



**INSURANCE PRODUCT INFORMATION DOCUMENT
AND GENERAL TERMS AND CONDITIONS
OF THE SUPPLEMENTARY GROUP INSURANCE AGAINST THE
INSURED PERSON'S PERMANENT HEALTH IMPAIRMENT CAUSED
BY A HEART ATTACK OR STROKE**



SUPPLEMENTARY GROUP INSURANCE AGAINST THE INSURED PERSON'S PERMANENT HEALTH IMPAIRMENT CAUSED BY A HEART ATTACK OR STROKE

Terms and Conditions Code: TZGP56

Document version dated 21 September 2024

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 Insured Person's Permanent Health Impairment Caused by a Heart Attack or Stroke, Terms and Conditions Code: TZGP56 (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.

PRODUCT INFORMATION:

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

SUBJECT MATTER AND SCOPE OF COVER

We insure the health of the Insured Person.

The supplementary insurance covers the occurrence, in respect of the insured person, of a permanent health impairment specified in the Table of Permanent Health Impairments attached to the General Terms and Conditions, resulting from a heart attack or stroke occurring during the insurance cover period.

For the purposes of the General Terms and Conditions, permanent health impairment means a bodily injury resulting from a heart attack or stroke occurring during the insurance cover period, specified in the Table of Permanent Health Impairments, determined after the time limits specified in Section 7 of the General Terms and Conditions have elapsed.

PRODUCT FEATURES – THE MAIN FEATURES OF OUR INSURANCE

If the insured person sustains a permanent health impairment, we will pay a benefit for each 1% permanent health impairment equal to the product of the sum insured and the percentage of the sum insured specified in the policy and in the individual certificate of insurance.

The amount of the benefit is determined on the basis of the sum insured and the percentage of the sum insured applicable on the date of the heart attack or stroke. The percentage of permanent health impairment shall be determined on the basis of the Table of Permanent Health Impairments. We shall be liable:

- where there is a normal causal relationship between the heart attack or stroke and the permanent health impairment; and
- up to a maximum of 100% permanent health impairment resulting from a single stroke.

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

ELIGIBILITY TO ENTER INTO THE CONTRACT AND PERSONS COVERED

The Supplementary Insurance is taken out by the Policyholder, who is responsible for paying the insurance premium.

The Supplementary Insurance is available to Insured Persons who have joined the Principal Insurance.

DURATION OF THE CONTRACT

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

TERRITORIAL SCOPE OF COVER

Insurance cover applies worldwide

PAYMENT OF PREMIUMS

The premium is payable together with the premium for the basic insurance.

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

We shall not pay a benefit, in particular, in the following cases:

- if our insurance cover was not in force on the date of the heart attack or stroke that resulted in the permanent health impairment;
- where there is no normal causal relationship between the heart attack or stroke and the permanent health impairment;
- if you fail to provide the documents required to assess the validity of the claim.

In addition, we are not liable if the relevant circumstances are not covered by the insurance, including the applicable definitions, or if our liability has ended (for example, due to non-payment of the premium), or in any other cases specified in the General Terms and Conditions.

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);
 - 2) in writing – sent to the electronic service address of PZU Życie SA within the meaning of the Act on Electronic Delivery Services, from the date that address is entered in the electronic address database;
 - 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 relevant form available at www.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 Insured Person's Permanent Health Impairment Caused by a Heart Attack or Stroke, Terms and Conditions Code TZGP56 (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 Point 4 –9 Point 10 –12 Clause 30 Clauses 31–36 Clause 37
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 7–9 Clauses 27–28 Clause 29 Clause 37

Further information about the insurance is available:

 at pzu.pl



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

GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY GROUP INSURANCE AGAINST THE INSURED PERSON'S PERMANENT HEALTH IMPAIRMENT CAUSED BY A HEART ATTACK OR STROKE



GTC Code: TZGP56

The Management Board of PZU Życie SA adopted these General Terms and Conditions of the Supplementary Group Insurance against the Insured Person's Permanent Health Impairment Caused by a Heart Attack or Stroke by Resolution No. UZ/119/2024 dated 18 June 2024 (hereinafter referred to as the GTC).

These GTC come into force on 21 September 2024 and apply to insurance contracts concluded from 1 October 2024 onwards. Before entering into the insurance contract, the Policyholder should carefully review the GTC and provide a copy of the GTC to each person wishing to join the insurance scheme.

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

GLOSSARY

– what the terms used in these GTC mean

1. In these GTC, we use the following terms:

- 1) **Cover Period** – the period during which we are liable to the Insured Person under the supplementary insurance;
- 2) **Table of Permanent Health Impairments** – the table set out in the Appendix to the GTC;
- 3) **Supplementary Insurance** – the insurance contract to which these GTC apply;
- 4) **Principal Insurance** – the PZU Na Życie Plus Group Insurance contract under which the Policyholder may take out the Supplementary Insurance;
- 5) **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;
- 6) **Permanent health impairment** – bodily injury resulting from a heart attack or stroke occurring during the insurance cover period, specified in the Table of Permanent Health Impairments, and assessed after the expiry of the time limits specified in Section 7 of the GTC;
- 7) **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 shall have the same meaning when used in these GTC.

SUBJECT-MATTER INSURED

– what is insured

3. We insure your health.

SCOPE OF COVER AND BENEFIT AMOUNT

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

4. The supplementary insurance covers the occurrence of permanent health impairment specified in the Table of Permanent Health Impairments, provided that it results from a heart attack or stroke occurring during the insurance cover period.
5. If you suffer a permanent health impairment, we will pay you, for each 1% of permanent health impairment, a benefit equal to the product of the sum insured and the percentage of the sum insured specified in the policy and in your individual certificate of insurance.
6. The amount of the benefit is determined on the basis of the sum insured and the percentage of the sum insured applicable on the date of the heart attack or stroke.
7. The percentage of permanent health impairment shall be determined:
 - 1) in respect of permanent health impairments caused by a heart attack specified in the Table of Permanent Health Impairments – no earlier than 3 months after the occurrence of the heart attack;
 - 2) in respect of permanent health impairments caused by a stroke specified in the Table of Permanent Health Impairments – no earlier than 6 months after the occurrence of the stroke, except that permanent health impairments specified in Clauses 27 and 28 of the Table of Permanent Health Impairments are assessed no earlier than the date of the stroke.
8. We shall be liable:
 - 1) where there is a normal causal relationship between the heart attack or stroke and the permanent health impairment; and
 - 2) up to a maximum of 100% permanent health impairment resulting from a single stroke.
9. If, after we have paid a benefit, it is determined that your permanent health impairment resulting from the same heart attack or stroke qualifies for a higher percentage under the Table of Permanent Health Impairments, we will pay you an additional benefit equal to the difference between the benefit payable for the higher percentage of permanent health impairment and the benefit already paid.

AMOUNT INSURED

– definition and amount

10. The Sum Insured is the amount used as the basis for calculating the benefit payable.
11. The amount of the Sum Insured is specified in the policy and in the individual certificate of insurance.
12. 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

13. The premium for the Supplementary Insurance:
 - 1) is fixed, although it may be changed by mutual agreement between the parties;
 - 2) depends on:
 - a) the Sum Insured;
 - b) the amount of the benefit;
 - c) the number of persons joining the insurance, their age and gender profile, and the nature of the work they perform.
14. The amount of the premium for the Supplementary Insurance is specified in the application for insurance and in the policy.
15. 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

16. The Supplementary Insurance may be taken out either at the same time as the Principal Insurance or during its term.
17. 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

18. 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

19. 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.
20. 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

21. Withdrawal from the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
22. If the Policyholder withdraws from the Principal Insurance, this shall automatically result in withdrawal from the Supplementary Insurance.
23. 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

24. Termination of the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
25. If the Policyholder terminates the Principal Insurance, this shall automatically result in termination of the Supplementary Insurance.
26. 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

27. Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy.
28. 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

29. Our cover under the Supplementary Insurance policy ends:
 - 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

30. You, as the Insured Person, are entitled to the benefit.

PAYMENT OF THE BENEFIT

– when we will pay the benefit

31. If you suffer a permanent health impairment, please provide us with:
 - 1) a completed benefit claim form;
 - 2) medical records confirming the permanent health impairment;
 - 3) documentation confirming the occurrence of the heart attack or stroke.
32. 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.
33. Where necessary, we may also:
 - 1) request a medical opinion from a doctor appointed by us;
 - 2) require you to undergo medical examinations.
34. We will bear the cost of any medical opinion or medical examinations that we request.

35. If any documents requested by us are in a language other than Polish, you must provide a Polish translation prepared by a sworn translator.
36. Our decision on payment of the benefit will be based on the documentation provided.

FINAL PROVISIONS

– other important information

37. 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.

TABLE OF PERMANENT HEALTH IMPAIRMENTS**I. Table of Permanent Health Impairments Caused by a Heart Attack**

The degree of impairment of myocardial contractility and the ejection fraction are assessed on the basis of cardiac imaging examinations performed no earlier than 3 months after the occurrence of the heart attack.

		Percentage of permanent health impairment
1.	Heart attack without impairment of myocardial contractility	5%
2.	Heart attack with mild impairment of myocardial contractility	10%
3.	Heart attack with moderate impairment of myocardial contractility or an ejection fraction of more than 45% up to 50%	20%
4.	Heart attack with severe impairment of myocardial contractility or an ejection fraction of more than 35% up to 45%	40%
5.	Heart attack with marked impairment of myocardial contractility or an ejection fraction of up to 35%	60%

II. Table of Permanent Health Impairments Caused by Stroke

		Percentage of permanent health impairment
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Paresis and Paralysis of the Upper Limbs

The impairments listed in items 1–4 are assessed no earlier than 6 months after the occurrence of the stroke.

1.	Paresis of an upper limb affecting only fine hand movements or muscle strength grade IV on the Lovett scale (one upper limb)	10%
2.	Paresis of an upper limb not preventing movement against gravity or muscle strength grade III on the Lovett scale (one upper limb)	20%
3.	Paresis of an upper limb preventing movement against gravity or muscle strength grade II on the Lovett scale (one upper limb)	40%
4.	Paralysis of an upper limb, muscle strength grade 0 or I on the Lovett scale (one upper limb)	50%

Paresis and Paralysis of the Lower Limbs

The impairments listed in items 5–8 are assessed no earlier than 6 months after the occurrence of the stroke.

5.	Paresis of a lower limb with fatigable gait, without limping and without impaired weight-bearing, or muscle strength grade IV on the Lovett scale (one lower limb)	10%
6.	Paresis of a lower limb with fatigable gait and limping, without impaired weight-bearing, or muscle strength grade III on the Lovett scale (one lower limb)	20%
7.	Paresis of a lower limb preventing walking and weight-bearing, or muscle strength grade II on the Lovett scale (one lower limb)	30%
8.	Paralysis of a lower limb, muscle strength grade 0 or I on the Lovett scale (one upper limb)	50%

Speech Disorders

The impairments listed in items 9–13 are assessed no earlier than 6 months after the occurrence of the stroke.

9.	Mild aphasia with loss of speech fluency and preserved speech comprehension	10%
10.	Mild aphasia with reduced speech output or slight impairment of speech comprehension	15%
11.	Moderate aphasia with loss of the ability to express or understand complex commands	25%
12.	Severe aphasia with loss of the ability to express or understand simple commands	50%
13.	Global aphasia with complete loss of the ability to speak or complete loss of speech comprehension	100%

Extrapyramidal Syndrome

The impairments listed in items 14–16 are assessed no earlier than 6 months after the occurrence of the stroke.

14.	Extrapyramidal syndrome with the ability to walk independently	15%
15.	Extrapyramidal syndrome with the ability to walk only with orthopaedic aids	30%

		Percentage of permanent health impairment
16.	Extrapyramidal syndrome with complete loss of the ability to walk independently	70%
Cerebellar Syndrome		
The impairments listed in items 17–19 are assessed no earlier than 6 months after the occurrence of the stroke.		
17.	Cerebellar syndrome with the ability to walk independently	15%
18.	Cerebellar syndrome with the ability to walk only with the aid of orthopaedic devices	30%
19.	Cerebellar syndrome with complete loss of the ability to walk independently	70%
Mental Disorders		
The impairments listed in items 20–24 are assessed no earlier than 6 months after the occurrence of the stroke.		
20.	Organic mood disorder or cognitive disorder impairing the ability to fulfill social roles without affecting independent functioning	15%
21.	Organic emotional lability or dementia preventing the fulfillment of social roles without affecting independent functioning	30%
22.	Organic delusional disorder, organic amnesic syndrome, or dementia impairing independent functioning	60%
23.	Organic delusional disorder, organic amnesic syndrome, or dementia preventing independent functioning	80%
24.	Coma or vegetative state	100%
Epilepsy		
The impairments listed in items 25–26 are assessed no earlier than 6 months after the occurrence of the stroke.		
25.	Epilepsy with seizures without loss of consciousness	10%
26.	Epilepsy with seizures involving loss of consciousness	15%
Other Consequences of Stroke		
The impairments listed in items 29–30 are assessed no earlier than 6 months after the occurrence of the stroke.		
27.	Hydrocephalus treated conservatively	10%
28.	Hydrocephalus treated surgically	15%
29.	Diabetes insipidus	10%
30.	Urinary or faecal incontinence	30%
Olfactory Nerve Damage		
The impairments listed in item 31 are assessed no earlier than 6 months after the occurrence of the stroke.		
31.	Injury to the olfactory nerves with partial or complete loss of smell	3%
Optic Nerve Damage		
The impairments listed in items 32–53 are assessed no earlier than 6 months after the occurrence of the stroke. Visual acuity is assessed for distance vision after optical correction.		
32.	Reduction of visual acuity by 0.1 diopters (one eye)	2.5%
33.	Reduction of visual acuity by 0.2 diopters (one eye)	5%
34.	Reduction of visual acuity by 0.3 diopters (one eye)	7.5%
35.	Reduction of visual acuity by 0.4 diopters (one eye)	10%
36.	Reduction of visual acuity by 0.5 diopters (one eye)	12.5%
37.	Reduction of visual acuity by 0.6 diopters (one eye)	15%
38.	Reduction of visual acuity by 0.7 diopters (one eye)	20%
39.	Reduction of visual acuity by 0.8 diopters (one eye)	25%
40.	Reduction of visual acuity by 0.9 diopters (one eye)	30%
41.	Complete loss of visual acuity in one eye	35%
42.	Complete loss of visual acuity in both eyes	100%
43.	Concentric visual field constriction to 50° (one eye)	5%
44.	Concentric visual field constriction to 40° (one eye)	10%
45.	Concentric visual field constriction to 30° (one eye)	15%
46.	Concentric visual field constriction to 20° (one eye)	20%

		Percentage of permanent health impairment
47.	Concentric visual field constriction to 10° (one eye)	25%
48.	Concentric visual field constriction to less than 10° (one eye)	35%
49.	Unilateral quadrantic visual field defect (one eye)	5%
50.	Homonymous hemianopia (both eyes)	25%
51.	Binasal hemianopia (both eyes)	30%
52.	Inferior hemianopia (both eyes)	40%
53.	Bitemporal hemianopia (both eyes)	60%
Injuries to the ocular motor nerves		
Ocular motor nerves include the oculomotor, trochlear, and abducens nerves. The impairments listed in items 54–58 are assessed no earlier than 6 months after the occurrence of the stroke.		
54.	Injury to the ocular motor nerves of one or both eyes resulting in double vision when looking straight ahead	15%
55.	Injury to the ocular motor nerves of one or both eyes resulting in double vision when looking downward	10%
56.	Injury to the ocular motor nerves of one or both eyes resulting in double vision when looking left or right	5%
57.	Injury to the ocular motor nerves of one or both eyes resulting in double vision when looking upwards	2%
58.	Damage to the oculomotor nerve of one eye with impairment of the pupillary reflex	5%
Trigeminal Nerve Damage		
The impairments listed in items 59–60 are assessed no earlier than 6 months after the occurrence of the stroke.		
59.	Unilateral trigeminal nerve injury with sensory impairment or neuralgia	3%
60.	Unilateral trigeminal nerve injury with impaired chewing function	5%
Damage to the Facial, Glossopharyngeal and Vagus Nerves		
The impairments listed in items 61–68 are assessed no earlier than 6 months after the occurrence of the stroke.		
61.	Unilateral facial nerve injury with partial or complete impairment of forehead wrinkling	2%
62.	Unilateral facial nerve injury with inability to fully close the eyelid	5%
63.	Unilateral facial nerve injury with partial drooping of the corner of the mouth	5%
64.	Unilateral facial nerve injury with complete drooping of the corner of the mouth	10%
65.	Unilateral facial nerve or glossopharyngeal nerve injury with partial or complete loss of taste	3%
66.	Unilateral glossopharyngeal nerve injury with neuralgia	2%
67.	Unilateral glossopharyngeal or vagus nerve injury with speech impairment	10%
68.	Unilateral glossopharyngeal or vagus nerve injury with swallowing impairment	10%
Vestibulocochlear Nerve Damage		
The impairments listed in items 69–73 are assessed no earlier than 6 months after the occurrence of the stroke. Hearing loss is calculated using an audiogram as the arithmetic mean of hearing thresholds at 500, 1000, and 2000 Hz.		
69.	Hearing loss with impairment of more than 25 dB up to 40 dB (one ear)	10%
70.	Hearing loss with impairment of more than 40 dB up to 70 dB (one ear)	15%
71.	Hearing loss with impairment exceeding 70 dB (one ear)	25%
72.	Vestibulocochlear nerve damage with tinnitus	5%
73.	Damage to the inner ear of one or both ears with vertigo or balance disorders	5%
Accessory Nerve Damage		
The impairments listed in items 74–75 are assessed no earlier than 6 months after the occurrence of the stroke.		
74.	Unilateral accessory nerve damage with paresis of the sternocleidomastoid or trapezius muscle	3%

		Percentage of permanent health impairment
75.	Unilateral accessory nerve damage with paralysis of the sternocleidomastoid or trapezius muscle	6%
Hypoglossal Nerve Damage		
The impairments listed in items 76–77 are assessed no earlier than 6 months after the occurrence of the stroke.		
76.	Unilateral hypoglossal nerve damage with unilateral paresis of the tongue	5%
77.	Unilateral hypoglossal nerve damage with unilateral paralysis of the tongue	15%