

Employee Consent for the Deduction of Life Insurance Premiums from Salary

DATE:2026r.

EMPLOYEE NAME AND SURNAME:

PESEL(National Identification Number) PHONE NUMBER.....

EMPLOYEE DECLARATION for employees of (tick the appropriate company):

☐ Assa Abloy Opening Solutions Poland SA ☐ Assa Abloy Mercor Doors Sp. z o. o. ☐ Donimet Bis Sp. z o.o.

I hereby declare that I have read and understood the terms and conditions of the group insurance provided by PZU Życie S.A. and consent to the monthly deduction from my remuneration for work, sick pay, social insurance benefits and any other amounts due to me from my employer of the premium selected by me in respect of the group life insurance, starting from the remuneration due for the month of ... 202....

BASIC INSURANCE

☐ **I consent** to enrolment in the PZU ŻYCIE S.A. **basic insurance** and to the following monthly premium being deducted:

☐ W1 60 PLN ☐ W2 74 PLN ☐ W3 70 PLN

Co-insurance of a **family member** (spouse/life partner, adult child):

Full name of the co-insured person - premium: PLN

Full name of the co-insured person - premium: PLN

Full name of the co-insured person - premium: PLN

☐ I knowingly **decline** the option to enrol in the group insurance.

ADDITIONAL INSURANCE (for persons enrolled in a basic option):

Child Package – Child Protection for me for the monthly premium: ☐ D1 PLN 15.00 ☐ D2 PLN 23.00

Child Package – Child Protection for a family member

Full name of the co-insured person - premium: PLN

Full name of the co-insured person - premium: PLN

Cancer Support Package for me for the monthly premium: ☐ WN1 PLN 21.00 ☐ WN2 PLN 31.00 ☐ WN3 PLN 47.00

Full name of the co-insured person - premium: PLN

Full name of the co-insured person - premium: PLN

Heart Support Package for me for the monthly premium: ☐ WS1 PLN 20.00 ☐ WS2 PLN 30.00

Full name of the co-insured person - premium: PLN

Full name of the co-insured person - premium: PLN

Important! For the Employee only – Support for Loved Ones Package for the monthly premium: WB PLN 17.00

Total monthly premium deducted from my remuneration: PLN.

THE DECLARATION MUST BE SIGNED AND SUBMITTED BY THE 25TH DAY of the month preceding the month in which insurance cover is to commence to the Payroll Department – Payroll Shared Service Center at the company's registered office. The premium will be deducted starting from the remuneration due for the month in which cover under the group insurance commences. Withdrawal of this consent must be made in writing and submitted by the 25th day of the month preceding the month in which insurance cover is to end or its scope is to change.

.....EMPLOYEE'S SIGNATURE