an application for payment of the benefit. You may submit the application:
   a) after your hospital stay has ended, if it was not followed by convalescence;
   b) after your hospital stay and convalescence have ended;

c) during your hospital stay, after the 30th or 60th day from the commencement of the hospital stay;

2) the hospital treatment discharge summary or the discharge summary from the intensive care unit – after your hospital stay and convalescence have ended;
3) a document confirming your hospital stay and the discharge summary from the intensive care unit (if you stayed in an intensive care unit), issued by your attending physician – during your hospital stay;
4) if you underwent convalescence, additionally, a copy or printout of your medical certificate confirming incapacity for work, certified as a true copy of the original
by the Policyholder, or a certificate issued by the Policyholder confirming payment of sickness benefit in connection with your period of sick leave.

52. In the event of your stay in a sanatorium, please provide us with:
1) a completed benefit claim form;
2) the referral (copy or printout);
3) the health resort (sanatorium) treatment discharge summary.

53. If the documents you provide are insufficient for us to determine whether you are entitled to the benefit and, if so, the amount payable, we may ask you to submit any other documents required.

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

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

FINAL PROVISIONS
– other important information

56. 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 HOSPITAL TREATMENT INSURANCE FOR THE INSURED PERSON PLUS

I. Mental and behavioural disorders classified in accordance with the International Statistical Classification of Diseases and Related Health Problems (ICD-10):	
F00	Dementia in Alzheimer's disease
F01	Vascular dementia
F02	Dementia in other diseases classified elsewhere
F03	Unspecified dementia
F04	Organic amnesic syndrome, not induced by alcohol or other psychoactive substances
F05	Delirium, not induced by alcohol or other psychoactive substances
F06	Other mental disorders due to brain damage and dysfunction and to physical disease
F07	Personality and behavioural disorders due to brain disease, damage and dysfunction
F09	Unspecified organic or symptomatic mental disorder
F10	Mental and behavioural disorders due to use of alcohol
F11	Mental and behavioural disorders due to use of opioids
F12	Mental and behavioural disorders due to use of cannabinoids
F13	Mental and behavioural disorders due to use of sedatives or hypnotics
F14	Mental and behavioural disorders due to use of cocaine
F15	Mental and behavioural disorders due to use of other stimulants, including caffeine
F16	Mental and behavioural disorders due to use of hallucinogens
F17	Mental and behavioural disorders due to use of tobacco
F18	Mental and behavioural disorders due to use of volatile solvents
F19	Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances
F20	Schizophrenia
F21	Schizotypal disorder
F22	Persistent delusional disorders
F23	Acute and transient psychotic disorders
F24	Induced delusional disorder
F25	Schizoaffective disorders
F28	Other non-organic psychotic disorders
F29	Unspecified non-organic psychosis
F30	Manic episode
F31	Bipolar affective disorder
F32	Depressive episode
F33	Recurrent depressive disorder
F34	Persistent mood [affective] disorders

F38	Other mood [affective] disorders
F39	Unspecified mood [affective] disorder
F40	Phobic anxiety disorders
F41	Other anxiety disorders
F42	Obsessive-compulsive disorder
F43	Reaction to severe stress, and adjustment disorders
F44	Dissociative [conversion] disorders
F45	Somatoform disorders
F48	Other neurotic disorders
F50	Eating disorders
F51	Non-organic sleep disorders
F52	Sexual dysfunction, not caused by organic disorder or disease
F53	Mental and behavioural disorders associated with the puerperium, not elsewhere classified
F54	Psychological and behavioural factors associated with disorders or diseases classified elsewhere
F55	Abuse of non-dependence-producing substances
F59	Unspecified behavioural syndromes associated with physiological disturbances and physical factors
F60	Specific personality disorders
F61	Mixed and other personality disorders
F62	Enduring personality changes, not attributable to brain damage and disease
F63	Habit and impulse disorders
F64	Gender identity disorders
F65	Disorders of sexual preference
F66	Psychological and behavioural disorders associated with sexual development and orientation
F68	Other disorders of adult personality and behaviour
F69	Unspecified disorder of adult personality and behaviour
F70	Mild mental retardation
F71	Moderate mental retardation
F72	Severe mental retardation
F73	Profound mental retardation
F78	Other mental retardation
F79	Unspecified mental retardation
F80	Specific developmental disorders of speech and language
F81	Specific developmental disorders of scholastic skills
F82	Specific developmental disorder of motor function
F83	Mixed specific developmental disorders
F84	Pervasive developmental disorders
F88	Other disorders of psychological development

F90	Hyperkinetic disorders
F91	Conduct disorders
F92	Mixed disorders of conduct and emotions
F93	Emotional disorders with onset specific to childhood
F94	Disorders of social functioning with onset specific to childhood and adolescence
F95	Tic disorders
F98	Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence
F99	Unspecified mental disorder
II. II. Mental, behavioural or neurodevelopmental disorders classified in accordance with the International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11):	
6A00	Disorders of intellectual development
6A01	Developmental speech or language disorders
6A02	Autism spectrum disorder
6A03	Developmental learning disorder
6A04	Developmental motor coordination disorder
6A05	Attention deficit hyperactivity disorder
6A06	Stereotyped movement disorder
6A0Y	Other specified neurodevelopmental disorders
6A0Z	Neurodevelopmental disorders, unspecified
6A20	Schizophrenia
6A21	Schizophrenia
6A22	Schizotypal disorder
6A23	Acute and transient psychotic disorder
6A24	Delusional disorder
6A25	Symptomatic manifestations of primary psychotic disorders
6A2Y	Other specified primary psychotic disorder
6A2Z	Schizophrenia or other primary psychotic disorders, unspecified
6A40	Catatonia associated with another mental disorder
6A41	Substance-induced or medication-induced catatonia
6A4Z	Catatonia, unspecified
6A60	Bipolar type I disorder
6A61	Bipolar type II disorder
6A62	Cyclothymic disorder
6A6Y	Other specified bipolar or related disorders
6A6Z	Bipolar or related disorders, unspecified
6A70	Single episode depressive disorder
6A71	Recurrent depressive disorder

6A72	Dysthymic disorder
6A73	Mixed depressive and anxiety disorder
6A7Y	Other specified depressive disorders
6A7Z	Depressive disorders, unspecified
6A80	Mood episode symptoms and manifestations in mood disorders
6A8Y	Other specified mood disorders
6A8Z	Mood disorders, unspecified
6B00	Generalized anxiety disorder
6B01	Panic disorder
6B02	Agoraphobia
6B03	Specific phobia
6B04	Social anxiety disorder
6B05	Separation anxiety disorder
6B06	Selective mutism
6B0Y	Other specified fear-related or anxiety disorders
6B0Z	Fear-related or anxiety disorders, unspecified
6B20	Obsessive-compulsive disorder
6B21	Body dysmorphic disorder
6B22	Olfactory reference disorder
6B23	Hypochondriasis
6B24	Hoarding disorder
6B25	Body-focused repetitive behaviour disorders
6B2Y	Other specified obsessive-compulsive or related disorders
6B2Z	Obsessive-compulsive or related disorders, unspecified
6B40	Post traumatic stress disorder
6B41	Complex post traumatic stress disorder
6B42	Prolonged grief disorder
6B43	Adjustment disorder
6B44	Reactive attachment disorder
6B45	Disinhibited social engagement disorder
6B4Y	Other specified disorders specifically associated with stress
6B4Z	Disorders specifically associated with stress, unspecified
6B60	Dissociative neurological symptom disorder
6B61	Dissociative amnesia
6B62	Trance disorder
6B63	Trance possession disorder
6B64	Dissociative identity disorder

6B65	Partial dissociative identity disorder
6B66	Depersonalization-derealization disorder
6B6Y	Other specified dissociative disorders
6B6Z	Dissociative disorders, unspecified
6B80	Anorexia nervosa
6B81	Bulimia nervosa
6B82	Binge eating disorder
6B83	Avoidant-restrictive food intake disorder
6B84	Pica
6B85	Rumination-regurgitation disorder
6B8Y	Other specified feeding or eating disorders
6B8Z	Feeding or eating disorders, unspecified
6C00	Enuresis
6C01	Encopresis
6C0Z	Elimination disorders, unspecified
6C20	Bodily distress disorder
6C21	Body integrity dysphoria
6C2Y	Other specified bodily distress or bodily experience disorders
6C2Z	Bodily distress or bodily experience disorders, unspecified
6C40	Disorders due to use of alcohol
6C41	Disorders due to use of cannabis
6C42	Disorders due to use of synthetic cannabinoids
6C43	Disorders due to use of opioids
6C44	Disorders due to use of sedatives, hypnotics or anxiolytics
6C45	Disorders due to use of cocaine
6C46	Disorders due to use of stimulants, including amphetamine, methamphetamine or methcathinone
6C47	Disorders due to use of synthetic cathinones
6C48	Disorders due to use of caffeine
6C49	Disorders due to use of hallucinogens
6C4A	Disorders due to use of nicotine
6C4B	Disorders due to use of volatile inhalants
6C4C	Disorders due to use of MDMA or related drugs, including MDA
6C4D	Disorders due to use of dissociative drugs, including ketamine and phencyclidine (PCP)
6C4E	Disorders due to use of other specified psychoactive substances, including medications
6C4F	Disorders due to use of multiple specified psychoactive substances, including medications
6C4G	Disorders due to use of unknown or unspecified psychoactive substances
6C4H	Disorders due to use of non-psychoactive substances

6C4Y	Other specified disorders due to substance use
6C4Z	Disorders due to substance use, unspecified
6C50	Gambling disorder
6C51	Gaming disorder
6C5Y	Other specified disorders due to addictive behaviours
6C5Z	Disorders due to addictive behaviours, unspecified
6C70	Pyromania
6C71	Kleptomania
6C72	Compulsive sexual behaviour disorder
6C73	Intermittent explosive disorder
6C7Y	Other specified impulse control disorders
6C7Z	Impulse control disorders, unspecified
6C90	Oppositional defiant disorder
6C91	Conduct-dissocial disorder
6C9Y	Other specified disruptive or dissocial behaviour disorders
6C9Z	Disruptive or dissocial behaviour disorders, unspecified
6D10	Personality disorder
6D11	Personality difficulty
6D30	Exhibitionistic disorder
6D31	Voyeuristic disorder
6D32	Paedophilic disorder
6D33	Coercive sexual sadism disorder
6D34	Frotteuristic disorder
6D35	Other paraphilic disorder involving non-consenting individuals
6D36	Paraphilic disorder involving solitary behaviour or consenting individuals
6D3Z	Paraphilic disorders, unspecified
6D50	Factitious disorder imposed on self
6D51	Factitious disorder imposed on another
6D5Z	Factitious disorders, unspecified
6D70	Delirium
6D71	Mild neurocognitive disorder
6D72	Amnestic disorder
6D80	Dementia due to Alzheimer's disease
6D81	Dementia due to cerebrovascular disease
6D82	Dementia due to Lewy body disease
6D83	Frontotemporal dementia
6D84	Dementia due to psychoactive substances, including medications

6D85	Dementia due to diseases classified elsewhere
6D86	Behavioural or psychological disturbances in dementia
6D8Y	Dementia due to other specified cause
6D8Z	Dementia due to unknown or unspecified cause
6E0Y	Other specified neurocognitive disorders
6E0Z	Neurocognitive disorders, unspecified
6E20	Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, without psychotic symptoms
6E21	Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, with psychotic symptoms
6E2Z	Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, unspecified
6E40	Psychological or behavioural factors affecting disorders or diseases classified elsewhere
6E60	Secondary neurodevelopmental syndrome
6E61	Secondary psychotic syndrome
6E62	Secondary mood syndrome
6E63	Secondary anxiety syndrome
6E64	Secondary obsessive-compulsive or related syndrome
6E65	Secondary dissociative syndrome
6E66	Secondary impulse control syndrome
6E67	Secondary neurocognitive syndrome
6E68	Secondary personality change
6E69	Secondary catatonia syndrome
6E6Y	Other specified secondary mental or behavioural syndrome
6E6Z	Secondary mental or behavioural syndrome, unspecified
6E8Y	Other specified mental, behavioural or neurodevelopmental disorders
6E8Z	Mental, behavioural or neurodevelopmental disorders, unspecified