



## **Group Life Insurance for Employees of ASSA ABLOY Group Companies and Their Family Members**

September 2026



## Presentation Agenda

- **CHANGE OF THE GROUP LIFE INSURANCE PROGRAM – Who Does It Affect?**
- **KEY DATES – ENROLLMENT ON PREFERENTIAL TERMS: Three Effective Dates Important: **October 1, November 1, and December 1, 2026****
- **NEW INSURANCE COVERAGE – What Benefits Are Available?**
- **HOW TO ENROLL IN THE PROGRAM AND KEY DEADLINES – What Do You Need to Do?**
- **PROGRAM GUIDELINES – How to Submit Claims**
- **QUESTIONS**



## Group Life Insurance Program Change



In **October 1, 2026**, a new **PZU Zycie** group life insurance program will come into effect for employees:

- **Assa Abloy Opening Solutions Poland S.A.**
- **Assa Abloy Mercor Doors Sp. z o.o.**
- **Donimet BIS Sp. z o.o.**

Insurance coverage may also be extended to employees' family members, including a spouse/partner, an adult child, and a minor child under a dedicated child coverage package.

**ENROLLMENT REQUIRES ACTION ON YOUR PART!**

A man with glasses and a blue shirt stands at the head of a long wooden table, presenting to a group of six people seated around the table. The room has large windows and modern decor. A large white circle with a blue arrow points from the text to the meeting scene.

# Enrollment rules and coverage of the new insurance plan

62.920  
Cumplimiento de valores  
Aumento de precios  
Crecimiento anual validado  
Aumento en valores indicados  
Mercado anual en desventaja  
1.401.577  
Valor  
Precio  
Funcionamiento de la empresa  
Origen de actividades cobradas

## Structure of the Insurance Program – 3 – Year Premium Rate Guarantee :



**Basic Package:**  
- 3 warriants to choose:  
**60 zł, 74 zł, 70 zł**



**+ VOLUNTARY INSURANCE PACKAGES-**  
All basic package members can extend  
their insurance coverage



### Premiums for Optional Packages:

- **Life Plus – 1 option: 17 zł\***  
**\*Note: this package is available to employees only**
- **Child Protection Coverage – 2 options: 15 zł, 23 zł**
- **Cancer Support Coverage – 3 options: 21 zł, 31 zł, 47 zł**
- **Heart Health Support Coverage– 2 options: 20 zł, 30 zł**



# Key benefits of the new group insurance:

- ✓ **No waiting periods for the full insurance coverage** (Basics 1-3) for employees who enroll within the first 3 months of the program launch or within 3 months of becoming eligible (employment, marriage, or reaching the age of majority)
- ✓ **No medical underwriting for employees, spouses, domestic partners, and adult children**, provided they enroll in the insurance plan effective **01-10-2026r**
- ✓ **Continuation of insurance coverage for insured members under the current plans (employees, spouses, domestic partners, and adult children) provided they enroll on the initial effective date. 01-10-2026r** (e.g., ongoing illness, hospital stay, or sick leave)
- ✓ **Higher benefit amounts** across all insurance options, including hospital stay benefits and pharmacy card benefits.
- ✓ **Benefit payable** upon the death of a parent-in-law under all insurance **options**.
- ✓ Coverage for **events arising from both recreational and competitive sports activities**, including recreational martial arts, motor sports, powerboating, aviation sports, rock climbing and mountaineering (above 2,000 meters above sea level), caving, scuba diving with specialized breathing equipment, diving, and bungee jumping



## Advantages of the New Program – Whats new?

- ✓ **NEW!** A benefit for early stage cancer (in situ) has been added under the Insured Person's critical illness coverage.
- ✓ **NEW!** Coverage for hospital stays of up to 365 days per policy year, including a benefit for Emergency Department visits  
Benefit paid for each day of the insured person's hospital stay lasting at least 1 day due to illness or accident
- ✓ **NEW!** Death benefit for a child, regardless of the child's age
- ✓ **NEW!** Expanded critical illness coverage including 73 covered conditions
- ✓ **NEW!** Benefit payable for each covered medical condition occurring within consecutive 12-month periods. Excluded are conditions that occurred or were subject to diagnostic or treatment procedures during the 3 years preceding the start of coverage (continuous coverage under the previous insurance plan will be taken into account)
- ✓ Coverage includes 610 types of surgical procedures classified into 5 categories, as well as an open catalogue of surgical operations



## Key Benefits of the New Program – What's New?:

- ✓ **NEW:** Family members **may choose any** Basic Package option regardless of the option selected by the employee.
- ✓ **NEW!** The selected option may be changed at any time, **subject to waiting periods applying only to the increased benefit amounts.**
- ✓ **NEW!** Insured family members may purchase optional coverage packages (except the SUPPORT Life Plus package)
- ✓ **NEW! SUPPORT LIFE PLUS** package an option **for employees** to increase their death benefit sum insured **by PLN 50,000** without any medical underwriting.  
All insurance-related matters can be handled online through the mojePZU portal
- ✓ **NOWOŚĆ!** Insurance-related matters can also be handled **in person at PZU branches nationwide.**



# Who Is Eligible to Enroll?

The insurance program is available to:

- Employees under **age 69, or up to age 75 if continuous insurance coverage is maintained (applies to Basic Packages).**
- **Optional Packages:** employees **up to age 69**
- Spouses, domestic partners, and adult children under **age 69** (applies to both Basic and Optional Packages)
- **Employees actively at work on the date of enrollment.**

➤ **Important Notice!** Employees, spouses, domestic partners, and adult children may enroll in PZU Na Życie Plus even if they are: including on sick leave, hospitalized, or officially recognized as unable to work, – provided that continuity of insurance coverage with PZU or another insurer is maintained.



- **Continuity of Coverage** The right to retain insurance continuity and acquired rights from the previous insurance program will be preserved, provided that enrollment takes place **on the first enrollment date, October 1, 2026**, without any break in coverage.
- **Action Required** To join the PZU Życie program, enrollment documents must be submitted by **September 25, 2026.**



A man with glasses and a black shirt is holding a tablet, and a woman with a white polka-dot shirt is looking at it. They are in an office setting with shelves and plants in the background. A large white circle with a blue swoosh is overlaid on the left side of the image.

## Basic Package

# Where Can I Find All Documents Related to the New Program?



For more information and complete documentation related to the insurance program, please visit:

[www.pzu.pl/assaabloy](http://www.pzu.pl/assaabloy)



## ✓ What's Available on the Website?

- Information Leaflets
- General Terms and Conditions of Insurance (GTCI)
- Policy Exceptions / Deviations from the General Terms and Conditions
- Consent Form for Premium Payroll Deductions
- Enrollment Declaration Form

### IMPORTANT!

**A dedicated website has been created specifically for this program.**

[www.pzu.pl/assaabloy](http://www.pzu.pl/assaabloy)

### TECHNICAL SUPPORT – **MOJE PZU** ACCOUNT

**Call: +48 799 699 007, select option 5, then option 1 for assistance.**

# Program Structure – Basic Package



## PZU Na Życie Plus Group Insurance Basic Package

The table below presents the proposed insurance terms and benefit amounts for individual insured events. The benefit amount represents the cumulative total of benefits payable under the General Terms and Conditions of Insurance (GTC), which is paid upon the occurrence of a covered event.

| SCOPE OF COVERAGE                                                                            | OPTION 1                                                                              | OPTION 2    | OPTION 3    |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------|-------------|
| Option Name                                                                                  | I                                                                                     | II          | III         |
| Coverage for:                                                                                | the primary insured and an eligible dependent: a spouse or partner, or an adult child |             |             |
| FAMILY SUPPORT                                                                               |                                                                                       |             |             |
| • death of the insured                                                                       | 65 000 PLN                                                                            | 80 000 PLN  | 100 000 PLN |
| • death of the insured as a result of an accident                                            | 140 000 PLN                                                                           | 180 000 PLN | 200 000 PLN |
| • death of the insured as a result of a traffic accident                                     | 240 000 PLN                                                                           | 290 000 PLN | 325 000 PLN |
| • death of the insured as a result of a work-related accident                                | 240 000 PLN                                                                           | 290 000 PLN | 325 000 PLN |
| • death of the insured as a result of a work-related traffic accident                        | 340 000 PLN                                                                           | 400 000 PLN | 450 000 PLN |
| • orphaning of a child                                                                       | 5 000 PLN                                                                             | 5 000 PLN   | --          |
| SUPPORT FOR YOU                                                                              |                                                                                       |             |             |
| • death of a spouse or partner                                                               | 15 000 PLN                                                                            | 15 000 PLN  | 15 000 PLN  |
| • death of a spouse or partner as a result of an accident                                    | 25 000 PLN                                                                            | 30 000 PLN  | 25 000 PLN  |
| • death of a spouse or partner as a result of a traffic accident - additional benefit amount | 10 000 PLN                                                                            | 15 000 PLN  | 10 000 PLN  |
| • death of a child                                                                           | 5 000 PLN                                                                             | 5 000 PLN   | --          |
| • death of a child as a result of an accident                                                | 10 000 PLN                                                                            | 10 000 PLN  | --          |
| • death of the insured's parent or the parent of the insured's spouse or partner             | 2 000 PLN                                                                             | 2 500 PLN   | 2 500 PLN   |
| • childbirth                                                                                 | 1 750 PLN                                                                             | 2 000 PLN   | --          |
| • stillbirth                                                                                 | 4 375 PLN                                                                             | 5 200 PLN   | --          |



# Program Structure – Basic Package – Serious Illnesses



| SCOPE OF COVERAGE                                                            | OPTION 1  | OPTION 2   | OPTION 3   |
|------------------------------------------------------------------------------|-----------|------------|------------|
| Option Name                                                                  | I         | II         | III        |
| ILLNESS SUPPORT                                                              |           |            |            |
| • serious illness of the insured - <i>rozszerzony extra coverage</i>         | 7 500 PLN | 13 000 PLN | 13 000 PLN |
| • diagnosis of early-stage malignant cancer in the insured                   | 1 875 PLN | 3 250 PLN  | 3 250 PLN  |
| • serious illness of a spouse or partner - <i>rozszerzony extra coverage</i> | 4 000 PLN | 5 000 PLN  | 5 000 PLN  |
| • diagnosis of early-stage malignant cancer in a spouse or partner           | 1 000 PLN | 1 250 PLN  | 1 250 PLN  |
| • serious illness of a child                                                 | --        | 5 000 PLN  | --         |



| INSURANCE NAME                                                                                                                              | LIST OF DISEASES/MEDICAL PROCEDURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| serious illness of the insured<br>and serious illness of the spouse or partner<br><br>- <i>rozszerzony ekstra / extended extra coverage</i> | bacterial encephalitis or bacterial meningitis, bacterial endocarditis, echinococcosis involving the brain, Lyme neuroborreliosis, Lyme carditis, total loss of speech, total hearing loss in both ears, total blindness in both eyes, Borrelia lymphoma, Addison's disease, Alzheimer's disease, Creutzfeldt-Jakob disease, Huntington's disease, Crohn's disease with complications, motor neuron disease (amyotrophic lateral sclerosis), coronary artery disease treated with coronary artery bypass graft surgery (CABG), Parkinson's disease, cardiac conduction system disease treated with pacemaker implantation, pituitary adenoma, tuberculosis requiring hospital treatment, pheochromocytoma, idiopathic pulmonary hypertension, hypertrophic cardiomyopathy, Takotsubo cardiomyopathy, tick-borne encephalitis, intracranial hematoma treated surgically, myasthenia gravis, aplastic anemia, benign brain tumor, benign spinal cord tumor, malignant cancer, frostbite requiring hospital treatment, peripartum loss of the uterus, esophageal burn with perforation, burns requiring hospital treatment, primary sclerosing cholangitis, fulminant viral hepatitis, kidney or partial liver donation for transplantation, paralysis of limbs resulting from spinal cord injury, progressive supranuclear palsy, chronic kidney disease requiring renal replacement therapy, rheumatoid arthritis with disability, brain abscess treated surgically, disseminated intravascular coagulation (DIC), idiopathic pulmonary fibrosis, sarcoidosis, end-stage respiratory failure, end-stage liver failure, sepsis, nonunion fracture (pseudoarthrosis), multiple sclerosis, coma with severe neurological sequelae due to brain injury, abdominal aortic aneurysm treated surgically, thoracic aortic aneurysm treated surgically, cerebral aneurysm treated interventionally, tetanus, systemic lupus erythematosus with internal organ involvement, transplantation, systemic sclerosis with internal organ involvement, stroke with permanent neurological deficit, traumatic brain injury, loss of limb, hydrocephalus treated neurosurgically, ulcerative colitis with complications, rabies, HIV infection resulting from blood transfusion, occupational HIV infection, infected pancreatic necrosis, valvular heart disease treated with valve implantation, pulmonary embolism, myocardial infarction, short bowel syndrome, ankylosing spondylitis, gas gangrene, granulomatosis with polyangiitis (Wegener's) |

## Critical Illnesses of a Child

bacterial endocarditis, total hearing loss in at least one ear, total loss of vision in at least one eye, Crohn's disease, severe burns, type 1 diabetes, muscular dystrophy, poliomyelitis (Heine-Medin disease), neuroborreliosis, aplastic anemia, hemolytic anemia, benign brain tumor, malignant cancer, paralysis of limbs resulting from spinal cord injury, chronic kidney failure, end-stage liver failure, sepsis, coma, tetanus, systemic lupus erythematosus, transplantation, loss of limb, rabies, HIV infection resulting from blood transfusion, encephalitis, meningitis



# Program Structure – Basic Package – Hospital Care Benefits

| ZAKRES UBEZPIECZENIA                                                                                                            | WARIANT 1                                                                                        | WARIANT 2 | WARIANT 3 |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------|-----------|
| Nazwa wariantu                                                                                                                  | I                                                                                                | II        | III       |
| POST-HOSPITALIZATION SUPPORT                                                                                                    |                                                                                                  |           |           |
| • hospital treatment of the insured:                                                                                            | minimum 1-day hospitalization due to illness or minimum 1-day hospitalization due to an accident |           |           |
| • for each day of hospitalization due to illness                                                                                | 100 PLN                                                                                          | 100 PLN   | 100 PLN   |
| • for each day of hospitalization due to an accident (for the first 14 days of hospitalization)                                 | 250 PLN                                                                                          | 250 PLN   | 250 PLN   |
| • for each day of hospitalization due to an accident (from the 15th day of hospitalization)                                     | 200 PLN                                                                                          | 200 PLN   | 200 PLN   |
| • for each day of hospitalization due to a traffic accident (for the first 14 days of hospitalization)                          | 350 PLN                                                                                          | 350 PLN   | 350 PLN   |
| • for each day of hospitalization due to a traffic accident (from the 15th day of hospitalization)                              | 300 PLN                                                                                          | 300 PLN   | 300 PLN   |
| • for each day of hospitalization due to a work-related traffic accident (for the first 14 days of hospitalization)             | 400 PLN                                                                                          | 400 PLN   | 400 PLN   |
| • for each day of hospitalization due to a heart attack or stroke (for the first 14 days of the first hospitalization)          | 200 PLN                                                                                          | 200 PLN   | 200 PLN   |
| • intensive care unit (ICU) stay (one-time benefit per stay)                                                                    | 1 000 PLN                                                                                        | 1 000 PLN | 1 000 PLN |
| • for each day of recovery - for each day of certified sick leave (up to 30 days following a hospital stay of at least 14 days) | 50 PLN                                                                                           | 50 PLN    | 50 PLN    |
| • sanatorium stay (one-time benefit per stay)                                                                                   | 700 PLN                                                                                          | 700 PLN   | 700 PLN   |
| • pharmacy card - collection of products from a pharmacy up to a value of:                                                      | 200 PLN                                                                                          | 200 PLN   | 250 PLN   |
| • insured's specialist treatment                                                                                                | 3 500 PLN                                                                                        | 3 500 PLN | 5 000 PLN |
| • surgical procedure performed on the insured:                                                                                  | YES                                                                                              | YES       | YES       |
| • I class                                                                                                                       | 5 000 PLN                                                                                        | 5 000 PLN | 5 000 PLN |
| • II class                                                                                                                      | 2 500 PLN                                                                                        | 2 500 PLN | 2 500 PLN |
| • III class                                                                                                                     | 1 500 PLN                                                                                        | 1 500 PLN | 1 500 PLN |
| • IV i V class                                                                                                                  | 500 PLN                                                                                          | 500 PLN   | 500 PLN   |
| • procedures not listed in the Surgical Procedures List                                                                         | 250 PLN                                                                                          | 250 PLN   | 250 PLN   |

Increased

Increased



## Specialized Treatment – Procedures

ablation, chemotherapy or radiotherapy for cancer, Gamma Knife or CyberKnife radiosurgery for cancer, dialysis, interferon therapy, radioiodine therapy for non-cancerous thyroid disorders, implantation of a cardioverter-defibrillator (ICD), implantation of a cardiac resynchronization therapy (CRT) device, implantation of a cardiac pacemaker



# Program Structure – Basic Package – Accident Benefits

| SCOPE OF COVERAGE                                                                                | OPTION 1   | OPTION 2   | OPTION 3   |
|--------------------------------------------------------------------------------------------------|------------|------------|------------|
| Option Name                                                                                      | I          | II         | III        |
| POST-ACCIDENT SUPPORT                                                                            |            |            |            |
| * total and permanent disability preventing the insured from working and living independently    | 20 000 PLN | 35 000 PLN | 50 000 PLN |
| * permanent impairment resulting from an accident                                                | BASIC      | BASIC      | BASIC      |
| * for each 1% of permanent impairment specified in the Basic Coverage Permanent Impairment Table | 650 PLN    | 650 PLN    | 850 PLN    |
| INDIVIDUAL CONTINUATION OF COVERAGE                                                              |            |            |            |
| * right to individual continuation of coverage                                                   | YES        | YES        | YES        |
| ASSISTANCE SERVICES                                                                              |            |            |            |
| * Support during illness                                                                         | YES        | YES        | YES        |
| Monthly Premium per Person                                                                       | 60 PLN     | 74 PLN     | 70 PLN     |



It provides support during times of ill health, offering additional financial assistance or service organizations in the event of a sudden hospital stay, surgery, or an accident.

## What Does the Insurance Cover?

**Medical Coordination** - Arranging Doctor's Appointments or Medical Transportation

**Post-hospitalization support**, organization of home care

**Assistance with daily tasks**, including care during a hospital stay and babysitting for children, the elderly, and pets



## Contact Numbers

**801 102 102** – for landline calls

**22 566 55 55** – for mobile phone calls and calls from abroad

### What should you have ready before calling?

Personal details: **First name, last name, and PESEL number of the insured person.**

Policy number: **If available, please have it ready, as it will facilitate claim registration.**

Description of the situation: **Information about what happened and the type of assistance required (e.g., transportation to a hospital, home rehabilitation, childcare support).**

A man with glasses and a black shirt is holding a tablet, and a woman with a white polka-dot shirt is looking at it. They are in an office setting with shelves and plants in the background. A large white circle with a blue swoosh is overlaid on the left side of the image.

# **Voluntary Packages**

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## Voluntary Packages

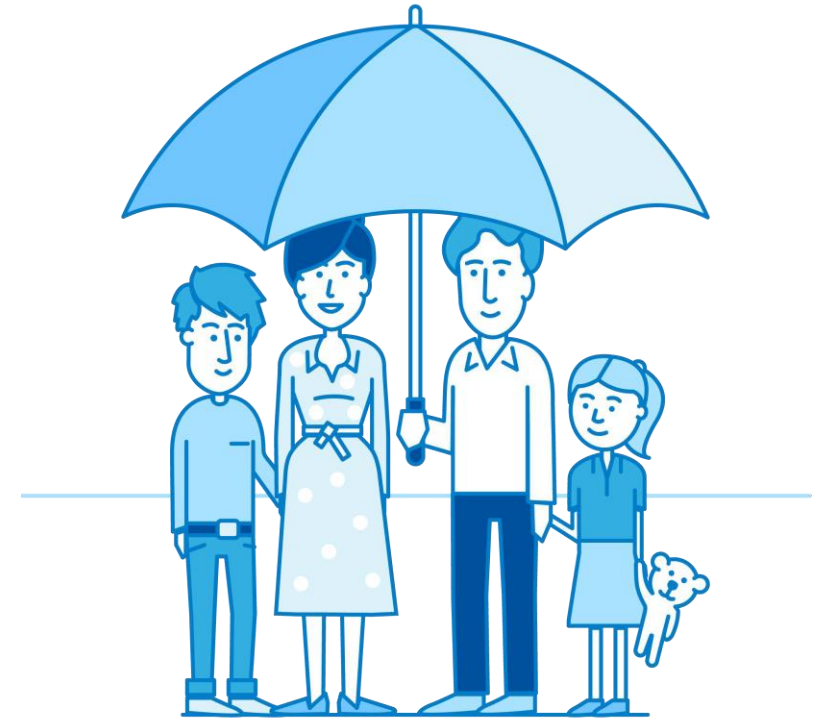
Discover our optional coverage packages and enjoy enhanced protection against unexpected events.

**To enroll in any Additional Package, you must first select one of the Basic Life Insurance Packages.**

If an event covered under both the Basic Policy and an Additional Package occurs, you will receive benefit payments under both policies.

### **IMPORTANT!**

**Your family member may enroll in a different Additional Package than the employee.**



# Program Structure – Additional Package for Employees Only



## Family Support Plus



The package is available to employees only. Family members are not eligible to enroll.

| EVENT                                                | BENEFIT       |
|------------------------------------------------------|---------------|
|                                                      | OPTION I      |
| Death of the insured                                 | 50 000 PLN    |
| Death of the insured due to a heart attack or stroke | 75 000 PLN    |
| Orphaning of a child                                 | 12 500 PLN    |
| <b>MONTHLY PREMIUM PER PERSON</b>                    | <b>17 PLN</b> |

The benefit payable in the event of the insured's death caused by a heart attack or stroke is the cumulative amount of benefits payable under the General Terms and Conditions of Insurance (GTC) and the additional policy provisions applicable to the event concerned.

No waiting periods apply during the first three months following the launch of the insurance program (October 1, 2026 through December 1, 2026). After this period, the following waiting periods apply: death of the insured (6 months), death of the insured caused by a heart attack or stroke (6 months), orphaning of a child (6 months).



# Program Structure – Voluntary Package – Child Package



## Child Coverage

| CHILD COVERAGE PACKAGE - NO WAITING PERIODS APPLY                                                                             | OPTION I I         | OPTION II          |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|
| Permanent impairment of a child's health resulting from an accident<br>(the benefit amount depends on the type of impairment) | % of<br>15 000 PLN | % of<br>20 000 PLN |
| Permanent impairment of a child's health resulting from an accident -<br>medical services                                     | --                 | YES                |
| Serious illness of the child<br>26 covered conditions                                                                         | 10 000 PLN         | 15 000 PLN         |
| Serious illness of the child - medical services                                                                               | YES                | YES                |
| Hospital treatment of the child                                                                                               |                    |                    |
| • for each day of hospitalization due to illness<br>(minimum 4-day stay required)                                             | 50 PLN             | 75 PLN             |
| • for each day of hospitalization due to an accident<br>(minimum 4-day stay required)                                         | 100 PLN            | 150 PLN            |
| Hospital treatment of the child - medical services                                                                            | --                 | YES                |
| MONTHLY PREMIUM                                                                                                               | 15 PLN             | 23 PLN             |



A single premium covers all of the insured's children.

The premium for the selected option includes death benefit coverage for the insured (sum insured: PLN 100) at a cost of PLN 0.25 per month.

The package covers children up to age 18, or up to age 25 if they are in full-time education. The hospitalization benefit for a child applies from 3 months of age until age 18, or age 25 if the child is in full-time education.

No waiting periods apply during the first three months following the launch of the insurance program (October 1, 2026 through December 1, 2026). After this period, the following waiting periods will apply: hospitalization of a child (30 days) and serious illness of a child (90 days).

No health declaration is required from employees, spouses, partners, or adult children.

# Program Structure - Voluntary Package – Oncology Package



## Cancer Support



| EVENT                                                                                                                                            | OPTION I   | OPTION II  | OPTION III |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|
| Severe Oncological Disease – benign brain tumor, malignant cancer, benign spinal cord tumor                                                      | 30 000 PLN | 50 000 PLN | 80 000 PLN |
| Severe Oncological Disease - medical services                                                                                                    | YES        | YES        | YES        |
| Occurrence of early-stage malignant cancer                                                                                                       | 4 000 PLN  | 8 000 PLN  | 10 000 PLN |
| International Medical Consultation and Assistance Services (basic)                                                                               | YES        | YES        | YES        |
| Specialist treatment                                                                                                                             | 1 000 PLN  | 1 000 PLN  | 1 000 PLN  |
| Specialized cancer treatment – chemotherapy, radiotherapy for cancer, Gamma Knife radiosurgery for cancer, or CyberKnife radiosurgery for cancer | 3 000 PLN  | 6 000 PLN  | 8 000 PLN  |
| Hospital treatment                                                                                                                               |            |            |            |
| • for each day of hospitalization due to a severe oncological (minimum 4-day stay required)                                                      | 50 PLN     | 75 PLN     | 100 PLN    |
| • for each day of hospitalization due to an accident (minimum 4-day stay required)                                                               | 25 PLN     | 37.50 PLN  | 50 PLN     |
| MONTHLY PREMIUM PER PERSON                                                                                                                       | 21 PLN     | 31 PLN     | 47 PLN     |



If you are enrolled in the current Oncology Package, your insurance coverage will continue without interruption.

The premium for the selected option includes death benefit coverage for the insured (sum insured: PLN 100) at a cost of PLN 0.25 per month.

Before enrolling, please review the Health Declaration included in the insurance enrollment form.

**IMPORTANT!** The Health Declaration does not apply to individuals enrolling with continuity of coverage under an equivalent insurance package. Enrollment in the Cancer Support Package is subject to good health. You will not be eligible for coverage if you have been diagnosed with or treated for any oncological condition within the past three years, or if diagnostic tests aimed at detecting cancer have been performed within the past 12 months.

No waiting periods apply during the first three months following the launch of the insurance program (October 1, 2026 through December 1, 2026).

After this period, the following waiting periods will apply: hospitalization of the insured (30 days), international medical consultation and assistance services (30 days), severe oncological disease of the insured (90 days), occurrence of early-stage malignant cancer in the insured (90 days), specialist treatment of the insured (90 days).



# Program Structure – Voluntary Package – Cardiology Package



## Heart Support

| EVENT                                                                                                                                                                                                                                   | OPTION I           | OPTION II          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|
| Permanent impairment resulting from a heart attack or stroke<br>(the benefit amount depends on the type of impairment)                                                                                                                  | % of<br>40 000 PLN | % of<br>80 000 PLN |
| Severe Cardiovascular Disease<br>12 covered conditions                                                                                                                                                                                  | 35 000 PLN         | 60 000 PLN         |
| Severe Cardiovascular Disease - medical services                                                                                                                                                                                        | YES                | YES                |
| Specialist treatment                                                                                                                                                                                                                    | 1 000 PLN          | 1 000 PLN          |
| Specialist treatment for a Severe Cardiovascular Disease – ablation,<br>implantation of a cardioverter-defibrillator (ICD), implantation of a cardiac<br>resynchronization therapy (CRT) device, or implantation of a cardiac pacemaker | 3 000 PLN          | 6 000 PLN          |
| Hospital treatment                                                                                                                                                                                                                      |                    |                    |
| • for each day of hospitalization due to a severe cardiovascular disease<br>(minimum 4-day stay required)                                                                                                                               | 50 PLN             | 75 PLN             |
| • for each day of hospitalization due to an accident<br>(minimum 4-day stay required)                                                                                                                                                   | 25 PLN             | 37.50 PLN          |
| <b>MONTHLY PREMIUM PER PERSON</b>                                                                                                                                                                                                       | <b>20 PLN</b>      | <b>30 PLN</b>      |

The premium for the selected option includes death benefit coverage for the insured (sum insured: PLN 100) at a cost of PLN 0.25 per month.

Before enrolling, please review the Health Declaration included in the insurance enrollment form.

**IMPORTANT!** The Health Declaration does not apply to individuals enrolling with continuity of coverage under an equivalent package in PZU or with another insurer.

Enrollment in the Support for Your Heart Package is subject to good health. You will not be eligible for coverage if you have been diagnosed with or treated for a cardiovascular condition within the past three years, or if diagnostic tests for such conditions have been performed within the past 12 months.

No waiting periods apply during the first three months following the launch of the insurance program (October 1, 2026 through December 1, 2026). After this period, the following waiting periods will apply: hospitalization of the insured (30 days), severe cardiovascular disease of the insured (90 days), specialist treatment of the insured (90 days).



If you are enrolled in the current Cardio Package, your insurance coverage will continue without interruption.

Please note the requirement to complete a Declaration of Good Health.



The background of the slide features a blurred photograph of two men in an office setting. On the right, a man with dark hair and a beard, wearing a blue button-down shirt, is pointing his right index finger towards the left. On the left, the back of an older man's head and shoulders are visible. The overall scene suggests a collaborative work environment.

## **Enrolling in the Insurance Program**

# How to Enroll in the Insurance Program?



## ONLINE – VIA THE mojePZU APP – mojePZU

To enroll online, scan the QR code below:

or visit: [www.pzu.pl/assaabloy](http://www.pzu.pl/assaabloy) and complete the enrollment form with your personal details.



Once you receive the offer email, create an account in the mojePZU app.

Submit your enrollment declaration and, if applicable, declarations for your family members through the application. In addition, please submit the Consent to Payroll **Deduction of Insurance Premiums form to the Payroll Department** by **September 25, 2026**.



## TRADITIONALLY – USING A PAPER ENROLLMENT FORM

Recommended option

To enroll in the insurance program, please complete:

- **Enrollment Declaration Form (family members must complete separate declaration forms),**
- **Consent to Payroll Deduction of Insurance Premiums Form.**

The documents can be obtained during information sessions, from the Payroll Department, or downloaded from the dedicated website: [www.pzu.pl/assaabloy](http://www.pzu.pl/assaabloy)

Both documents must be signed and submitted to the Payroll Department no later than **September 25, 2026**.

### DEADLINE FOR SUBMITTING THE COMPLETE SET OF DOCUMENTS (Online/Paper Enrollment Form + Consent to Payroll Deduction of Insurance Premiums Form) to the Payroll Department:

**First deadline to maintain continuity of coverage:**

September 25, 2026. Coverage effective from: October 1, 2026

October 25, 2026 (latest) → Coverage effective from November 1, 2026

November 25, 2026 (latest) → Coverage effective from December 1, 2026



# Payroll Deduction Consent Form

## Payroll Deduction Consent Form

### IMPORTANT!

Regardless of whether you enroll in the insurance program online or via a paper form, you must submit the Consent to Payroll Deduction of Insurance Premiums form to the Payroll Department by **September 25, 2026**.

The form is available during on-site information sessions, on the company website, and from the Payroll Shared Service Center.

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



A man with glasses and a black shirt is holding a tablet, and a woman with dark hair in a ponytail, wearing a white polka-dot shirt, is looking at the tablet with her hand on her chin. They are in an office setting with shelves and plants in the background.

## **Claims Submission**

# How to Submit a Claim

## WE OFFER OUR CUSTOMERS 4 WAYS TO SUBMIT A BENEFIT CLAIM:

- ✓ **online, by dedicated account: mojePZU**
- ✓ **Online by [www.pzu.pl](http://www.pzu.pl)**
- ✓ By contacting a helpline consultant at 801 102 102 or +48 22 566 55 55 (call charges apply according to your telecommunications provider's tariff).
- ✓ by visiting a PZU branch



. We understand that our customers may face difficult life situations, which is why we strive to keep the benefit claim process as short as possible.



**1 day** – benefits payable in the event of childbirth and the death of the primary insured person or their family members.



**3 days** – Medical Benefits



**10 days** – Permanent disability benefits



## Important!

**To help us meet these timelines, we require a correctly completed claim form together with all required supporting documents.**

**You have 3 years to submit a claim!**



# Contact

## Dedicated Broker Helpline:

**Tel. (22) 318-82-82**

**e-mail: [wtw-pl.zycie@wtwco.com](mailto:wtw-pl.zycie@wtwco.com)**

**Available Monday to Friday, from 8:00 a.m. to 4:00 p.m.**



## PZU Life

### PZU Life Account Manager:

**Ewa Rauhut**

**tel.: 666 880 647**

**e-mail: [erauhut@pzu.pl](mailto:erauhut@pzu.pl)**

**Available Monday to Friday, from 8:00 a.m. to 4:00 p.m.**



Thank you for your attention.

We now invite you to ask any questions.

