INSURANCE PRODUCT INFORMATION DOCUMENT
AND GENERAL TERMS AND CONDITIONS
OF THE SUPPLEMENTARY GROUP INSURANCE
AGAINST THE SPOUSE'S OR LIFE PARTNER'S HOSPITAL TREATMENT

Insurance Product Information Document

SUPPLEMENTARY GROUP INSURANCE AGAINST THE SPOUSE'S OR LIFE PARTNER'S HOSPITAL TREATMENT

Terms and Conditions Code: MLGP56

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 the Spouse's or Life Partner's Hospital Treatment, Terms and Conditions Code: MLGP56 (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 provide cover for an insured event occurring in the life of the Insured Person, namely the spouse's or life partner's hospital stay due to:
- an illness;
- an accident,

provided that it occurred during the period of insurance, lasted continuously for at least 4 days and was for the purpose of inpatient hospital treatment.

PRODUCT FEATURES – THE MAIN FEATURES OF OUR INSURANCE

For each day of your spouse's or life partner's hospital stay due to an illness or an accident, we shall pay you a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance.
If your spouse's or life partner's hospital stay commenced more than 12 months after the date of the accident, it shall be treated as a hospital stay due to an illness.
For each day of your spouse's or life partner's hospital stay for rehabilitation necessary to eliminate the direct consequences of an accident or an illness, we shall pay you a benefit at the same rate as for a hospital stay due to an illness, provided that such hospital stay commenced no later than 12 months after the end of the spouse's or life partner's hospital stay for which we paid a benefit and that it was related, as applicable, to the same accident or the same illness. The amount of the benefit shall be determined on the basis of the Sum Insured applicable on the date of the spouse's or life partner's hospital stay. If your spouse or life partner stays in one or more hospitals without interruption, we shall treat it as a single hospital stay.

We shall pay the benefit for a maximum of 365 days of your spouse's or life partner's hospital stay during each 12-month period between policy anniversaries.

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

Our insurance cover applies to hospital stays anywhere in the world.

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 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:
- your spouse's or life partner's hospital stay lasting fewer than 4 days;
- the absence of our cover during your spouse's or life partner's 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 Insurance against the Spouse's or Life Partner's Hospital Treatment, Terms and Conditions Code MLGP56 (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 4–11 Clauses 18–20 Clause 38 Clauses 39–42 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 12–15 Clauses 16–17 Clauses 35–36 Clause 37 Clause 38 Clause 43

GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY GROUP INSURANCE AGAINST THE SPOUSE'S OR LIFE PARTNER'S HOSPITAL TREATMENT

GTC Code: MLGP56

The Management Board of PZU Życie SA adopted these General Terms and Conditions of the Supplementary Group Insurance against the Spouse's or Life Partner's Hospital Treatment 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) **Illness** – a condition of the body consisting in an abnormal response of its systems or organs to external or internal stimuli;
2) **Hospital treatment** – inpatient treatment provided in a hospital for:
   a) emergency conditions where delay in medical assistance may result in loss of health or life; or
   b) conditions for which the therapeutic objective cannot be achieved through outpatient treatment;
3) **Cover Period** – the period during which we are liable to the Insured Person under the supplementary insurance;
4) **Hospital stay** – the spouse's or life partner's stay in hospital lasting continuously for at least 4 days for the purpose of inpatient hospital treatment. The first day of the hospital stay shall be the date of admission and the last day shall be the date of discharge from hospital;
5) **Leave of absence during a hospital stay** – a temporary, documented absence of the spouse or life partner from hospital, authorised by the attending physician and confirmed by an appropriate entry in the medical records;
6) **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;
7) **Supplementary Insurance** – the insurance contract to which these GTC apply;
8) **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 provide cover for an insured event occurring in your life, namely your spouse's or life partner's hospital stay.

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 an insured event occurring in your life, namely your spouse's or life partner's hospital stay due to:
1) an illness;
2) an accident,

provided that it occurred during the period of insurance.

5. Our cover applies to your spouse's or life partner's hospital stay anywhere in the world.

6. For each day of your spouse's or life partner's hospital stay due to an illness or an accident, we shall pay you a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance, subject to the following clause.

7. If your spouse's or life partner's hospital stay commenced more than 12 months after the date of the accident, it shall be treated as a hospital stay due to an illness.

8. For each day of your spouse's or life partner's first hospital stay for rehabilitation necessary to eliminate the direct consequences of an accident or an illness referred to in Clause 12(14), we shall pay you a benefit at the same rate as for a hospital stay due to an illness.
9. We shall pay the benefit for a maximum of 365 days of your spouse's or life partner's hospital stay during each 12-month period between policy anniversaries.
10. The amount of the benefit shall be determined on the basis of the Sum Insured applicable on the date of the spouse's or life partner's hospital stay.
11. If your spouse or life partner stays in one or more hospitals without interruption, we shall treat it as a single hospital stay. The continuity requirement shall be deemed satisfied if your spouse or life partner stayed in two or more hospital wards on consecutive days, regardless of the time of discharge from one ward or admission to another.

EXCLUSIONS OF COVER

– the circumstances in which no benefit will be payable

12. Our liability does not extend to your spouse's or life partner's hospital stay that commenced before the commencement of our cover or to your spouse's or life partner's hospital stay resulting from:
    1) as a result of acts of war;
    2) disasters causing radioactive, chemical or biological contamination;
    3) as a result of the spouse's or life partner's active participation in acts of terrorism or civil disturbances;
    4) the spouse or life partner committing or attempting to commit an act constituting an intentional criminal offence;
    5) a traffic accident, where the spouse or life partner 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 spouse or life partner 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) intentional self-inflicted injury by the spouse or life partner or an attempted suicide by the spouse or life partner;
    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 Counteracting Drug Addiction, or as a result of medical conditions caused by the abuse of the aforementioned substances;
    9) the spouse's or life partner's use of medicinal products contrary to a physician's instructions or the information contained in the package leaflet, 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;
    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, except for the spouse's or life partner's first hospital stay for rehabilitation necessary to eliminate the direct consequences of an accident or an illness, provided that the hospital stay commenced no later than 12 months after the end of the spouse's or life partner's hospital stay for which we paid a benefit and was related to the same accident or the same illness, as applicable;
    15) as a result of an accident where the spouse or life partner was participating in any of the following sports: motor sports, powerboating, air sports, rock climbing or mountaineering (meaning any climbing undertaken at an altitude exceeding 2,000 metres above sea level), speleology, diving with specialist underwater breathing equipment (excluding snorkelling), diving, or bungee jumping, provided that any of these circumstances contributed to the occurrence of the accident;
13. Our liability also does not extend to your spouse's or life partner's 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;
    3) in rehabilitation centres, rehabilitation hospitals or rehabilitation wards, except for the stay referred to in item 12(14);
    4) in day-care wards;
    5) in healthcare facilities that are not intended to provide inpatient hospital treatment.

14. No benefit shall be payable for full days during which your spouse or life partner was on authorised leave during the hospital stay. 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.
15. We shall not pay the benefit if you intentionally contributed to causing the illness or accident that resulted in your spouse's or life partner's hospital stay.

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

16. We shall not be liable during the first 30 days following your enrolment in the Supplementary Insurance.
17. We shall be liable if the insured event occurring in your life, namely your spouse's or life partner's hospital stay, resulted from an accident that occurred during the first 30 days following your enrolment in the Supplementary Insurance, subject to the exclusions set out in Clauses 12–15.

AMOUNT INSURED
– definition and amount

18. The Sum Insured is the amount used as the basis for calculating the benefit payable.
19. The amount of the Sum Insured is specified in the policy and in the individual certificate of insurance.
20. 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

21. 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 number of persons joining the insurance, their age and gender profile, and the nature of the work they perform.
22. The amount of the premium for the Supplementary Insurance is specified in the application for insurance and in the policy.
23. 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

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

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

26. 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

27. 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.
28. 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

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

30. If the Policyholder withdraws from the Principal Insurance, this shall automatically result in withdrawal from the Supplementary Insurance.
31. 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

32. Termination of the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
33. If the Policyholder terminates the Principal Insurance, this shall automatically result in termination of the Supplementary Insurance.
34. 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

35. Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy.
36. 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

37. 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

38. You are entitled to receive the benefit. You are not entitled to a benefit in respect of your life partner's hospital stay if you are married on the date of that hospital stay.

PAYMENT OF THE BENEFIT
– when we will pay the benefit

39. If your spouse or life partner stays in hospital, please provide us with:
1) an application for payment of the benefit. You may submit the application:
   a) after your spouse or life partner has been discharged from hospital; or
   b) during your spouse's or life partner's hospital stay – the first claim after 30 days and each subsequent claim after 60 days from the commencement of the hospital stay;
2) your marriage certificate, if the claim relates to your spouse's hospital stay;
3) the hospital treatment discharge summary, after your spouse or life partner has been discharged from hospital;
4) a document confirming the reason for the hospital stay, issued by the attending physician, if you submit a claim for payment of the benefit during your spouse's or life partner's hospital stay.

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 THE SPOUSE'S OR LIFE PARTNER'S HOSPITAL TREATMENT

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