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9 4 0 6 0 9 1 2 7

PZU Na Życie Plus – Policy number

9 4 0 6 0 9 0 9 7

Child Protection – Policy number

9 4 0 6 0 9 9 1 2

Cancer Support – Policy number

Declaration number

Declaration number

Declaration number

9 4 0 6 0 8 9 8 6

Heart Health Support – Policy number

9 4 0 6 0 9 9 2 5

Family Support Plus – Policy number

Declaration number

Declaration number

The above fields are to be completed by the insurance administrator.

Group Life Insurance PZU Na Życie Plus and additional packages

☐ Application to join the insurance scheme

I am joining as:

- ☐ Primary insured (e.g. employee)
- ☐ Adult child of the primary insured
- ☐ Spouse of the primary insured
- ☐ Life partner of the primary insured

☐ Change of details declaration

Complete the section Details of the person joining the insurance. In the remaining sections, provide only the information that has changed.

Terms used in this document have the same meaning as in the General Terms and Conditions of Insurance.

-  1. Please complete in BLOCK CAPITALS 2. Sign where indicated 3. Enter dates in the format DD-MM-YYYY

Details of the person joining the insurance

Given Name

Surname

Sex: ☐ female ☐ male

PESEL
(if one has been assigned)

Date of birth
(fill in if you do not have a PESEL number assigned)

Place of birth
(fill in if you do not have a PESEL number assigned)

Citizenship ☐ Polish and/or ☐ other – please specify:

Country of permanent residence
(fill in if other than Poland)

Contact details of the person joining the insurance

Email Phone

Street Building number Flat number

City Post code Post office

Country ☐ Poland ☐ other – please specify:

Insurance option

-  Information about the available packages and additional options can be found in the offer.

I choose the following insurance cover:			
	Basic Package I	Basic Package II	Basic Package III
Insurance for:	the primary insured, their spouse/life partner and adult child	the primary insured, their spouse/life partner and adult child	the primary insured, their spouse/life partner and adult child
PZU Na Życie Plus life insurance and additional packages	60,00 zł PZU Na Życie Plus (Option I): 60,00 zł	74,00 zł PZU Na Życie Plus (Option II): 74,00 zł	70,00 zł PZU Na Życie Plus (Option III): 70,00 zł

I extend the cover to include the following additional packages:

*Note

Enrolment in the Cancer Support and Heart Health Support packages requires submission of an additional declaration, included in the declarations section. If you are unable to provide this declaration, please do not select these additional packages.

Child Protection Option I Option II	Select one option: ☐ PLN 15.00 ☐ PLN 23.00
Cancer Support Option I Option II Option III	Select one option: ☐ PLN 21.00 ☐ PLN 31.00 ☐ PLN 47.00
Heart Health Support Option I Option II	Select one option: ☐ PLN 20.00 ☐ PLN 30.00
Family Support Plus (applies only to the Primary insured) Option I	Select one option: ☐ PLN 17.00

Beneficiaries

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Enter the details of the person(s) who are to receive the benefit in the event of your death. If you fail to do so, the benefit will be paid to the person(s) specified in the General Terms and Conditions of Insurance. If you are completing a change of details declaration, list all beneficiaries you wish to nominate (even if, for example, only one of two previously nominated persons has changed).

No.	Surname and given name / Name of the entity	PESEL (if applicable) / REGON (National Business Registry Number)	Date and place of birth (if no PESEL has been assigned)	% of benefit
1				%
2				%
3				%
				TOTAL: 100%

Details of life partner

 Fill in if you are not married but have a life partner. By doing so, your partner will be treated as a spouse for the purposes of the policy, for example you may be entitled to receive a benefit upon the death of your partner's parents (if such benefit is included within your scope of cover).

Given name _____

Surname _____

PESEL
(fill in if your life partner has a PESEL number assigned)

Date of birth -
(fill in if your life partner does not have a PESEL number assigned)

Place of birth _____
(fill in if your life partner does not have a PESEL number assigned)

Citizenship ☐ Polish and/or ☐ other – please specify:

Confirmation by the primary insured (employee)

 This section must be completed by the employee (the primary insured) on the application of a child, spouse or life partner.

Given name _____

Surname _____

PESEL

Date of marriage -
(applicable to spouse only)

Date -

Signature of the primary insured _____
(employee)



Declarations of the person joining the insurance

Declarations and consents required for insurance cover

- I wish to be covered by insurance with the sum insured and on the terms and conditions set out in the policy, which were provided to me prior to joining the insurance.
- I consent to PZU Życie SA applying to healthcare providers, within the meaning of the applicable legislation governing medical activity, who have provided healthcare services to me or to my minor children, for the disclosure of information concerning my state of health and the state of health of my minor children, as specified in Article 38(2) of the Act on Insurance and Reinsurance Activity, namely: the reasons for hospitalisation and outpatient treatment; diagnostic tests carried out during such treatment and their results (excluding genetic tests); other healthcare services provided; the outcomes of treatment; and the results of a post-mortem examination, if one has been performed. I further authorise PZU Życie SA to apply to the above-mentioned entities for the provision to PZU Życie SA of copies of my medical records and the medical records of my minor children. I consent to PZU Życie SA applying to the National Health Fund for the disclosure of information concerning the names and addresses of healthcare providers who have provided healthcare services to me or to my minor children in connection with the occurrence of an insured event. The above consents and authorisation are given for the purpose of enabling PZU Życie SA to determine its liability and the amount of benefit payable in connection with an insured event. On the basis of the above consents and authorisation, PZU Życie SA shall also be entitled to request the above-mentioned information, data and medical documentation after my death or after the death of my minor children.
- As at the date of signing this application to join the insurance, I am not on sick leave, hospitalised, in a hospice or long-term care facility, in receipt of rehabilitation benefit, nor have I been declared incapable of work or incapable of service by a decision of a competent authority.
This declaration shall apply unless the insurance contract provides otherwise.
- Additional health declaration to be completed by the SPOUSE, LIFE PARTNER or ADULT CHILD who, immediately prior to joining the insurance:
 - were not covered by another PZU Życie SA group life insurance policy; or
 - were covered by such insurance for less than 12 months; or
 - were covered by such insurance for at least 12 months but without continuity of cover.(do not cross out or amend the wording of this declaration).
I declare that:
 - I have never been diagnosed with any of the following conditions, nor am I currently undergoing investigation for symptoms of any of them:
 - atherosclerosis, aortic aneurysm, pulmonary embolism, venous thrombosis, ischaemic heart disease (coronary artery disease), myocardial infarction (heart attack), valvular heart disease, atrial fibrillation, transient cerebral ischaemic attacks, intracranial haemorrhage, stroke,
 - Alzheimer's disease, multiple sclerosis, epilepsy,
 - chronic obstructive pulmonary disease;
 - chronic renal failure;
 - alcoholic liver disease; toxic liver damage; liver failure; chronic hepatitis; liver cirrhosis; chronic pancreatitis;
 - diabetes (excluding gestational diabetes); rheumatoid arthritis; HIV infection.
- Within the last 10 years, I have not been diagnosed with any malignant tumour, nor am I currently undergoing investigations in respect of symptoms of a malignant tumour.
 - Within the last 10 years, I have not undergone, as a recipient, a liver, heart, kidney, lung or bone marrow transplant, nor am I currently awaiting such a transplant.**IMPORTANT NOTICE!** If any part of the above declaration is untrue in your case and you nevertheless join the insurance, PZU Życie SA may, in accordance with Article 815 of the Polish Civil Code, refuse to pay a benefit.
This declaration shall apply unless the insurance contract provides otherwise.
- Applicable to the additional Heart Health Support package:
I declare that:
 - in the last 12 months I have not been referred for any diagnostic tests (other than routine screening), hospitalisation, surgery or other treatment in connection with: heart defects, valvular heart disease, stroke/cerebral haemorrhage, myocardial infarction (heart attack), cardiomyopathy, coronary artery or aortic surgery, aortic aneurysm, heart muscle transplantation, ischaemic heart disease (coronary artery disease), atherosclerosis, vasculitis, cardiac arrhythmias/heart failure, diseases of the pericardium or endocardium, deep vein thrombosis, pulmonary embolism, obesity (BMI over 35), or diabetes (excluding gestational diabetes);
 - in the last 3 years I have not been diagnosed with, nor have I received treatment for, any of the conditions listed in point 1 above.
- Applicable to the additional Cancer Support package:
I declare that:
 - in the last 6 months I have not been referred for any diagnostic test (other than routine screening), hospitalisation, surgery or other medical treatment in connection with suspected cancer or a pre-cancerous condition;
 - I am not currently undergoing, nor awaiting, diagnostic tests for cancer or a pre-cancerous condition.
- I confirm that I have read the information regarding the processing of my personal data contained in the document "Information from the Personal Data Controller (PZU Życie SA)", which has been provided to me.

Marketing consents

BENEFITS AND SPECIAL OFFERS:

Access to special offers, discounts and promotions on all products of the PZU Group.

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Mark **X** in the boxes below if you agree.

1. * I consent to PZU Życie SA disclosing my personal data to entities within the PZU Group, i.e. PZU SA, PTE PZU SA, TFI PZU SA, PZU Pomoc SA, PZU Zdrowie SA, PZU CO SA, Link4 TU SA, PEKAO SA, Alior Bank SA, for their own marketing purposes, including profiling aimed at identifying preferences or needs relating to insurance and other financial products and presenting an appropriate offer.

You will receive special offers, discounts and promotions relating to our insurance products by email or by SMS/MMS messages.

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2. I consent to receiving marketing communications from PZU SA, PZU Życie SA, PTE PZU SA, TFI PZU SA, PZU Pomoc SA, PZU Zdrowie SA, PZU CO SA, Link4 TU SA, PEKAO SA, Alior Bank SA via electronic means (e-mail, SMS/MMS).

We may contact you when we have attractive offers, discounts or promotions.

☐

3. I consent to receiving marketing communications from PZU SA, PZU Życie SA, PTE PZU SA, TFI PZU SA, PZU Pomoc SA, PZU Zdrowie SA, PZU CO SA, Link4 TU SA, PEKAO SA, Alior Bank SA via voice calls (telephone conversations, IVR voice messages).

You may receive information about special offers even after your contract has ended.

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4. I consent to the processing of my personal data by PZU Życie SA for the purpose of providing me with marketing communications relating to insurance and other financial products

Names and addresses of the companies referred to in the marketing consents

Short name of the company	Full name of the company	Registered office address
PZU SA	Powszechny Zakład Ubezpieczeń Spółka Akcyjna	Rondo Ignacego Daszyńskiego 4, 00-843 Warsaw
PZU Życie SA	Powszechny Zakład Ubezpieczeń na Życie Spółka Akcyjna	Rondo Ignacego Daszyńskiego 4, 00-843 Warsaw
PTE PZU SA	Powszechne Towarzystwo Emerytalne PZU Spółka Akcyjna	Rondo Ignacego Daszyńskiego 4, 00-843 Warsaw
TFI PZU SA	Towarzystwo Funduszy Inwestycyjnych PZU Spółka Akcyjna	Rondo Ignacego Daszyńskiego 4, 00-843 Warsaw
PZU Pomoc SA	PZU Pomoc Spółka Akcyjna	Rondo Ignacego Daszyńskiego 4, 00-843 Warsaw
PZU Zdrowie SA	PZU Zdrowie Spółka Akcyjna	Rondo Ignacego Daszyńskiego 4, 00-843 Warsaw
PZU CO SA	PZU Centrum Operacji Spółka Akcyjna	Rondo Ignacego Daszyńskiego 4, 00-843 Warsaw
Link4 TU SA	Link4 Towarzystwo Ubezpieczeń Spółka Akcyjna	ul. Postępu 15, 02-676 Warsaw
PEKAO SA	Bank Polska Kasa Opieki Spółka Akcyjna	ul. Żubra 1, 01-066 Warsaw
Alior Bank SA	Alior Bank Spółka Akcyjna	ul. Chmielna 69, 00-801 Warsaw

Information

- You have the right to withdraw your consent to the processing of your personal data to the extent covered by that consent. You may withdraw your consent at any time at a branch office or by sending an email to kontakt@pzu.pl or by submitting a written notice to PZU, ul. Postępu 18a, 02-676 Warsaw. In accordance with applicable law, we may process your data until your consent is withdrawn.
- PZU Życie SA provides the mojePZU online service to enable the insured to perform activities related to the policy remotely. Access to mojePZU is available after logging in and accepting the mojePZU Terms and Conditions. An account on mojePZU may be created in accordance with the terms and conditions set out at <https://moje.pzu.pl>. Use of mojePZU is voluntary and free of charge.

Date . -

Signature of the person joining the insurance



Employment information – to be completed by the policyholder (employer)

Type of legal relationship between the primary insured and the policyholder:

☐ employment contract ☐ contract for specific work ☐ contract for the provision of services ☐ other – please specify:

The primary insured has been in a legal relationship with the policyholder since .

.

Date

Policyholder's stamp

Signature and stamp or legible signature of the person administering the insurance